



Written Competency Test A
ANSWER KEY

SCORING

Minimum 80% to pass (48/60)
No more than 12 incorrect to pass

1.	(A)	(B)	(C)	●	31.	●	(B)	(C)	(D)
2.	●	(B)	(C)	(D)	32.	(A)	(B)	●	(D)
3.	(A)	(B)	●	(D)	33.	(A)	(B)	●	(D)
4.	(A)	●	(C)	(D)	34.	(A)	●	(C)	(D)
5.	●	(B)	(C)	(D)	35.	(A)	(B)	(C)	●
6.	(A)	(B)	●	(D)	36.	●	(B)	(C)	(D)
7.	(A)	●	(C)		37.	(A)	(B)	(C)	●
8.	(A)	●	(C)		38.	●	(B)	(C)	(D)
9.	(A)	(B)	●		39.	●	(B)	(C)	(D)
10.	(A)	(B)	●		40.	(A)	(B)	●	(D)
11.	(A)	●	(C)		41.	●	(B)	(C)	(D)
12.	●	(B)	(C)		42.	(A)	(B)	(C)	●
13.	(A)	(B)	●		43.	(A)	●	(C)	(D)
14.	(A)	(B)	●		44.	(A)	(B)	(C)	●
15.	(A)	(B)	(C)	●	45.	(A)	(B)	●	(D)
16.	(A)	●	(C)	(D)	46.	●	(B)	(C)	(D)
17.	(A)	●	(C)	(D)	47.	(A)	●	(C)	(D)
18.	●	(B)	(C)	(D)	48.	●	(B)	(C)	(D)
19.	(A)	(B)	●	(D)	49.	(A)	(B)	●	(D)
20.	(A)	●	(C)	(D)	50.	(A)	●	(C)	(D)
21.	●	(B)	(C)	(D)	51.	(A)	●	(C)	(D)
22.	(A)	●	(C)	(D)	52.	●	(B)	(C)	(D)
23.	(A)	(B)	(C)	●	53.	(A)	(B)	●	(D)
24.	(A)	(B)	●	(D)	54.	(A)	(B)	●	(D)
25.	(A)	●	(C)	(D)	55.	●	(B)	(C)	(D)
26.	(A)	●	(C)	(D)	56.	(A)	(B)	(C)	●
27.	(A)	(B)	(C)	●	57.	●	(B)	(C)	(D)
28.	(A)	(B)	(C)	●	58.	(A)	(B)	●	(D)
29.	(A)	(B)	●	(D)	59.	(A)	(B)	●	(D)
30.	●	(B)	(C)	(D)	60.	(A)	(B)	●	(D)



Written Competency Test A

Participant Name: _____

Date: _____

- | | | | | | | | | | |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 1. | (A) | (B) | (C) | (D) | 31. | (A) | (B) | (C) | (D) |
| 2. | (A) | (B) | (C) | (D) | 32. | (A) | (B) | (C) | (D) |
| 3. | (A) | (B) | (C) | (D) | 33. | (A) | (B) | (C) | (D) |
| 4. | (A) | (B) | (C) | (D) | 34. | (A) | (B) | (C) | (D) |
| 5. | (A) | (B) | (C) | (D) | 35. | (A) | (B) | (C) | (D) |
| 6. | (A) | (B) | (C) | (D) | 36. | (A) | (B) | (C) | (D) |
| 7. | (A) | (B) | (C) | | 37. | (A) | (B) | (C) | (D) |
| 8. | (A) | (B) | (C) | | 38. | (A) | (B) | (C) | (D) |
| 9. | (A) | (B) | (C) | | 39. | (A) | (B) | (C) | (D) |
| 10. | (A) | (B) | (C) | | 40. | (A) | (B) | (C) | (D) |
| 11. | (A) | (B) | (C) | | 41. | (A) | (B) | (C) | (D) |
| 12. | (A) | (B) | (C) | | 42. | (A) | (B) | (C) | (D) |
| 13. | (A) | (B) | (C) | | 43. | (A) | (B) | (C) | (D) |
| 14. | (A) | (B) | (C) | | 44. | (A) | (B) | (C) | (D) |
| 15. | (A) | (B) | (C) | (D) | 45. | (A) | (B) | (C) | (D) |
| 16. | (A) | (B) | (C) | (D) | 46. | (A) | (B) | (C) | (D) |
| 17. | (A) | (B) | (C) | (D) | 47. | (A) | (B) | (C) | (D) |
| 18. | (A) | (B) | (C) | (D) | 48. | (A) | (B) | (C) | (D) |
| 19. | (A) | (B) | (C) | (D) | 49. | (A) | (B) | (C) | (D) |
| 20. | (A) | (B) | (C) | (D) | 50. | (A) | (B) | (C) | (D) |
| 21. | (A) | (B) | (C) | (D) | 51. | (A) | (B) | (C) | (D) |
| 22. | (A) | (B) | (C) | (D) | 52. | (A) | (B) | (C) | (D) |
| 23. | (A) | (B) | (C) | (D) | 53. | (A) | (B) | (C) | (D) |
| 24. | (A) | (B) | (C) | (D) | 54. | (A) | (B) | (C) | (D) |
| 25. | (A) | (B) | (C) | (D) | 55. | (A) | (B) | (C) | (D) |
| 26. | (A) | (B) | (C) | (D) | 56. | (A) | (B) | (C) | (D) |
| 27. | (A) | (B) | (C) | (D) | 57. | (A) | (B) | (C) | (D) |
| 28. | (A) | (B) | (C) | (D) | 58. | (A) | (B) | (C) | (D) |
| 29. | (A) | (B) | (C) | (D) | 59. | (A) | (B) | (C) | (D) |
| 30. | (A) | (B) | (C) | (D) | 60. | (A) | (B) | (C) | (D) |



You may use the MAT handouts when completing this test.

Choose the best answer to the following multiple choice questions. Please use the answer sheet to mark the appropriate answer.

Case Scenario for questions 1 and 2: You administered an oral antibiotic to a child in your care. About 45 minutes after giving the medicine, you notice that the child is having difficulty breathing, severe swelling of her lips, face and hands and she has severe diarrhea.

1. This child may be experiencing what type of medication effect?
 - a. desired effect
 - b. mild side effect
 - c. adverse effect
 - d. severe allergic reaction
2. What is the first action you should take?
 - a. call 911 or the first responder in your area right away
 - b. observe the child for 10 minutes to see if she gets better
 - c. notify the parent/guardian
 - d. call the child's health care provider

Case Scenario for questions 3 and 4: A child in your care has been on Depakote® to treat his seizure disorder. You gave him a dose about one (1) hour ago and you notice that he is severely dizzy, falling and he is complaining of double vision and ringing in the ears.

3. This child may be experiencing what type of medication effect?
 - a. desired effect
 - b. mild side effect
 - c. adverse effect
 - d. severe allergic reaction
4. What is the first action you should take?
 - a. notify the child's parent immediately
 - b. call 911 or the first responder in your area immediately
 - c. notify the child's parent at pick-up time
 - d. call the child's health care provider
5. Which of the following statements is true?
 - a. over-the-counter medication can be purchased without a health care provider prescription
 - b. over-the-counter medication can only be purchased with a prescription from a health care provider
 - c. over-the-counter medication is only available as a generic medication
 - d. over-the-counter medication cannot be given in a child care program
6. Amoxicillin is an example of a:
 - a. brand name, prescription medicine
 - b. brand name, over-the-counter medicine
 - c. generic name, prescription medicine
 - d. generic name, over-the-counter medicine



Case Scenario for questions 7 through 10: Laura is a three-year-old child in your care. Her mother arrives at your program and tells you that Laura has an ear infection and the doctor gave her a prescription for liquid amoxicillin. Mom would like you to give the oral medication to Laura today but she forgot to get written health care provider instructions.

7. What is the minimum type of parent or guardian permission you must have to administer the liquid amoxicillin to Laura for today?
 - a. no permissions are needed
 - b. verbal parental permission
 - c. written parental permission
8. What is the minimum type of health care provider instructions you must have to administer the liquid amoxicillin to Laura for today?
 - a. verbal health care provider instructions
 - b. no instructions are needed
 - c. written health care provider instructions
9. It is now the following day and Laura's mother asks you to continue to administer the amoxicillin. What is the minimum type of parent or guardian permission you must have to continue to administer Laura the medicine on the following day?
 - a. no permissions are needed
 - b. verbal parental permission
 - c. written parental permission
10. What is the minimum type of health care provider instructions you must have to continue to administer Laura the medicine on the following day?
 - a. no instructions are needed
 - b. verbal health care provider instructions
 - c. written health care provider instructions

Case Scenario for questions 11 and 12: Milo is a three-year-old child in your care. He develops a fever over 101° while in your care. You call the child's mother and she asks you to give one teaspoon of Children's Strength Tylenol® before she can pick up Milo and bring him home. Your program is approved to give and stock medication. The dose his mother asks you to give matches the medication package directions for use.

11. What is the minimum type of parent or guardian permission you must have to give Milo the Tylenol®?
 - a. no permissions are needed
 - b. verbal parental permission
 - c. written parental permission
12. What is the minimum type of health care provider instructions you must have to give Milo the Tylenol®?
 - a. no instructions are needed
 - b. verbal health care provider instructions
 - c. written health care provider instructions



Case Scenario for questions 13 and 14: Shalisa is a ten-month-old child in your care. She had a severe upper respiratory infection and now needs nebulizer treatment with a prescription medication called albuterol every day for 10 days.

13. What type of parent permission must you have on file to administer Shalisa her nebulizer treatment every day at 2PM?
 - a. no permissions are needed
 - b. verbal parental permission
 - c. written parental permission
14. What type of health care provider instructions must you have on file to administer Shalisa her nebulizer treatment every day at 2PM?
 - a. no instructions are needed
 - b. verbal health care provider instructions
 - c. written health care provider instructions
15. What information must be on a prescription label in order for you to accept the medication?
 - a. the reason for the medication
 - b. the name of your child care program
 - c. the number of pills in the bottle
 - d. the child's first and last names
16. The medication abbreviation 'BID' means:
 - a. once a day
 - b. twice a day
 - c. before bed
 - d. before dinner
17. Documentation of medication administration is important because:
 - a. It is a way for other providers to know what dose they should give
 - b. it communicates to other staff that the dose has been given
 - c. it eliminates the need for communication with parents
 - d. it eliminates the need to check the Five Rights the next time you give the medicine
18. In order for the documentation of a medication in your program to be considered complete, you must:
 - a. write down the dose administered and time of administration
 - b. use correction fluid if you make a mistake
 - c. keep a running tally of how much medication is left
 - d. write down the name of the medication given and the expiration date
19. All medication must be stored:
 - a. in the refrigerator
 - b. in a locked file cabinet
 - c. in a clean area that is out of reach of children
 - d. in your program's first aid kit
20. Medication that requires refrigeration:
 - a. must be stored at a temperature between 40°F and 50°F
 - b. must be stored in a leakproof container if it is kept in the food refrigerator
 - c. can be stored in cool, dry and dark place if no refrigerator is available
 - d. must be kept in a locked box



21. Controlled substances should be stored:
 - a. in a locked area with limited access
 - b. in an unlocked box in an area inaccessible to children
 - c. separated from all other medication
 - d. controlled substances cannot be stored at child care programs
22. For expired or discontinued medication, the best practice is to:
 - a. throw it out in the trash
 - b. give it back to the parent
 - c. keep it for future use
 - d. flush it down the toilet
23. When applying topical medication, you should always wear gloves if:
 - a. you do not know the child
 - b. you are applying sunscreen
 - c. you are applying insect repellent
 - d. the skin on your hands is cut or cracked
24. When washing hands, rub hands with soap and water for at least:
 - a. 10 seconds
 - b. 15 seconds
 - c. 30 seconds
 - d. 60 seconds
25. Isaiah is a mobile infant in your program. Which of the following is an appropriate technique to use when giving him liquid medication?
 - a. put the medication in his bottle with formula
 - b. talk to Isaiah in a calm, soothing voice
 - c. plug his nose to get him to open his mouth
 - d. put the medication in his mouth when he is crying
26. Which of the following is an appropriate action to take when administering medication to a preschooler in your care?
 - a. gain cooperation by telling the child the medicine is candy
 - b. have the child pick the book to read after he takes the medication
 - c. hide the medicine in a large amount of food
 - d. mix the medicine in a full glass of water or milk
27. Eight-year-old Miguel is resisting taking his medicine. Which of the following is a good technique to use to gain his cooperation?
 - a. tell him you will be angry with him if he does not take his medicine
 - b. let him decide the time to take the medicine
 - c. tell Miguel that the medication is candy
 - d. ask Miguel why he does not want to take the medicine
28. Leigh, a six-month-old in your program, has just taken her oral antibiotic and has spit up. What is the appropriate action to take?
 - a. nothing, because the child got the dose needed
 - b. wait an hour and give it again
 - c. immediately administer the dose again to make sure she gets her medicine
 - d. let the parent know that she spit up after taking the medication



29. Despite your best efforts you cannot get a three-year-old in your care to take his medication as instructed by the health care provider. You should:
- put him in time-out until he takes the medication
 - call your health care consultant to report a medication error
 - call the child's parent or guardian
 - call the child's health care provider

Use the following scenario, medication label and consent form to answer questions 30 - 34. Please use the answer sheet to mark the appropriate answer.

Case Scenario: Michael is a four-year-old child in your program. He has asthma and his doctor has provided you with written instructions to give Ventolin®. Michael is wheezing, is short of breath and tells you he needs his inhaler. You have just removed the medication from the safe medication storage area and are about to compare Michael's *Written Medication Consent Form* to the medication label identified below.

Pharmacy Inc.#0012 Ph: 212-555-0102

100 Main Street, NYC, NY 10068

Rx#: 8145973-02 Tx: 8063264

Michael Brown DOB: 10/4/XXXX

(718) 554-1984

461 Park Place, Brooklyn, NY 11202

VENTOLIN® (albuterol) 17mcg/inh INHALER

Give two puffs by mouth as needed for shortness of breath, and/or wheezing. Give every four hours up to three doses per day – wait one minute between puffs

Prescriber: **Nancy Wallace MD (718) 564-9832**

221 Stream Place, Brooklyn, NY 11202

Refillable: 0 times QTY: 1 inhaler R.Ph. Init: RSL

Date filled: 7/15/XX Orig. Date: 7/15/XX Exp date: 7/15/XX



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OCFS-LDSS-7002 (5/2015) FRONT

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
MEDICATION CONSENT FORM
CHILD DAY CARE PROGRAMS

- This form may be used to meet the consent requirements for the administration of the following: prescription medications, oral over-the-counter medications, medicated patches, and eye, ear, or nasal drops or sprays.
- Only those staff certified to administer medications to day care children are permitted to do so.
- One form must be completed for each medication. Multiple medications cannot be listed on one form.
- Consent forms must be reauthorized at least once every six months for children under 5 years of age and at least once every 12 months for children 5 years of age and older.

LICENSED AUTHORIZED PRESCRIBER COMPLETE THIS SECTION (#1 - #18) AND AS NEEDED (#33 - 35).

1. Child's First and Last Name: Michael Brown	2. Date of Birth: 10/04/XXXX	3. Child's Known Allergies: Dust, Mold & Pollen
4. Name of Medication (including strength): Ventolin (albuterol) 17mcg/inhalation inhaler	5. Amount/Dosage to be Given: 2 puffs	6. Route of Administration: Oral inhaler
7A. Frequency to be administered: _____		
OR		
7B. Identify the symptoms that will necessitate administration of medication: (<i>signs and symptoms must be observable and, when possible, measurable parameters</i>): Give when Michael is wheezing, and/or has shortness of breath. Give every four hours up to three doses per day. Wait one minute between puffs.		
8A. Possible side effects: <input type="checkbox"/> See package insert for complete list of possible side effects (<i>parent must supply</i>)		
AND/OR		
8B. Additional side effects: Headache, nausea, shaking or tense feeling, mouth or throat irritation, the child's heart beating faster than usual, muscle cramps and/or hyperactivity		
9. What action should the child care provider take if side effects are noted:		
<input checked="" type="checkbox"/> Contact parent <input type="checkbox"/> Contact health care provider at phone number provided below		
<input checked="" type="checkbox"/> Other (<i>describe</i>): Do not give any further doses to Michael; rest should be given to the child		
10A. Special instructions: <input type="checkbox"/> See package insert for complete list of special instructions (<i>parent must supply</i>)		
AND/OR		
10B. Additional special instructions: (<i>Include any concerns related to possible interactions with other medication the child is receiving or concerns regarding the use of the medication as it relates to the child's age, allergies or any pre-existing conditions. Also describe situation's when medication should not be administered.</i>) N/A		
11. Reason for medication (<i>unless confidential by law</i>): Asthma		
12. Does the above named child have a chronic physical, developmental, behavioral or emotional condition expected to last 12 months or more and requires health and related services of a type or amount beyond that required by children generally? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If you checked yes, complete (#33 and #35) on the back of this form.		
13. Are the instructions on this consent form a change in a previous medication order as it relates to the dose, time or frequency the medication is to be administered? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If you checked yes, complete (#34 -#35) on the back of this form.		
14. Date Health Care Provider Authorized: 7/14/XXXX	15. Date to be Discontinued or Length of Time in Days to be Given: 01/13/XXXX	
16. Licensed Authorized Prescriber's Name (please print): Nancy Wallace, M.D.	17. Licensed Authorized Prescriber's Telephone Number: (718) 564-9832	
18. Licensed Authorized Prescriber's Signature: X <i>Nancy Wallace, MD</i>		



OCFS-LDSS-7002 (5/2015) REVERSE

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
MEDICATION CONSENT FORM
CHILD DAY CARE PROGRAMS

PARENT COMPLETE THIS SECTION (#19 - #23)

19. If Section #7A is completed, do the instructions indicate a specific time to administer the medication? (*For example, did the licensed authorized prescriber write 12pm?*) ☐ Yes ☒ N/A ☐ No

Write the specific time(s) the child day care program is to administer the medication (*i.e.: 12 pm*): _____

20. I, parent, authorize the day care program to administer the medication, as specified on the front of this form, to (*child's name*):
Michael Brown

21. Parent's Name (*please print*):
Johanne Brown

22. Date Authorized:
7/15/XXXX

23. Parent's Signature:
X *Johanne Brown*

CHILD DAY CARE PROGRAM COMPLETE THIS SECTION (#24 - #30)

24. Program Name:
Kidz Under Construction

25. Facility ID Number:
1234

26. Program Telephone Number:
(212) 556-1212

27. I have verified that (#1 - #23) and if applicable, (#33 - #36) are complete. My signature indicates that all information needed to give this medication has been given to the day care program.

28. Staff's Name (*please print*):
Wayne Jules

29. Date Received from Parent:
7/15/XXXX

30. Staff Signature:

X *Wayne Jules*

ONLY COMPLETE THIS SECTION (#31 - #32) IF THE PARENT REQUESTS TO DISCONTINUE THE MEDICATION PRIOR TO THE DATE INDICATED IN (#15)

31. I, parent, request that the medication indicated on this consent form be discontinued on _____

(Date)

Once the medication has been discontinued, I understand that if my child requires this medication in the future, a new written medication consent form must be completed.

32. Parent Signature:

X

LICENSED AUTHORIZED PRESCRIBER TO COMPLETE, AS NEEDED (#33 - #35)

33. Describe any additional training, procedures or competencies the day care program staff will need to care for this child.
See Michael Brown's Individual / Asthma Health Care Plan

34. Since there may be instances where the pharmacy will not fill a new prescription for changes in a prescription related to dose, time or frequency until the medication from the previous prescription is completely used, please indicate the date you are ordering the change in the administration of the prescription to take place.

DATE: _____

By completing this section, the day care program will follow the written instruction on this form and *not* follow the pharmacy label until the new prescription has been filled.

35. Licensed Authorized Prescriber's Signature:

X *Nancy Wallace, MD*



30. The "Right Child" is:
 - a. Michael Brown
 - b. Ventolin®
 - c. albuterol
 - d. Nancy Wallace
31. The "Right Medication" to give Michael is:
 - a. Ventolin® 17mcg/inh
 - b. one inhaler
 - c. 17mcg/inh
 - d. two puffs
32. The "Right Time" to give Michael his medication is:
 - a. up to three doses per day
 - b. at 12 noon
 - c. when Michael is short of breath and/or wheezing
 - d. one minute between puffs
33. The "Right Dose" to give Michael is:
 - a. one inhaler
 - b. one puff
 - c. two puffs
 - d. as many as needed
34. The "Right Route" to administer Michael his medication is:
 - a. inhaled through the nose
 - b. inhaled through the mouth
 - c. rubbed on the gums
 - d. rubbed on the skin
35. You need to give medication to Ahmed Khan, a toddler in your program. Since he is new, you don't know him. The most reliable way to identify Ahmed is to:
 - a. ask a child in Ahmed's room to identify Ahmed
 - b. ask each child his name
 - c. know it is Ahmed since he is the only boy in the room
 - d. ask the toddler room's primary provider to identify Ahmed
36. You receive a completed *Written Medication Consent Form* from a parent. You review the form and see that the frequency to administer the medication is "once daily while in care." The child's parent wants the medication given at 10AM. What time can you administer the medication?
 - a. between 9:30AM and 10:30AM
 - b. between 9AM and 11AM
 - c. anytime before 10AM
 - d. anytime after 10AM



37. Which of the following statements is true about administering medication safely?
 - a. match the "Five Rights" ONE time during the medication administration process
 - b. the process of matching the "Five Rights" does NOT help reduce medication errors
 - c. always match the "Five Rights" when you accept a medication from a parent so you do NOT have to match them when administering the medication
 - d. you must match the "Five Rights" THREE times when giving medication
38. When determining where you will give medication, you'll want to make sure that the area you choose to give the medication is:
 - a. an area that is clean and well lit
 - b. an area that has a bathroom near it
 - c. an area that has a refrigerator
 - d. an area with a working telephone
39. Which of the following is a reason why you should clean metered dose inhalers after each use?
 - a. to prevent the medication from building up in the mouthpiece
 - b. to prevent the child from swallowing the canister cap
 - c. to prevent the medication from expiring
 - d. so children can safely share the inhaler
40. Which of the following is the best cleaning solution to use when cleaning medicine cups and dosing spoons?
 - a. warm water only
 - b. vinegar and warm water
 - c. dishwashing soap and water
 - d. bleach solution
41. Which of the following is a common example of an early warning sign for a child living with asthma?
 - a. coughing
 - b. irritability after arousing from nap time
 - c. fever with skin that is warm to touch
 - d. poor appetite and diarrhea
42. Which of the following is a common trigger of asthma in young children?
 - a. chocolate
 - b. lack of sleep
 - c. falling down outside
 - d. having a cold
43. Which of the following is the best way to prevent an asthma episode in a child with asthma?
 - a. have regular blood tests performed by the child's health care provider
 - b. use medicine as directed and avoid exposing the child to asthma triggers
 - c. keep the child napping at all times
 - d. check the child's temperature regularly
44. Which of the following is the correct way a child should breathe when receiving a nebulizer treatment with a face mask?
 - a. hold his breath every few seconds during the treatment
 - b. hold his nose so he inhales only through his mouth
 - c. have the child breathe only through his nose
 - d. breathe normally during the treatment



45. Which of the following statements is true?
 - a. a nebulizer machine, tubing, mouthpiece and medicine cup never need to be cleaned
 - b. each child must have his/her own nebulizer compressor machine
 - c. each child using a nebulizer must have his own mouthpiece, medicine cup and tubing
 - d. since every nebulizer machine is the same, you do not need to read the manufacturer's instructions
46. Identify the most effective way to prevent accidental poisoning:
 - a. keep the medication in an area inaccessible to children
 - b. obtain permission slips from the child's parent
 - c. keep a medication log
 - d. keep unused and expired medications in a common area for future use
47. The first action to take in the event of an unintentional medication poisoning is:
 - a. wait and see if the child becomes ill
 - b. call the National Poison Control Center
 - c. notify the Office of Children and Family Services (OCFS)
 - d. call your local pharmacist
48. Common symptoms of an anaphylactic reaction include:
 - a. difficulty breathing and swallowing
 - b. headache and feeling a little tired
 - c. stuffy nose and cough
 - d. being hungry and thirsty
49. Which of the following is the first action you should take if a child in your care exhibits symptoms of anaphylaxis and does not have health care provider instructions for an EpiPen®?
 - a. administer an EpiPen® you have for another child
 - b. call the National Poison Control Center
 - c. call 911 or the first responder in your area immediately
 - d. contact the child's parent to come pick up the child
50. At 10AM you give Erin one teaspoon of liquid antibiotic. At 10:30AM, you notice Erin is having difficulty breathing, has hives all over her body and severe swelling of her lips and face. What is not an appropriate action in this scenario?
 - a. help Erin remain calm
 - b. administer another child's EpiPen® to Erin until help arrives
 - c. call 911 right away and then call the child's parent
 - d. gather Erin's emergency information and health history card
51. Where is the best place to store an EpiPen® auto-injector device?
 - a. in a leakproof container in the refrigerator
 - b. in a dark place at room temperature
 - c. in the freezer wrapped in aluminum foil
 - d. on a windowsill out of reach of children
52. Which of the following statements is true about EpiPen® administration?
 - a. you can give it through clothing
 - b. you do not need parental permission to give it
 - c. it is available without a health care provider prescription
 - d. EpiPen® never expires



53. Which of the following is a medication error?
 - a. the child refused to take the medicine
 - b. giving medication more than 15 minutes after the instructed time
 - c. giving the wrong dose of medication
 - d. the child spits up after taking the medication

54. At 3PM you realize that you only gave Denise one drop of her gentamicin eye drops at her scheduled time of 1PM instead of two drops as instructed by Denise's parent and physician. What is the first thing you should do?
 - a. give Denise the eye drop at 3PM
 - b. ignore it and no one will know
 - c. call Denise's parent to inform her
 - d. give Denise the missed dose at 5PM when the next dose is due

55. You fill out a medication error report. When must the licensor/registrar be notified?
 - a. within 24 hours
 - b. by the end of the following week
 - c. upon renewal of your license/registration
 - d. error reports do not need to be sent to your licensor/registrar

56. At 3PM, you discover you forgot to administer an asthma inhaler that was scheduled to be given at 2PM. What is the first action you should take?
 - a. administer the medication
 - b. call the child's health care provider
 - c. call OCFS to report the medication error
 - d. call the child's parent or guardian

57. Which of the following must a child care program have on file if a child in the program will be permitted to carry her own asthma inhaler and take her medication independently?
 - a. an individual health care plan, parental consent, and health care provider consent documenting permission to carry her inhaler
 - b. verbal permission from the parent allowing the child to carry her medication
 - c. verbal instructions from the child's health care provider allowing the child to carry her medication
 - d. no additional permission, instructions or waivers are required

58. If you give an EpiPen® to a child, what item needs to go to the hospital with the child?
 - a. your first aid bag
 - b. the number for the Poison Control Center
 - c. the used EpiPen®
 - d. your program's health care plan

59. When administering medication to a child on a field trip, you need to:
 - a. wait to document the medication administration until you are back at your program
 - b. tell the children and parents that you need to give Sasha medication while on the trip
 - c. have the medication given by a Medication Administrator
 - d. leave the medication bottles at the program site and only bring the pills you need



60. Which of the following is an appropriate method to safely transport medication requiring refrigeration during a field trip?
- a. put the medication in a labeled container with all other medicines as long as the trip is less than 6 hours
 - b. put the medication in the freezer the night before so it will stay cold for the entire trip
 - c. put the medication in a container that will maintain a safe temperature between 36-46°F
 - d. medicine requiring refrigeration can never be safely taken off program site

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Written Competency Test B
ANSWER KEY

SCORING

Minimum 80% to pass (48/60)
No more than 12 incorrect to pass

1.	(A)	●	(C)	(D)	31.	(A)	●	(C)	(D)
2.	(A)	(B)	●	(D)	32.	(A)	(B)	(C)	●
3.	(A)	(B)	(C)	●	33.	●	(B)	(C)	(D)
4.	●	(B)	(C)	(D)	34.	(A)	●	(C)	(D)
5.	(A)	●	(C)	(D)	35.	(A)	(B)	(C)	●
6.	(A)	(B)	●	(D)	36.	(A)	●	(C)	(D)
7.	(A)	●	(C)		37.	(A)	(B)	(C)	●
8.	(A)	●	(C)		38.	(A)	●	(C)	(D)
9.	(A)	(B)	●		39.	(A)	(B)	●	(D)
10.	(A)	(B)	●		40.	(A)	●	(C)	(D)
11.	(A)	(B)	●		41.	●	(B)	(C)	(D)
12.	(A)	(B)	●		42.	(A)	(B)	(C)	●
13.	(A)	(B)	●		43.	(A)	(B)	●	(D)
14.	(A)	(B)	●		44.	(A)	(B)	●	(D)
15.	(A)	●	(C)	(D)	45.	(A)	(B)	(C)	●
16.	(A)	(B)	(C)	●	46.	(A)	(B)	(C)	●
17.	(A)	●	(C)	(D)	47.	(A)	●	(C)	(D)
18.	(A)	(B)	●	(D)	48.	(A)	(B)	●	(D)
19.	(A)	●	(C)	(D)	49.	(A)	(B)	●	(D)
20.	(A)	●	(C)	(D)	50.	(A)	●	(C)	(D)
21.	●	(B)	(C)	(D)	51.	(A)	●	(C)	(D)
22.	(A)	(B)	●	(D)	52.	●	(B)	(C)	(D)
23.	(A)	(B)	(C)	●	53.	(A)	●	(C)	(D)
24.	(A)	(B)	●	(D)	54.	●	(B)	(C)	(D)
25.	(A)	(B)	●	(D)	55.	(A)	●	(C)	(D)
26.	(A)	(B)	(C)	●	56.	●	(B)	(C)	(D)
27.	(A)	●	(C)	(D)	57.	(A)	(B)	●	(D)
28.	(A)	(B)	(C)	●	58.	(A)	(B)	●	(D)
29.	(A)	●	(C)	(D)	59.	(A)	●	(C)	(D)
30.	●	(B)	(C)	(D)	60.	(A)	(B)	●	(D)



Written Competency Test B

Participant Name: _____

Date: _____

- | | | | | | | | | | |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 1. | (A) | (B) | (C) | (D) | 31. | (A) | (B) | (C) | (D) |
| 2. | (A) | (B) | (C) | (D) | 32. | (A) | (B) | (C) | (D) |
| 3. | (A) | (B) | (C) | (D) | 33. | (A) | (B) | (C) | (D) |
| 4. | (A) | (B) | (C) | (D) | 34. | (A) | (B) | (C) | (D) |
| 5. | (A) | (B) | (C) | (D) | 35. | (A) | (B) | (C) | (D) |
| 6. | (A) | (B) | (C) | (D) | 36. | (A) | (B) | (C) | (D) |
| 7. | (A) | (B) | (C) | | 37. | (A) | (B) | (C) | (D) |
| 8. | (A) | (B) | (C) | | 38. | (A) | (B) | (C) | (D) |
| 9. | (A) | (B) | (C) | | 39. | (A) | (B) | (C) | (D) |
| 10. | (A) | (B) | (C) | | 40. | (A) | (B) | (C) | (D) |
| 11. | (A) | (B) | (C) | | 41. | (A) | (B) | (C) | (D) |
| 12. | (A) | (B) | (C) | | 42. | (A) | (B) | (C) | (D) |
| 13. | (A) | (B) | (C) | | 43. | (A) | (B) | (C) | (D) |
| 14. | (A) | (B) | (C) | | 44. | (A) | (B) | (C) | (D) |
| 15. | (A) | (B) | (C) | (D) | 45. | (A) | (B) | (C) | (D) |
| 16. | (A) | (B) | (C) | (D) | 46. | (A) | (B) | (C) | (D) |
| 17. | (A) | (B) | (C) | (D) | 47. | (A) | (B) | (C) | (D) |
| 18. | (A) | (B) | (C) | (D) | 48. | (A) | (B) | (C) | (D) |
| 19. | (A) | (B) | (C) | (D) | 49. | (A) | (B) | (C) | (D) |
| 20. | (A) | (B) | (C) | (D) | 50. | (A) | (B) | (C) | (D) |
| 21. | (A) | (B) | (C) | (D) | 51. | (A) | (B) | (C) | (D) |
| 22. | (A) | (B) | (C) | (D) | 52. | (A) | (B) | (C) | (D) |
| 23. | (A) | (B) | (C) | (D) | 53. | (A) | (B) | (C) | (D) |
| 24. | (A) | (B) | (C) | (D) | 54. | (A) | (B) | (C) | (D) |
| 25. | (A) | (B) | (C) | (D) | 55. | (A) | (B) | (C) | (D) |
| 26. | (A) | (B) | (C) | (D) | 56. | (A) | (B) | (C) | (D) |
| 27. | (A) | (B) | (C) | (D) | 57. | (A) | (B) | (C) | (D) |
| 28. | (A) | (B) | (C) | (D) | 58. | (A) | (B) | (C) | (D) |
| 29. | (A) | (B) | (C) | (D) | 59. | (A) | (B) | (C) | (D) |
| 30. | (A) | (B) | (C) | (D) | 60. | (A) | (B) | (C) | (D) |



You may use the MAT handouts when completing this test.

Choose the best answer to the following multiple choice questions. Please use the answer sheet to mark the appropriate answer.

Case Scenario for questions 1 and 2: You administered an oral antibiotic to a child in your care. About fifty (50) minutes after giving the medicine, the child starts to appear drowsy and irritable.

1. This child may be experiencing what type of medication effect?
 - a. desired effect
 - b. mild side effect
 - c. adverse effect
 - d. severe allergic reaction (anaphylaxis)
2. What is the first action you should take?
 - a. call 911 or the first responder in your area immediately
 - b. observe the child for 10 minutes to see if she gets better
 - c. notify the parent/guardian
 - d. call the child's health care provider

Case Scenario for questions 3 and 4: You gave an oral liquid antibiotic at 1PM to a child in your care for an ear infection. Around 2PM the child begins to complain of difficulty breathing and she has hives on her stomach, hands, face and neck.

3. This child may be experiencing what type of medication effect?
 - a. desired effect
 - b. mild side effect
 - c. adverse effect
 - d. severe allergic reaction (anaphylaxis)
4. What is the first action you should take?
 - a. call 911 or the first responder in your area immediately
 - b. notify the child's parent immediately
 - c. notify the child's parent at pick-up time
 - d. call the child's health care provider
5. Which of the following statements is true?
 - a. prescription medication can be purchased without a health care provider prescription
 - b. prescription medication can only be purchased with an order from a health care provider
 - c. prescription medication is only available as a generic medication
 - d. prescription medication cannot be given in a child care program
6. Cortisporin Otic® ear drops are:
 - a. available over-the-counter
 - b. available without a health care provider prescription
 - c. a brand name medication
 - d. a generic medication



Case Scenario for questions 7 through 10: Kristin is a six-month-old child in your care. Her mother arrives at your program and tells you that Kristin has an ear infection and the doctor prescribed Cortisporin® antibiotic ear drops. Mom would like you to give the medication to Kristin today but she forgot to get written health care provider instructions.

7. What is the minimum type of parent or guardian permission you must have to administer the Cortisporin® ear drops to Kristin for today?
 - a. no permissions are needed
 - b. verbal parental permission
 - c. written parental permission
8. What is the minimum type of health care provider instructions you must have to administer the Cortisporin® ear drops to Kristin for today?
 - a. no instructions are needed
 - b. verbal health care provider instructions
 - c. written health care provider instructions
9. It is now the following day and Kristin's mother asks you to continue to give the ear drops. What is the minimum type of parent or guardian permission you must have to continue to administer Kristin the ear drops?
 - a. no permissions are needed
 - b. verbal parental permission
 - c. written parental permission
10. What is the minimum type of health care provider instructions you must have to continue to administer Kristin the medicine on the following day?
 - a. no instructions are needed
 - b. verbal health care provider instructions
 - c. written health care provider instructions

Case Scenario for questions 11 and 12: Ming is a nineteen-month-old child in your program. She develops a fever over 101° while in your care. You call the child's mother and she asks you to give one teaspoon of Children's Advil® before she can pick up Ming and bring her home. Your program is approved to give and stock medication. The dose her mother asks you to give matches the medication package directions for use.

11. What is the minimum type of parent or guardian permission you must have to give Ming the Children's Advil®?
 - a. no permissions are needed
 - b. written parental permission
 - c. verbal parental permission
12. What is the minimum type of health care provider instructions you must have to give Ming the Children's Advil®?
 - a. verbal health care provider's instructions
 - b. written health care provider instructions
 - c. no instructions needed



Case Scenario for questions 13 and 14: Christopher is a five-year-old child in your care. He has ADHD and receives an oral prescription medication called Ritalin® every day at 2PM.

13. What type of parent permission must you have on file to administer Christopher his medication every day at 2PM?
 - a. no instructions are needed
 - b. verbal health care provider instructions
 - c. written parental permissions for every day
14. What type of health care provider instructions must you have on file to administer Christopher his medication every day at 2PM?
 - a. no instructions are needed
 - b. verbal health care provider instructions
 - c. written health care provider instructions
15. Which of the following three items must be on the prescription label in order to accept medication from the parent?
 - a. expiration date, parent's name and authorized prescriber's name
 - b. medication name, medication dose and date prescription was filled
 - c. medication name, prescriber's name and prescriber's phone number
 - d. parent's name, parent's phone number and child's name
16. The medication abbreviation 'prn' means:
 - a. once a day
 - b. before bed
 - c. per RN instructions
 - d. as needed
17. Documentation of medication administration is important because:
 - a. other providers can view your documentation to verify the Five Rights
 - b. it communicates to other program staff that the dose has been given
 - c. it eliminates the need for additional communication with the child's parent
 - d. it proves the child was present that day
18. In order for the documentation of medication in your program to be considered complete, you must record the following items:
 - a. if the medication is a controlled substance, name of the medication given and the dose that was administered
 - b. time of administration, name of the person giving the dose and medication expiration date
 - c. dose administered, time of administration and name of person administering the dose
 - d. route of administration, time of administration and consent expiration date
19. Medication must be stored:
 - a. next to the milk in a food refrigerator
 - b. in an area out of reach of children
 - c. in a locked file cabinet
 - d. in the child's classroom



20. Medication that requires refrigeration:
 - a. must be stored at a temperature between 30°F and 36°F
 - b. must be stored in a leakproof container if it is kept in the food refrigerator
 - c. can be stored in a freezer if a refrigerator is not available
 - d. cannot be stored at a child care program overnight
21. The best place to store controlled substances is:
 - a. in a locked box with limited access
 - b. in the food refrigerator
 - c. in an unlocked box separate from all other medication
 - d. controlled substances cannot be stored at child care programs
22. For expired or discontinued medication, the best practice is to:
 - a. flush it down the toilet
 - b. save it in case it is needed in the future
 - c. give it back to the child's parent
 - d. put it out in the kitchen trash
23. Gloves should be worn when there is the potential for contact with:
 - a. intact skin
 - b. ears
 - c. sunscreen
 - d. nasal secretions
24. Hands should be washed for a minimum of:
 - a. 10 seconds
 - b. 15 seconds
 - c. 30 seconds
 - d. 60 seconds
25. Which of the following is an appropriate technique to use when giving oral medication to a non-mobile infant?
 - a. hold the infant's nose so he will open his mouth for the medicine
 - b. add the medicine directly to the formula or breast milk
 - c. give the medicine before a feeding whenever possible
 - d. give the medicine when he is sleeping
26. Three-year-old Milla needs an eye drop. You have tried several times to give her the eye drop but she keeps shaking her head. As you approach Milla again, she stomps her feet and starts to cry. Which action is most appropriate?
 - a. wait until she takes her nap and give her the drop while she is sleeping
 - b. yell at Milla and tell her she must take the medicine
 - c. tell her that if she doesn't take the medicine, she will be punished
 - d. do not force her; inform her parent and document why you didn't give the drop
27. Hadassah, a six-year-old in your after-school program, needs to take her 4PM dose of Dimetapp® cough syrup. Which of the following is a good technique to use with her?
 - a. tell her that the Dimetapp® tastes like grape candy
 - b. tell her it is time for her to take her medicine, expecting cooperation
 - c. tell her she is acting like a baby if she refuses to take the medicine
 - d. mix the medicine with her juice when she is not looking



28. Evan, a two-year-old in your program, has just taken his oral antibiotic and spit it out. What is the appropriate action to take?
- nothing; the child got the dose needed
 - administer the dose again to make sure he got the correct dose
 - give half of the dose again to make sure he got enough medicine
 - let the parent know he spit the medication out after taking it
29. Despite your best efforts, you cannot get six-year-old Susie to take her medicine. Which of the following is the most appropriate action to take?
- force her to take the medication
 - do not give the medication and notify her mother
 - put her in "time-out" until she agrees to take the medication
 - call the Office of Children and Family Services (OCFS)

Use the following scenario, medication label and consent form to answer questions 30 - 34. Please use the answer sheet to mark the appropriate answer.

Case Scenario: Michael is an eight-year-old child in your program. He has a severe allergy to peanuts. His doctor has provided you with written instructions to give him his EpiPen® if he is exposed to peanuts and shows symptoms of a severe allergic reaction. You are reviewing the consent form and medication label the parent has provided for you.

Pharmacy Inc. #0012 **Ph: 212-555-0102**
100 Main Street, NYC, NY 10068
Rx#: 8145973-02 Tx: 8063264

Michael Brown DOB: 06/4/XX
(718) 554-1984
461 Park Place, Brooklyn, NY 11202

EpiPen® (0.30mg)

administer one dose (0.30mg) via injection to the outer thigh using the auto-injector device as needed for signs of anaphylaxis including: difficulty breathing; difficulty swallowing; hives across a large portion of body; massive itching; severe swelling, extreme weakness or loss of consciousness; severe vomiting, diarrhea or severe abdominal cramps.

Prescriber: **Nancy Wallace MD (718) 564-9832**
221 Stream Place, Brooklyn, NY 11202
Refillable: 0 times QTY: 1 injector R.Ph. Init: RSL
Date filled: 7/15/XX Orig. Date: 7/15/XX Exp date: 7/15/XX



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OCFS-LDSS-7002 (5/2015) FRONT

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
MEDICATION CONSENT FORM
CHILD DAY CARE PROGRAMS

- This form may be used to meet the consent requirements for the administration of the following: prescription medications, oral over-the-counter medications, medicated patches, and eye, ear, or nasal drops or sprays.
- Only those staff certified to administer medications to day care children are permitted to do so.
- One form must be completed for each medication. Multiple medications cannot be listed on one form.
- Consent forms must be reauthorized at least once every six months for children under 5 years of age and at least once every 12 months for children 5 years of age and older.

LICENSED AUTHORIZED PRESCRIBER COMPLETE THIS SECTION (#1 - #18) AND AS NEEDED (#33 - 35).

1. Child's First and Last Name: Michael Brown	2. Date of Birth: 06/04/XXXX	3. Child's Known Allergies: Peanuts
4. Name of Medication (<i>including strength</i>): EpiPen (Epinephrine) Auto-Injector 0.30mg	5. Amount/Dosage to be Given: 1 dose (0.30mg)	6. Route of Administration: Outer thigh via auto-injector
7A. Frequency to be administered: _____		
OR		
7B. Identify the symptoms that will necessitate administration of medication: (<i>signs and symptoms must be observable and, when possible, measurable parameters</i>): signs of anaphylaxis; difficulty breathing; hives on a large portion of body; massive itching; severe swelling; extreme weakness or LOC; severe vomiting, diarrhea or severe abdominal cramps		
8A. Possible side effects: <input checked="" type="checkbox"/> See package insert for complete list of possible side effects (<i>parent must supply</i>)		
AND/OR		
8B. Additional side effects: The side effects of epinephrine may include palpitations, tachycardia, sweating, nausea and vomiting and respiratory difficulty. Cardiac arrhythmias may follow the administration of epinephrine.		
9. What action should the child care provider take if side effects are noted: <input checked="" type="checkbox"/> Contact parent <input type="checkbox"/> Contact health care provider at phone number provided below <input checked="" type="checkbox"/> Other (<i>describe</i>): Immediately seek medical supervision		
10A. Special instructions: <input type="checkbox"/> See package insert for complete list of special instructions (<i>parent must supply</i>)		
AND/OR		
10B. Additional special instructions: (<i>Include any concerns related to possible interactions with other medication the child is receiving or concerns regarding the use of the medication as it relates to the child's age, allergies or any pre-existing conditions. Also describe situation's when medication should not be administered.</i>) N/A		
11. Reason for medication (<i>unless confidential by law</i>): Severe allergy to peanuts		
12. Does the above named child have a chronic physical, developmental, behavioral or emotional condition expected to last 12 months or more and requires health and related services of a type or amount beyond that required by children generally? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If you checked yes, complete (#33 and #35) on the back of this form.		
13. Are the instructions on this consent form a change in a previous medication order as it relates to the dose, time or frequency the medication is to be administered? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If you checked yes, complete (#34 -#35) on the back of this form.		
14. Date Health Care Provider Authorized: 7/14/XXXX	15. Date to be Discontinued or Length of Time in Days to be Given: 01/13/XXXX	
16. Licensed Authorized Prescriber's Name (please print): Nancy Wallace, M.D.		17. Licensed Authorized Prescriber's Telephone Number: (718) 564-9832
18. Licensed Authorized Prescriber's Signature: <i>Nancy Wallace, MD</i>		



OCFS-LDSS-7002 (5/2015) REVERSE

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

MEDICATION CONSENT FORM
CHILD DAY CARE PROGRAMS

PARENT COMPLETE THIS SECTION (#19 - #23)

19. If Section #7A is completed, do the instructions indicate a specific time to administer the medication? (*For example, did the licensed authorized prescriber write 12pm?*) ☐ Yes ☒ N/A ☐ No

Write the specific time(s) the child day care program is to administer the medication (*i.e.: 12 pm*): _____

20. I, parent, authorize the day care program to administer the medication, as specified on the front of this form, to (*child's name*):
Michael Brown

21. Parent's Name (*please print*):
Johanne Brown

22. Date Authorized:
7/15/XXXX

23. Parent's Signature:

X *Johanne Brown*

CHILD DAY CARE PROGRAM COMPLETE THIS SECTION (#24 - #30)

24. Program Name:

Kidz Under Construction

25. Facility ID Number:

1234

26. Program Telephone Number:

(212) 556-1212

27. I have verified that (#1 - #23) and if applicable, (#33 - #36) are complete. My signature indicates that all information needed to give this medication has been given to the day care program.

28. Staff's Name (*please print*):

Wayne Jules

29. Date Received from Parent:

7/15/XXXX

30. Staff Signature:

X *Wayne Jules*

ONLY COMPLETE THIS SECTION (#31 - #32) IF THE PARENT REQUESTS TO DISCONTINUE THE MEDICATION PRIOR TO THE DATE INDICATED IN (#15)

31. I, parent, request that the medication indicated on this consent form be discontinued on _____

(Date)

Once the medication has been discontinued, I understand that if my child requires this medication in the future, a new written medication consent form must be completed.

32. Parent Signature:

X

LICENSED AUTHORIZED PRESCRIBER TO COMPLETE, AS NEEDED (#33 - #35)

33. Describe any additional training, procedures or competencies the day care program staff will need to care for this child.

See Michael Brown's Individual Health Care Plan

34. Since there may be instances where the pharmacy will not fill a new prescription for changes in a prescription related to dose, time or frequency until the medication from the previous prescription is completely used, please indicate the date you are ordering the change in the administration of the prescription to take place.

DATE: _____

By completing this section, the day care program will follow the written instruction on this form and *not* follow the pharmacy label until the new prescription has been filled.

35. Licensed Authorized Prescriber's Signature:

X *Nancy Wallace, MD*



30. The "Right Child" is:
 - a. Michael Brown
 - b. EpiPen®
 - c. anaphylaxis
 - d. Nancy Wallace
31. The "Right Medication" to give Michael is:
 - a. Nancy Wallace
 - b. EpiPen® (0.30mg)
 - c. one injection
 - d. one dose
32. The "Right Time" to give Michael his medication is:
 - a. one dose
 - b. at 12 noon
 - c. before lunch if you are serving peanuts
 - d. when Michael has difficulty swallowing, breathing or has hives
33. The "Right Dose" to give Michael is:
 - a. one auto-injector (0.30mg)
 - b. two tubes
 - c. as much as needed
 - d. two injections
34. The "Right Route" to administer Michael his medication is:
 - a. syringe in the eye
 - b. auto-injector in the thigh
 - c. rubbed on the skin
 - d. oral
35. You have to give a medicine to two-year-old Eliot, but you are unfamiliar with the child. Which of the following is the most reliable way to make sure you have the correct child?
 - a. call his name and see who answers
 - b. since there is only one boy in the room assume the child is Eliot
 - c. ask a volunteer parent to identify the child
 - d. ask the classroom teacher to identify the child
36. When accepting a Written Medication Consent Form that states to give a medication "once daily while in care," you should:
 - a. give the medicine at any time since the health care provider did not specify a time
 - b. ask the parent what time the medicine should be given
 - c. give the medicine at noon after the child eats lunch
 - d. give the medicine first thing in the morning so you don't forget
37. Which of the following statements about administering medication safely is TRUE?
 - a. It is best practice to match the "Five Rights" ONE time during the medication administration process
 - b. Matching the "Five Rights" is only necessary the first few times you give a new medication to a child.
 - c. You match the "Five Rights" when you accept a medication from a parent so it is NOT necessary to match them when giving medication
 - d. The process of matching the "Five Rights" DOES help reduce the risk of medication errors



38. When determining where you will give medication, you'll want to make sure that the area you choose to give the medication is:
 - a. an area that has a refrigerator
 - b. an area that is safe and clean
 - c. an area that has a bathroom near it
 - d. an area with a telephone
39. Which of the following is a reason why you should clean an oral syringe after each use?
 - a. to prevent the syringe from becoming discolored from the medication
 - b. to prevent the child from swallowing the syringe top
 - c. to prevent the medication from building up in the syringe
 - d. so it is safe to use with another child later in the day
40. Which is the correct way to clean an oral metered dose inhaler with a spacer?
 - a. submerge the entire set-up as one unit in soapy dishwater and air-dry
 - b. separate the parts, rinse the mouthpiece and cap under running water, but don't rinse the canister of medicine
 - c. separate the parts and rinse them all under running water for 5 minutes
 - d. an oral metered dose inhaler never has to be cleaned
41. Which of the following could be an early warning sign for a child living with asthma?
 - a. behavior changes, such as nervousness
 - b. irritability after arousing from nap time
 - c. skin that is warm to touch
 - d. being thirsty after playing outside
42. Which of the following is a common trigger of asthma in children?
 - a. lack of sleep
 - b. sunshine
 - c. singing songs
 - d. dust
43. Which of the following is the best way to prevent an asthma episode in a child with asthma?
 - a. never allow the child to play outside
 - b. have the child follow a special diet
 - c. avoid exposure to the child's asthma triggers
 - d. keep the child out of the sun
44. Which of the following is the correct way a child should breathe when receiving a nebulizer treatment with a face mask?
 - a. pinch the nose and breathe through the mouth
 - b. keep mouth tightly closed and breathe through the nose
 - c. breathe normally throughout the treatment
 - d. hold his breath for 5 seconds in between breaths



45. Which of the following statements is true?
 - a. a nebulizer machine, tubing, mouthpiece and medicine cup never need to be cleaned
 - b. each child must have his/her own nebulizer compressor machine
 - c. since every nebulizer machine is the same, you do not need to read the manufacturer's instructions
 - d. each child using a nebulizer must have his/her own mouthpiece, medicine cup and tubing
46. Which of the following is the best way to prevent an unintentional medication poisoning in your program?
 - a. keep all medication in one bottle to avoid confusion
 - b. have parents transport the medication in the child's backpack
 - c. call the medication candy so that children are not afraid to take the medication
 - d. keep medication in an area that is not accessible to children
47. The first action to take in the event of an unintentional medication poisoning is:
 - a. call your health care consultant
 - b. call the National Poison Control number
 - c. call the child's health care provider
 - d. call your local pharmacist
48. Which of the following is an observable sign or symptom of anaphylaxis?
 - a. stomach ache
 - b. mild itching of the skin
 - c. swelling in mouth and tongue
 - d. mild non-itching rash on the foot
49. Which of the following is the first action you should take if a child in your care exhibits symptoms of anaphylaxis and does not have health care provider instructions for an EpiPen®?
 - a. administer an EpiPen® you have for another child
 - b. call the National Poison Control number
 - c. call 911 or the first responder in your area
 - d. call the child's parent to come and pick up the child
50. At 11AM you give Max one teaspoon of liquid antibiotic. At 11:15AM, you notice Max is having difficulty breathing, has hives all over his body and severe swelling of his lips and face. What is not an appropriate action in this scenario?
 - a. help Max remain calm
 - b. administer another child's EpiPen® to Max until help arrives
 - c. call 911 or the first responder in your area
 - d. gather Max's emergency information and medicines
51. Which of the following is a correct statement about an EpiPen®?
 - a. it must be stored in the refrigerator
 - b. you can administer it through clothing
 - c. you can give an EpiPen® prescribed for another child because it is an emergency
 - d. an EpiPen® never expires



52. Where is the best place to store an EpiPen® auto-injector device?
- in a dark place at room temperature
 - in a leakproof container in the refrigerator
 - in the freezer wrapped in aluminum foil
 - on a windowsill out of reach of children

53. Which of the following is a medication error?
- giving an oral medication after a meal
 - giving an expired medication
 - despite your best attempts, a child refuses his eye drops
 - giving an 11:00AM medication at 11:15AM

Use the following scenario to answer questions 54 and 55: It got busy at pick up time and after all the children have left, you realize you never gave Latoya her 4PM medicated patch.

54. Which of the following describes the first action you should take after realizing you did not apply a new patch?
- call Latoya's parent immediately to let her know you did not give the medication
 - put the patch with your attendance log so you can give it in the morning
 - go to Latoya's house to apologize and give the patch
 - ignore it since she's already home
55. What other steps must you take in order to report this error?
- call her pediatrician and the police
 - contact your program's licensor/registrar and complete a medication error report
 - call your director and quit because you will be in trouble
 - nothing
56. At 2PM, you realize that at 11AM you gave Margaret only one teaspoon of her liquid antibiotic instead of two teaspoons as instructed by her health care provider. What is the first action you should take?
- call the child's parent or guardian
 - administer the rest of the medication right away
 - do nothing
 - call the local pharmacist
57. Which of the following must a child care program have on file if a child in the program will be permitted to carry her own asthma inhaler and take her medication independently?
- verbal permission from the parent allowing the child to carry her medication
 - verbal instructions from the child's health care provider allowing the child to carry her medication
 - an individual health care plan, parental consent, and health care provider consent documenting permission to carry her inhaler
 - no additional permission, instructions or waivers are required
58. If you give an EpiPen® to a child, what item needs to go to the hospital with the child?
- your first aid bag
 - the number for the Poison Control Center
 - the used EpiPen®
 - your program's health care plan



59. Which of the following is necessary to safely administer medication while on a field trip?
- a. a stethoscope, blood pressure cuff and a thermometer
 - b. the child's medication in the original pharmacy container
 - c. the program's emergency evacuation bag
 - d. a registered nurse or other health care professional
60. When administering medication to a child on a field trip, it is acceptable to:
- a. wait to document the medication administration until you are back at your program
 - b. tell the children and parents that you need to give Sasha medication while on the trip
 - c. take refrigerated medicine if it is kept between 36-46 degrees Fahrenheit
 - d. leave the medication bottles at the program site and only bring the pills you need

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Written Competency Test C
ANSWER KEY

SCORING

Minimum 80% to pass (48/60)
No more than 12 incorrect to pass

1.	(A)	(B)	(C)	●	31.	●	(B)	(C)	(D)
2.	●	(B)	(C)	(D)	32.	(A)	(B)	(C)	●
3.	(A)	●	(C)	(D)	33.	(A)	(B)	●	(D)
4.	(A)	●	(C)	(D)	34.	●	(B)	(C)	(D)
5.	●	(B)	(C)	(D)	35.	(A)	(B)	(C)	●
6.	(A)	●	(C)	(D)	36.	(A)	(B)	(C)	●
7.	(A)	(B)	●		37.	(A)	(B)	(C)	●
8.	(A)	(B)	●		38.	(A)	(B)	(C)	●
9.	(A)	(B)	●		39.	(A)	(B)	(C)	●
10.	(A)	(B)	●		40.	(A)	(B)	(C)	●
11.	(A)	●	(C)		41.	●	(B)	(C)	(D)
12.	(A)	●	(C)		42.	(A)	(B)	●	(D)
13.	(A)	(B)	●		43.	●	(B)	(C)	(D)
14.	(A)	(B)	●		44.	(A)	●	(C)	(D)
15.	●	(B)	(C)	(D)	45.	(A)	(B)	●	(D)
16.	(A)	(B)	(C)	●	46.	(A)	(B)	●	(D)
17.	●	(B)	(C)	(D)	47.	(A)	●	(C)	(D)
18.	(A)	(B)	●	(D)	48.	●	(B)	(C)	(D)
19.	(A)	●	(C)	(D)	49.	(A)	(B)	(C)	●
20.	●	(B)	(C)	(D)	50.	(A)	(B)	(C)	●
21.	(A)	●	(C)	(D)	51.	(A)	●	(C)	(D)
22.	(A)	(B)	●	(D)	52.	(A)	(B)	(C)	●
23.	(A)	(B)	(C)	●	53.	●	(B)	(C)	(D)
24.	(A)	(B)	●	(D)	54.	●	(B)	(C)	(D)
25.	(A)	(B)	●	(D)	55.	●	(B)	(C)	(D)
26.	(A)	●	(C)	(D)	56.	●	(B)	(C)	(D)
27.	(A)	●	(C)	(D)	57.	●	(B)	(C)	(D)
28.	●	(B)	(C)	(D)	58.	(A)	●	(C)	(D)
29.	(A)	●	(C)	(D)	59.	(A)	(B)	●	(D)
30.	●	(B)	(C)	(D)	60.	(A)	●	(C)	(D)

Participant Name: _____

Date: _____

- | | | | | | | | | | |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 1. | (A) | (B) | (C) | (D) | 31. | (A) | (B) | (C) | (D) |
| 2. | (A) | (B) | (C) | (D) | 32. | (A) | (B) | (C) | (D) |
| 3. | (A) | (B) | (C) | (D) | 33. | (A) | (B) | (C) | (D) |
| 4. | (A) | (B) | (C) | (D) | 34. | (A) | (B) | (C) | (D) |
| 5. | (A) | (B) | (C) | (D) | 35. | (A) | (B) | (C) | (D) |
| 6. | (A) | (B) | (C) | (D) | 36. | (A) | (B) | (C) | (D) |
| 7. | (A) | (B) | (C) | | 37. | (A) | (B) | (C) | (D) |
| 8. | (A) | (B) | (C) | | 38. | (A) | (B) | (C) | (D) |
| 9. | (A) | (B) | (C) | | 39. | (A) | (B) | (C) | (D) |
| 10. | (A) | (B) | (C) | | 40. | (A) | (B) | (C) | (D) |
| 11. | (A) | (B) | (C) | | 41. | (A) | (B) | (C) | (D) |
| 12. | (A) | (B) | (C) | | 42. | (A) | (B) | (C) | (D) |
| 13. | (A) | (B) | (C) | | 43. | (A) | (B) | (C) | (D) |
| 14. | (A) | (B) | (C) | | 44. | (A) | (B) | (C) | (D) |
| 15. | (A) | (B) | (C) | (D) | 45. | (A) | (B) | (C) | (D) |
| 16. | (A) | (B) | (C) | (D) | 46. | (A) | (B) | (C) | (D) |
| 17. | (A) | (B) | (C) | (D) | 47. | (A) | (B) | (C) | (D) |
| 18. | (A) | (B) | (C) | (D) | 48. | (A) | (B) | (C) | (D) |
| 19. | (A) | (B) | (C) | (D) | 49. | (A) | (B) | (C) | (D) |
| 20. | (A) | (B) | (C) | (D) | 50. | (A) | (B) | (C) | (D) |
| 21. | (A) | (B) | (C) | (D) | 51. | (A) | (B) | (C) | (D) |
| 22. | (A) | (B) | (C) | (D) | 52. | (A) | (B) | (C) | (D) |
| 23. | (A) | (B) | (C) | (D) | 53. | (A) | (B) | (C) | (D) |
| 24. | (A) | (B) | (C) | (D) | 54. | (A) | (B) | (C) | (D) |
| 25. | (A) | (B) | (C) | (D) | 55. | (A) | (B) | (C) | (D) |
| 26. | (A) | (B) | (C) | (D) | 56. | (A) | (B) | (C) | (D) |
| 27. | (A) | (B) | (C) | (D) | 57. | (A) | (B) | (C) | (D) |
| 28. | (A) | (B) | (C) | (D) | 58. | (A) | (B) | (C) | (D) |
| 29. | (A) | (B) | (C) | (D) | 59. | (A) | (B) | (C) | (D) |
| 30. | (A) | (B) | (C) | (D) | 60. | (A) | (B) | (C) | (D) |



You may use the MAT handouts when completing this test.

Choose the best answer to the following multiple choice questions. Please use the answer sheet to mark the appropriate answer.

Case Scenario for questions 1 and 2: The child's parent tells you at drop-off that her child is receiving an antibiotic at home to treat an ear infection. About one (1) hour after the child received the antibiotic, he starts scratching his hands and face. Looking closely, you notice the child has a severe rash all over his body and is complaining of difficulty breathing.

1. This child may be experiencing what type of medication effect?
 - a. desired effect
 - b. mild side effect
 - c. adverse effect
 - d. severe allergic reaction (anaphylaxis)
2. What is the first action you should take?
 - a. call 911 or the first responder in your area immediately
 - b. observe the child for 10 minutes to see if he gets better
 - c. notify the parent/guardian
 - d. call the child's health care provider

Case Scenario for questions 3 and 4: You gave Robitussin® at 1PM to a child in your care for coughing. At 1:35PM the child vomits a small amount of fluid and complains of an upset stomach.

3. This child may be experiencing what type of medication effect?
 - a. desired effect
 - b. mild side effect
 - c. adverse effect
 - d. severe allergic reaction (anaphylaxis)
4. What is the first action you should take?
 - a. call 911 or the first responder in your area immediately
 - b. notify the child's parent immediately
 - c. notify the child's health care provider immediately
 - d. notify the child's health care provider at the end of the day
5. Which of the following statements is true?
 - a. over-the-counter medication can be purchased without a health care provider prescription
 - b. over-the-counter medication can only be purchased with a prescription from a health care provider
 - c. over-the-counter medication is only available as a generic medication
 - d. over-the-counter medication cannot be given in a child care program
6. Benadryl® is:
 - a. a generic medication
 - b. a brand name medication
 - c. available only with a health care provider prescription
 - d. not available over-the-counter



Case Scenario for questions 7 and 8: Shane is a four-year-old child with asthma. He sometimes needs a prescription nebulizer treatment when his asthma starts to act up. His mother wants to leave the nebulizer machine and some medicine at your program to be available for use when he needs it.

7. What type of parental permission must you have on file to administer Shane his medication when he is showing signs of an asthma episode?
 - a. no permissions are needed
 - b. verbal parental permission
 - c. written parental permission
8. What type of health care provider instructions must you have on file to administer Shane his medication when he is showing signs of an asthma episode?
 - a. no instructions are needed
 - b. verbal health care provider instructions
 - c. written health care provider instructions

Case Scenario for questions 9 and 10: Rumeal is a nine-month-old child in your care. He has been very irritable all day. You take his temperature and it is 101°F. You call his mother to come and get him. She asks you to give a dose of Infant Tylenol® that matches the package directions for use right away. Your program is approved to give and stock medication.

9. What is the minimum type of parental permission you must have to give the Infant Tylenol® to Rumeal for today only?
 - a. no permissions are needed
 - b. written parental permission
 - c. verbal parental permission
10. What is the minimum type of health care provider instructions you must have to give the Infant Tylenol® to Rumeal for today only?
 - a. no instructions are needed
 - b. written health care provider instructions
 - c. verbal health care provider instructions

Case Scenario for questions 11 through 14: Caleb is a three-year-old child in your care. His mother arrives at your program and tells you that he has an eye infection and the doctor prescribed Gentamicin® eye ointment to be given twice daily. Mom would like you to give the medication to Caleb today but she forgot to get written health care provider instructions.

11. What is the minimum type of parent permission you must have to give the Gentamicin® eye ointment to Caleb for today?
 - a. no permissions are needed
 - b. verbal parental permission
 - c. written parental permission
12. What is the minimum type of health care provider instructions you must have to give the Gentamicin® eye ointment to Caleb for today?
 - a. verbal health care provider instructions
 - b. no instructions are needed
 - c. written health care provider instructions



13. It is now the following day and Caleb's mother asks you to continue to administer the eye medicine. What is the minimum type of parent or guardian permission you must have to continue to administer the medicine to Caleb?
 - a. no instructions are needed
 - b. verbal parental permission
 - c. written parental permission
14. What is the minimum type of health care provider instructions you must have to continue to administer the medicine to Caleb?
 - a. no instructions are needed
 - b. verbal health care provider instructions
 - c. written health care provider instructions
15. Which of the following identifies items that must be on the prescription pharmacy label in order to accept medication from the parent?
 - a. child's name, medication name, and medication dose
 - b. prescriber's name, expiration date and parent's name
 - c. medication name, medication dose and prescriber's address
 - d. parent's name, expiration date and name of medication
16. The medication abbreviation 'oz' means:
 - a. one drop
 - b. once daily
 - c. each eye
 - d. ounce
17. Documentation of medication administration is important because:
 - a. it communicates to other program staff that the dose has been given
 - b. other providers can view your documentation to verify the Five Rights
 - c. it eliminates the need for additional communication with the child's parent
 - d. it proves you were open on that day
18. In order for the documentation of a medication administration in your program to be considered complete, you must record the following items:
 - a. if the medication is a controlled substance and the dose that was administered
 - b. if the medication requires refrigeration and the time of administration
 - c. time of administration and name of the person administering the dose
 - d. route of administration and name of the child's health care provider
19. At a minimum, all medication must be stored:
 - a. in the child's classroom
 - b. in an area that is not accessible to children
 - c. in the program's first aid kit
 - d. in the refrigerator
20. Medication that requires refrigeration:
 - a. must be stored in a leakproof container if it is kept in the food refrigerator
 - b. can be stored in a freezer if a refrigerator is not available
 - c. must be stored at a temperature between 40°F and 50°F
 - d. cannot be stored at a child care program



21. Controlled substances should be stored:
 - a. in the refrigerator
 - b. in a locked area with limited access
 - c. in an unlocked box next to the other medications
 - d. none of the above; you cannot store controlled substances
22. For expired or discontinued medication, the best practice is to:
 - a. ask the parent if you can continue to give the medication
 - b. put it out in the trash
 - c. give it back to the child's parent whenever possible
 - d. keep it in case it is needed in the future
23. Gloves should be worn when there is the potential for contact with:
 - a. intact skin
 - b. ears
 - c. sunscreen
 - d. nasal secretions
24. Hands should be washed for a minimum of:
 - a. 10 seconds
 - b. 15 seconds
 - c. 30 seconds
 - d. 60 seconds
25. Which of the following is an appropriate technique to use when giving oral medication to a non-mobile infant?
 - a. hold the infant's nose so he will open his mouth for the medicine
 - b. add the medicine directly to the formula or breast milk
 - c. give the medicine before a feeding whenever possible
 - d. give the medicine after a feeding to help the infant digest it
26. Which of the following is an appropriate action to take when administering medication to a preschooler in your care?
 - a. get angry and yell at the child since he must take his medication
 - b. approach the preschooler expecting he will be cooperative
 - c. refer to the medication as purple candy so he will take it
 - d. tell him that he needs to go into "time out" if he doesn't take the medicine
27. Torrie is a seven-year-old who has an ear infection. She is hesitant about taking her Cortisporin® ear drops. What is a good strategy to use with Torrie?
 - a. let her decide when during the day she wants to take the medicine
 - b. ask her why she doesn't want to take it
 - c. tell her that she must take it or her parents will be very mad at her
 - d. tell her you will give her the medicine by mouth instead
28. Joanie, a nine-month-old child in your program, spit up less than two minutes after receiving her oral antibiotic. What is the appropriate action to take?
 - a. let the parent know she spit up the medication after taking it
 - b. administer the dose again to make sure she got the correct dose
 - c. give half of the dose again to make sure she got enough of the medicine
 - d. put more medicine in her bottle at the next feeding



29. Despite your best efforts, you cannot get four-year-old Adam to take his medicine. Which of the following is the most appropriate action to take?
- hide the medicine in some food and give it to Adam at snack time
 - notify his mother and explain that you cannot safely give the medication
 - put him in "time-out" until he agrees to take the medication
 - call the Office of Children and Family Services (OCFS)

Use the following scenario, medication label and consent form to answer questions 30 - 34. Please use the answer sheet to mark the appropriate answer.

Case Scenario: Cassandra is a six-year-old child in your program. She was recently diagnosed with asthma and her doctor has provided you with written instructions to give albuterol using an inhaler with a spacer device when she is having shortness of breath. Cassandra has been playing with her friends and now is wheezing and short of breath. You decide she needs her medicine. You have just removed the medication from the safe medication storage area and are about to compare Cassandra's *Written Medication Consent Form* to the medication label identified below.

Pharmacy Inc. #0012 Ph: 212-555-0102
 100 Main Street, NYC, NY 10068
 Rx#: 8145966-02 Tx: 8063264

Cassandra Brown DOB: 03/02/XX
 (718) 554-1984
 461 Park Place, Brooklyn, NY 11202

Albuterol (17mcg/inh) inhaler

Take two puffs as needed for shortness of breath, or wheezing. May give an additional 2 puffs in one hour if symptoms continue. Do not exceed 10 puffs per day. Use a spacer.

Prescriber: **Nancy Wallace MD (718) 564-9832**
 221 Stream Place, Brooklyn, NY 11202
 Refillable: 0 times QTY: 1 injector R.Ph. Init: RSL
 Date filled: 7/15/XX Orig. Date: 7/15/XX Exp date: 7/15/XX



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OCFS-LDSS-7002 (5/2015) FRONT

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
MEDICATION CONSENT FORM
CHILD DAY CARE PROGRAMS

- This form may be used to meet the consent requirements for the administration of the following: prescription medications, oral over-the-counter medications, medicated patches, and eye, ear, or nasal drops or sprays.
- Only those staff certified to administer medications to day care children are permitted to do so.
- One form must be completed for each medication. Multiple medications cannot be listed on one form.
- Consent forms must be reauthorized at least once every six months for children under 5 years of age and at least once every 12 months for children 5 years of age and older.

LICENSED AUTHORIZED PRESCRIBER COMPLETE THIS SECTION (#1 - #18) AND AS NEEDED (#33 - 35).

1. Child's First and Last Name: Cassandra Brown	2. Date of Birth: 03/02/XXXX	3. Child's Known Allergies: Animal dander
4. Name of Medication (<i>including strength</i>): Albuterol 17mcg/inhalation inhaler	5. Amount/Dosage to be Given: 2 puffs	6. Route of Administration: Oral inhaler
7A. Frequency to be administered: _____		
OR		
7B. Identify the symptoms that will necessitate administration of medication: (<i>signs and symptoms must be observable and, when possible, measurable parameters</i>): Give to Cassandra as needed for shortness of breath, or wheezing. May give an additional two puffs in one hour if symptoms continue. Do not exceed ten puffs per day. Use a spacer.		
8A. Possible side effects: <input checked="" type="checkbox"/> See package insert for complete list of possible side effects (<i>parent must supply</i>)		
AND/OR		
8B. Additional side effects: headache, nausea, shaky or tense feeling, the child's heart beating faster than usual, mouth or throat irritation muscle cramps and/or hyperactivity		
9. What action should the child care provider take if side effects are noted:		
<input checked="" type="checkbox"/> Contact parent <input type="checkbox"/> Contact health care provider at phone number provided below <input checked="" type="checkbox"/> Other (<i>describe</i>): Do not give any further doses		
10A. Special instructions: <input type="checkbox"/> See package insert for complete list of special instructions (<i>parent must supply</i>)		
AND/OR		
10B. Additional special instructions: (<i>Include any concerns related to possible interactions with other medication the child is receiving or concerns regarding the use of the medication as it relates to the child's age, allergies or any pre-existing conditions. Also describe situation's when medication should not be administered.</i>) N/A		
11. Reason for medication (<i>unless confidential by law</i>): Asthma		
12. Does the above named child have a chronic physical, developmental, behavioral or emotional condition expected to last 12 months or more and requires health and related services of a type or amount beyond that required by children generally? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If you checked yes, complete (#33 and #35) on the back of this form.		
13. Are the instructions on this consent form a change in a previous medication order as it relates to the dose, time or frequency the medication is to be administered? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If you checked yes, complete (#34 -#35) on the back of this form.		
14. Date Health Care Provider Authorized: 7/15/XXXX	15. Date to be Discontinued or Length of Time in Days to be Given: 01/13/XXXX	
16. Licensed Authorized Prescriber's Name (please print): Nancy Wallace, M.D.		17. Licensed Authorized Prescriber's Telephone Number: (718) 564-9832
18. Licensed Authorized Prescriber's Signature: X <i>Nancy Wallace, MD</i>		



OCFS-LDSS-7002 (5/2015) REVERSE

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

MEDICATION CONSENT FORM
CHILD DAY CARE PROGRAMS

PARENT COMPLETE THIS SECTION (#19 - #23)

19. If Section #7A is completed, do the instructions indicate a specific time to administer the medication? (For example, did the licensed authorized prescriber write 12pm?) ☐ Yes ☒ N/A ☐ No

Write the specific time(s) the child day care program is to administer the medication (i.e.: 12 pm): _____

20. I, parent, authorize the day care program to administer the medication, as specified on the front of this form, to (child's name):
Cassandra Brown

21. Parent's Name (please print):
Johanne Brown

22. Date Authorized:
7/15/XXXX

23. Parent's Signature:

X *Johanne Brown*

CHILD DAY CARE PROGRAM COMPLETE THIS SECTION (#24 - #30)

24. Program Name:
Kidz Under Construction

25. Facility ID Number:
1234

26. Program Telephone Number:
(212) 556-1212

27. I have verified that (#1 - #23) and if applicable, (#33 - #36) are complete. My signature indicates that all information needed to give this medication has been given to the day care program.

28. Staff's Name (please print):
Wayne Jules

29. Date Received from Parent:
7/15/XXXX

30. Staff Signature:

X *Wayne Jules*

ONLY COMPLETE THIS SECTION (#31 - #32) IF THE PARENT REQUESTS TO DISCONTINUE THE MEDICATION PRIOR TO THE DATE INDICATED IN (#15)

31. I, parent, request that the medication indicated on this consent form be discontinued on _____

(Date)

Once the medication has been discontinued, I understand that if my child requires this medication in the future, a new written medication consent form must be completed.

32. Parent Signature:

X

LICENSED AUTHORIZED PRESCRIBER TO COMPLETE, AS NEEDED (#33 - #35)

33. Describe any additional training, procedures or competencies the day care program staff will need to care for this child.
See Cassandra Brown's Individual Health Care Plan

34. Since there may be instances where the pharmacy will not fill a new prescription for changes in a prescription related to dose, time or frequency until the medication from the previous prescription is completely used, please indicate the date you are ordering the change in the administration of the prescription to take place.

DATE: _____

By completing this section, the day care program will follow the written instruction on this form and *not* follow the pharmacy label until the new prescription has been filled.

35. Licensed Authorized Prescriber's Signature:

X *Nancy Wallace, MD*



30. The "Right Child" is:
 - a. Cassandra Brown
 - b. inhaler
 - c. albuterol
 - d. Nancy Wallace

31. The "Right Medication" to give Cassandra is:
 - a. albuterol (17mcg/inh)
 - b. Nancy Wallace
 - c. an inhaler
 - d. two puffs

32. The "Right Time" to give Cassandra her medication is:
 - a. up to 10 puffs per day
 - b. at the beginning of the day
 - c. after playing with friends
 - d. when she is short of breath or wheezing

33. The "Right Dose" to give Cassandra is:
 - a. more than 10 puffs per day
 - b. as much as needed
 - c. two puffs
 - d. one puff

34. The "Right Route" to administer Cassandra her medication is:
 - a. inhaled
 - b. nasal
 - c. topical
 - d. injection

35. When verifying the right child, what should you do?
 - a. ask an older child in the program to identify the child you are looking for
 - b. nothing; you know he is the right child because he is the only boy in the room
 - c. review the child's Medical Form
 - d. ask the primary caregiver to identify the child if he is not known to you

36. You receive a completed *Written Medication Consent Form* from a parent. You review the form and see that the frequency to administer the medication is "once daily while in care." The child's parent wants the medication given at 11AM. What time can you administer the medication?
 - a. anytime after 11AM
 - b. 10AM
 - c. 12PM
 - d. 11:25AM



37. Which of the following statements is true about administering medication safely?
 - a. it is best practice to match the “Five Rights” ONE time during the medication administration process
 - b. the process of checking the “Five Rights” does NOT help reduce the risk of medication errors
 - c. you check the “Five Rights” when you accept a medication from a parent so it is NOT necessary to match them when administering the medication
 - d. you must check the “Five Rights” at least once during each of the three phases of medication administration
38. The area in which you administer medication to a child in your program must be:
 - a. an area that has a refrigerator and sink
 - b. an area with an emergency eye wash station
 - c. an area that has a bathroom nearby
 - d. an area that is clean and well lit
39. Which of the following is a reason why you should clean an oral syringe after each use?
 - a. to prevent the medication from becoming discolored from the syringe
 - b. to prevent the child from swallowing the syringe
 - c. so you can use the syringe on another child in the program
 - d. to prevent the medication from building up in the syringe
40. The best way to clean a pill crusher is:
 - a. separate the parts and clean them once a week in the dishwasher
 - b. separate the parts and soak them in a vinegar and water solution
 - c. separate the parts and soak the equipment overnight in bleach
 - d. separate the parts and wash the parts in water and a mild dishwashing soap
41. Which of the following could be an early warning sign for a child living with asthma?
 - a. Behavior change
 - b. diarrhea
 - c. change in appetite
 - d. frequent urination
42. Which of the following is a common trigger of asthma in children?
 - a. chocolate
 - b. water
 - c. pollen
 - d. watching TV
43. Which of the following is the best way to prevent an asthma episode in a child with asthma?
 - a. avoid exposure to the child’s asthma triggers
 - b. nothing; there is no way to prevent asthma episodes
 - c. do not allow the child to play with other children
 - d. have pets in the home
44. Which of the following is the correct way a child should breathe when receiving a nebulizer treatment with a face mask?
 - a. pinch the nose and breathe through the mouth only
 - b. breathe normally throughout the treatment
 - c. hold his breath for 10 seconds with each breath
 - d. close his mouth and breathe through the nose only



45. Which of the following statements is true?
 - a. a nebulizer machine, tubing, mouthpiece and medicine cup never need to be cleaned
 - b. each child must have his/her own nebulizer compressor machine
 - c. each child using a nebulizer must have his/her own mouthpiece, medicine cup and tubing
 - d. since every nebulizer machine is the same, you do not need to read the manufacturer's instructions

46. Which of the following is an effective way to prevent an unintentional medication poisoning in your program?
 - a. keep all medication in non-labeled containers
 - b. keep expired medication for future use
 - c. keep medication in areas inaccessible to children
 - d. call medicine candy so children will want to take it

47. The first action to take in the event of an unintentional medication poisoning is:
 - a. watch the child to see if he acts or looks sick
 - b. call the National Poison Control number
 - c. call the child's health care provider
 - d. call your local pharmacist

48. Which of the following is an observable sign or symptom of anaphylaxis?
 - a. severe difficulty breathing
 - b. mild itching of the arm
 - c. mild rash on one area of the body
 - d. crying

49. Which of the following is the first action you should take if a child in your care exhibits symptoms of anaphylaxis and does not have health care provider instructions for an EpiPen®?
 - a. contact the child's parent to come pick up the child
 - b. administer the EpiPen® you have for another child
 - c. call the National Poison Control number
 - d. call 911 or the first responder in your area

50. At 2PM, you administered an oral antibiotic to Carlita, a five-year-old in your care. About 45 minutes after giving her the medicine, you notice that she is having difficulty breathing, severe swelling of her lips, face and hands, and she has severe diarrhea. What is not an appropriate action in this scenario?
 - a. have the child remain calm
 - b. call 911 right away and then call the child's parent
 - c. gather the child's emergency contact information and medicines
 - d. administer another child's EpiPen® to Carlita until help arrives

51. Where should an EpiPen® auto-injector device be stored?
 - a. in a leakproof container in the refrigerator
 - b. in a dark place at room temperature
 - c. in the freezer wrapped in aluminum foil
 - d. in a separate, medication-only refrigerator



52. After administering an EpiPen®, what else must you do?
 - a. call 911 or the first responder in your area
 - b. send the used EpiPen® in its hard plastic tube to the hospital with the child
 - c. call the child's parent
 - d. all of the above
53. Which of the following is a medication error?
 - a. giving an expired medication
 - b. a child spits up some of the medication
 - c. giving medication 15 minutes after the instructed time
 - d. giving medication with water or juice
54. You have written parental permission and health care provider instructions for Augmentin® 2 teaspoons at 10:00AM. At 11:05AM you realize that you only administered one teaspoon to the child. Which of the following describes the first thing you should do after realizing the error?
 - a. call the child's parent or guardian
 - b. give another teaspoon of medication so the child gets the correct dose
 - c. ignore it
 - d. call your program's licensor/registrar to report the medication error
55. You realize that you gave the wrong dose of medication to a child in your program. At minimum, who needs to be contacted?
 - a. the parent and your program's licensor/registrar
 - b. the parent and the police
 - c. your program's licensor/registrar and the child
 - d. the parent and the child
56. At 11AM, you discover that you forgot to administer a medicine that was scheduled to be given at 10AM. What is the first action you should take?
 - a. call the child's parent or guardian
 - b. administer the medication
 - c. call the child's health care provider
 - d. call the Office of Children and Family Services (OCFS)
57. Which of the following must a child care program have on file if a child in the program will be permitted to carry her own asthma inhaler and take her medication independently?
 - a. an individual health care plan, parental consent, and health care provider consent documenting permission to carry her inhaler
 - b. verbal permission from the parent allowing the child to carry her medication
 - c. verbal instructions from the child's health care provider allowing the child to carry her medication
 - d. no additional permission, instructions or waivers are required
58. If you give an EpiPen® to a child, what item needs to go to the hospital with the child?
 - a. your first aid bag
 - b. the used EpiPen®
 - c. the number for the Poison Control Center
 - d. your program's health care plan



59. Which of the following is necessary to safely administer medication while on a field trip?
- a. access to running water and soap
 - b. the child's parent must attend all field trips
 - c. having the medication given by a medication administrant of the program
 - d. medication cannot be given off program site
60. Which of the following describes a safe method to transport medication requiring refrigeration while off the program site?
- a. it is not necessary to make any special arrangements to carry refrigerated medicine for day trips
 - b. bring the medication in a labeled container that will maintain a temperature between 36-46°F
 - c. do not bring it because refrigerated medication should not be transported under any circumstances
 - d. freeze the medication overnight so it will thaw to the correct temperature during the field trip

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