

rev Apr 2006

Family Day Care Provider Handbook



New York State Office of Children and Family Services

produced under a contractual agreement by
SUNY Training Strategies Group

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Introduction

As a family day care provider, you will be eager to provide a high-quality program where children have opportunities to grow, learn and thrive. Part of providing high-quality child care includes complying with the family day care regulations from the New York State Office of Children and Family Services (OCFS). This **Handbook** will help you:

- understand how the regulations promote the health, safety and development of children in your care;
- use the regulations as the foundation of your program; and
- gain resources that you can use to support the children and families with whom you work.

This **Handbook** is designed to be used along with the New York State OCFS family day care regulations. This printing is based on the regulations published in 2006. There are two parts of the regulations:

- Part 417 Family Day Care Homes; and
- Part 413 Child Day Care Definitions, Enforcement and Hearings.

You can obtain a copy of the regulations from the Bureau of Early Childhood Services (BECS) regional office of OCFS or from the OCFS website at www.ocfs.state.ny.us. Keep in mind that regulations change periodically. Be sure you have the most up-to-date version of the regulations.

Throughout this **Handbook** you will find references to your licensor, registrar, OCFS licensing staff and fire safety representatives. These are individuals who work for the Office of Children and Family Services (OCFS) and will work with you as they monitor your group family program for compliance with the OCFS regulations.

Each section of the **Handbook** includes the related regulations along with an explanation and examples written in clear, everyday language. Here is an example of what this looks like:

Equipment Safety

All equipment and materials in your home must be safe for children to use. Be sure furniture and toys are free of rough or ragged edges, sharp corners, small pieces that can be taken off and broken parts. Remove any hazardous toys or equipment until they can be repaired or thrown away.

417.5 (n) Materials and play equipment used by the children must be sturdy and free from rough edges and sharp corners.

The United States Consumer Products Safety Commission provides up-to-date information on product safety and recalls. They can be reached toll-free at 1-800-638-2772 or at www.CPSC.gov.



This column is the explanation and examples of how to follow this regulation.



This column contains the actual regulation current as of the date this Handbook was printed.

At the end of the **Handbook**, you will find an Appendix with additional resources. Feel free to add your own resources as well as notes to this document.

This **Handbook** was developed under the direction of the staff of the New York State Office of Children and Family Services. A group of registered family day care providers also offered helpful feedback and comments.

We hope you find this **Handbook** to be a useful resource in your family day care program.

Managing and Administering Your Program



As a registered family day care provider, you are better able to reduce risk and prevent harm to children you enroll by complying with all regulations and laws related to family day care. These laws and regulations are enforced by the New York State Office of Children and Family Services (OCFS). As a regulated child care provider, you have an on-going relationship with the New York State Office of Children and Family Services (OCFS). Your registrar and other licensing staff such as fire safety representatives work on behalf of OCFS to see that your program meets the requirements established in the regulations.

This portion of the **Handbook** addresses how to manage and administer your program according to the laws and regulations for registered family day care providers. We will explore what a family day care program is, including the standards and conditions you must meet as a registered family day care program, the importance of maintaining compliance with the regulations, and the role of your registrar or other OCFS licensing staff. This section will also address some issues you should know about as a business owner and renewing your license.

What is a Family Day Care Program?

Your registered family day care program will be a busy place! You will generally care for between 5 and 7* children in your home depending on the maximum capacity for your program. You will plan for and carry out a program everyday to ensure children are safe and have opportunities for fun and appropriate learning experiences.

** These numbers reflect the three to six children referenced in 413.2(i), plus one to two school-age children in 413.2(i)(2)(v), if OCFS approves the capacity with the additional school-age children. See the chart titled, "How Many Children May a Family Day Care Provider Care For" on page 133 in the appendix.*

Your home must have enough room for children to safely eat, play and conduct quiet activities like napping and doing homework. Outside the home, there must be enough space and opportunities for all children to join in safe active

413.2 (i) Family day care home means a residence in which child day care is provided on a regular basis for more than three hours per day per child for three to six children for compensation or otherwise, except as provided below. The name, description or form of the entity which operates a family day care home does not affect its status as a family day care home.

413.2 (i)(1) Age of children: A family day care home may provide care for children six weeks through 12 years of age; for children 13 years of age or older who are under court supervision; for children 13 years of age or older who are incapable of caring for themselves when such inability is documented by a physician, psychiatrist or psychologist; and, in extenuating circumstances, for children under six weeks of age when prior approval has been obtained from the Office. Children who attain the maximum

outdoor play and explore their environment. You also must collaborate with the families of all children to see that the children's needs are met and to foster a sense of community. To be a successful family day care provider, you will wear several different "hats."

age allowed during the school year may continue to receive child day care through the following September 1 or until they enter school for the following school year.

- You will be a caregiver.

You will interact with children and provide appropriate learning experiences for their stage of development. You will have realistic expectations about children's behavior. Laughter will come easily as you watch a child learn and grow. You will have patience and energy needed to work with children of different ages for many hours each day. Your on-going communication with families will help build a sense of trust and collaboration.

- You will be a learner.

Participating in training will help you understand how children develop and learn new skills. You will also meet other child care providers who can offer support and resources. Learning more about child care will keep you enthusiastic about your profession. You will be eager to hear new ideas and try new approaches.

- You will be a business owner.

You will manage money, maintain necessary files and keep your home in good repair. You will understand how much families will depend on you to keep your program running.

- You may also be part of a family.

You should understand that your family day care program affects others living in your home. Your family should be willing to share you and your house with the children and families in your program.

Conditions and Standards of Your Registration

Your registration is issued to you only after OCFS has determined that your program is in compliance with laws and New York State Family Day Care regulations. Your registration is in effect for two years, unless OCFS determines that you have not followed the regulations or related laws. When you apply for your registration, you agree to meet the conditions of keeping your registration. Be sure you know the regulations and have copies ready to share with parents.

You must display your registration where anyone who enters your program can see it. Also have copies of any waivers that have been approved by OCFS. Waivers are explained in more detail in the “Maintaining Compliance and Enforcing the Regulations” portion later in this section of the **Handbook**.

Another condition of your registration is that you stay up to date with OCFS training requirements. Not doing so could jeopardize the registration for your program. When you apply to renew your registration, you will need to submit records of training you have participated in during your registration period. More details about your training

417.15 (a)(1) Each family day care home must register with the Office and must operate in compliance with the regulations of the Office and all other applicable laws and regulations. No person or entity may operate a family day care home unless registered with the Office;

417.15 (b) Conditions which apply to family day care registration are as follows:

417.15 (b)(1) No registration will be issued unless the provider is in full compliance with the regulations of the Office and all other applicable laws and regulations except where a waiver of one or more requirements of this Part has been approved in writing by the Office in accordance with section 413.5 of this Title;

417.15 (b)(2) The effective period of the initial registration will be up to two years and the effective period of any subsequent registrations will be up to two years, each so long as the provider remains in compliance with applicable laws and regulations during such periods;

417.15 (a)(4) The provisions specified on the registration are binding and the family day care home must operate in compliance with the terms of the registration. The number and age range of children specified thereon are the maximum number and age range of children who may be in the care of the family day care home at any one time;

417.15 (b)(4) Family day care homes required to be registered with the Office will not be exempt from this requirement through registration with another State agency or certification, registration or licensure by any local governmental agency or authorized agency; and

417.15 (b)(2)(i) If a provider or alternate provider has not met the training

requirements are included in the “Growing as a Professional” section in this **Handbook**.

Your registration is issued by OCFS and is for you and for your home. You cannot “give” it to another provider or “move” it to another home. If you move, change the name of your program or ask someone else to operate your family day care home, your registration is no longer valid and a new application must be submitted to your licensing office. If you plan to move, change the name of your program or you ask someone else to operate your family day care home, you need approval from OCFS first.

If you are going to operate your program 24 hours a day, then you will have to have an assistant to work with you. Neither you nor your assistant may work more than two consecutive shifts (the full 24 hours) and the children you enroll cannot be with you for 24 hours or longer at a time.

There are specific times when you must notify your registrar. These times include:

- any time there is a change of alternate providers;
- any change that affects or will be likely to affect portions of the building where you have your program, or portions of the building that may be used as an evacuation exit in the case of an emergency;
- any change in family composition (some examples: your child moves back home with you temporarily, your mother-in-law moves into your home; you become a foster parent; your child turns 18).
- significantly expanding your hours of operation;

requirement specified in section 417.14 of this Part, a subsequent registration may be issued for a period of up to one year following the completion of an acceptable inspection of the family day care home;

417.15 (b)(2)(ii) No more than one such limited renewal may be issued in succession;

417.15 (b)(3) A registration is not transferable to any other provider or location;

417.15 (a)(3) A new application for a license must be submitted to the Office when there is a change in the name, address, or operator, when the operator will be providing an additional shift of care, when reinstatement of a withdrawn application is sought, or when a registration is sought following the Office’s revocation of, or denial of an application to renew, a registration.

417.15 (a)(5) If a family day care home will operate 24 hours a day, there must be more than one caregiver. Individual children must be cared for less than 24 hours a day. No caregiver may work more than two consecutive shifts.

417.15 (a)(12) The family day care home must report to the Office: any change affecting, or which reasonably might be expected to affect, those portions of the building in which the program is located or which are used for the children’s egress in the case of emergency; any change in family composition; and any other change that would place the home out of compliance with applicable regulations;

417.15 (a)(14) The caregiver must immediately notify the Office upon learning of the death, serious injury or infectious illness of an enrolled child which occurred while the child was in care at the program or was being transported by a caregiver;

417.15 (a)(11) In selecting alternate providers subsequent to issuance of a

- any other change that would place your home out of compliance with the regulations; and
- if a death, serious injury or communicable disease of a child enrolled in your program occurs **while that child is in your care or being transported by you.**

To maintain your registration, you will regularly submit information about your health, the health of anyone working with you and the health of anyone living in your home. You will need to document this with health statements when you apply for and renew your registration. You will also do this if your family composition changes. In addition, you and the members of your household must be of good character and habits.

registration, a provider:

417.15 (a)(11)(i) must notify the Office immediately in writing when there is any change of alternate providers;

417.15 (a)(11)(ii) must submit to the Office within 15 days of the written notification, an application for any new alternate provider and the supporting documentation for the alternate provider. Each such applicant must also complete and submit with the application the forms necessary for the Office to inquire whether the applicant is the subject of an indicated report of child abuse or maltreatment on file with the Statewide Central Register of Child Abuse and Maltreatment, a complete fingerprint card necessary for the Office to conduct a criminal history review, and a sworn statement indicating whether, to the best of the applicant's knowledge, he or she has ever been convicted of a misdemeanor or felony in New York State or any other jurisdiction;

417.11 (b) The provider and alternate provider must each submit a statement from a health care provider at the time of application for registration and renewal of registration. Such statement must give satisfactory evidence that the individual is physically fit to provide child day care, has no diagnosed psychiatric or emotional disorder which would preclude such individual from providing child day care, and is free from communicable disease. The medical statement also must include the results of a Mantoux tuberculin test on the provider or alternate provider which has been performed within the 12 months preceding the date of the application.

417.11 (c) The provider must retain on file in the family day care home a statement from a health care provider for each person residing in the family day care home. Such statement must be completed within 12 months preceding the date of the application and must state that the person residing in the home has no health conditions which would endanger the health of children receiving day care in the home.

You and any assistants in your program cannot be under the influence of alcohol or controlled substances when children are in care. Smoking is not allowed in any area, indoors or out when children are present. This includes smoking by you, anyone that works with you, members of your household or anyone else that comes into your program.

If someone who is eighteen or older moves into your home you have **five days** to send into your licensing office the completed:

- Statewide Central Register (SCR) clearance forms that are used to determine if that person is the subject of an indicated report of child abuse or maltreatment and
- fingerprint card that is needed to complete the criminal history review.

Finally, if your family day care program doesn't meet these conditions of your registration, OCFS can deny your renewal application. If this occurs, you have a right to a fair hearing when you can explain your situation before a final decision is made.

417.15 (a)(6) The caregivers and all members of the household must be in good health and be of good character and habits.

417.11 (d) Consumption of, or being under the influence of, alcohol or controlled substances by any caregiver is prohibited. Smoking in indoor areas, in outdoor areas in use by children and in vehicles while children are being transported is prohibited.

417.15 (a)(19)(i) If a person eighteen years of age or older begins to reside at the premises where the family day care home is located, the provider must within five days of such person beginning to reside at the premises:

417.15 (a)(19)(i)(a) submit the Statewide Central Register clearance forms necessary to complete required screening by the Statewide Central Register of Child Abuse and Maltreatment to determine if the person is the subject of an indicated report of child abuse or maltreatment; and

417.15 (a)(19)(i)(b) submit the necessary fingerprint card necessary to complete the criminal history review required pursuant to section 413.4 of this article.

417.15 (b)(5) Before denial of an application for registration or renewal of registration, the provider is entitled to a hearing before the Office pursuant to Part 413 of this Title.

Maintaining Compliance and Enforcing the Regulations

The New York State Office of Children and Family Services (OCFS) regulations for family day care providers are in place to better protect the health and safety of children in your program. As a registered family day care provider, you agree to abide by these regulations.

If you do not comply with the regulations, OCFS has the authority to take specific actions to maintain the well-being of the children in your care. These actions can also be taken if your program fits the definition of a family day care program but you are not registered. Throughout the process, you have specific legal rights as well as opportunities to explain issues from your perspective. If there are compliance issues with your program, carefully consult the most up-to-date regulations. Keep in mind that this **Handbook** is not intended to be an all-inclusive procedure manual or offer legal recommendations. When dealing with compliance or enforcement actions, you may want to work with other professionals for advice.

Inspections

One way that OCFS assesses your program to determine if you are in compliance with the regulations is through inspections. Inspections might be unannounced or you may be notified ahead of time. As a provider, you have agreed to allow your registrar, fire safety representative, or other person designated by OCFS to come into your home at any time when children are in your care. Inspectors must be given access to your home, the day care children, other caregivers and any day care records contained in the home.

Inspections will focus on those areas used by children in your program. However, you must allow access to all areas of your home, even those not used by children. This will enable inspectors to determine if your home is a safe and healthy environment for children, that your program is not over capacity and that children are supervised appropriately.

There are different reasons why your home will be inspected:

- Initial and Renewal Inspections. The application process to become a registered family day care

413.3 (c)(1) Any violation of applicable statutes or regulations will be a basis to deny, reject, limit, suspend, revoke or terminate a license or registration.

413.3 (g)(1) The Office, through duly authorized representatives or agents of the Office, may make announced or unannounced inspections of the records and premises of any child day care provider, whether or not such provider is licensed by or registered with the Office. To the maximum extent possible, the Office will make unannounced inspections of the records and premises of any child day care provider after the Office receives a complaint that, if true, would indicate such provider does not comply with the regulations of the Office or with statutory requirements.

413.3 (g)(2) Child day care providers must admit inspectors and other representatives of the Office onto the grounds and premises at any time during their hours of operation or while children are in care for the purpose of conducting inspections. Such inspectors and representatives must be given free access to the building or buildings used by the provider, staff and children, and to any records of the provider.

417.15 (a)(10) A family day care home must admit inspectors and other representatives of the Office onto the grounds and premises at any time during the hours of operation of the home. Such inspectors and representatives must be

provider includes an inspection of your home. The inspection is done by your registrar, OCFS staff member or other person designated by OCFS.

- Routine Inspection. By law, 50% of all family day care programs must be inspected each year. The programs inspected are chosen at random.
- Complaint Investigations. If OCFS receives a complaint about your program, the required inspection is a complaint investigation. These inspections are never announced and the investigation of a complaint requires a registrar or licenser to address each aspect of the complaint.
- Changes to Your Program. If you make certain changes in your program, you'll need to have an inspection. This could be because you are requesting approval to:
 - use an area of your home for day care that was previously not used by the children; or
 - use space that was remodeled or has had major alterations. Depending on the specific change, you may also need to have fire safety representatives inspect basements and have environmental hazard checks done.

Waivers

In a few specific situations, you may want to comply with an individual requirement in the regulations in a different way. Or you may have a good reason to be temporarily excused from a regulation, assuming you can comply with the spirit of the regulation and ensure the safety of your day care children. The permission to do this is called a waiver and is approved by OCFS. If you wish to obtain a waiver, you must submit an explanation of your request in writing to your

given free access to the building, the caregivers, the children and any records of the home. A family day care home must cooperate with inspectors and other representatives of the Office in regard to any inspections or investigations that are conducted by the Office or its' representatives. A family day care home also must cooperate with local Child Protective Services' Staff conducting any investigation of alleged child abuse or maltreatment;

417.2 (c) Applicants for a registration may not be issued a registration until an inspection of the family day care home has been conducted showing compliance with the requirements of this Part and the relevant provisions of the Social Services Law.

417.2 (e) The Office may grant an application for renewal of a registration without conducting an inspection of the family day care home. If the Office determines within its discretion that an inspection is necessary, a renewal of the registration may not be issued until an inspection has been conducted showing compliance with the requirements of this Part and the relevant provisions of the Social Services Law.

413.6 (a) A written waiver of one or more non-statutory requirements of this Part or of Parts 414, 416, 417 or 418 may be issued by the Office to an applicant or a provider at the time of application or subsequent to the issuance of a license or registration. Providers who have been issued a license or registration must operate in full compliance with the regulations at all times prior to the issuance of a written waiver.

413.6 (b) An applicant or provider must

registrar. It must then be approved by the OCFS Regional Manager BEFORE you may begin to use this approved alternative way to meet the regulations.

submit to the Office a written request for a waiver on forms provided by the Office, or approved equivalents. This written application must include:

413.6 (b)(1) the specific regulation for which a waiver is sought;

413.6 (b)(2) the reason the waiver is necessary; and

413.6 (b)(3) a description of what will be done to achieve or maintain the intended purpose of the regulation and to protect the health, safety and well-being of children.

413.6 (c) The Office may require the provider to make physical plant modifications or adopt special methods or procedures to protect the health, safety and well-being of children before a waiver is granted pursuant to this subdivision.

413.6 (d) Written approval for a waiver will be granted only upon a determination by the Office that the proposed waiver will not adversely affect the health, safety or well-being of children, and that the purpose of the regulation which is waived will be met. Waivers may be time limited, at the discretion of the Office.

413.6 (e) Failure to adhere to the terms of the waiver will result in rescission of the waiver and may constitute sufficient cause for the Office to deny, revoke, suspend or limit a license or registration.

Corrective Actions

If it is determined that you are not complying with the regulations, OCFS will take steps to enforce the regulations. The actions taken by OCFS staff depend on many factors including what you have done or failed to do, as related to the regulations. You will be asked to develop a specific plan in order to correct the problem or problems called a corrective action plan. The goal of the corrective action plan is to bring your day care program into compliance with the regulations and keep children safe. The Corrective Action Plan includes a time frame for making the correction.

413.3 (a) Types of Enforcement Actions. Enforcement actions which may be undertaken by the Office include, but are not limited to:

413.3 (a)(1) issuance of written inspection reports which include corrective action plans and notices of intention to initiate enforcement through the imposition of a fine or the limitation, suspension, termination or revocation of a license or registration;

413.3 (a)(2) meetings or telephone conversations between a provider and the

Enforcement

If you don't follow through on the corrective actions identified after a complaint investigation within the specified time frame or a child is injured or at risk of being injured, OCFS will take additional enforcement action. You will receive an enforcement letter informing you of the action which can include:

- closing your program;
- setting limitations on your program until the problem can be resolved; and
- fining you up to \$500 per day until the problem is resolved.

Fair Hearings

In each enforcement situation, you are entitled to have a hearing with OCFS. This is referred to as a "fair hearing." It

Office to discuss corrective action plans;

413.3 (a)(3) the holding of hearings to determine if a provider has failed to comply with applicable law and regulation;

413.3 (a)(4) determinations, after hearings, that civil penalties should be imposed;

413.3 (a)(5) determinations to deny, reject, revoke, terminate, suspend or limit a license or registration;

413.3 (a)(6) issuance of orders to cease and desist operation of day care services, commissioner's orders, or orders approved by a justice of the Supreme Court, requiring a provider to immediately remedy conditions dangerous to children receiving child day care;

413.3 (a)(7) temporary suspension or limitation of a license or registration upon finding that the public health or child's safety or welfare are in imminent danger;

413.3 (a)(8) requests to the Attorney General to seek injunctive relief against providers for violations or threatened violations of law or regulation;

413.3 (a)(9) requests to the Attorney General to take such action as is necessary to collect civil penalties, seek criminal prosecution, or to bring about compliance with any outstanding hearing decision or order; or

413.3 (a)(10) publication in local newspapers of the names and addresses of child day care providers whose licenses, registrations or applications for licensure or registration have been rejected, denied, limited, suspended, terminated or revoked, or against whom a fine has been assessed after an administrative hearing.

413.3 (c)(3) Before a license or registration is revoked or terminated, or when an application for a license or registration is denied or rejected, the

is a legal proceeding. You may choose to have your own legal representative present during this process, or you may also choose to represent yourself.

Keep in mind that this **Handbook** is not intended to be an all-inclusive procedure manual or offer legal recommendations. When dealing with compliance or enforcement actions, you may want to work with other professionals for advice.

Refer to the most current Regulations for specific details about the enforcement of regulations.

applicant for or holder of such license or registration is entitled to a hearing before the Office.

413.3 (c)(4) The request for such hearing must be made in writing within 30 days of the receipt of written notice of the revocation, termination, denial or rejection.

413.3 (c)(5) The revocation, termination, denial or rejection will become final if the applicant or holder fails to request a hearing within the 30 day period.

413.5 (a) Revocation, Termination

413.5 (a)(1) For a hearing held to review the revocation, termination, suspension, limitation, rejection or denial of a license or registration, the notice must specify the date, time and place of the hearing, the manner in which the hearing will be conducted, the proposed action and the charges which are the basis for the proposed action. The charges must specify the statutes, rules and regulations with which the provider failed to comply and must include a brief statement of the facts pertaining to each violation.

413.5 (a)(2) Any provider who is directed to cease and desist operations pursuant to Section 390(3)(b) of the Social Services Law shall be entitled to a hearing before the Office. Upon request, a hearing must be scheduled to commence as soon as possible but in no event later than 30 days after receipt of the request by the Office. A provider shall not operate a day care program after being directed to cease and desist operations, regardless of whether a hearing is requested. If the provider does not cease operations, the Office may impose a civil penalty pursuant to subdivision eleven of Section 390 of the Social Services Law, seek an injunction pursuant to Section 391 of the Social Services Law, or both.

413.5 (b) Fines. For a hearing held to assess a fine against a provider, the notice of hearing must specify the date, time and place of the hearing, and the manner in which the hearing will be conducted, and must include a statement

Working with Your Registrar or OCFS Staff

Your registrar or other OCFS staff such as fire safety representatives have the responsibility of monitoring your program to determine if it meets the requirements established in the regulations. Like you, these professionals have a serious responsibility to keep children safe and healthy and to promote each child's growth and development. You can expect that your registrar and other OCFS staff will work with you to help your program comply with regulations.

Registrars and OCFS staff will use a variety of skills, tools and inspection checklists to periodically evaluate your physical environment and what you do with children. Ask your registrar or OCFS staff for a copy of their routine inspection checklist. Also ask for time to talk about what they observed whenever they visit your program.

If there are problems, your registrar will take specific steps to address the problem. Depending on the situation, these steps might include providing you with resources such as written materials or connecting you with professionals who can assist you. It may involve developing a corrective action plan of specific tasks you need to accomplish along with a timeline for completing them. In some instances the step your registrar will take includes closing your program in order to enforce the regulations and protect the children in your care. See "Maintaining Compliance and Enforcing the Regulations" section starting on page 6 in this **Handbook** for more information on enforcement issues.

Get to know your registrar. You are both working together to protect the health and safety and promote the positive

development of each child enrolled in your family day care program. He or she can be a very valuable resource for you and the children in your care.

Access to Your Program and Records

Your registrar and other OCFS staff are all working together to help protect the well-being of children in your program and to help you comply with the regulations. To do this, they need access to your program and to records related to your program.

When your registrar comes to your family day care home, they will evaluate your home, especially those areas used by children in your program. However, you must allow access to all areas of your home, even those not used by children. This will enable them to determine whether or not:

- your home is a safe and healthy environment for children;
- your program has more children than the maximum legal capacity; and
- children are supervised appropriately.

Your registrar will also need to have access to records related to your program. When setting up a record keeping system, consider how you will access the information in your records while continuing to provide supervision to the children in your care. You might want to use a portable filing system that can be locked to keep these records confidential. For example, a portable crate or an expandable movable file box could be used. Your files should be kept in the day care program area during day care hours so they will be accessible while you supervise the children.

Registrars will have access to records that you will not share with anyone else without parental permission. Here is a list of what you need to have on file, readily accessible when they come to your home:

417.15 (a)(10) A family day care home must admit inspectors and other representatives of the Office onto the grounds and premises at any time during the hours of operation of the home. Such inspectors and representatives must be given free access to the building, the caregivers, the children and any records of the home. A family day care home must cooperate with inspectors and other representatives of the Office in regard to any inspections or investigations that are conducted by the Office or its' representatives. A group family day care home also must cooperate with local Child Protective Services' Staff conducting any investigation of alleged child abuse or maltreatment;

417.15 (a)(7) Information relating to an individual child is confidential and cannot be disclosed without written parental permission to anyone other than the Office, its designees or other persons authorized by law. Information relating to an individual child may be disclosed to a social services district where the child receives a day care subsidy from the district, where the child has been named in a report of alleged child abuse or maltreatment, or as otherwise authorized by law. Redislosure of confidential HIV-related information, as defined in section 360-8.1 of this Title, concerning a child receiving family day care is not permitted except in a manner consistent with article 27-F of the Public Health Law;

417.15 (c) The provider must maintain on file at the family day care home, available for inspection by the Office or its designees at any time, the following records in a current and accurate manner:

417.15 (c)(1) a copy of the evacuation plan, on forms furnished by the Office or approved equivalents, as required in

- a copy of the evacuation plan on forms furnished by OCFS or approved equivalents; *section 417.5 of this Part;*
- an approved health care plan on forms furnished by OCFS or approved equivalents; *417.15 (c)(2) an approved health care plan as required in section 417.11 of this Part;*
- a list of the names, addresses, gender and birth date of each child enrolled in your program; *417.15 (c)(3) the name, address, gender, and date of birth of each child and each child's parents' names, addresses, telephone numbers and place(s) at which parents or other persons responsible for the child can be reached in case of an emergency;*
- a list of parents' names, addresses, telephone numbers and places where they can be reached in an emergency; *417.15 (c)(4) the names and addresses of persons authorized to take the child(ren) from the family day care home;*
- a list of the names and addresses of the people authorized to take the child(ren) from your home; *417.15 (c)(5) daily attendance records;*
- daily attendance records; *417.15 (c)(6) children's health records, including parental consents for emergency medical treatment; evidence of health examinations and immunizations; any available results of lead screening; the name and dosage of any medications used by a child and the frequency of administration of such medications; and a record of illnesses, injuries, and any indicators of child abuse or maltreatment;*
- children's health records that include:
 - parent's consent for emergency medical treatment;
 - evidence of health examinations and immunizations;
 - any available results of lead screening;
 - a record of illness, injuries and any indications of child abuse or maltreatment;
 - the name and dosage of any medication used by a child and the frequency of administration of such medication;
- health statements for yourself and any alternate provider completed within the 12 months before the renewal is due; *417.15 (c)(7) health statements for the provider and alternate provider completed within the 12 months preceding the date of the application for registration or renewal, as required in section 417.11 of this Part;*
- a statement regarding the health of all the people living in your family day care home completed within the 12 months before the renewal is due; *417.15 (c)(8) a statement regarding the health of all persons residing in the family day care home completed within the 12 months preceding the date of the application for renewal, as required in section 417.11 of this Part;*
- a plan of program activities; *417.15 (c)(9) a plan of program activities, as required in section 417.7 of this Part;*
- a list of alternate providers and substitutes who are available to care for the children when you must be absent; *417.15 (c)(12) a list of alternate providers and substitutes who are available to care for the children in the family home when the provider must be absent;*
- documentation of completed training;
- a copy of the notification form you sent to the local police and fire departments or the county sheriff

- explaining where you live and what you do; and
- a copy of the certification that the residence and the surrounding neighborhood and environment are free from environmental hazards.

If you have a wood or coal burning stove, fireplace or permanently installed gas space heater that you use in your family day care home, you must get a report of inspection and approval performed within 12 months before the date that your registration due to be renewed.

In addition, if you have a private water supply you must also have a report from a state licensed laboratory or individual, based on tests performed within the 12 months before the date when the renewal is due, showing that the water meets standards for drinking water established by the New York State Department of Health; or if the water does not meet such standards, a description of how water for all purposes will be provided by another method acceptable to the Department of Health.

When your family day care home is incorporated you must also have on file:

- a copy of the certificate of incorporation and any amendments;
- verification of filing of the certificate of incorporation and any amendments with the New York Secretary of State;
- a current list of the names of the board of directors and their addresses; and
- telephone numbers of the current principal officers of your board of directors and members along with their business and civic qualifications.

417.15 (c)(13) documentation of training sessions attended in accordance with section 417.14 of this Part;

417.15 (c)(15) a copy of the notification form provided to the local police and fire departments or the county sheriff as required in paragraph (18) of subdivision (a) of this section; and

417.15 (c)(16) a copy of the certification that the residence and the surrounding neighborhood and environment are free from environmental hazards, as required in paragraph (10) of subdivision (a) and paragraph (4) of subdivision (d) of section 417.2 of this Part.

417.15 (c)(10) a report of inspection and approval performed within the 12 months preceding the date of the application for registration or renewal by local authorities of any wood or coal burning stove, fireplace or permanently installed gas space heater in use at the home;

417.15 (c)(11) where a provider uses a private water supply,

417.15 (c)(11)(i) a report from a state licensed laboratory or individual, based on tests performed within the 12 months preceding the date of application for registration or renewal of registration, showing that the water meets standards for drinking water established by the New York State Department of Health; or

417.15 (c)(11)(ii) if the water does not meet such standards, a description of how water for all purposes will be provided by another method acceptable to the Department of Health;

417.15 (c)(14) when the family day care home is incorporated, the following

additional documentation:

417.15 (c)(14)(i) a copy of the certificate of incorporation and any amendments thereto;

417.15 (c)(14)(ii) verification of filing of the certificate of incorporation and any amendments thereto with the Secretary of State; and

417.15 (c)(14)(iii) a current list of the names of the board of directors and their addresses, telephone numbers of the current principal officers and members, and the business and civic qualifications of all such individuals;

Your Family Day Care Business

When wearing your business owner “hat,” there are many things to consider.

Insurance

You are not required by law to have liability, property damage or other types of business insurance, but very few businesses can realistically operate without some form of coverage. The most important types of insurance a small business like your own should have include general liability insurance and property insurance. In some situations, life insurance may also be valuable.

- **General Liability**

Your family day care business - and in many cases, you personally - can be sued if someone is injured or property is damaged either while on your business premises or as a result of your business operations. Liability for damages may be due to negligence, imposed by law or assumed by contract.

A liability insurance policy typically pays for legal defense

against a lawsuit. And, if it is determined that you are legally responsible and must pay damages, most policies will pay for all or part of those damages. The amount of money your policy will pay depends on the specific terms of your policy. To insure the broadest possible protection of your assets, have an insurance professional negotiate the specific coverage for your family day care.

- **Property**

Property insurance protects your business against loss caused by the destruction of a part or all of your property by fire, windstorm, explosion, falling aircraft, riot and other disasters. See your insurance professional if you have questions about what insurance plan best meets your needs.

Getting the Insurance You Need

You should have your insurance placed with a company licensed in New York State if you want the full protection of the State's insurance law. To get the best coverage for your particular situation, discuss your needs with a New York State-licensed insurance agent or broker.

The New York State Department of Insurance supervises all insurance business in New York State. For more information, contact the New York State Department of Insurance, Empire State Plaza, Agency Building 1, Albany, NY 12257, 518-474-6600, www.nysif.com.

To find insurance companies that offer coverage to meet your needs, you may also want to contact your local child care association, child care council and the Family Child Care Association of New York State (FCCANYS) and the New York State Insurance Fund. See page 145 of the Appendix in this **Handbook** for contact information.

Workplace Laws

If you hire an assistant or have another adult working with you in your program, you bring a new level of complexity into your business. You need to become familiar with federal and state employment laws that will affect your business. One of these laws is a New York State Workers' Compensation Law.

- **Workers' Compensation Law**

According to New York State Workers' Compensation Law, you must obtain workers' compensation insurance before putting employees to work. Personal injuries that occur during the course of working for you and deaths resulting from such injuries are compensable under this law. You need to provide OCFS with documents verifying that you have this coverage. Workers' compensation insurance can be obtained from the NYS Workers' Compensation Board (1-800-353-3092 or www.wcb.state.ny.us) or from a private insurance company.

- **Disability Benefits**

The New York Disability Benefits Law (NY DBL) is a part of the New York State Workers' Compensation Law. Disability benefits are paid to employees who are unable to work because of illness or injuries that happen away from your program. These benefits are paid through your disability insurance coverage. If you employ one or more employees (in covered employment) for 30 days in any calendar year, then you must get disability benefit insurance. This coverage can be obtained from the NYS Insurance Fund (www.nysif.com).

- **Unemployment Insurance**

When you begin a business in New York State and hire one or more employees, you must register with the New York State Department of Labor Unemployment Insurance Division to determine if you are liable for unemployment insurance in

417.15 (a)(1) Each family day care home must register with the Office and must operate in compliance with the regulations of the Office and all other applicable laws and regulations. No person or entity may operate a family day care home unless registered with the Office;

417.2 (d)(3) certification, on forms provided by the Office, that the applicant is providing workers compensation in accordance with the requirements of New York State law;

New York State. To register as an employer, you will need to complete and mail the appropriate form to the NYS Department of Labor. See page 145 in the Appendix of this **Handbook** for contact information.

Knowing about the laws and regulations that affect you if you choose to become an employer is vitally important to maintaining a successful business. You can get additional information regarding employment law by contacting the NY Loves Small Business website at www.nylovesmallbiz.com, the Small Business Development Centers (SBDC) located throughout the state and the New York State Department of Labor. Contact information for these organizations is included on page 145 in the Appendix of this **Handbook**.

Working with Alternate Providers and Substitutes in Your Program

As a registered family day care provider, you have agreed to be the primary caregiver for the children in your care. You have also agreed to ensure that the children in your care will always be supervised by a competent caregiver who is at least 18 years old and has been approved by OCFS. This enhances the trusting relationship you develop with children and with their families. It also assures families that the adults caring for their children have met the qualifications in the regulations.

There may be times when you need to be absent from the program. In these situations, you may use other adults to care for the children if certain conditions are met. The other adults are either alternate providers or substitutes. Make sure you notify parents when you will use an alternate provider or substitute. If no alternate provider or substitute is available, then you **may not** provide care.

Alternate providers must be included on your application,

417.8 (a) Children cannot be left without competent supervision at any time. The provider must have direct visual contact with the children at all times except as follows: (417.8 (a)(1)-(4)

417.8 (b) No person under 18 years of age can be left in sole charge of the children at any time.

417.8 (c) The provider must be the primary caregiver of children in a family day care home.

417.8 (c)(1) For short-term, non-recurring absences, a substitute or alternate provider may care for children in place of the provider. If no substitute or alternate provider is available, care may not be provided and parents must be notified that care at the family day care home will not be available. Parents must be notified when a substitute or alternate provider will be caring for the children.

417.8 (c)(2) For other than short-term, non-recurring absences, only an alternate provider may care for the children in place of the provider.

have background checks, which includes a State Central Register for Child Abuse and Maltreatment (SCR) check and criminal history review with fingerprinting, and must meet the Staff Qualifications and Training requirements that are in the regulations. Substitutes are used only for emergency care and must be fingerprinted and be cleared with the State Central Register for Child Abuse and Maltreatment.

You may want to work with other providers in your area to find alternate providers and substitutes. For example, one person might agree to be the alternate provider for both your program and for another program.

413.2 (ad) Substitute means any person who has been selected by the provider to provide child day care to children in a family or group family day care home or small day care center during short-term, non-recurring absences of the day care provider or assistant.

413.2 (ag) Alternate provider means an individual who provides child day care in a family day care home or small day care center in the absence of the provider. The alternate provider must meet the same qualifications as the provider.

Applying to Renew Your Registration

Right now, a complete copy of your New York State Family Day Care Registration application is on file and is accessible to you, your registrar and OCFS staff. Your family day care registration is in effect for two years, and then it must be renewed. That renewal doesn't happen automatically. In order to renew your registration, you must fulfill very specific responsibilities and complete an application for renewal of your registration. These responsibilities include getting appropriate inspections, participating in at least 30 hours of training and staying in compliance with the regulations.

You will be sent a renewal application form at least 120 days before your registration expires. You must send this completed application and required documents to your registrar, including documentation of your training, at least 60 days before your license expires. Most of this information will update the information you submitted when you initially applied for your registration.

417.2 (d) Applicants for renewal of registration must submit to the Office at least 60 days in advance of the expiration date of the registration the following:

417.2 (d)(1) a completed application for renewal, including required attestations, on forms furnished by the Office or approved equivalents. Such application and attestations must include an agreement by the applicant to operate the family day care home in conformity with applicable laws and regulations;

417.2 (d)(2) certification, on forms provided by the Office, of the status of the individual applicant's child support obligations or payments, in accordance with the requirements of Section 3-503 of the General Obligations Law;

417.2 (d)(3) certification, on forms provided by the Office, that the applicant is providing workers' compensation in accordance with the requirements of New York State law;

417.2 (d)(6) health statements for the provider and any alternate provider completed within the 12 months

Here is a list of what you need to submit with your renewal application:

- a completed renewal application;
- certification of child support obligations;
- certification that you are providing workers' compensation to employees;
- health statements for yourself and any alternate providers completed within the 12 months before the renewal is due;
- health statements for all the people living in your family day care home completed within the 12 months before the renewal is due;
- certification that the residence and the surrounding neighborhood and environment are free from environmental hazards;
- if a private water supply is used, a report from a state licensed laboratory or individual, based on tests performed within the 12 months before the date of the renewal is due, showing that the water meets standards for drinking water established by the New York State Department of Health; or if the water does not meet such standards, a description of how water for all purposes will be provided by another method acceptable to the Department of Health if you have a private water supply;
- a report of inspection and approval performed within the 12 months before the date that your license is due to be renewed of any wood or coal burning stove, fireplace or permanently installed gas space heater that you use in your group family day care home;
- proof that you have met the training requirements during the licensing period; and
- a completed home safety checklist.

preceding the date of the application for renewal, as required in section 417.11 of this Part;

417.2 (d)(7) a statement regarding the health of all persons residing in the family day care home completed within the 12 months preceding the date of application for renewal, as required in section 417.11 of this Part;

417.2 (d)(4) certification, on forms provided by the Office, that the dwelling, its property and premises, and the surrounding neighborhood and environment are free from environmental hazards. Such hazards include but are not limited to dry cleaners, gas stations, nuclear laboratories or power plants, property designated as a federal superfund clean-up site, and any property with known contaminated ground or water supplies. Where the historical or current use of the dwelling, its property and premises, or the surrounding neighborhood indicate that an environmental hazard may be present, inspection or testing must be completed by the appropriate local official or authority to determine if such hazard exists. Documentation of the inspection or testing must be appended to the statement required by this paragraph and include a statement from the appropriate local official or authority following this inspection and/or testing that the dwelling, its property and premises, and the surrounding neighborhood meet applicable standards for sanitation and safety;

417.2 (d)(5) a statement from the appropriate local official or authority that the dwelling standards for sanitation and safety, where the Office notifies the applicant that such a statement is required;

417.2 (d)(8) where a provider uses a private water supply,

417.2 (d)(8)(i) a report from a state licensed laboratory or individual, based on tests performed within the 12 months preceding the date of application for renewal, showing that the water meets the

Be prepared to renew your registration when the renewal application comes. Give yourself plenty of time and plan ahead. Use a calendar and map out when you are going to complete all the tasks you need to accomplish before the next renewal in two years.

Planning how and when you are going to get your 30 hours of training in the required areas are very important. Don't put it off! It's almost impossible to get 30 hours of required training in 60 days. For more information on training requirements, see the "Growing as a Professional" section starting on page 127 in this **Handbook**.

Keep in touch with your registrar throughout your renewal process. He or she can be an invaluable resource to you and your program. Ask questions about the process, what documents you need to send in, inspections you need to have, the status of your renewal application and any other issues you are unsure about. You can also ask your registrar for copies of checklists and forms that he or she may use to evaluate your program during the renewal process. You can find many of these forms in the initial application and renewal application for your registration.

After evaluating your application to renew your registration, if OCFS determines that your program meets the standards and conditions of registration, you will receive a letter and your new registration in the mail. Information about the process of denial and your right to a fair hearing can be obtained from your registrar or OCFS Regional Office (see page 145 in the Appendix).

standards for drinking water established by the New York State Department of Health; or

417.2 (d)(8)(ii) if the water does not meet such standards, a description of how water for all purposes will be provided by another method acceptable to the State or local Department of Health;

417.2 (d)(9) a report of inspection and approval performed by local authorities within the 12 months preceding the date of application for renewal of any wood or coal burning stove, fireplace or permanently installed gas space heater in use at the home;

417.2 (d)(10) documentation showing compliance with the training requirements of section 417.14 of this Part; and

417.2 (d)(11) a completed home safety checklist covering fire and building safety, on forms furnished by the Office or approved equivalents.

417.2 (e) The Office may grant an application for renewal of a registration without conducting an inspection of the family day care home. If the Office determines within its discretion that an inspection is necessary, a renewal of the registration may not be issued until an inspection has been conducted showing compliance with the requirements of this Part and the relevant provisions of the Social Services Law.

417.15 (b)(5) Before denial of an application of registration or renewal of registration, the provider is entitled to a hearing before the Office pursuant to Part 413 of this Title.

Resources

You will find additional resources related to this chapter in the Appendix at the end of this **Handbook**.

Some information included in the Appendix that may be helpful to you is:

- OCFS Regional Offices
- State Agencies and Organizations
- County Health Departments

Providing and Maintaining A Safe Environment Inside and Out



One of your most important jobs as a registered family day care provider is identifying safety hazards inside and out. You'll need to remove or restrict access to hazards to keep the children safe. You can prevent many injuries and accidents by regularly and carefully assessing the physical surroundings and equipment in your child care program while keeping in mind the skills, abilities, interests and needs of each of the children in your care. If you need assistance obtaining health and safety equipment, contact your registrar to find out if health and safety grants are available in your area and who administers them.

In this section of the **Handbook** we'll take a close look at many of the things you need to do to keep children safe when they are in your care. Examples of keeping children safe include: evaluating your indoor and outdoor space; having important safety tools such as a working telephone, flashlight and a first aid kit; and keeping track of visitors to your program. Transportation, transportation safety, limited use of pools and pesticide application are also covered.

Indoor Safety

The first place to start to ensure that children will be safe when in your care is by closely examining the rooms and spaces where children will be playing, eating and sleeping. A good time to do this is before opening or before children arrive each morning, so you can give your full attention to examine the areas children use everyday.

Every indoor space is unique. Each family day care space has different furniture, equipment, toys and of course, children! And each space has safety hazards that you need to watch for and fix or remove. You may even have to restrict children's access to some areas in order to keep them safe.

First, think about whether there is adequate space for the children to participate in both active and quiet play.

Children grow and change, and their needs, interests and abilities change with them. Does your current space allow

417.5 (a) Suitable precautions must be taken to eliminate all conditions in areas accessible to children which pose a safety hazard.

417.3 (a) Each applicant must submit to the Office at the time of application for registration a diagram of the proposed family day care home showing: all rooms in the home, including the rooms which will be used for day care and the purposes for which such rooms will be used; the number and location of exits and alternate means of egress; and the outdoor play areas available to the children in care.

417.3 (g) The home must have adequate indoor space for the comfort of the children and to accommodate a variety of activities for the number of children in care.

417.3 (b) Rooms that will be used by the children must be well-lighted and well-ventilated. Heating, ventilating and lighting equipment must be adequate for

each child in your care to play and discover all that they can be?

Second, think about how comfortable the space is. Good lighting, ventilation and temperature are important for the safety and health of the children and adults in your program. Young children's bodies are not as able to regulate their internal temperatures as adults' bodies are. The temperature in your day care rooms must always be at least 68° Fahrenheit. Adequate light supports vision development, makes it easier for you to supervise and will prevent injuries.

Check where you have children napping during the day or sleeping, if you provide night care. Do you have appropriate equipment and coverings? Is there enough room for the children to lie down and spread out? Is the area safe, well ventilated and draft free? Is there enough light in the room so you can see to supervise? Could you evacuate children safely in case of an emergency? Many providers use small night lights at all times. If you care for infants and toddlers who sleep in cribs, the cribs cannot be the stackable type.

Take a look at your walls, floors, toys, equipment, materials and furnishings. If they are accessible to children, are you 100% certain that non-toxic paints and non-hazardous materials were used on them? If you have concrete floors in your day care rooms, are they carpeted? Concrete is a very hard surface and can cause serious injuries. Young children may suffer severe and permanent disabilities from head injuries.

Are your rooms free of peeling or damaged paint or plaster? Older buildings sometimes still have lead-based paint. Homes built and painted inside and out before 1960 contain heavily-lead paint. Breathing or swallowing even small amounts of lead dust has been shown to cause long-term damage to children's neurological systems.

the protection of the health of the children. When night care is provided, there must be sufficient light in the rooms where children are sleeping to allow supervision of, and the safe movement and egress for, the children. A temperature of at least 68 degrees Fahrenheit must be maintained in all rooms to be occupied by children.

417.3 (c) A firm sanitary crib, cot, bed or washable padded mat of adequate size must be provided for all children requiring a rest period. The resting/napping places must be located in safe areas of the home where there is no draft and where children will not be stepped on or block safe egress. Individual sanitary bed coverings must be available, as needed, for each child requiring a rest period. When night care is provided, a child four years of age or older shall not sleep in a room shared with another child of the opposite sex. No crib, cot, bed or mat may be occupied by more than one child, nor by a child and any adult. No child three years of age or older shall sleep in the same room with an adult of the opposite sex.

417.3 (d) Stackable cribs are prohibited.

417.3 (e) Toxic paints or finishes must not be used on room surfaces, furniture or any other equipment, materials or furnishings which may be used by children or are within their reach.

417.3 (f) Peeling or damaged paint or plaster must be repaired promptly. Concrete floors used by the children must be covered with appropriate material.

Next, check the bathrooms that children use. Where are they located? Think about how you will supervise children who are using the bathroom. Older children often want some degree of privacy but this must be balanced with the fact that bathrooms contain the inherently dangerous combination of water and electricity. Hairdryers, curling irons and electric razors can be deadly hazards when they are in contact with water. Many newer homes have ground fault interrupter circuits (GFI) that can provide some degree of protection from severe electrical shock. These devices can be installed in older homes as well.

Most families set their hot water heaters at 140° Fahrenheit. But water that hot can scald a young child in just a few seconds. You may want to turn your hot water heater down to 120° Fahrenheit. The water is still hot enough for most uses. You'll save money and be safer!

Bathrooms often contain many products that, while not poisonous, can be harmful to children if used improperly. Things like toothpaste with fluoride, hair products, perfumes, lotions and creams often look and smell sweet, "minty" or fruity. But they can be very harmful if eaten or sprayed in the eyes. Store harmful products in locked cabinets or well out of the reach of children. Because supervising bathroom use is so important, if any bathroom is farther than one floor level away from your day care rooms, you must not allow children to use it.

Several serious illnesses can be spread through a contaminated water supply. If you live in a city or town that has a public water supply, there are professionals who frequently test the safety and sanitation of the water for you. If you have a well or private water supply, you'll need to submit the results of a water test each time you renew your registration. However, the water supply can also be

417.3 (i) A bathroom not more than one floor level away from the program area must be accessible to children.

417.3 (j) All toilets and potty chairs must be located in rooms separate from those used for cooking, playing, sleeping or eating.

417.3 (k) Adequate and safe water supply and sewage facilities must be provided and must comply with State and local laws. Hot and cold running water must be available and accessible at all times.

contaminated by storm runoff, construction, and other environmental factors. It's a good idea to be alert to changes in the environment and have your water retested as often as necessary. Most county health departments or the State Department of Health can give you information and assistance with this process. See the "Protecting and Promoting Children's Health" section on page 60 in this **Handbook** for additional information on preventing the spread of germs.

Do you know if your home or apartment is in compliance with applicable provisions of the New York State Uniform Fire Prevention and Building Code? If not, contact your licensing office to determine who evaluates homes in your community for compliance with these codes.

Thinking about remodeling? Adding on? Moving? Don't do anything until you call your registrar or licensing office to find out how these changes will affect your family day care registration.

The best way to assess your environment for safety hazards is to get down low on your hands and knees. Look to see what may attract children's attention at their level. A safety hazard could be as obvious as having uncovered radiators and pipes in rooms children use, or not having protective caps on all electrical outlets.

Sometimes we are tempted to store products like paint, cleaning materials and plant food in food containers. But it is very easy to make a mistake. Hazardous and poisonous items need to be stored in their original container and out of reach of children. Some of these items can be easily confused by children with other products and children may be tempted to eat or drink them. For example, some vitamins and medications look and taste like candy. Window cleaner and mouthwash can look like lime or berry flavored fruit drinks.

417.3 (l) All buildings used for family day care homes must remain in compliance with the applicable provisions of the New York State Uniform Fire Prevention and Building Code.

417.5 (d) Radiators and pipes located in rooms occupied by children must be covered to protect the children from injury.

417.5 (i) Protective caps, covers or permanently installed obstructive devices must be used on all electrical outlets that are accessible to children.

417.5 (j) All matches, lighters, medicines, drugs, cleaning materials, detergents, aerosol cans and other poisonous or toxic materials must be stored in their original containers, and must be used in such a way that they will not contaminate play surfaces, food or food preparation areas, or constitute a hazard to children. Such materials must be kept in a place inaccessible to children.

If a child does ingest any of these items, you'll need the information on the label when getting medical help. You will need to call poison control at 1-800-222-1222. Keep this and all emergency phone numbers posted next to every phone in your home.

In any family child care program, there may be adults or your own school-age or older children who come and go during the day. Be especially alert to their handbags, backpacks and other belongings. They can contain matches, cigarettes, medication, sharp objects, toys with small pieces and other items that may harm children. These kinds of items must be kept out of reach of children.

417.5 (t) The following items must be used and stored in such a manner that they are not accessible to children: handbags, backpacks or briefcases belonging to adults; plastic bags; and toys and objects small enough for children to swallow.

Small items can be choking hazards for children. To check an item, you can put it into a choke tube. A choke tube is a plastic cylinder about the size of a toilet paper tube. If the item fits into the tube, it is a choking hazard. You may find a choke tube through your local child care council, or at a store selling children's toys and other children's items. A toilet paper tube will work in a pinch! Another choking hazard for children of all ages is latex balloons. If swallowed, even a small piece of balloon will cover a child's windpipe. Because the latex stretches, it is almost impossible to remove it from a child's throat and the child will suffocate.

Toys for school-age children often have small pieces that are choking hazards for younger children. You may want to allow older children to use these toys when younger children nap or when younger children have left for the day. Keep your eyes open for "treasures" school-age children keep in their backpacks and pockets that may be harmful to younger children.

Choose only materials, toys and equipment that are in good condition and are safe for children to use. Be sure furniture and toys are free of rough or ragged edges, sharp corners,

417.5 (n) Materials and play equipment used by the children must be sturdy and free from rough edges and sharp corners.

small pieces that can be taken off and broken parts. Remove any hazardous toys or equipment until they can be repaired or thrown away. The United States Consumer Products Safety Commission provides up-to-date information on product safety and recalls. They can be reached toll-free at 1-800-638-2772 or at www.CPSC.gov.

Consider the ages and developmental stages of the children to determine what is safe for each individual child. Don't be misled by suggested age ranges on packaging. For example, rounded end scissors labeled as recommended for children 3-5 years old may not be safe for every three year old in your care. Continually observe children to see if there are any potential safety problems as they use materials and equipment.

If your equipment is not safe for a child, choose different activities or replace toys and materials with safer choices. Tailor your choices to fit your own program and the children in your care. For more information on choosing safe toys and materials, see the "Programming that Supports Growth and Development" section in this **Handbook**.

Evaluate any high chairs you use with children. They should have a wide, stable base. Children who are placed in the high chair should be able to sit up on their own and always be secured with a safety strap. See the "Programming that Supports Growth and Development" section in this **Handbook** for additional considerations about using high chairs.

417.5 (u) High chairs, when used, must have a wide base and be used only by children who are able to sit up independently. A safety strap must be fastened around children who are seated in high chairs.

Doors that lock can be another hazard in your program. Make sure that doors to closets and bathrooms can be easily opened by children from the inside and by you from the outside. If you have sliding glass doors or windows with clear glass panels make sure they are marked with decals or in a way that people can see that they are glass.

417.5 (s) Every closet door latch must be constructed to enable children to open the door from inside the closet. Every bathroom door lock must be designed to permit opening of the locked door from the outside in an emergency. The opening device must be readily accessible. Door locks on exit doors from the residence must be able to be opened from the inside without using a key.

In an emergency, doors to the outside will be vital pathways to safety. You must be able to open these doors from the inside without using a key. See the “Fire Protection and Non-Medical Emergencies” section in this **Handbook** for additional considerations about emergency evacuations.

417.5 (p) Clear glass panels must be marked clearly to avoid accidental impact. Glass in outside windows less than 32 inches above the floor level must be of safety grade or otherwise protected by use of barriers to avoid accidental impact.

Take a look at all the plants you keep inside and out and make sure that they do not pose a health or safety risk to children. If you are not sure, you can check the Cornell University Poisonous Plants Information Data Base on the internet at www.ansci.cornell.edu/plants/index.html or contact Poison Control at 1-800-222-1222.

417.5 (k) Indoor and outdoor plants which are hazardous to children must not be accessible to the children.

Carefully consider whether your family pets or other animals you keep pose a health or safety threat to the children in your care. Some animals may act differently with children other than your own. Some animals such as turtles may carry diseases that can be transmitted to children. You may want to have a veterinarian check each animal in your home. Some liability policies don't cover all types of pets; be sure to check with your insurance company.

417.5 (l) Any pet or animal kept indoors or outdoors at the family day care home must be in good health, show no evidence of carrying disease, and pose no threat to children. This provision also applies to those pets or animals present at the home which do not belong to the caregivers.

Remember that your registrar uses safety checklists to assess your program. Ask for copies to help you keep your program a safe place for children.

Keep in mind that a one time “child-proofing” is never enough. You will need to examine your day care space regularly as you make routine repairs to your home and as the children grow and change.

You may be eligible for grants to help pay for items that will improve the safety of your program. Talk with your registrar to find out about funding that may be available in your area through health and safety grants.

Outdoor Safety

When you were a child you probably had lots of time for outdoor play. You climbed trees, rode bikes, played stick ball, scaled to the highest point on the jungle gym, and explored your neighborhood until your parents practically dragged you home. You probably didn't give a thought to whether the equipment you played on was safe or appropriate, or if the parks or backyards you played in were free of hazards.

As an adult running a registered family day care program, you *must* consider these issues. You are now responsible for the safety of the children other than your own. You'll need to regularly evaluate the outdoor play spaces you allow children to use to make sure that they appropriately challenge each child's skills and abilities, and are free from hazards.

Think about how much space is available for children to use. Is there enough room for all of the children to use their biggest muscles at the same time? Can your preschoolers and school-agers run, climb and jump? Is there enough space for toddlers to learn about how their bodies move without running into and over each other? Can your babies crawl freely, pull themselves up and "cruise" if they are able?

Make sure outdoor equipment is in good condition, is installed correctly according to manufacturer's instructions and is in a safe location. Swings and climbing equipment should be anchored. A good time to check outdoor equipment is in the spring as part of a spring cleaning routine.

417.5 (a) Suitable precautions must be taken to eliminate all conditions in areas accessible to children which pose a safety hazard.

417.3 (h) Each home must have access to outdoor space which is adequate for active play.

417.5 (n) Materials and play equipment used by the children must be sturdy and free from rough edges and sharp corners.

417.5 (o) Outdoor equipment such as swings, slides and climbing apparatus must be installed and used in accordance with the manufacturer's specifications and instructions, be in good repair, and be placed in a safe location. Such equipment and apparatus may be used only by the children for whom it is developmentally appropriate.

As with indoor equipment, make sure children only use outdoor equipment that is appropriate for their age and abilities. What may be safe for a school-age child may not be safe for a two year old child. And, what is safe for one four year old might not be safe for another four year old. If outdoor equipment is not safe for a child to use, offer appealing but safer alternatives.

Surfaces under play equipment should prevent injuries from falls. Depending on the height and type of equipment, you may need safe cushioning surfaces from 6 to 12 inches deep. Safe cushioning surfaces may include fine sand, double shredded bark mulch, fine gravel. You can get additional resources through the Consumer Product Safety Commission listed in the Appendix in this **Handbook**. They can be reached toll-free at 1-800-638-2772 or at www.CPSC.gov.

Just as you did in your indoor space, look at the plants in your outdoor play area. Remove or restrict access to any that are hazardous.

417.5 (k) Indoor and outdoor plants which are hazardous to children must not be accessible to the children.

Barriers

Some safety hazards can't be removed. In these cases, you can help prevent injuries by using barriers. The following hazards will require you to install a barrier to make them safe:

- radiators and pipes;
- electrical outlets;
- porches, decks and stairs;
- swimming pools, ponds and other bodies of water;
- wood burning stoves, fireplaces and permanently installed gas heaters; and
- windows located above the first floor.

417.5 (f)(2) Each family day care provider must ensure that adequate barriers exist to prevent children from gaining access to unsafe, dangerous or hazardous areas or devices. Such areas and devices include, but are not limited to, holes, pits, wood and coal burning stoves, fireplaces and permanently installed gas space heaters.

417.5 (d) Radiators and pipes located in rooms occupied by children must be covered to protect the children from injury.

You may also need to take a look at any baseboard heaters you have in your home. Depending on their construction, you may need a barrier to prevent children from burning or cutting their hands on such heaters.

The type of barrier that is effective for any of the hazards that may exist in your program depends on several factors including the type of hazard and the abilities of the children in care. For example, some children may become able to pull outlet caps off just by tugging on them. You may need to use outlet covers that are choke-proof or can only be removed by following several steps that would be very difficult for children to do.

417.5 (i) Protective caps, covers or permanently installed obstructive devices must be used on all electrical outlets that are accessible to children.

Falls from decks, porches and stairs can cause serious injury. You may be surprised at how small a space a little child can fit through. Even more frightening is the possibility that a child's body, but not her head might fit through an opening. That's why it's a good idea to allow only 2 3/8 inches (the same opening as recommended for crib slats) between railings. Heavy fencing or extra railings are often a practical solution for railings that are farther apart.

417.5 (e) Porches, decks and stairs must have railings with a barrier extending to the floor or ground to prevent children from falling. Acceptable types of barriers include, but are not limited to, balusters, intermediate rails, and heavy screening.

How many times have you seen a report of a drowning only to hear the adult say, "But I only looked away for a moment." Pools, ponds and other bodies of water will need to have a four-foot high fence with a lock at least four feet off the ground to prevent children from going into the area. If the body of water is only partially located on your premises, your portion must be entirely enclosed. While a fence will not guarantee that a child cannot enter an area, it may offer a few critical moments of time.

417.5 (f)(1) Each family day care provider must ensure that barriers exist to prevent children from gaining access to any swimming pool, drainage ditches, wells, ponds or other bodies of open water located on or adjacent to the property where the family day care home is located. Such barriers must be of adequate height and appropriately secured to prevent children from gaining access to such areas.

Proper fencing can be expensive. There are sometimes grants available to assist with the cost of installing fencing around bodies of water. Be sure to talk with your registrar to

determine what will work best for the safety of the children in your care.

Window guards are required on all windows which are less than 32 inches from the floor and are not made of safety glass. If care is provided on any floor above the first floor, window guards which prevent children from falling out of windows are also required on the windows on those floors. There are many types of commercially available window guards as well as many options for creating suitable barriers with inexpensive materials available at home improvement centers. Contact your registrar to determine acceptable options.

You may be eligible for grants to help pay for items that will improve the health and safety of your program. Talk with your registrar or local child care council staff to find out about funding that may be available.

417.5 (p) Clear glass panels must be marked clearly to avoid accidental impact. Glass in outside windows less than 32 inches above floor level must be of safety grade or otherwise protected by use of barriers to avoid accidental impact.

417.5 (q) Where child care is provided above the first floor, windows on such floors must be protected by barriers or locking devices to prevent children from falling out of the windows.

Safety Tools

Another way that you keep children safe from hazards in your program is by having specific tools close at hand to be able to use at a moment's notice. These tools include a working telephone, a flashlight, and a first aid kit.

Your telephone is a vital tool in your program. In an emergency, you will use it to contact help quickly. Parents depend on it to share information, get updates on their child's day or notify you of any changes in their schedules. In addition, your registrar or other OCFS staff may need to contact you. Because receiving calls is so critical, your phone cannot be set to block incoming calls from parents or guardians of children in care, OCFS representatives or their agents, or agents of state and local governments when you

417.5 (m) A working telephone must be in the home. Emergency telephone numbers for the fire department, local or state police or sheriff's department, poison control center, and ambulance service must be posted conspicuously on or next to the telephone. Devices used for purposes of call blocking shall not be used to block in-coming calls from parents or legal guardians of children in care, representatives of the Office or agents of the state or local government during the hours of operation of the child day care program.

are caring for children.

Many providers carry a portable phone or a cell phone with them at all times so emergency help can be contacted immediately. Remember to keep your phones charged and ready for use. You may also want to use an answering machine for non-emergency calls that can be returned after children leave for the day or when children don't need your immediate attention.

A flashlight is another important safety item that you need to have. You will need it if your power goes out, during an emergency evacuation or other situation when light is low. Make sure you check the batteries frequently! A non-working flashlight will not help keep children safe.

Another safety tool you must have on hand is a well-stocked first aid kit. Your first aid kit will be essential when dealing with an injury or emergency. It should be stocked with supplies for a variety of situations including those when you'll follow safety precautions relating to blood. You also need to plan how and when you will restock your first-aid kit as items are used. A list of suggested items for your first aid kit is included in the Appendix of this Handbook.

417.5 (r) An operable flashlight or battery powered lantern must be kept in the child care area. Such equipment must be properly maintained for use in the event of a power failure.

417.11 (g) The home must be equipped with a portable first aid kit which is accessible for emergency treatment. The first aid kit must be stocked to treat a broad range of injuries and situations and must be restocked as necessary. The first aid kit and any other first aid supplies must be kept in a clean container or cabinet not accessible to children.

Maintaining Program Capacity

Young children are active and need your attention. To keep them safe and healthy and to support their development, you will need to be close to them, observing their interactions, ready to offer assistance, joining in their play and planning appropriate experiences and activities for each one. This can be a challenge.

OCFS recognizes this challenge and as a result provides regulations that limit the number of children who can be

413.2 (i) Family day care home means a residence in which child day care is provided on a regular basis for more than three hours per day per child for three to six children for compensation or otherwise, except as provided below. The name, description or form of the entity which operates a family day care home does not affect its status as a family day care home.

413.2 (i)(1) Age of children: A family day care home may provide care for children six weeks through 12 years of age; for

present in your program at any one time. The limit depends on the ages of the children in your care. Your own children are counted in the limit if they do not attend kindergarten or a higher grade.

You are allowed:

- Up to 6 children if all children are over the age of two years old.

OR

- Up to 5 children if any child is under the age of two years old. You cannot have more than 2 children that are younger than two years old.

AND

- An additional 2 children that attend kindergarten or higher grade (school age children).

AND

- Your own children are counted towards your maximum capacity if they do not attend kindergarten or a higher grade. Note that pre-K does not count as kindergarten.

These limits are the *maximum* capacity limits for programs and not all programs operate at maximum capacity. If your registrar determines that you cannot adequately care for the maximum number of children, your capacity may be fewer children. In addition, you may choose to care for fewer children.

Here is an example of a program complying with maximum capacity regulations. You have one child who is less than two years old. All other children are older than two. You have an additional two school-age children and your maximum capacity is 7. The 5 younger children come to your program Monday through Friday from 7:30 am - 6:00 pm. The school-age children get off the bus at your home and are in your care from 3:15 pm - 6:00 pm. So, you have 5 children in your care from 7:30 am - 3:15. You have 7 children (5 younger

children 13 years of age or older who are under court supervision; for children 13 years of age or older who are incapable of caring for themselves when such inability is documented by a physician, psychiatrist or psychologist; and, in extenuating circumstances, for children under six weeks of age when prior approval has been obtained from the Office. Children who attain the maximum age allowed during the school year may continue to receive child day care through the following September 1 or until they enter school for the following school year.

413.2 (i)(2) Maximum capacity means the maximum number of children authorized to be present at any one time as specified on the family day care registration.

413.2 (i)(2)(i) Except for children in the legal custody of or boarded out with the provider who attend school in kindergarten or a grade level higher than kindergarten, all children present must be counted in determining maximum capacity even if they are relatives or are present three hours per day or less.

413.2 (i)(2)(ii) No more than two children under the age of two may be cared for at any one time.

413.2 (i)(2)(iii) When any child who is less than two years of age is present, the maximum capacity is five, except as provided in subparagraph (v) of this paragraph.

413.2 (i)(2)(iv) When all children present are at least two years of age, maximum capacity is six, except as provided in subparagraph (v) of this paragraph.

413.2 (i)(2)(v) an additional two children who are of school-age may be provided care if: the additional school-age children attend kindergarten or a school grade level higher than kindergarten; and the school-age children receive the care primarily before or after the period such children are ordinarily in school, during school lunch periods, on school holidays, or during those periods of the year in which school is not in session. The

children + 2 school-agers = 7) from 3:15 - 6:00 pm.

Here is another example. Let's say all the children in your program are over the age of two and your maximum capacity is 6 children. Five children come Monday through Friday (Anthony, Bashi, Connor, Deke and Ella). Mikayla comes only on Monday and Tuesday. Peter comes only on Wednesday, Thursday and Friday. These two children are never in the program at the same time. On Monday and Tuesday you have 6 children (5+Mikayla), on Wednesday, Thursday and Friday you have 6 children (5+Peter). So, you have a total of 7 children enrolled in your program and are never over your maximum capacity of 6 children.

Understanding how many children you are allowed to care for can be confusing. Your registrar can help. Make sure you know and follow the maximum capacity limits for your program to reduce risks to children. Keep in mind that having too many children in your care can also be the basis of enforcement action taken by OCFS.

If you are unsure about how the program capacity for your family day care program is determined, talk with your registrar.

registration for such capacity for additional school-age children may not be issued until the Office inspects the home to determine whether the provider can adequately care for seven or eight children.

Providing Competent Direct Supervision

When you became a registered family day care provider, you agreed to reduce risks and prevent harm to the children in your care. Providing competent, direct supervision is one of the most important things you do to fulfill your part of the agreement. Effective supervision is based on:

- visual contact with all children;
- continual assessment of the children's behavior, activities, and skills; and
- your ability to respond quickly to unsafe situations.

417.8 (a) Children cannot be left without competent supervision at any time. The provider must have direct visual contact with the children at all times except as follows:

417.8 (a)(1) With the prior written permission of the parent, children may

In order to assess the children and the situation, you will need to see and hear the children. Ask yourself:

- Are children occupied in play?
- What toys and materials are being used by the child? Is it safe for this child based on his or her physical abilities?
- How are the children interacting with each other? Is one child becoming frustrated or angry?
- What else is going on in the play space? Are older children using toys that should not be used by the younger children?
- Am I physically close enough to prevent an injury?

Remember, your attention must always remain on the children. Any area in your home that you use to care for children cannot be used for any business or social purpose that would cause you to distract your attention away from caring for the children.

In addition to assessing each situation, you will need to continually assess each child's developmental abilities. Children, especially infants, change quickly. What was a safe situation for a child at 3 months may not be safe once she starts crawling and climbing. You will need to take each child's skills and abilities into consideration when deciding if a situation is safe for a child.

There are some specific situations when children are allowed to be out of your direct vision for short periods of time. This may include:

- children who are napping or sleeping, if using a monitor, and with written permission from parents;
- children using a bathroom (only when they are able to do so independently); and
- school-age children for brief periods of time and with

nap or sleep in a room where an awake adult is not present. When children are sleeping or during nap times, the doors to all rooms must be open; the caregiver must remain on the same floor as the children; and a functioning electronic monitor must be used in any room where children are napping or sleeping and an awake adult is not present. Electronic monitors may be used as an indirect means of supervision only where the parents have agreed in advance to the use of such monitors. Use of electronic monitors is restricted to situations where the children are sleeping. For evening and night care, the caregiver may sleep while the children are sleeping if the provider has obtained written permission to do so from every parent of a child receiving evening or night care in the family day care home. The caregiver must be awake at all times and physically check sleeping children every 15 minutes in the event written permission has not been obtained from all parents of children receiving evening or night care.

417.15 (a) (16) The indoor and outdoor areas of the home where children are being care for must not be used for any other business or social purpose when children are present such that the attention of the caregiver is diverted from the care of the children.

417.8 (a)(2) Children who are able to toilet independently, including fastening and unfastening clothing, wiping themselves, flushing the toilet, and washing their hands, may use a bathroom on another floor for a short period of time without direct adult supervision.

417.8 (a)(3) With the written permission of the parents, providers may allow school-aged children to participate in activities outside the direct supervision of a caregiver. Such activities must occur on the premises of the family day care home. The caregiver must physically check such

written permission from parents.

children every 15 minutes.

In each of these situations, you must provide additional types of supervision including frequent visual checks. You will need to carefully consider how you will keep children safe. Ask yourself if you can assess the children's behavior and respond quickly to an unsafe situation when children are sleeping, using a bathroom or when school-agers are in another room doing an activity. Remember, **it is ALWAYS your responsibility to keep all children safe at all times!**

Sleeping at Night

If you are thinking about offering night care, there are many issues to consider related to supervision. During the night, you'll need to be ready to help a child use a bathroom, evacuate your home, or get back to sleep after a scary dream. Think about how you will prevent children from leaving your home unnoticed without obstructing an emergency evacuation pathway.

Ask yourself how you will respond to a child's needs or to an emergency if *you* are also sleeping. Consider how deeply you sleep and how well you will hear children during the night. Plan where children will sleep and where you will sleep. And, before you sleep at the same time as children, you'll need written permission from **all** parents.

Toileting

Some children can follow healthy toileting routines without your help. You may want to consider allowing a child to toilet independently if he or she can:

- fasten and unfasten clothing;
- wipe him or herself;
- flush the toilet; and
- wash hands.

Think about how you will keep children safe if you allow

them to use a bathroom on another floor. How much time does a child need? At what point will you visually check on the child? What will you do if the child becomes ill or needs your assistance in the bathroom? How will you do this while continuing to supervise the other children?

School-age Children and Their Need for Independence

Allowing school-age children to participate in activities in another area of your home can offer opportunities to gain independence, use their social skills to resolve conflicts, use materials geared for their developmental stage and do homework.

If you and the parents decide that these opportunities would be beneficial and it doesn't interfere with your ability to supervise the other children in your care, school-agers can be out of your direct sight for short periods of time.

Before allowing any children to be out of your sight during these situations, you will need to carefully consider how you will keep them safe. Ask yourself if you can assess the children's behavior and respond quickly to an unsafe situation when children are sleeping, using the bathroom or when school-agers are in another room or outside doing an activity. Pay attention to individual children. Some school-age children, regardless of their age, will need your continual visual contact.

Another important aspect of supervision includes who you allow to take the child from your program for the day. When you enroll a child, talk with the child's family about who will pick up the child at your program. Include their names and contact information in your records. You will also need to know about any legal custody agreements or guardianship issues that affect who can take the child from your care.

You will need to get written permission from the parent

417.8 (a)(3) With the written permission of the parents, providers may allow school-aged children to participate in activities outside the direct supervision of a caregiver. Such activities must occur on the premises of the family day care home. The caregiver must physically check such children every 15 minutes.

417.8 (d) No child can be released from the group family day care home to any person other than his or her parent, person currently designated in writing by such parent to receive the child, or other person authorized by law to take custody of a child. No child can be released from the program unsupervised except upon written instruction of the child's parent. Such instruction must be acceptable to the provider and should take into consideration such factors as the child's age and maturity, proximity to his or her home, and safety of the neighborhood.

before anyone else can take the child from your program. Whether it's a once-a-week routine or a one-time emergency, you must have written permission before the child leaves your care.

Surveillance Cameras and Supervision

Recent technology has spurred the development of remote surveillance cameras, sometimes known as “nanny cams.” Remember, these cameras do not take the place of providing competent direct supervision.

You might decide to use a surveillance camera to allow parents to see their children through the internet. If you want to do this, make sure you do the following:

- inform all parents and providers of the camera locations;
- use security measures such as passwords and filters;
- provide parents with information about security regarding viewing the program over the internet and the privacy rights of other children who may be viewed;
- comply with all related state and federal laws and OCFS regulations;
- do not install cameras in bathroom or diaper changing areas; and
- allow OCFS staff viewing privileges.

417.8 (f) Surveillance cameras may not be used as a substitute for competent direct supervision of children

417.15 (a)(9)(ii)(a) The parents of all children receiving care in a family day care home equipped with video surveillance cameras installed for the purpose of allowing parents to view their children in the day care setting by means of the internet must be informed that cameras will be used for this purpose. All alternate providers, assistants and employees of the family day care home must also be informed if video surveillance cameras will be used for this purpose.

417.15 (a)(9)(ii)(b) All parents of children enrolled in the family day care home and all alternate providers, assistants and employees of the family day care home must be made aware of the locations of all video surveillance cameras used at the family day care home.

417.15 (a)(9)(ii)(c) Family day care homes opting to install and use video surveillance equipment must comply with all State and federal laws applicable to the use of such equipment.

417.15 (a)(9)(ii)(d) Video surveillance cameras may not be used as a substitute for competent direct supervision of children.

417.15 (a)(9)(ii)(e) Family day care homes opting to allow parents to view their children in the day care setting by means of the internet must use and maintain adequate internet security measures at all times. Such measures include but are not limited to: frequent changes of passwords; filtering measures that prohibit public access to or viewing

of day care activities via the internet; and immediate corrective action in response to any report of abuse of the system or inappropriate access. Such homes must also advise the parents having access to views of the day care home through the internet of the importance of security in regard to such viewing and of the importance of the privacy rights of other children who may be viewed.

417.15 (a)(9)(ii)(f) Video surveillance cameras are permitted to transmit images of children in common rooms, hallways and play areas only. Bathrooms and changing areas must remain private and free of all video surveillance equipment.

417.15 (a)(9)(ii)(g) Family day care homes that use video surveillance equipment must allow inspectors and other representatives of the Office to have access to such equipment and to have viewing privileges as required by the Office.

Visitors to the Program

There may be times when you invite a visitor to your home to enrich your learning activities. A police officer might describe how she helps keep children safe, a dental hygienist might come to show children the best way to brush their teeth, a prospective parent may come to check out your program or perhaps one of your former day care children comes to read a book to the children.

One of your tasks will be to develop rules and policies around visitors in order to keep children safe and healthy. You will need to decide who are considered visitors and then follow a specific procedure to sign them in and out of your program.

You will need to keep a written record of visitors including:

- the visitor's signature;
- the date and time of entry;
- why they are visiting; and

417.8 (e) Visitor control procedures.

417.8 (e)(1) Each family day care home shall require any and all visitors to the home to:

417.8 (e)(1)(i) sign in upon entry to the premises;

417.8 (e)(1)(ii) indicate in writing the date of the visit and the time of entry to the home;

417.8 (e)(1)(iii) clearly state in writing the purpose of the visit; and

417.8 (e)(1)(iv) sign out upon departure from the home indicating in writing the time of departure.

417.8 (e)(2) Each family day care home shall establish such other rules and policies as are necessary to provide for monitoring and control of visitors to protect the health, safety and welfare of children in care. As part of such rules and

- what time they left the home.

This record may be needed to document who was in your program on a specific day or who had contact with a specific child.

policies, each family day care home shall determine who shall be considered a visitor to the home for purposes of this subdivision.

It is your responsibility to ensure that the visitors to your program do not present a danger to the children. Remember to maintain appropriate supervision at all times. Visitors can never be left alone with the children.

If a visitor has routine contact with the children in your program, you may need to submit information to do a background check. For more details, talk with your registrar or OCFS staff.

Transportation

Taking children out into your community for field trips can be a wonderful way to enrich your program. Children learn how their community works by seeing it in action. Visiting the post office, a grocery store, the fire station or walking through the neighborhood can all be valuable experiences for young children. These experiences all start with what children are familiar with - the mail that arrives in the mail box, the food they eat, the fire trucks they see and the streets and sidewalks they use. While many of these outings might be right in your neighborhood, you may decide on an enriching destination that is a bit further away. Let parents know your plans and get their written permission.

417.6 (a) The provider must obtain written consent from the parent of the child for any transportation of the children in care at the family day care home provided or arranged for by a caregiver.

Transporting children in a motor vehicle such as your personal car or on a public bus requires some careful planning and consideration. For example, you must make sure children are secured in appropriate safety seats or by

417.6 (d) All children must be secured in safety seats or by safety belts as appropriate for the age of the child in accordance with the requirements of the Vehicle and Traffic Law before any child may be transported in a motor vehicle

safety belts. You may need a parent or other adult to assist you since you need to increase supervision when you are away from your program. Consider alternatives, such as bringing community resources into your program. Most auto insurance policies don't cover children in a provider's child care program.

where such transportation is provided or arranged for by the provider.

If children will travel in a personal car or van, the vehicle must have a current registration and inspection sticker. The drivers must be at least 18 years of age and have a valid driver's license. Think about how you evaluate each driver. How will you determine whether a parent who offers to drive has a safe driving record? Is there enough room in the car for everyone to ride together? Does the person who is driving need to submit information for a background check? Is he or she able to provide appropriate supervision?

417.6 (e) Any motor vehicle, other than a public form of transportation, used to transport children in care at the family day care home must have a current registration and inspection sticker and must be operated by a person who is at least 18 years of age and possesses a valid driver's license.

If you plan to do the driving, be sure to check with your insurance agent. Most personal motor vehicle policies exclude coverage when the vehicle is being operated for pay. And many companies interpret trips that are part of a day care program as "operation for pay."

417.6 (b) A caregiver or volunteer must never leave a child unattended in any motor vehicle or other form of transportation.

As any parent of young children can tell you, supervision of energetic youngsters in a moving vehicle can be a real challenge! You must never leave the children unattended in a vehicle. Make sure the children get in and out of the car or bus from the curb side, not from the street. Finally, when transporting children, no smoking is allowed in the vehicle.

417.6 (c) Each child must board or leave a vehicle from the curb side of the street.

417.11 (d) Consumption of, or being under the influence of, alcohol or controlled substances by any caregiver is prohibited. Smoking in indoor areas, in outdoor areas in use by children and in vehicles while children are being transported is prohibited.

Pools

Most children love splashing in water, running under sprinklers and playing in the water table. Water offers opportunities for children to enjoy the cool soothing

417.5 (g)(1) The use of spa pools, hot tubs and fill-and-drain wading pools is prohibited. The use of non-public and residential pools is also prohibited except in those instances where a provider can

experiences of water play. But water can also present a serious risk to children. A child can drown quickly and quietly in less than one inch of water. Supervising children in a noisy, splashing pool can be difficult. Children have a wide range of swimming skills and activity levels in a pool. In an emergency, you will need to get everyone out of the water at the same time you attend to a child's medical needs. In addition, unsanitary water can be a health hazard.

Before allowing children to use any pool, lake or other swimming facility you and the parents must carefully evaluate its conditions and how supervision of children who use the pool will occur. You will also need to consider your ability to provide a clean and safe environment for all children.

If the pool is at your home or is a non-public pool, OCFS staff must be part of the evaluation process. You will need to submit a pool safety plan that must be evaluated and approved by OCFS **before** the pool can be used by children in your care. The safety plan document must include:

1. how supervision will occur;
2. how water quality will be maintained and monitored;
3. written permission from the parents; and
4. adequate safety standards for use of the pool.

You will also need to make sure that the person supervising children in the pool has current American Red Cross CPR certification or an OCFS approved equivalent.

The water in any pool used by children must be maintained so it is safe for children to use. Many illnesses can be transmitted through water in a pool if it is not treated properly. One cause of unhealthy water is urine. It's difficult for young children to control their bladders when they are excited and playing in water. Even with swim diapers and

demonstrate the ability to operate and adequately supervise the use of a non-public or residential pool in a clean, safe and sanitary manner. The provider must receive Office approval prior to use of a non-public or residential pool for children in day care.

417.5 (g)(2) To receive approval from the Office of the use of a non-public or residential pool, a provider must:

417.5 (g)(2)(i) provide to the Office documentation demonstrating that there will be adequate supervision of all children in care while children use the pool, in accordance with the requirements of section 417.8 of this Part;

417.5 (g)(2)(ii) submit documentation acceptable to the Office demonstrating that consistent, safe and adequate water quality of the pool will be maintained; and

417.5 (g)(2)(iii) submit a written pool safety plan acceptable to the Office that sets forth adequate safety standards for use of the pool.

416.8 (a)(4)(ii) As of August 1, 2001, any person supervising children in pools must possess a current American Red Cross Cardiopulmonary Resuscitation Certification (CPR) or equivalent certification, as approved by the Office.

frequent bathroom breaks, it's bound to happen that urine will get in the water.

Keeping water safe is generally done through the use of chemicals and continual water filtration systems. This is impossible to do in wading pools and one reason why "fill-and-dump" wading pools are not allowed. Chemicals used in pools can be harsh on children's skin and eyes. If they swallow water when in the pool, they can experience additional problems. Rinsing the chemicals off children with water can help reduce these problems.

The permission from the parents must be in writing and include:

- the name and age of the child;
- address of the pool;
- depth of the pool at the deepest point;
- dates or months when the child is allowed to use the pool; and
- dated signature of the parent.

If you do decide to use a pool, you will need to provide proper supervision for the children. Anyone supervising children in a pool setting must be able to swim and have a current CPR certification from the American Red Cross or similar organization. You'll also need to decide in advance how you will supervise all of the children when some children want to use the pool and others do not. This may include the need for an alternative provider or assistant. This supervision plan must be approved by OCFS.

The decision to use your home pool is a serious one. Many insurance carriers refuse to provide liability coverage for use of home pools. As part of your decision process, be sure to

417.5 (g)(3) Providers must obtain prior written permission from the parent for their child to use the pool. Permission notes must include the following:

417.5 (g)(3)(i) Name and age of the child;

417.5 (g)(3)(ii) Address where the pool is located;

417.5 (g)(3)(iii) The depth of the pool at its deepest point;

417.5 (g)(3)(iv) Dates or months the child is permitted to swim in the pool; and

417.5 (g)(3)(v) Signature of parent and date signed.

417.8 (a)(4) With the prior written permission of the parents, providers meeting the requirements of subdivision (g) of section 417.5 of this Part may allow children in day care to participate in residential pool activities providing the following supervision criteria are met:

417.8 (a)(4)(i) The provider must develop a plan of supervision which ensures that there is a person supervising the children in the pool at all times children are using the pool. This person must be able to swim. Where some children in care are using the pool and others are not using the pool, the plan of supervision must ensure that there will be adequate and appropriate supervision of the children using the pool and those not using the pool.

check with your insurance agent.

Public swimming facilities such as community pools or supervised beaches can provide an excellent alternative if you do decide to offer swimming experiences. These settings are required to meet strict safety standards and are inspected regularly by local officials. Even in public settings, you will need to be sure to provide proper supervision. Although public pools have lifeguards on site, you are ultimately responsible for the supervision and care of the children in your program. You'll want to think through how you will handle situations such as a child needing to use a public bathroom when you have other children in the pool. Many experienced providers bring an extra adult to be sure children are supervised.

Remember, pools are only one way to beat the heat. There are plenty of safer alternative ways for children to get wet on a hot summer day. Water sprinklers come in many varieties. Giving each individual child a spray bottle of water to wash toys or dolls outside is another possibility. Some providers use "camp showers" to offer a gentle downpour. (But be sure to check the temperature first. These can get very hot!) With some creative thinking, you will be able to offer safe water play for children while continuing to provide competent direct supervision.

417.8 (a)(4)(ii) As of August 1, 2001, any person supervising children in pools must possess a current American Red Cross Cardiopulmonary Resuscitation Certification (CPR) or equivalent certification, as approved by the Office.

417.5 (g)(4) A trained person as described in paragraph (4) of subdivision (a) of section 417.8 of this Part must be present at the pool whenever the pool is in use by day care children.

417.5 (g)(5) Providers approved to use non-public or residential swimming pools for children in day care will maintain those records required by the Office as a condition of approval of use of the pool.

417.5 (h) Public swimming pools and adjacent areas used by the children must be constructed, maintained, staffed and used in accordance with Chapter 1, subpart 6-1, of the New York State Sanitary Code, and in such a manner as will safeguard the lives and health of children.

Pesticide Application

Chemicals used to kill pests and bugs are very powerful and can be dangerous to the health of children. Many of the commercial products for use on lawns, including those applied by lawn services, contain pesticides as do those that are used to control insects and vermin.

Children need to be protected from exposure to these potent

417.11 (r)(4)(i) Any application of pesticides (as the term pesticide is defined in section 33-0101 of the Environmental Conservation Law) shall be completed in accordance with the requirements of section 390-c of the Social Services Law and sections 33-1004 and 33-1005 of the Environmental Conservation Law.

417.11 (r)(4)(ii) In addition to the requirements of section 390-c of the Social Services Law, each day care

substances. Many of their body's systems are still developing. Contact with these poisons might prevent a child from developing to his or her full potential. Unless it is absolutely necessary, consider avoiding the use of pesticides at your home.

If you live in an apartment, you are probably not the person who decides whether or not a pesticide will be used in the building or on the grounds. But your landlord must provide you with proper notice and all the information listed below.

When you learn that a pesticide will be used, you must send a written notice to parents at least two full days before it is applied. You will need to include some very specific information in this written notice to parents:

- the location and specific date of the application along with alternative dates in case the application can't be made due to weather conditions;
- the name of the product and EPA pesticide registration number;
- a very specific statement informing the parents that you (or your landlord) are planning to apply pesticides and the specific statement as follows: "This notice is to inform you of a pending pesticide application at this facility. You may wish to discuss with a representative of the day care facility what precautions are being taken to protect your child from exposure to these pesticides. Further information about the product or products being applied, including any warnings that appear on the label of the pesticide or pesticides that are pertinent to the protection of humans, animals or the environment, can be obtained by calling the National Pesticide Telecommunications Network Information line at 1-800-858-7378 or the New York State Department of Health Center for Environmental Health Info Line at 1-800-458-1158". In addition, if

facility must send a notice home with each child or otherwise provide notification to the parent of each child not less than forty-eight hours prior to the application of pesticides. Such notice must include:

417.11 (r)(4)(ii)(a) the location and specific date of the application of pesticides and may include two alternate dates in the event that an outdoor application cannot be made due to weather conditions;

417.11 (r)(4)(ii)(b) the pesticide product name and pesticide registration number assigned by the United States Environmental Protection Agency;

417.11 (r)(4)(ii)(c) the following statement: "This notice is to inform you of a pending pesticide application at this facility. You may wish to discuss with a representative of the day care facility what precautions are being taken to protect your child from exposure to these pesticides. Further information about the product or products being applied, including any warnings that appear on the label of the pesticide or pesticides that are pertinent to the protection of humans, animals or the environment, can be obtained by calling the National Pesticide Telecommunications Network Information line at 1-800-858-7378 or the New York State Department of Health Center for Environmental Health Info Line at 1-800-458-1158"; and

417.11 (r)(4)(ii)(d) the name of a representative of the day care facility and contact number for additional information.

417.11 (r)(4)(iii) Any day care provider that fails to send the appropriate notice of pesticide application as set forth in subparagraph (ii) of this paragraph shall, for a first such violation of this subdivision, be issued a written warning in lieu of penalty. For a second violation, such provider shall be subject to a penalty not to exceed one hundred dollars. For any subsequent violation, such provider shall be subject to a penalty not to exceed two hundred and

they have questions they should discuss them with you; and

- the name and contact number of a representative at your day care facility who can be contacted for additional information.

If you plan to apply pesticides, follow the procedure above and apply them or have them applied on Friday after day care hours if no day care is performed on weekends.

There are many natural alternatives to pesticide application. Your local Cooperative Extension office can often suggest less harmful products.

fifty dollars for each violation. No penalty may be assessed by the Commissioner without affording the provider with notice and an opportunity for a hearing pursuant to section 413.5 of this Article.

417.11 (r)(4)(iv) Any finding by the Department of Environmental Conservation of a violation by the provider of the requirements set forth in sections 33-1004 or 33-1005 of the Environmental Conservation Law shall be deemed a safety hazard to children in care and a violation of this subdivision.

Resources

You will find additional resources related to this chapter in the Appendix at the end of this **Handbook**.

Some that may be helpful to you include:

- Sample Emergency Telephone Numbers
- First Aid Kit Recommended Items
- OCFS Regional Offices
- State Agencies and Organizations
- National Organizations
- County Health Departments
- Books and Publications

Fire Protection and Non-Medical Emergencies



Fire and other non-medical emergencies can strike at any moment. And because of the nature of disasters, you will never know when, where, or how they will strike. Your best defense is to be prepared to evacuate all the children from your home in a calm and orderly manner at a moment's notice. The most effective way to achieve and maintain calm and order in emergency situations is to plan ahead, be prepared and practice regularly.

In this section of the **Handbook** we'll take a look at what you must do to prepare for a fire or other non-medical emergency. This includes having essential inspections and keeping important fire protection tools such as smoke detectors and fire extinguishers on hand, planning for and practicing emergency evacuations and notifying local authorities.

Essential Inspections

Fires can start quietly and spread quickly. By taking steps to reduce the chance of fire in your home, you can save lives.

417.4 (a) Suitable precautions must be taken to eliminate all conditions which may contribute to or create a fire hazard.

There are several things you need to do to prevent an unexpected fire. One of those things includes having inspections of your wood or coal burning stoves, working chimneys and fireplaces and permanently installed gas space heaters.

You will need to ask local inspectors to come to your home, do an inspection and provide you with a written report that your fireplace, chimney, wood or coal burning stove or permanently installed space heaters are safe. Local fire departments, chimney sweeps, code enforcement inspectors, fire marshals, fire inspectors, installation contractors and companies that install alternate forms of heat can perform these inspections. It's a good idea to have an inspection each fall. These inspections are required when you apply for and when you renew your registration. See the "Managing and

417.4 (h) Wood or coal burning stoves, chimneys, fireplaces and permanently installed gas space heaters in use at the home must be inspected and approved by local authorities.

Administering Your Program” section on page 1 in this Handbook for more information.

In addition to inspections of fireplaces and wood or coal burning stoves, you can reduce the possibility of a fire by eliminating fire hazards in your program.

Portable heaters can get very hot. They can cause burns if touched and can start fires if tipped over or if the wiring becomes damaged. They cannot be used in rooms where you care for children, including areas you use for napping.

417.5 (c) Portable electric heaters or other portable heating devices, regardless of the type of fuel used, may not be used in rooms accessible to the children.

Trash, garbage and other materials can also become fire hazards. Do not store trash, garbage and any other materials that can catch fire easily (oily rags, papers, gasoline) near your furnace or in rooms or areas that are next to or used by children including your garage.

417.4 (g) Trash, garbage and combustible materials must not be stored in the furnace room, or in rooms or outdoor areas adjacent to the home that are ordinarily occupied by or accessible to children. If there is not a separate, enclosed furnace room, trash, garbage and combustible materials must not be stored within four feet of the furnace.

Many people do not know that dryer lint is highly flammable. It can cause a serious fire in seconds. Be sure to clean out your dryer lint trap every time you use your dryer!

Smoke Detectors and Fire Extinguishers

A fire can double in size every few seconds. Working smoke detectors are a critical part of your fire protection plan that can save crucial moments. They often make a life-or-death difference in a fire. Make sure you have working smoke detectors outside each area where you have children napping or resting and at least one on each floor of your home including basements, attics, crawl space areas and garages.

417.4 (c) Operating smoke detectors must be used in all family day care homes. There must be one smoke detector on each floor of the home. A smoke detector must be located outside each area used for naps. Where smoke detectors operate from electric power within the home, such detectors must have a battery powered back-up energy source, or battery powered smoke detectors must be used as a back-up system.

Be sure the batteries in your smoke detectors are replaced every six months. When you change your clocks in the spring and fall, it's time to change the batteries in your smoke detector.

Sounding or activating the alarm, usually at the touch of a button, is a good way to alert children that a fire drill is underway and to make sure your smoke detector is working.

Some smoke detectors are powered by your home's electrical system. This type of detector will not work if the power goes out or if you have an electrical fire that causes the electricity to short out. If you have this type, each detector must have a battery operated back-up system. If your smoke detector runs on electricity and has a battery back-up system, turn off your electric power and check to make sure that the smoke detector works using the battery.

Your town, city or county may have building codes related to smoke detectors. Call your registrar or OCFS Regional Office to find out what you need to have to keep children safe in case there is a fire.

Another fire safety tool that you must have in your home is a working multi-purpose fire extinguisher. The label should indicate that the extinguisher is for "type A - B - C fires." This allows it to extinguish a variety of fires (e.g. wood, oil, electrical).

Place your fire extinguisher in your kitchen and outside the room that contains your furnace. Be sure it has a full charge and an unbroken seal.

Check the tag that is attached to the fire extinguisher. This will give you important information about when the extinguisher was last inspected. There is usually a gauge located on the fire extinguisher that will indicate if the extinguisher is charged. If the inspection is overdue or there is no charge, replace the fire extinguisher or call the number on the canister and arrange to have it recharged.

417.4 (d) Multi-purpose fire extinguishers of a type approved for use in residences must be maintained in good working condition and placed in the kitchen and outside the furnace room. A family day care provider located in a multiple family dwelling is not required to place or maintain a fire extinguisher outside the furnace room of such dwelling. The caregivers must know how to use the fire extinguishers placed in such home. Fire extinguishers with gauges must show a full charge. Fire extinguishers with seals must have unbroken seals.

A fire extinguisher will not do much good if it is kept behind a cupboard door because it doesn't match your kitchen décor or you don't want to put holes in your walls for the hanger. When your fire extinguisher is visible, it can be used in a hurry.

Finally, it's important to know how to use a fire extinguisher in case there is fire in the path of any of your exits.

However, in case of a fire, the most important thing you need to do is immediately evacuate **all** of the children. Fires spread so rapidly that you may have only enough time to get children out safely. Leave the building with the children before you do anything else!

Evacuations

Saving lives is the **first** priority in the event of any emergency. In non-medical emergencies such as fires, gas leaks or utility malfunctions, this means that you will need to evacuate children quickly, calmly and safely. Planning, preparation, and practice are the essential ingredients of any successful emergency evacuation plan.

Responding quickly to emergencies can prevent injuries and save lives.

Writing down your evacuation plan helps you be prepared to get all the children out of your home quickly and safely. You must submit this plan to OCFS for approval. Post your plan where parents can see it and keep a copy on file. Your plan must include:

- how children and adults will be alerted to the emergency;
- the pathways that will be taken to evacuate your home;
- how children and adults will get out of your home, the meeting place after evacuating and how you will

417.5 (b) The provider must submit a written plan for the emergency evacuation of children from the premises for each shift of care provided (day, evening, night), using a form furnished by the Office or an approved equivalent form. Primary emphasis must be placed on the immediate evacuation of children. The plan, as approved by the Office, must be posted in a conspicuous place in the home or filed in a place in the home which is available to the parents of the children in care. The approved emergency evacuation plan must describe the following:

417.5 (b)(1) how children and adults will be made aware of an emergency;

417.5 (b)(2) primary and secondary evacuation routes;

417.5 (b)(3) methods of evacuation, including where children and adults will meet after evacuating the home, and how attendance will be taken; and

417.5 (b)(4) notification of authorities and the children's parents.

take attendance to assure that everyone has evacuated; and

- how parents and authorities will be alerted to the evacuation.

In some cases, your smoke detector alarm will alert children and adults to a fire emergency. Establish a back up signal that can be used if a fire is spotted before the alarm goes off. Children should already be familiar with the sound and know how to respond because you have practiced fire drills before any emergency occurs. For other types of emergencies you may want to ring a specific bell or blow a whistle.

You will also need to identify routes you will use to evacuate children from your home. These evacuation routes or pathways are called “means of egress.”

Each level of your home used for child care must have at least two different pathways leading outside from any specific location. For example, if you and the children spend most of your time in your living room, you have to identify two different paths from the living room out of the house. When your pathways are separate from each other, it is more likely that at least one will be safe to use in case of a fire.

The best way to oversee the safety of the children and assist them in a fire emergency is to keep the children all on the same floor. However, there are some specific situations when children can be on a different floor for very short periods of time. See the “Providing and Maintaining a Safe Environment Inside and Out” section on page 24 in this **Handbook** for more information.

If you provide care primarily on the second floor of your home, one pathway or “means of egress” from the second floor must be either a stairway inside your home that leads

417.4 (e) Children must be located on the same floor of the family day care home as a caregiver at all times, except as specified in section 417.8 of this Part. Children must not be located above the second floor of a single family dwelling.

417.4 (f) Children may be cared for only on such floors as are provided with readily accessible alternate means of egress which are remote from each other.

417.4 (f)(1) When care is provided primarily on the first floor of a family day care home and the second floor is used on a limited basis, including for napping purposes, one means of egress from the second floor must be either an interior stairway with no intervening rooms or obstructions which leads to an exterior door at ground level, or an exterior stairway which leads directly to the ground. The second means of egress may be a window which is at least 24 inches in its smallest dimension and which is adequate for the safe evacuation of children and adults.

417.4 (f)(2) When care is provided primarily on the second floor of a family day care home, both means of egress from the second floor must be stairways. One stairway must be an interior stairway with no intervening rooms or

directly to a door to the outside or a stairway on the outside of your home that leads directly to the ground outside.

If you provide care primarily in a basement that is below ground level, make sure that one of your pathways is an interior stairway that leads to a door that will take you outside or an exterior stairway that leads to the ground.

Make sure that there are no obstacles on the stairs or throughout other portions of your planned evacuation routes.

A window can be used as a means of egress from your second floor if you only use your second floor on a limited basis, including napping. The window must measure at least 24 inches on its smallest side.

If you do use a window as one of your means of egress, take the time to see if you can fit through the window and “land” safely on the other side. A window that is 6 feet above the ground and has a thorn bush directly underneath it would not be an appropriate means of egress. If you have difficulty fitting through the window and you care for children that need to be carried, this pathway is not suitable for the evacuation of children, and may actually become a serious barrier.

Spend some time **before** there is a real emergency determining the best way out. Evaluate all the allowable pathways to choose those that are the best for you and the children. Ask yourself “Is this realistic? Can I do it?”

During an evacuation, you and the children will not have time to stop and put on shoes or boots. If adults and children take off their “outdoor” shoes when they come into your program, consider having them change into “indoor” shoes or slippers that are only worn inside. That way, you prevent dirt from coming into your home and protect feet from injuries

obstructions which leads to an exterior door at ground level, and the other stairway must be exterior to the house and lead directly to the ground.

417.4 (f)(3) Where children are located below ground level, one means of egress from the below-ground level area must be either an interior stairway with no intervening rooms or obstructions which leads to an exterior door at ground level, or an exterior stairway which leads directly to the ground. The vertical travel to ground level may not exceed eight feet. The second means of egress may be a window which is at least 24 inches in its smallest dimension and which is adequate for the safe evacuation of children and adults.

during an evacuation.

Another important part of your evacuation plan will include where you and the children will meet once you've left the building and how attendance will be taken so you can be sure that everyone is present and accounted for in an emergency evacuation situation. Consider where you will go if everyone around you will also be evacuated. For example, let's say your meeting place is your neighbor's home. But in some emergencies such as a chemical spill, an area of several square miles may be evacuated. In this situation, you would not be able to go to a neighbor's home and would need to go to your alternate meeting place. Your town or city may already have plans for emergency shelters in these types of situations. Contact your local government and local American Red Cross to find out what plans are in place for your area.

417.5 (b)(3) methods of evacuation, including where children and adults will meet after evacuating the home, and how attendance will be taken; and

417.5 (b)(4) notification of authorities and the children's parents.

If you have children who come into your program after school, it's a good idea to find out the procedure that will be followed if the school must be evacuated.

You are also going to need a clear plan for notifying the appropriate authorities and the children's parents when you have evacuated your home. Make sure parents know how to reach you if you are away from your program during an evacuation. Give them phone numbers of your meeting place and cell phone. Page 141 in the Appendix of this **Handbook** includes a sample emergency telephone numbers list that you may want to use to develop your own list of emergency numbers.

You can use a cell phone that you can bring with you or use the call box in your neighborhood to call 911. All areas in New York State have a 911 system in place. It is also a good idea to have the regular phone numbers used to call the local fire or police department in case 911 is not working

when you need it most. If you are going to rely on a cell phone, it's critical that you keep the battery charged.

You will need to contact parents in the event of an emergency. If you are planning to use a pay phone, make sure you know where the phone is located and that you have the correct change or a credit card to operate the phone. If you are depending on using a neighbor's phone in an emergency, make sure your neighbor's agreeable to this arrangement and that you've worked out how you will get into the house to use the phone if they are not at home.

You'll also need phone numbers during an emergency evacuation. Parents' phone numbers and their emergency contacts will be on the all important "Blue Cards" that you take with you when you evacuate your home. Other numbers you may also need include the utility companies (gas, electric, telephone), heating repair service, and taxi service. You may want to use the "Sample Emergency Telephone Numbers" in the Appendix to keep these important numbers organized.

An evacuation bag will be an important tool when you evacuate your program. Use this to keep all essential supplies in one place and ready to go at a moment's notice. Be sure your evacuation bag includes necessary phone numbers and "Blue Cards." If you need to evacuate the area, you may also need car keys. A backpack will allow your hands to stay free to open doors, hold hands and carry infants. Keep it by your primary exit door.

Think about how you will keep children warm and dry if you are outside for an extended period of time. You may want to pack extra socks, slippers, mittens and hats in an "emergency bag."

If you make changes to your evacuation plans, you will need

to keep everyone informed of the changes. Depending on your specific situation, this might include your registrar, parents, your substitutes and alternate providers as well as the children.

Now that you have your evacuation plan in place, it's time for you and the children to practice so they will be ready in case there is an emergency. You must have an evacuation drill once a month during the time when children are attending your program. Hold your practice drills at different times of the day. Be sure to record the date and time you've had your monthly drill on the form provided by OCFS.

417.4 (b) Evacuation drills must be conducted at least monthly during the hours of operation of the family day care home. If evening and/or night care is provided, such drills must be conducted monthly during each shift of care. The provider must maintain on file a record of each evacuation drill conducted using forms provided by the Office or approved equivalents.

Notifying Local Authorities

In an emergency, life-saving emergency workers such as fire fighters, police officers and county sheriffs will need to find your home quickly. They may also need to contact you about emergencies such as chemical spills, severe weather or evacuation orders.

417.15 (a)(18)(i) Within five days after receiving the initial registration and before actually commencing operation, the provider must, using a form specified by the Office for that purpose, notify the local police and fire departments of the municipality within which the family day care home is located of the following:

These community helpers can't keep you and the children safe if they don't know about you! Make sure you complete the form sent to you with your registration and mail it to your local emergency responders within **five days** of receiving your registration. The form must provide the following information to the local police and fire department or county sheriff's office:

417.15 (a)(18)(i)(a) the address of the family day care home;

- your address;
- maximum number of children you have in care;
- ages of the children; and
- hours of operation.

417.15 (a) 18)(i)(b) the maximum capacity of the family day care home;

417.15 (a)(18)(i)(c) the age range of children that will be in care; and

417.15 (a)(18)(i)(d) the hours during which children will be in care.

Procedures for some emergencies such as blizzards, chemical spills, tornados, earthquakes and hurricanes are often developed by local government, police departments and Red

417.15 (a)(18)(ii) If the local municipality does not have a police or fire department, the sheriff of the county within which the family day care home is located must be notified instead. The provider must notify the local police and fire departments or the county sheriff, as appropriate, if there is any change in any of the information required to be provided pursuant to subparagraph (i) of this paragraph;

Cross offices. Talk with your local authorities about emergency response plans for these types of emergencies. Be sure you know the plan and the steps you'll take to keep children safe.

To be prepared for these situations, you may want to have a 3-day emergency supply of food including formula for babies, water, clothes and diapers for each child in your care. Store these items in a safe location in your home. Periodically check these items. Children grow and change over time. It's amazing how fast infants outgrow diapers. Your local American Red Cross may have additional suggestions based on your geographic location and community resources. You can find your Red Cross in your phone book or on the American Red Cross website at www.redcross.org.

When you have done all of these things you are prepared to act calmly and quickly in the event of a fire or other non-medical emergency. Remember, if you have an emergency that requires help from your fire, police or sheriff's department, you must also notify OCFS.

417.15 (a)(14) The caregiver must immediately notify the Office upon learning of the death, serious injury or infectious illness of an enrolled child which occurred while the child was in care at the program or was being transported by a caregiver

Resources

You will find additional resources related to this chapter in the Appendix at the end of this **Handbook**.

Some that may be helpful to you include:

- Sample Emergency Telephone Numbers
- OCFS Regional Offices
- State Agencies and Organizations
- National Organizations
- Books and Publications

Protecting and Promoting Children's Health



Protecting and promoting the health of the children in your family day care home is a challenging responsibility. You need to know about each child's basic health when they enroll, including whether he or she has up-to-date immunizations, or has a special condition that will affect how you provide care. This responsibility also includes using your observation skills to monitor the overall health and well-being of each child every day. You can then make sound and reasonable decisions about excluding ill children from care, reporting suspected child abuse or maltreatment and responding to medical emergencies.

In this section of your **Handbook** we'll go over all the things you need to do to protect and promote the health of each child in your care. We'll address the importance of knowing about each child's health history including keeping up-to-date with immunizations and getting lead screen results. Developing and following through on a health care plan, doing a daily health check to get valuable information about each child's health and planning how to respond in case of a medical emergency are also covered in this section. Finally, your role in reporting child abuse and maltreatment is also addressed.

Children's Health History

One of the many ways you promote the health of children in your care is to assess their current health status and any special medical conditions when they first enroll in your program. This will help you determine the course of action to take in collaboration with parents to keep children healthy.

Health status information you need to have includes:

- immunization records;
- lead screen results;
- the existence of any special conditions, such as allergies or asthma;
- what will be necessary for a child with such conditions to participate in the program; and
- a statement from the health care provider

417.11 (e) Other than children who are enrolled in kindergarten or a higher grade, no child may be accepted for care in a family day care home unless the provider has been furnished with a written statement signed by a health care provider verifying that the child is able to participate in child day care, currently appears to be free from contagious or communicable disease, and is receiving health care, including appropriate health examinations in accordance with the American Academy of Pediatrics schedule of such care and examinations. The written statement from the health care provider must also state whether the child is a child with special health care needs and, if so, what special provisions, if any, will be necessary in order for the child to participate in day care. Where the written statement from the health care provider advises the day care provider that the child being enrolled is a child with special health care needs, the day

confirming the current health status of each child based on a physical examination.

When a child with a specific need or needs related to a medical condition is enrolled, you must work with the parents and the health care provider to develop a special health care plan for that child. If special equipment or procedures are necessary, for example giving a nebulizer treatment to a child with asthma, you must be approved by OCFS to administer medication in your program. You must include in the special health care plan for that child how you will be trained in how to use the nebulizer, mix the medication and administer the medication to the child as ordered by the doctor. This training will ensure that the child's medical needs are looked after and will assure the parents that the child is receiving appropriate care in your family day care home.

care provider must work together with the parent and the child's health care provider to develop a reasonable health care plan for the child while the child is in the child day care program. The health care plan for the child must also address how the day care provider will obtain or develop any additional competencies that the day care provider will need to have in order to carry out the health care plan for the child. The provider must also be furnished with documentation stating that the child has received age-appropriate immunizations in accordance with New York State Public Health Law.

417.11 (a)(5) which staff members are certified to administer medications. The plan must state that only a trained, designated staff person may administer medications to children, except in those programs where the only administration of medications offered will be the administration of over-the-counter topical ointments, including sunscreen lotion and topically applied insect repellent pursuant to paragraph (12) of subdivision (j) of this section. The designated staff person may only administer medications to children if the designated staff person is at least 18 years of age, possesses a current certification in first aid and cardiopulmonary resuscitation (CPR), and has completed the administration of medication training pursuant to paragraph (14) of subdivision (j) of this section;

416.11 (j)(2) Nothing in this section shall be deemed to require any caregiver to administer any medication, treatment, or other remedy except to the extent that such medication, treatment or remedy is required under the provisions of the Americans with Disabilities Act.

Immunizations and Lead Screening

Immunizations are powerful tools to prevent illness and diseases. They are so important that you cannot admit a child into your program unless his or her immunizations are

417.11 (e)(1) Any child not yet immunized may be admitted provided the child's immunizations are in process, in accordance with the requirements of the New York State Department of Health,

up-to-date according to the New York State Department of Health requirements, or the parent has provided you with specific appointment dates to get the required immunizations. This includes your own children! One exception to this regulation is that you may admit a child without up-to-date immunizations if the parent provides you with a statement indicating genuine and sincere religious beliefs that prohibit the immunization of the child.

Immunizations are given to children at various ages. Some are given to a child right after birth, and others when the child is older such as at 6 months and 1 year. Some are given in a single dose and others in two or three doses a few months apart. The children in your home should have all immunizations that correspond with their age. The New York State Department of Health updates its list of required vaccines regularly. It is available on their website at www.health.state.ny.us or from your county health department. A list of county health departments is included in the Appendix of this **Handbook**.

All the children in your care, including your own, must be up-to-date with their immunizations in accordance with the New York State Department of Health Immunization Schedule. This means that you will need to be organized and have a plan to remind families when their child's immunizations need to be up-dated. An effective way to do this is to go through all of the children's medical forms and record on a special calendar when their next immunizations and physical examinations are due. Write yourself a note or include a statement in your parent handbook that you will remind families that their child's immunizations are due a month ahead of time.

Immunizations can be expensive. Many counties offer free clinics. Some families may be eligible for Medicaid. Some families may be eligible for Child Health Plus or Family

and the parent gives the provider specific appointment dates for subsequent immunizations.

417.11(e)(2) Any child who is not immunized because of the parent's genuine and sincere religious beliefs may be admitted if the parent furnishes the provider with a written statement to this effect.

417.11 (e)(4) With the exception of children meeting the criteria of paragraphs (2) or (3) of this subdivision, children enrolled in the family day care home must remain current with their immunizations in accordance with the current schedule for immunizations established by the New York State Health Department.

417.11 (e)(5) The caregiver's children receiving care in the home must meet the health and immunization requirements specified above.

Health Plus. These statewide programs provide low cost health insurance. Check with your county health department or visit www.health.state.ny.us.

There are some specific situations when children who have not received immunizations can be enrolled in your program. These situations include:

- families who have genuine and sincere religious beliefs that prohibit immunizations; and
- children who have health conditions that may be made worse by immunizations.

If the family has a sincere and genuine religious belief that their child should not be immunized, ask the parent for a written statement explaining this belief. You should notify your registrar when this occurs. This statement must also be kept in the child's file.

If a parent says that there are immunizations that would be detrimental to their child's health, ask the parents to provide you with a written statement from a physician, licensed to practice medicine in New York State, explaining how the immunization may be detrimental the child's health. This statement must also be kept in the child's file.

Lead poisoning can cause major harm to a child such as learning disabilities and serious health and behavior problems. Because lead poisoning often occurs without clear symptoms, it can go unrecognized. When you enroll a child under six years of age, you need to ask the parent for a certificate that indicates that the child has had a lead screening. If the parent doesn't have a certificate or plans not to have their child screened at all, give the parent some written information about lead poisoning and prevention and continue to enroll the child. **You can't** exclude a child from care because she doesn't have a lead screening certificate.

417.11 (e)(2) Any child who is not immunized because of the parent's genuine and sincere religious beliefs may be admitted if the parent furnishes the provider with a written statement to this effect.

417.11 (e)(3) Any child who is missing one or more of the required immunizations may be admitted if a physician licensed to practice medicine in New York State furnishes the provider with a written statement that such immunizations may be detrimental to the child's health.

417.11 (i) The provider must try to obtain a copy of a lead screening certificate for each child under the age of six years. If the parent does not have one, the provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to the child's health care provider or the local health unit for a lead blood screening test.

You must give parents information and encourage them to have their child tested for lead poisoning.

For more information and resources on lead poisoning, you can contact your Department of Health. A list of state and local departments is included on page 147 in the Appendix of this Handbook.

Health Care Plans

Another way to respond to children's health needs is to develop a plan of action that will prepare you for a variety of health care issues, such as sudden illness, suspicions of child abuse and maltreatment, medication administration or a medical emergency.

Your health care plan will include:

- how you will determine when a child is too sick to be in your program;
- how you will review and monitor each child's immunizations as required by New York State Public Health Law;
- what training you will obtain to care for the health needs of the children in your program;
- how to conduct a daily health check;
- how to document changes in children's health status, including signs of illness, injuries, and abuse or maltreatment;
- how you will care for a child when he develops symptoms of illness or is injured;
- what system you have in place to contact parents when a child develops symptoms of illness or is injured;
- your plan when staff are ill;

417.11 (a) The provider must prepare a health care plan on forms furnished by the Office, or approved equivalents. Such plan must protect and promote the health of children. The health plan must be on site, followed by the caregivers and available upon demand by a parent or guardian or the Office. Where the provider will administer medications, the health care plan must also be approved by the program's health care consultant. Should the health care consultant determine after a visit to the day care program that the approved health care plan is not being reasonably followed by the provider, the health care consultant may revoke his or her approval of the plan. If the health care consultant revokes his or her approval of the health care plan, the health care consultant must immediately notify the provider and the provider must immediately notify the Office. In that instance, the health care consultant may also notify the Office directly if he or she so desires. The health care plan must describe the following:

417.11 (a)(1) how a daily health check of each child for any indication of illness, injury, abuse or maltreatment will be conducted;

417.11 (a)(2) how a record of each child's illnesses, injuries and signs of abuse or maltreatment will be maintained;

- how you will handle health emergencies;
- what you will keep in your first aid kit and how you will replenish supplies that are used; and
- how you will obtain professional assistance in emergencies.

If you plan to administration medication to children you will need to include the following in your health care plan:

- which caregiver(s) is trained and approved to administer medication;
- where you will store medication;
- your procedures for expired medication;
- how you will document the administration of medication;
- how you will document any missed doses of medication;
- if you plan to keep a supply of over-the-counter medication on hand for when children develop symptoms;
- your procedures for reporting any medication errors that occur in your program;
- the designation of a health care consultant; and
- the scheduling of visits by a health care consultant.

If you decide to administer medication in your program, you will be required to designate the caregiver(s) to successfully complete the OCFS MAT approved course to administer medication. The MAT course reviews the information you'll need to know to make sure you have the appropriate parental permissions and health care provider instructions and label information needed to give medication. It will also discuss the routes you will be approved to give medication.

Remember, this training only allows you to administer medication in your program only.

To be approved to administer medication in your program, the designated caregiver(s) must :

417.11 (a)(3) how professional assistance will be obtained in emergencies; and

417.11 (a)(4) the advance arrangements for the care of any child who has or develops symptoms of illness or is injured, including notifying the child's parent.

417.11 (a)(5) which staff members are certified to administer medications. The plan must state that only a trained, designated staff person may administer medications to children, except in those programs where the only administration of medications offered will be the administration of over-the counter topical ointments, including sunscreen lotion and topically applied insect repellent to paragraph (12) of subdivision (j) of this section. The designated staff person may only administer medications to children if the designated staff person is at least 18 years of age, possesses a current certification in first aid and cardio-pulmonary resuscitation (CPR), and has completed the administration of medication training pursuant to paragraph (14) of subdivision (j) of this section;

417.11 (a)(6) the designation of the health care consultant of record for programs offering the administration of medications, except in those programs where the only administration of medications offered will be the administration of over-the counter topical ointments, including sunscreen lotion and topically applied insect repellent pursuant to paragraph (12) of subdivision (j) of this section; and

417.11(a)(7) the scheduling of visits by a health care consultant to programs offering the administration of medications, except in those programs where the only administration of medications offered will be the administration of over-the counter topical ointments, including sunscreen lotion and topically applied insect repellent pursuant to paragraph (12) of subdivision (j) of this section.

417.11(f)(2) Where a provider or

- complete OCFS-approved Medication Administration Training (MAT)*;
- be at least 18 years of age;
- have current certification in Cardiopulmonary Resuscitation (CPR);
- have current certification in First Aid; and
- be listed on your program's health care plan approved by your program's health care consultant and by OCFS.

***Any caregiver with a valid New York State license as a physician, physician assistant, registered nurse, nurse practitioner, licensed practical nurse or advanced emergency medical technician does not have to complete the training. Documentation of the license or certificate will be submitted with the health care plan.**

Also, any parent, guardian or relative within the third degree of consanguinity of the parents or step-parents of a child, does not have to take the MAT course. A relative within the third degree of consanguinity includes: In addition, if your own children are enrolled in the program, you can give them medication without training.

If you plan to administer medication, other than over-the-counter topical ointments, sunscreen and topical insect repellent, you must have a health care consultant of record. The health care consultant must have a valid New York State license as a registered nurse, nurse practitioner, physician assistant or physician. Any person who meets these qualifications can be your program's health care consultant.

Your health care consultant is a resource for your program. She will work closely with you to review your program's health care plan and policies to care for the children in your program. An important responsibility for the health care consultant in reviewing the health care plan is to examine and sign off on you and your assistant's certificates of training, (MAT, CPR and First Aid) qualifying them to administer medication.

caregiver has been certified to administer medications in a day care setting in accordance with the requirements of paragraph (14) of subdivision (j) of this section, such caregiver may administer emergency care through the use of epinephrine auto-injector devices when necessary to prevent anaphylaxis for an individual child but only when the parent or guardian and the child's health care provider have indicated such treatment is appropriate.

417.11(j)(3) Nothing in this section shall be deemed to prevent a parent, guardian or relative within the third degree of consanguinity of the parents or step-parents of a child, even if such a person is an employee of the program, from administering medications to a child while the child is attending the program even if the provider has chosen to not administer medications or if the staff person(s) designated to administer medications is not present when the child receives the medication. If the provider elects not to administer medications, the day care provider or an employee must still document the dosages and time that the medications were given to the child by the child's parent, guardian or relative within the third degree of consanguinity of the parents or step-parents of the child. If the only administration of medication in a day care program is done by a parent(s), guardian(s) or relative(s) within the third degree of consanguinity of the parents or step-parents of a child, the provider and employees(s) of the program do not have to complete the administration of medication training requirements pursuant to paragraph (14) of subdivision (j) of this section.

See also regulations 417.11(j)(5) – 417.11(j)(17)

Your health care consultant must visit your program at least once every licensing period although your consultant and you may decide that she will come more often to review your plan and provide training and assistance.

You will need to think carefully about your option to provide medication administration to children enrolled in your program. You may also opt not to provide this service. If so, you may not administer any medication to any child other than over-the-counter topical ointments, sunscreen lotion and topical insect repellent. Whatever option you decide upon, it is important that you make your health care and medication administration policies clear to parents when they enroll their child(ren). A copy of your current health care plan should always be available for parents to review.

By thinking through each of one these components of your health care plan, you and your assistant will be better prepared to respond to the needs of children and their families.

416.11 (j)(1) Policies regarding the administration of medications must be explained to the parent or guardian at the time of enrollment of the child in care. Parents or guardians must be made familiar with the policies of the day care provider relevant to the administration of medications.

Daily Health Check

Once you have reviewed the health status and any specific health care needs of the children you have enrolled in your family day care home, you'll want to protect and promote each child's health. One of the most important tools you have to stay up-to-date on a child's health and overall well-being is the daily health check.

417.11 (a)(1) how a daily health check of each child for any indication of illness, injury, abuse or maltreatment will be conducted;

A daily health check is an activity you carry out when a child arrives at your program and more informally throughout the day. The recommended steps for conducting a daily health check are included in the Appendix of this **Handbook**.

The daily health check gives you valuable information about how children may be feeling. It helps you learn how a particular child acts on a typical day. It also gives you information you need to make decisions about:

- whether or not a child is well enough to attend day care;
- whether or not you have reasonable cause to suspect child abuse and maltreatment; or
- whether or not you need to get medical help immediately.

You must make a written record of any unusual occurrence or concerns. Also talk with the child's parent about what you notice. If the parent is still there while you do your first health check of the day, you have the opportunity to ask questions or to refuse to accept the child if he/she is ill. And, when you discuss any injuries and bruises you notice when the child arrives at the beginning of the day, you will avoid problems that may arise when a parent thinks an injury happened when the child was in your care.

417.11 (a)(2) how a record of each child's illnesses, injuries and signs of abuse or maltreatment will be maintained;

Illness and Planning for Medical Emergencies

There may be times when children become ill during their day with you. Ill children generally need rest, quiet and a caring adult nearby closely monitoring them. This can be difficult to do while also supervising the other children in your care. In addition, some illnesses can spread through your program making other children and adults ill. It is a good idea to develop a list of symptoms and illnesses you will use to make decisions about excluding children from your care until they are well enough to return. The criteria for excluding children from your program is included in the Appendix of this **Handbook**.

417.11 (h) The caregiver must provide a child who has or develops symptoms of illness a place to rest quietly that is in the view of, and under the supervision of, the caregiver until the child receives medical care or the parent or approved parental designee arrives. In the event that a child has or develops symptoms of illness, the caregiver is responsible for immediately notifying the parent.

Talk with families about your exclusion policies when they first enroll. Make sure they know when you will not allow their child to come to care and are willing to abide by this policy. Also, explain to parents how you will contact them to pick up their child if she becomes sick during the day. Reassure parents that you will provide a quiet place for their child to rest when waiting to be picked up. Reviewing this information with families periodically will help prevent problems when a child does become ill. You might do this by:

- posting a reminder at the beginning of cold and flu season;
- letting families know another child has become ill and what related symptoms would exclude their child;
- giving families a copy of the exclusion policy portion of your parent handbook twice a year; and
- updating your exclusion policy when it changes based on new research.

Help families develop a back up plan for times when children cannot come to your program. This might include:

- compiling a list of “drop in” day care programs in your area that will care for ill children; and
- talking with your local child care council as well as your registrar to find other resources for families in your community.

Remember that you will need to document who is allowed to take a child from your program when a parent cannot pick-up their sick child. For more information, see the “Providing and Maintaining a Safe Environment Inside and Out” section on page 24 in this Handbook.

Sometimes a child needs immediate medical care. Depending on the situation, this might include calling 911 or calling Poison Control at 1-800-222-1222. The child’s parents must

417.8 (d) No child can be released from the family day care home to any person other than his or her parent, person currently designated in writing by such parent to receive the child, or other person authorized by law to take custody of a child. No child can be released from the program unsupervised except upon written instruction of the child’s parent. Such instruction must be acceptable to the provider and should take into consideration such factors as the child’s age and maturity, proximity to his or her home, and safety of the neighborhood.

417.11 (f)(1) The caregiver must obtain emergency health care for children who require such care and also must:

also be contacted. The course of action you will take depends on the specific circumstances and the child's medical history. While attending to the emergency, you also must maintain supervision of the other children in your program. You might accomplish this by having your substitute or alternate provider care for the children while you care for the child with the health situation.

Your first aid kit will be essential when dealing with an injury or emergency. It should be stocked with supplies for a variety of situations including those when you'll follow safety precautions relating to blood. Remember to restock items as you use them! More information on procedures to follow when dealing with blood is included in the "Preventing the Spread of Germs" section and in the Appendix of this Handbook. The Appendix also includes a list of recommended items for your first aid kit.

Another way to prepare for illness and medical emergencies is to take training related to first aid and cardiopulmonary resuscitation (CPR). This type of training is frequently offered by local American Red Cross chapters.

417.11 (f)(i) obtain written consent at the time of admission from the parent or guardian which authorizes the provider or other caregiver to obtain emergency health care for the child;

417.11 (f)(ii) (arrange for the transportation of children in need of emergency health care, and for the supervision of the children remaining in the family day care home; and

417.11 (f)(iii) in the event of an accident or illness requiring immediate health care, secure such care and notify the parent or guardian.

417.11 (g) The home must be equipped with a portable first aid kit which is accessible for emergency treatment. The first aid kit must be stocked to treat a broad range of injuries and situations and must be restocked as necessary. The first aid kit and any other first aid supplies must be kept in a clean container or cabinet not accessible to children.

Administering Medication

There may be times when children in your care will need medication. It may be because they have an ear infection, are suffering discomfort from a diaper rash or have a chronic illness such as asthma or diabetes that is controlled by the use of medication. Giving medication can significantly affect children's health.

In order to be able to administer medication, other than over-the-counter topical ointments, sunscreen and topical insect repellent to children in your program, you will need to

417.11 (j) The family day care home caregivers may administer medication or treatment only in accordance with the following:

416.11 (j)(1) Policies regarding the administration of medications must be explained to the parent or guardian at the time of enrollment of the child in care. Parents or guardians must be made familiar with the policies of the day care provider relevant to the administration of medications.

416.11(j)(4) All providers who choose to administer medications to children must

have a health care plan approved by your health care consultant and OCFS. The health care plan will need to specify a designated caregiver to administer medication. This person must receive special training and have valid CPR and First Aid certificates.

If you decide to administer medication in your program, you will be required to designate who will complete the OCFS MAT approved course to administer medication. The MAT course reviews the information you'll need to know to make sure you have the appropriate parental permissions and health care provider instructions and label information needed to give medication. It will also discuss the routes you will be approved to give medication. **Remember, this training only allows you to administer medication in your program only.**

If you choose to only administer over-the-counter topical ointments, sunscreen and topical insect repellent, you will not have to complete the MAT course, but you will still need to get written parental permission and the medication must be in the original container with the child's full name. You must keep all medication out of the reach of children. You may also choose not to administer any medication to children in your program with the exception of those children who are covered under the Americans with Disabilities Act. You will have to closely evaluate your program to see if you are able to make reasonable accommodations for these children. This may include the need to take the OCFS approved MAT course. But remember, you cannot give medication to any child, including a child with special health care needs, unless you first meet all the requirements to give medication and are included as a medication administrant in your health care plan.

For more information on medication administration, refer to the **Health Care Plan** and **Appendix** sections of this

have a health care consultant of record and must address the administration of medications in the health care plan in accordance with the requirements of subdivision (a) of this section. The provider must confer with a health care consultant regarding the program's policies and procedures related to the administration of medications. This consultation must include a review of the documentation that all staff authorized to administer medications have the necessary professional license or have completed the necessary training.

See also regulations 417.11(j)(5) – 417.11(j)(17)

Handbook or your registrar.

Resources

You will find additional resources related to this chapter in the Appendix at the end of this **Handbook**.

Some that may be helpful to you include:

- Hand washing That Kills Germs
- Sanitizing Bleach Solutions
- Using Disposable Medical Gloves
- Recommended Procedure for Changing a Diaper
- Recommended Procedure for Cleaning and Sanitizing Potty Chairs
- Safety Precautions Relating to Blood
- Sample Emergency Telephone Numbers
- First Aid Kit Recommended Items
- OCFS Regional Offices
- State Agencies and Organizations
- County Health Departments
- Books and Publications

Reporting Child Abuse and Maltreatment



It is often difficult to talk or even think about child abuse and maltreatment. However, as a registered family day care provider, you are a ‘mandated reporter’ and are required by law to report suspicions that a child is being abused or maltreated.

This section includes the responsibilities of being a mandated reporter, indicators of possible abuse, and the process to report possible abuse or maltreatment. This section also addresses teaching children personal safety skills.

The Role of Mandated Reporters

As a registered family day care program, children must never be abused or maltreated when they are in your care. You are responsible to see that you and any other adults that care for children in your program do not harm a child.

As a family day care provider, you and any alternate caregivers working with you are mandated reporters. Mandated reporters must report suspected incidents of child abuse or maltreatment. These reports are taken by the staff of the State Central Register of Child Abuse and Maltreatment (SCR). Early childhood programs like your own may be the only place where young children are seen on a daily basis for an extended period of time. You may be the only person to report suspected child abuse or maltreatment. Your action may make a tremendous difference in the life of a child who may be suffering abuse or maltreatment. Children who are being abused or maltreated may not be able to develop to their full potential. These children may carry emotional scars for life and suffer long-term physical and emotional consequences.

417.10 (a) Any abuse or maltreatment of a child, either as an incident of discipline or otherwise, is prohibited. A family day care home must prohibit and may not tolerate or in any manner condone an act of abuse or maltreatment by an employee, volunteer or any other person under the provider’s control. An abused child or maltreated child means a child defined as an abused child or maltreated child pursuant to section 412 of the Social Services Law.

417.10 (b) In accordance with the provisions of sections 413 and 415 of the Social Services Law, the family day care provider, alternate or substitute must report any suspected incidents of child abuse or maltreatment concerning a child receiving child day care to the Statewide Central Register of Child Abuse and Maltreatment or cause such a report to be made when the provider has reasonable cause to suspect that a child coming before them in their capacity as a provider of family day care is an abused or maltreated child. Such report must be followed by a written report within 48 hours, in the form and manner prescribed by the Office, to the child protective service of the social services district in the county in which the child resides.

A report is made to the SCR hotline when an individual has a “reasonable cause to suspect” that a child has been abused or maltreated. Reasonable cause to suspect means that you believe, based on your observations or knowledge of the child, that the child is suffering abuse or maltreatment. A mandated reporter must call and make a report if he or she suspects that a child is suffering abuse or maltreatment.

Mandated reporters must report suspected abuse or maltreatment even when the situation involves you or any others caring for children in your program. These situations may include lack of supervision or corporal punishment of a child in your program. You are obligated to report anyone working in your program that you suspect may have abused or maltreated a child. If they suspect that you have abused or maltreated a child, they have the same obligation to report you.

Resources are available to help you understand your role as a mandated reporter. Your registrar can help. You will also take training related to child abuse and maltreatment to meet your renewal requirements. The New York State Office of Children and Family Services published the *Summary Guide for Mandated Reporters in New York State* that may be a helpful resource for you. It is available on the OCFS website at www.ocfs.state.ny.us/main/publications/Pub1159.pdf by contacting your OCFS Regional Office listed on page 144 in the Appendix of this **Handbook**.

Be sure parents understand your role as a mandated reporter as well. You may want to share the *Summary Guide for Mandated Reporters in New York State* with them to clarify this important responsibility. Download this brochure from the OCFS website (www.ocfs.state.ny.us) or ask your registrar.

If you have any questions about your role as a mandated reporter or the process to report possible abuse, talk with your registrar. This is an important responsibility and can make the difference between life and death.

Indicators of Possible Abuse or Maltreatment

Your suspicions will usually be based on a number of observable signs called indicators. These may include burns, welt marks, bruises (especially bruises that are located in unusual places or are in various stages of healing). A child might tell you a different story about how the injury occurred than the parent has told you. Or the child or parent may behave in an odd manner. Most often, you will see a pattern of indicators that leads you to a “reasonable cause to suspect.” But sometimes, one indicator (such as a burn shaped like an iron) can be enough.

In situations of possible child abuse and maltreatment, your notes about a child can be extremely important. These notes might help you see a pattern and establish dates and times of incidents. Make notes about a child’s behavior, illness, injuries and development. Your observations made during daily health checks are a valuable part of this. Include the dates and time of day when you make these observations.

Make notes and observations regularly, not just when you suspect child abuse or maltreatment. This will help you, and SCR staff if necessary, get a more complete picture of the child over time.

Shaken Baby Syndrome

Shaken Baby Syndrome (SBS) is a severe form of head injury

417.11 (a) The provider must prepare a health care plan on forms furnished by the Office, or approved equivalents. Such plan must protect and promote the health of children. The health plan must be followed by the caregivers and must describe the following:

417.11 (a)(1) how a daily health check of each child for any indication of illness, injury, abuse or maltreatment will be conducted;

417.11 (a)(2) how a record of each child’s illnesses, injuries and signs of abuse or maltreatment will be maintained;

caused by shaking a baby forcibly enough to cause the baby's brain to rebound against his or her skull. This violent movement causes bruising, swelling and bleeding of the brain. It can lead to permanent, severe brain damage or death. SBS is the leading cause of death in child abuse cases in the US. Most children who survive the incident that caused their shaken baby syndrome are left with considerable disabilities such as brain damage, blindness, paralysis, seizures, or hearing loss. While babies are at greatest risk, even children as old as five can suffer shaking injuries.

As registered family day care provider, you are required to obtain training specific to Shaken Baby Syndrome every two-year registration period. Information on training in this topic can be obtained by contacting your registrar or online at www.tsg.suny.edu. If you suspect a child is a victim of Shaken Baby Syndrome, you must make a report to SCR.

Making A Report

There is a special number for mandated reporters such as yourself to call the SCR to report suspected child abuse and maltreatment. It is 1-800-635-1522. Once you call to report a situation, the professional staff of the SCR hotline will evaluate the information you give them. If they decide the situation should be investigated, the SCR contacts the local department of social services staff in your county to start an investigation and take action to protect the child.

After you call the hotline and your report is taken, you must send a completed form to the local department of social services. This form is "LDSS 2221A" and can be obtained of the OCFS website: www.ocfs.state.ny.us or by contacting your registrar.

Sometimes SCR staff may tell you that they believe that

there is not enough information to start an investigation and won't "take the report." If you feel the child is at risk, you can ask the SCR staff what other information you would need to provide or talk with an SCR supervisor to further describe the situation.

Of course, it is important to keep written notes about making a report to SCR. Include the following documentation in your records:

- notes about your contact with SCR hotline staff; and
- copies of form LDSS 2221A that you sent to the local social services district .

Teaching Children About Personal Safety

It is always the responsibility of adults to protect children from abuse and maltreatment. However, you and your assistant can help children learn ways to help keep themselves safe. The specific techniques children learn will depend on their ages and stages of development. Of course, the families in your program are essential partners in nurturing the dispositions and teaching skills that will keep children safe. Make sure that you communicate with parents about your plans and methods for teaching personal safety so you can work together to keep children safe.

Before they can use personal safety skills, children need information about danger signals and how to act in those situations. They also need confidence to trust their intuitions and "gut feelings." This confidence will also help them be assertive in situations that feel dangerous to them. Children also need to feel comfortable to share all of their experiences with you and other adults and know they will be heard in a non-judgmental way.

You support children's personal safety skills when you help

417.7 (b) Children must receive instruction, consistent with their age, needs and circumstances, in techniques and procedures which will enable them to protect themselves from abuse and maltreatment.

them:

- become independent and confident;
- build and maintain self-esteem;
- express emotions;
- establish trusting relationships with others;
- develop a healthy respect for their bodies;
- understand the difference between safe and unsafe activities;
- respond to a variety of unsafe situations; and
- apply basic safety rules.

On a day to day basis this means that you respond to the cries, concerns, and feelings of children of all ages; you, your alternate caregiver and the children respect each child's need for personal space; and you and your alternate caregiver listen to what children have to say about others with their words as well as what they may communicate about others with their bodies. For example, pay attention when children tell you that they like spending time with a specific adult or when a child backs up and clings to you when a certain adult enters the room and comes near him. In both these situations, the child may be giving you very important information, information that you can use to keep him or her safe from harm.

You can also provide activities and materials that teach children about personal safety in developmentally appropriate ways that are realistic and not frightening. Some activities that you may want to consider include:

- reading stories of children sharing their feelings with adults;
- helping children learn their full name and phone number so they can tell it to adult if they get lost;
- using puppets, dolls or "little people" to act out different situations that are potentially unsafe; and
- practicing what to do if someone approaches a child

when you are outside, visiting a neighborhood playground or on a field trip.

Think about what terms you will use with children for body parts. Let families know what words you will use and allow children to use. By doing this, everyone is agreeing to use the same words when talking about their bodies.

Always respond to a child's feelings with understanding. When a child trusts you to help them manage their feelings and take any needed action, they are more likely to tell you when something doesn't feel right to them.

Also, make sure you communicate to the children in your program that there are other people who can help keep them safe from child abuse and maltreatment. Many children have caring relationships with grandparents, neighbors, the parents of their friends, teachers and others who can support a child.

Resources

You will find additional resources related to this chapter in the Appendix at the end of this **Handbook**.

Some that may be helpful to you include:

- Sample Emergency Telephone Numbers
- OCFS Regional Offices
- State Agencies and Organizations
- County Health Departments
- Books and Publications

Preventing the Spread of Germs



Once you have children enrolled in your family day care program, keeping children healthy means being diligent about reducing the spread of germs. This is a real challenge when the number of germs that are introduced into your home increases with each child in your care. You're not only getting each child's germs, but you're also being exposed to the germs of every other person with whom the child has contact! When the number of germs increases, the opportunities for communicable and contagious disease increase as well. To combat this incredible increase in germs and the potential for illness, it is important for you to take action to reduce the spread of germs.

You can make a tremendous difference in the health of the children in your care by controlling the spread of germs with good infection control procedures. In this section of the **Handbook** we'll take a closer look at how to keep the germs in your program under control through proper hand washing and personal hygiene routines. Diapering, toileting, and general cleaning routines are also included in this section along with the procedures you will follow when dealing with blood in your program.

Hand Washing and Personal Hygiene

The number one way you reduce the spread of germs is frequently and properly washing your hands and the children's hands. In fact, hand washing is so important that the regulations identify specific times that big and little hands need to be washed!

Be sure to wash your hands and the children's hands at the times listed below:

- at the beginning of each day;
- before and after the administration of medications;
- when they are dirty;
- after toileting or assisting children with toileting;
- after changing a diaper;
- before and after food handling or eating;
- after handling pets or other animals;

417.11 (k) Caregivers must thoroughly wash their hands with soap and running water at the beginning of each day, before and after the administration of medications, when they are dirty, after toileting or assisting children with toileting, after changing a diaper, before and after food handling or eating, after handling pets or other animals, after contact with any bodily secretion or fluid, and after coming in from outdoors.

417.11 (l) Caregivers must ensure that children thoroughly wash their hands or assist children with thoroughly washing their hands with soap and running water when they are dirty, after toileting, before and after food handling or eating, after handling pets or other animals, after contact with any bodily secretion or fluid, and after coming in from outdoors. For diapered children, caregivers must ensure that adequate steps are taken to clean the child after each change of diaper.

- after contact with any bodily secretion or fluid; and
- after coming in from outdoors.

If you're thinking that you wash your hands a lot, you're right! Having hand lotion or moisturizer readily available to rub into your hands after hand washing is a good idea. Hand lotion will help to keep your skin from becoming dry and chapped.

Frequent hand washing isn't the only important part of effective germ control. How you wash your hands is vitally important as well. We've included the step-by-step procedure for proper hand washing in the Appendix of this **Handbook**.

Children will need your help with hand washing. They need you to model proper hand washing in a sink with soap and running water. Hang up a poster close to the sink that uses pictures to show each step of the hand washing procedure to help children do it themselves. However, children still may need you to assist them in putting soap on their hands, putting their hands under running water and making sure they have a paper towel to dry their hands when they've rubbed and scrubbed for at least 30 seconds. You'll also need a covered trash can for used paper towels.

If you care for babies, it's important to clean their hands after diapering. If they seem too small to put their hands under running water, use a wipe to gently clean their tiny fingers after each diaper change.

With so much hand washing you may be thinking that you could be saving time and your skin if you use commercial hand washing gel or wipes. These are not a substitute for hand washing using running water and soap. Gels and wipes may be used in situations where running water and soap are not available. As soon as you can, hands must be washed in

Caregivers must assist children in keeping clean and comfortable, and in learning appropriate personal hygiene practices. Children in night care shall have a routine that encourages good personal hygiene practices. Each child shall have an individual washcloth, towel and toothbrush and shall have the opportunity to change into night clothes and wash before bed. The caregiver will give each child a shower, tub, or sponge bath in a manner agreed to between the parent and the provider.

417.11 (q)(2) Either disposable towels or individual towels for each child must be used. If individual cloth towels are used, they must be laundered daily. Sharing personal hygiene items, such as washcloths, towels, toothbrushes, combs and hairbrushes is prohibited.

running water with soap. Also, it's important to know that many of these hand washing solutions have high concentrations of alcohol and may be dangerous to children if ingested.

Children may also need help following other personal hygiene routines. If you provide night care, there are some additional routines that you need to have in place to prevent the spread of germs and to teach children good habits that will keep them healthy. Each child will need a washcloth, towel, toothbrush and their night clothes or pajamas so they can wash and change clothes before going to bed. Children may have a bath or shower while in your care, but you need to work out the specific details with the parents before you proceed. Put these agreements in writing so there is no misunderstanding about them.

Diapering and Toileting

Another way germs can be transmitted is through intestinal secretions associated with toileting. The changing area and bathrooms are places where germs are likely to live and spread. By following, and helping children follow hygienic routines during diapering and toileting, you can reduce the spread of germs.

Your diapering routines must address how diapers are discarded, hand washing and cleaning diapering equipment. We've included a description of the recommended steps to follow when changing a diaper in the Appendix of this **Handbook**.

417.11 (o) Infants must be kept clean and comfortable at all times. Diapers must be changed when wet or soiled. The diaper changing area must be as close as possible to a sink with soap and hot and cold running water. This area or sink must not be used for food preparation. Diaper changing surfaces must be washed and disinfected with a germicidal solution after each use.

417.11 (p) Disposable diapers must be used or arrangements must be made with the parent or a commercial diaper service to provide an adequate supply of cloth diapers.

417.11 (p)(1) When disposable diapers are used, soiled diapers must be disposed of immediately into an outside trash disposal, or placed in a tightly covered plastic-lined trash can in an area inaccessible to children until outdoor disposal is possible.

A nearby bathroom that is separate from rooms used for cooking, playing, sleeping or eating will enable children to use a toilet in response to their own biological needs. You will also be able to see and hear the children while they are toileting as well as provide assistance to those who need help. This bathroom needs to be kept clean at all times and be stocked with toilet paper, soap and towels that children can reach. The Appendix of this **Handbook** includes the recommended procedure for cleaning and sanitizing potty chairs.

Germs that cause intestinal illnesses like “food poisoning” and giardia are found in human waste. These germs travel easily from hands to other surfaces. That’s why it’s critical to have the sink you and the children use after toileting or diaper changing be separate from one that is used for cleaning and preparing food.

You may allow children who can independently follow toileting routines to use a bathroom on another floor without direct supervision for a short period of time. If you are thinking about allowing any of the children in your care to do this they must be able to the following things:

- fasten and unfasten their clothing;
- wipe themselves;
- flush the toilet;
- wash their hands.

You should always have an extra set of clothes for each child in your program in the event of a toileting accident or

417.11 (p)(2) Non-disposable diapers must not be laundered in the family day care home, and must be stored in a securely covered receptacle until returned to the diaper service. When parents provide non-disposable diapers, soiled diapers must be placed in a securely tied plastic bag and returned to the parent at the end of the day.

417.3 (i) A bathroom not more than one floor level away from the program area must be accessible to children.

417.3 (j) All toilets and potty chairs must be located in rooms separate from those used for cooking, playing, sleeping or eating.

417.11 (q) Toilet facilities must be kept clean at all times, and must be supplied with toilet paper, soap and towels accessible to the children.

417.11 (q)(1) Toileting equipment, such as potty chairs, appropriate to the toilet training level of the children in the group must be provided. When more than one child in the center is being toilet trained, potty chairs must be emptied and sanitized with a germicidal solution after each use. If only one child in the center is being toilet trained, potty chairs must be emptied and rinsed after each use and sanitized with a germicidal solution daily. Potty chairs must not be washed out in a hand washing sink, unless that sink is washed and disinfected after such use.

417.8 (a)(2) Children who are able to toilet independently, including fastening and unfastening clothing, wiping themselves, flushing the toilet, and washing their hands, may use a bathroom on another floor for a short period of time without direct adult supervision.

417.11 (n) Sufficient and suitable clothing must be available so that children who dirty or soil their clothing may be

staining of clothing. Be sure to return the soiled clothes to the child's parent for washing.

changed. All such clothing must be returned to the parent's for washing.

See the "Providing and Maintaining a Safe Environment Inside and Out" section on page 24 in this **Handbook** for information about providing supervision in this situation.

Cleaning Routines

Your home must be a clean and healthy environment for children. The rooms you use for day care and the equipment and furniture children use should be cleaned and free of dampness, odors, trash and pests such as bugs or mice. Following regular cleaning and sanitizing (disinfecting) routines will also help you to reduce the spread of germs and help keep children healthy.

417.11 (r) All rooms, equipment, surfaces, supplies and furnishings accessible to children must be cleaned and disinfected as needed to protect the health of children, and in a manner consistent with the health care plan guidelines issued by the Office. The premises must be kept free from dampness, odors, vermin, and the accumulation of trash.

Cleaning removes the visible dirt and soil. Disinfecting or sanitizing kills the germs on a surface by using a disinfecting solution such as bleach and water. Household bleach is inexpensive and readily available. When mixed and stored properly it's safe for use around children. You may use an acceptable commercial alternative if you prefer, but these products are both expensive and hard to find. Look for those that are EPA chemical germicides registered as hospital disinfectants. We've included a handout in the Appendix of this **Handbook** that shows how much bleach and water you will need to sanitize toys and surfaces in your family day care home.

417.1 (r)(1) Equipment that is frequently used or touched by children on a daily basis must be cleaned and disinfected when soiled and at least once weekly.

Cleaning projects that require significant time, or that use powerful cleaners, must not be done when children are in your care. These projects will take your attention away from the children and may expose them to contact with harmful chemicals or odors. One of these projects may be the routine cleaning of your garbage cans.

417.11 (r)(3) Extensive cleaning, such as shampooing carpets or washing windows and walls must occur when children are not present.

417.11 (r)(5) Garbage receptacles must be covered, and cleaned as needed after emptying.

417.11 (r)(6) Thermometers and toys

It is normal for children, especially infants and toddlers, to chew books, toys and teething items. This is one way a child learns about and explores her surroundings. When a child loses interest in the mouthed item, immediately put the item out of reach of other children. Before returning it to the play space, you'll need to clean and disinfect the item.

mouthed by children must be washed and disinfected before use by another child.

Another way to keep germs from spreading is by keeping items used for napping clean. Blankets, sheets and coverings used by children should be washed at least once a week by you or by parents. The cribs, cots and other places that children sleep need to be cleaned at least once a month. Of course, if these items become soiled, they need to be cleaned as needed.

417.11 (r)(8) Linens, blankets and bedding must be cleaned at least weekly and before use by another child. Cribs, cots, beds, mats and mattresses must be cleaned thoroughly between uses by different children and at least monthly.

Safety Precautions Related to Blood

In addition to appropriate hand washing, and having a regular schedule of cleaning and sanitizing, following safety precautions related to blood is another powerful way to limit the spread of illness in your program.

417.11 (m) Safety precautions related to blood must be observed by all caregivers as follows:

The most important element of safety precautions related to blood is wearing disposable medical gloves whenever there is a possibility for contact with blood. Some of the times when disposable medical gloves should be worn include:

417.11 (m)(1) Disposable gloves must be immediately available and worn whenever there is a possibility for contact with blood, including but not limited to:

- changing diapers when there is blood in the stool;
- touching blood or blood-contaminated fluids;
- treating cuts that bleed;
- wiping surfaces stained with blood; and
- any other situations where there is potential or actual contact with blood.

417.11 (m)(1)(i) changing diapers where there is blood in the stool;

417.11 (m)(1)(ii) touching blood or blood-contaminated body fluids;

417.11 (m)(1)(iii) treating cuts that bleed; and

417.11 (m)(1)(iv) wiping surfaces stained with blood.

417.11 (m)(2) In an emergency, a child's well-being must take priority. A bleeding child must not be denied care because gloves are not immediately available.

In each of these cases, you will need to be prepared. It's

417.11 (m)(3) Disposable gloves must be

important to have disposable medical gloves stored near your diaper changing area, in your first aid kit, in your emergency bag and in other locations that are easy access at a moment's notice. You never know when you're going to need them. Disposable medical gloves are a one-use item, so throw them away after you use them.

discarded after each use.

417.11 (m)(4) If blood is touched accidentally, the exposed skin must be thoroughly washed with soap and running water.

If you find yourself faced with a bleeding child in an emergency and there are no disposable medical gloves in sight, **provide care anyway**. Not having disposable medical gloves is not a reason to deny a bleeding child care. If you are ever faced with this situation, or if you should accidentally get blood on your skin make sure that you wash the exposed area with soap and running water immediately after providing care.

If a child gets blood on his or her clothing, put the clothes in a securely tied plastic bag, label it with the child's full name and return it to the parent at the end of the day. Don't clean the clothes in your washer and dryer. Spot clean any blood that gets onto carpeting. The Appendix of this **Handbook** includes detailed procedures to follow if any surfaces have blood on them.

417.11 (m)(5) Clothes contaminated with blood must be placed in a securely tied plastic bag and returned to the parent at the end of the day.

417.11 (m)(6) Surfaces that have been blood stained must be cleaned and then disinfected with a germicidal solution.

417.11 (r)(2) Carpets contaminated with body fluids must be spot cleaned.

Following these safety procedures will go a long way to prevent the spread of illness transmitted through blood.

Another time when you can take steps to reduce the spread of germs is when handling food. See the "Offering Healthy Food" section on page 107 of this **Handbook** for more information.

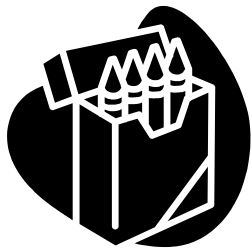
Resources

You will find additional resources related to this chapter in the Appendix at the end of this **Handbook**.

Some that may be helpful to you include:

- Hand washing That Kills Germs
- Sanitizing Bleach Solutions
- Using Disposable Medical Gloves
- Recommended Procedure for Changing a Diaper
- Recommended Procedure for Cleaning and Sanitizing Potty Chairs
- Safety Precautions Relating to Blood
- First Aid Kit Recommended Items
- OCFS Regional Offices
- State Agencies and Organizations
- National Organizations
- County Health Departments
- Books and Publications

Programming that Supports Growth and Development



It's amazing to consider how quickly children change. One minute a child is learning to grab objects then suddenly she's toddling everywhere. Even older children change rapidly as they continue to understand new concepts and gain new skills. Understanding how children grow and develop as well as meeting the challenges of providing care to a multi-age group of children is essential to providing a supportive and appropriate program.

In this section of the **Handbook** we'll take a look at planning activities, choosing materials and equipment and offering experiences that are safe and appropriate for multi-age groups of children. We'll also address napping and sleeping as well as how to guide children's behavior as they develop self control with the effective use of discipline.

Multi-age Grouping

Your family day care home is a naturally occurring multi-age setting where you can build a caring and supportive community by planning ahead, focusing on each individual child's abilities and interests and helping each child make connections with every other child.

While caring for children of different ages can be a challenge because of the wide range of abilities and skill levels, research tells us that mixed age groups may help children develop intellectually, academically and socially.

413.2 (i) Family day care home means a residence in which child day care is provided on a regular basis for more than three hours per day per child for three to six children for compensation or otherwise, except as provided below. The name, description or form of the entity which operates a family day care home does not affect its status as a family day care home.

413.2 (i)(1) Age of children: A family day care home may provide care for children six weeks through 12 years of age; for children 13 years of age or older who are under court supervision; for children 13 years of age or older who are incapable of caring for themselves when such inability is documented by a physician, psychiatrist or psychologist; and, in extenuating circumstances, for children under six weeks of age when prior approval has been obtained from the Office. Children who attain the maximum age allowed during the school year may continue to receive child day care through the following September 1 or until they enter school for the following school year.

Providing Appropriate Experiences, Activities and Materials

Routines

Consistent daily routines help children begin to understand the concept of time. Knowing what comes next in their day helps them to feel secure. Children may not be able to tell you what time an actual event like snack time occurs, but they will let you know if it's late or out of order.

Your daily routine should be flexible so you can adapt to the needs of every child in your care. For example, you might have quiet playtime in the late afternoon as part of your daily schedule. Some days, however, the children might really need that time to run, jump and play outside. Or, perhaps you planned to finger-paint after breakfast but an infant's tooth begins to make her miserable and she needs you to hold her close until her nap.

Room to Play Inside and Out

Children need room and opportunities to explore, play, rest and grow. You will need areas with enough space for these activities to safely take place inside and out.

Children are continually developing their physical skills. They need opportunities to use and build on their physical abilities. This is especially true for infants and toddlers who are eagerly using their bodies to explore their environment.

Children should never be restricted to a playpen for more than 30 minutes or high chair (when not actually eating) for more than 15 minutes. This not only limits their physical growth, it also affects their social interactions. These social interactions are essential for children to gain language skills, develop self-esteem and build relationships with you and the other children in care.

417.7 (a) The family day care provider must establish a daily schedule of program activities which offers reasonable regularity in routines, including snack and meal periods, nap and rest periods, indoor activities and outdoor play time. When night care is provided, this schedule must include a routine of good personal hygiene practices, including changing into night clothes, brushing teeth, and washing before bed in the manner to be agreed between the parent and you.

417.7 (e) Children must be provided an opportunity to choose between quiet activities and active play.

417.3 (g) The home must have adequate indoor space for the comfort of the children and to accommodate a variety of activities for the number of children in care.

417.7 (d) As age and development permit, children must be allowed freedom of movement and must be provided with an environment designed to develop such skills as crawling, standing, walking and running.

417.7 (g) Except while sleeping, awaking or going to sleep, an infant must not be left in a crib, playpen or other confined space for more than 30 minutes at any one time. Other than at meals or snack time, a child must not be left in a high chair for longer than 15 minutes.

417.3 (h) Each home must have access to outdoor space which is adequate for active play.

Outdoor play is a wonderful opportunity for children to run, jump, play games and explore their environment. Daily outdoor play helps children develop both physical and social skills.

Your outdoor space might be your own yard, a safe playground close by or other safe outdoor area that you can use for a range of activities that will support your youngest infant, your oldest school-age child and every age in-between. See the “Providing and Maintaining a Safe Environment Inside and Out” section on page 24 in this **Handbook** for strategies to assess the safety of your outdoor space.

Fresh air and the opportunity to “run off” their energy are essential to children’s growth and well being. Include outdoor play everyday unless the weather is extreme. You and the children will benefit from the time you spend outdoors in every season.

Providing Space for Children of Different Ages

One of the true joys of family day care is that it allows children of various ages to play together and learn from each other in a homelike and natural setting. But this range of ages creates some challenges as well. It can be difficult to provide time and space for activities that meet the needs of older children while keeping the area safe for little babies and curious toddlers.

- **You can create an area that’s just for babies.** A safe baby place can be a blanket on the floor with some bolsters or couch cushions around it. Be sure you can see and hear the baby at all times!
- **It’s important that the older children feel that they are respected and encouraged to pursue their own interests.** Older children may like to play with

417.7 (f) Daily supervised outdoor play is required for all children in care, except during inclement or extreme weather or unless otherwise ordered by a health care provider. If there is a second caregiver available, parents may request and providers may permit children to remain indoors during outdoor play time so long as such children will be supervised by a caregiver. Nothing contained in this subdivision shall be construed to require a provider to have a second caregiver available.

417.8 (a)(3) With the written permission of the parents, providers may allow school-aged children to participate in activities outside the direct supervision of a caregiver. Such activities must occur on the premises of the family day care home. The caregiver must physically check such children every 15 minutes.

417.7 (c) Each family day care home must provide a sufficient quantity and variety of materials and play equipment appropriate to the ages of the children and their developmental levels and interests, including children with developmental delays or disabilities, that promote the children’s cognitive, educational, social, cultural, physical, emotional, language and recreational development.

the younger children but they also need time to focus their attention on more complicated tasks. Give older children space to do the things they enjoy. A counter or table top that is out of reach of babies and curious toddlers are good places to play with trading cards, play a board game or do a project.

Choosing Activities and Materials for Multi-age Groups

During their day, all the children in your multi-age program will need both active play and quiet activities. They will need time to play by themselves as well as with others, and plenty of opportunities to choose what they would like to do.

One way to accommodate these needs is to offer open-ended activities and materials. Choices like play dough, blocks and crayons are just a few examples. Children can use these in a variety of ways, exploring their own abilities and creativity. Crafts that involve following a set of directions to make a finished product generally require a level of fine motor skill that young children have not mastered yet. These can be very frustrating for children. Instead children need opportunities to express their own ideas and appreciate the creativity of others.

Other examples of open-ended activities include:

- painting on large paper with brushes or fingers; or
- allow children to choose simple musical instruments to play.

Offering a variety of open-ended activities and materials allows children to:

- pursue interests that are meaningful to them;
- learn to play together and problem solve; and
- follow their own developmental path.

Choose toys and materials that represent diverse cultures. Help children understand and appreciate differences through dolls, photographs and books showing people with different skin colors, ethnic background, types of houses, types of foods and family configurations.

When you have an adequate supply of materials children are less likely to have conflicts over their use. Duplicates of favorite toys, such as a bucket of crayons and several balls, can help children play and learn together in harmony. It's often better to have several of the same toy children frequently use than to have one each of many different toys. Children can be overwhelmed by too many choices.

Many providers rotate toys by putting some away. After a month or so, they take out the stored toys and put away some that have been out. Changing the "mix" of toys has several advantages. For many children, a toy they haven't used in a while is the equivalent of a new toy. And, because children are continually developing, they may be able to manipulate a toy now that was frustrating last month. For example, a child can now push the doll stroller, another child can now lace large beads on a thick cord and another rolls out play clay rather than put it in her mouth.

Multi-age Programming at a Glance

Simple materials can also provide excellent learning opportunities for children of different ages. Here's a simple example. For the price of one fashion doll, you can buy several bags of plain wooden clothespins, and make educational toys for both boys and girls of all age groups. Be sure to get ones *without* springs to avoid pinched fingers. Of course you will supervise closely. Clothespins can be a choking hazard for children under 3 years old.

Babies under the age of 6 months notice contrast more than

color. You can help them develop visual tracking by painting some clothespins black and some white and turning them into baby toys. Put one black clothespin and one white clothespin into a small water bottle for a rattle. Hang others from a clothes hanger to make a mobile for a crib or your changing table. Add colors to help the baby's vision develop. If you have school-age children, you can invite them to do the painting and toy making.

Toddlers enjoy simply filling a bucket with clothespins, lugging it about, then dumping it. Offer toddlers containers such as a coffee can with a hole in the lid, a plastic jar, or a cloth or paper bag to hold clothespins or other small but safe objects. Cover sturdy cardboard with contact paper and stick clothespins around the edges for the toddlers to pull on and off. A toddler develops the muscles needed for writing every time he or she picks up a clothespin and develops eye-hand coordination trying to get the clothespins into the container or onto the cardboard.

Preschool children enjoy using clothespins as props for dramatic play. Turn the dramatic play area into a house, add a clothesline (be sure to hang it below neck level) and some clothespins. Then, give children a basket full of dolls' clothes or baby clothes to pretend wash, and hang up to dry. Put clothespins in the block area and see how the children use them. Show the children how to stick them together to make interesting shapes. Give the children markers, glue and glitter to decorate the clothespins in their own creative way.

You can present the clothespins to **school-age children** by bringing them out in a clear plastic container and asking the children to guess the number of pins. Write down each child's estimate and then invite the children to count the clothespins to see whose guess is the closest. Stimulate creativity by putting out clothespins, scraps of fabric, glue, bits of yarn, people colored paints and fine tipped markers

and inviting them to make clothespin puppets. Ask them if they know when clothespins were invented and then help them find the answer in a book or by using a child-safe internet search.

Other ways to successfully provide activities to a multi-age group are when you:

- do messy activities with preschoolers when infants and toddlers are napping;
- place a low barrier around an activity area so that younger children can watch and learn but not interrupt the activity of older children;
- let younger children touch, hear or taste the end result after the older children have planned and finished a project;
- provide dramatic play prop boxes that the children can use together; and
- acknowledge the unique contributions of each child.

Keep safety in mind when choosing activities and materials to use with children. Always consider the ages and developmental stages of the children to determine what is safe for each individual child. See the “Providing and Maintaining a Safe Environment Inside and Out” section on page 24 in this **Handbook** for more information about safety.

If an activity or material is not safe for a child, choose a different activity or replace toys and materials with safer choices. Tailor your choices to fit your own program and the children in your care.

Choosing Books for Multi-age Groups

Reading with children is one of the special joys of family day care. Reading promotes language development, listening skills, imagination, problem solving and, most importantly, a bond between you and the children. Even the youngest babies can begin to enjoy reading. And as a child’s ability

develops, his or her love of reading will increase.

When selecting books, here are some tips:

- Remember the books you loved as a child. The children will probably enjoy your old favorites. Your enthusiasm will be contagious too!
- Look for books that have won awards such as Caldecott, Newberry, Coretta Scott King, Horn Book Awards and the American Library Association's Notable Books.
- Choose books with striking illustrations and/or photographs that will encourage discussion and appreciation of color and design.
- Be sure that people from all races, ages, genders and backgrounds are portrayed in the books you select. Books help children understand the world.
- Pay attention to the interests of the children. Then select books that will increase their understanding of those interests.
- Help children act out or add to the story. Their ideas may surprise you!
- Teach children to respect and handle books with care. Children should be allowed to look at books throughout the day.

Your local bookstore can provide recommended lists of books for all ages. And don't forget the public library in your community! You can attend a story hour, get the newest award winning publications, borrow old favorites and ask a librarian to suggest books on special topics—all for free.

Remember, children learn from your words, your questions and your actions. When you are involved and excited about new ideas, your interactions with the children are the most important part of the experiences you provide.

Napping, Resting and Sleeping

Your daily schedule must include time for napping and resting. The rest or sleep children need is as essential to their growth as exercise. After a period of rest or sleep, children generally feel refreshed and ready for the next active part of the day.

You will work with parents to best meet each child's needs for rest and napping. This written plan will include:

- where the child will nap in your home;
- how the child will be supervised; and
- what the child will lie on when napping or resting, keeping in mind that infants must be placed to sleep on their backs .

Children may nap in a room without your direct visual contact if you meet some specific requirements. These requirements include:

- parents have given you written permission;
- you use an electronic monitor;
- you are on the same floor as the children; and
- the doors are open to the room with napping children.

Remember that you are always responsible for keeping children safe.

See the “Providing and Maintaining a Safe Environment Inside and Out” section on page 24 in this **Handbook** for additional information on supervision.

417.7 (h) For day and evening care, appropriate rest and quiet periods, which are responsive to individual and group needs, must be provided so that children can sit quietly or lie down to rest.

417.7 (i) Sleeping and napping arrangements must be made in writing between the parent and the provider. Such arrangements include: the area of the home where the child will nap; whether the child will nap on a cot, mat, bed or a crib; and how the napping child will be supervised, consistent with the requirements of paragraph (1) of subdivision (a) of section 417.8 of this Part. Sleeping arrangements for infants require that the infant be placed on his or her back to sleep, unless medical information is presented to the provider by the parent that shows that arrangement is inappropriate for that child.

417.8 (a) Children cannot be left without competent supervision at any time. The provider must have direct visual contact with the children at all times except as follows:

417.8 (a)(1) With the prior written permission of the parent, children may nap or sleep in a room where an awake adult is not present. When children are sleeping or during nap times, the doors to all rooms must be open; the caregiver must remain on the same floor as the children; and a functioning electronic monitor must be used in any room where children are napping or sleeping and an awake adult is not present. Electronic monitors may be used as an indirect means of supervision only where the parents have agreed in advance to the use of such monitors. Use of electronic monitors is restricted to situations where the children are sleeping. For evening and night care, the caregiver may sleep while the children are sleeping if the provider has obtained written permission to do so from every parent of a child

receiving evening or night care in the family day care home. The caregiver must be awake at all times and physically check sleeping children every 15 minutes in the event written permission has not been obtained from all parents of children receiving evening or night care.

Sleep or rest requirements differ for each person. Take your cues from the children. Nap times should be flexible and happen according to the child's schedule. In addition, you should have regular transitions and rituals that help children relax and get ready to nap. For example, first eat lunch, then wash hands and faces and brush teeth, have a story or two, cuddle with a blanket, soft toy, or pacifier on a cot, mat, bed or crib, then lights out.

417.7 (j) For children unable to nap, time and space must be provided for quiet play. During day and evening care, children must not be forced to rest for long periods of time.

You can help children rest by adjusting the sights and sounds in your home. Try turning off the music and dimming the lights. Rubbing a child's back may be another effective strategy for getting a child to take a break from the day's activities. Talk with families to find out what helps their child rest at home.

Some children may not sleep, but they do need a break from constant activity. You may not require children to lie down for sleep for a long period of time if they cannot sleep. You will need to have quiet play activities available for those children. Setting aside quiet time games and activities just for children who don't sleep is good planning on your part.

The bedding and equipment used by children for napping must be cleaned regularly to prevent illness. See the "Preventing the Spread of Germs" section on page 80 of this **Handbook** for more details.

Preventing SIDS

Sudden Infant Death Syndrome (SIDS) or "crib death," is the unexplained death of an infant between the ages of 1 month to 1 year. To reduce the risk of SIDS, you must always put

infants on their backs to sleep as required by regulation.

In addition, soft objects, such as pillows, quilts, comforters, sheepskins, stuffed toys, bumper pads and other objects should be kept out of a baby's sleeping environment. Any loose bedding, such as fluffy blankets, may also pose a hazard.

If blankets are to be used, they should be lightweight and tucked in around the crib mattress so the baby's face is less likely to become covered by bedding. Another strategy is to use sleep clothing, such as footed pajamas and one-piece sleepers, so no other covering is necessary.

Tell parents about your policies regarding sleeping habits and why they are so important for their babies. Remind them that "Back to Sleep" is the number one way to reduce the risk of SIDS and is a requirement of OCFS regulations.

There are many ways to share information about reducing the risk of SIDS with parents. One tool is the related portions of the regulations. Another is the written sleeping arrangements you make with parents as required by regulation. You can also share resources from SIDS organizations such as the national SIDS Alliance and the New York Center for Sudden Infant Death that are listed in the Appendix of this **Handbook**.

417.7 (i) Sleeping and napping arrangements must be made in writing between the parent and the provider. Such arrangements include: the area of the home where the child will nap; whether the child will nap on a cot, mat, bed or a crib; and how the napping child will be supervised, consistent with the requirements of paragraph (1) of subdivision (a) of section 417.8 of this Part. Sleeping arrangements for infants require that the infant be placed on his or her back to sleep, unless medical information is presented to the provider by the parent that shows that arrangement is inappropriate for that child.

Discipline

At one time or another, all children challenge us with their behavior. Helping children gain self-control is an integral part of your family day care that provides important opportunities to teach children a variety of skills. Through your guidance, you help children learn to manage their

417.9 (a) The family day care provider must establish written disciplinary guidelines and provide copies of these guidelines to all caregivers and parents. These guidelines must include acceptable methods of guiding the behavior of children. Discipline must be administered in such a way as to help each child

behavior and support their social development. Keep in mind that how you guide children's behavior is based on the child's age and developmental stage. The techniques you use with an 18 month old child are very different than those you use with a six year old child. Effective and caring discipline helps children learn limits and self-control. This process happens over time and develops as each child:

- learns how to manage and express his or her feelings appropriately;
- gains the ability to understand the consequences of his or her behavior and
- learns to see situations from another child's perspective.

As with all areas of your program, families are essential partners in your disciplinary plans. Discuss your discipline policies with parents and give them a written copy to see that they understand what to expect.

Discipline Standards

Be sure your expectations of behavior are reasonable for each child in care. Appropriate guidance strategies are based on the children's developmental stages and abilities.

Consequences for children should reflect their developmental stage and their understanding of how their behavior affects themselves and others. Use behavior issues as opportunities to teach children to get along with others, resolve conflicts and accept differences. You cannot "discipline" an infant. It is important to respond to the needs of a baby so that a baby learns that his cues will be answered and learns a basic sense of trust, knowing adults will respond to him.

The standards of appropriate discipline have changed over time. Although many adults were punished with spankings and other methods of punishment, we now know these actions are not effective in the long run and can be

develop self-control and assume responsibility for his or her actions through clear and consistent rules and limits appropriate to the ages and development of the children in care. The caregiver must use acceptable techniques and approaches to help children solve problems.

417.9 (b) Any discipline used must relate to the child's action and be handled without prolonged delay on the part of the caregiver so that the child is aware of the relationship between his or her actions and the consequences of those actions.

417.9 (c) Isolating a child in a closet, darkened area, or any area where the child cannot be seen and supervised by the caregiver is prohibited.

417.9 (d) Where a child's behavior harms or is likely to result in harm to the child, others or property, or seriously disrupts or is likely to seriously disrupt group interaction, the child may be separated briefly from the group, but only for as long as is necessary for the child to regain enough self-control to rejoin the group. The child must be placed in an area where he or she is in the view of, and can be supervised and supported by, the caregiver. Interaction between the caregiver and the child must take place immediately following the separation to guide the child toward appropriate group behavior. Separation of a child from the

damaging to children both physically and emotionally. Discipline techniques must never include shaking, hitting, withholding food or rest, biting, washing a child's mouth out with soap (or anything else), yelling, frightening or demeaning a child in any way. Punishment that harms a child physically or emotionally must never be used. When working with families, you may need to help them understand that these methods are not allowed in your program - both by regulation and by current theories of child development. Keep in mind your responsibilities as a mandated reporter of child abuse and maltreatment. See the "Protecting and Promoting Children's Health" section on page 60 in this **Handbook** for more information on child abuse.

Strategies for Guiding Children's Behavior

Here are some strategies you may find useful to guide children's behavior:

- **Focus on "Do" not "Don't."**

Tell children what they can do rather than what they cannot do. For example, say "We walk inside" rather than "Don't ever run inside." This tells children what you expect instead of reminding them of the behavior you are trying to reduce. It can also help children understand that they are able to choose the appropriate behavior.

- **Offer choices when you are willing to abide by the child's decisions.**

Children need to feel that they have some control over what they do and what happens to them. Nurture this sense of control by offering choices: about toys they use, activities they do, how much food they eat, where they sit, and other meaningful options. It is important to offer only options you can accept. Use specific choices rather than open-ended questions. For example, if you say "Where do you want to sit?" a child might say "On the front porch by myself!" Instead, say "Do you want to sit next to Sydney or next to

group in a manner other than that provided for in this subdivision is prohibited.

417.9 (e) Corporal punishment is prohibited. For the purposes of this Part, the term corporal punishment means punishment inflicted directly on the body including, but not limited to, spanking, biting, shaking, slapping, twisting or squeezing; demanding excessive physical exercise, prolonged lack of movement or motion, or strenuous or bizarre postures; and compelling a child to eat or have in the child's mouth soap, foods, hot spices or other substances.

417.9 (f) Withholding or using food, rest or sleep as a punishment is prohibited.

417.9 (g) Discipline may be administered only by the caregiver.

417.9 (h) Methods of discipline, interaction or toilet training which frighten, demean or humiliate a child are prohibited.

417.10(a) Any abuse or maltreatment of a child, either as an incident of discipline or otherwise, is prohibited. A family day care home must prohibit and may not tolerate or in any manner condone an act of abuse or maltreatment by an employee, volunteer or any other person under the provider's control. An abused child or maltreated child means a child defined as an abused child or maltreated child pursuant to section 412 of the Social Services Law.

me?” Giving children choices when possible can make it easier for them to deal with situations when they do not have choices.

- **Change the environment to change a child’s behavior.**

Sometimes a child’s behavior is affected by how a space is arranged. For example, if you have long pathway, children are probably going to run down it. Cluttered shelves of toys may result in children using only toys briefly before tossing them aside for other toys. Here are some behavior issues and some changes you can make that can help:

Children are...	Because...	to help...
running.	there is too much open space.	use furniture, rugs and shelves to divide up the space.
fighting over toys.	there is only one of each. children are asked to share too often.	have duplicates of toys. use a timer to tell children when their turn is over.
wandering around. unable to choose something to do.	the space is too cluttered. child has used or played with all available materials. nothing appeals to the child.	get rid of the clutter. make or borrow new materials, manipulatives or toys. rotate toys and materials by putting some away for later use.
easily distracted. having trouble staying with a task.	areas are too open. children can see everything going on at once.	use shelves to define areas. work with children in small groups.
using materials roughly. resisting clean-up.	materials are not stored neatly. children don’t know where materials belong.	make a place for everything. use pictures to show where materials belong.

- **Work with children instead of against them.**

As adults, we sometimes get into power struggles with children. It then becomes about who is in charge rather than working and playing together. Observe and listen to children to help determine how to avoid difficult behavior situations. For example, if children frequently pick on each other just before lunch, you might want to serve lunch 30 minutes earlier.

- **Set expectations and consequences based on the child's age and stage.**

Think about the ages of the children in your care when deciding how you expect a child to behave. It's unreasonable to expect that a toddler will always remember to use words to resolve a problem with another child. However, this is a reasonable expectation for a school-age child. Consider the child's age when deciding what happens if a child doesn't follow rules. For example, if a toddler hits, you might say "we use words to work out problems" then redirect her to another toy. If a school-age child hits, you may ask the two children to sit with you and work out the conflict.

- **Set a good example to protect and nurture children's self-esteem.**

Children learn from everything you do. Throughout all of your interactions with children, be respectful and loving. If you speak and act respectfully with children and other adults, they are likely to do the same. On the other hand, if you shout at children to comply with you, children are likely to shout as well.

Children need the attention of adults. They want to be reassured they are capable and lovable. If they don't feel good about themselves, they may settle for the attention they get when they misbehave.

Another way to respect a child's self-esteem is to focus on the behavior, not on labeling the child. If a child pushes another, remind her that pushing hurts other children. Telling her she is "bad" labels a child and damages her self image without helping her understand the consequences of her action.

- **Work with families.**

In some situations, behavior problems may be symptoms of a child's physical or mental issues. For example, a child who doesn't respond to your verbal reminders and directions may have a hearing loss. A child who has continual tantrums may have emotional difficulties. Of course, when you have concerns about a child, you work closely with the family to discuss your observations and decide the next steps to take. Depending on the situation, those next steps might include the parents discussing the situation with their doctor; contacting the New York State Early Intervention program through their local Department of Health if a child is younger than three; contacting the Committee on Preschool Education through their local school district if the child is older than three; or other resources available to their child.

- **Offer engaging activities.**

The materials, activities and experiences you offer to children can help prevent discipline issues. When children are actively engaged in playing with appropriate and safe toys, are participating in appropriate experiences, or are playing with other children and adults in your program, they are more likely to be cooperative and to get along with others.

Having a variety of interesting toys, materials and play space can help redirect a child who is upset or having a hard time managing her behavior. For example, let's say a two year old wants a turn with a truck being used by a four year old. You can see that the two year old is getting frustrated as her

voice turns into a shout. To redirect her, you can gently talk to her; remind her that she just finished her turn. Then, show her the play dough out on the table and ask “Which color would you like to use first?” Chances are, she will soon forget about the truck as she starts to roll, pinch, squeeze and smash the play dough. Attractive alternatives make redirection much easier.

▪ **Support conflict resolution skills.**

Teaching children skills to resolve conflicts can help avoid discipline issues. As children grow and develop, the skills children use and your role in the process will change. For example, a toddler can learn to tell an adult when there is a problem rather than hitting. A preschooler can learn to develop solutions to conflicts and may need your help carrying out the solutions –“Maybe you could use the orange crayon and I use the purple until Tanisha says time is up.” School-agers might be able to brainstorm different solutions and settle on a compromise on their own once you teach them strategies to use.

A note about time-out.

“Time out” is a technique that is frequently used, and misused, with children. Children can become easily overwhelmed, frustrated and tired in a busy and active environment. When used effectively, time out gives a child time to calm down and regain self-control before rejoining the other children. You may even want to use the term “sit and watch” to reinforce that idea. Keep in mind that you need to continually provide direct visual supervision of all children and you only use time out for the length of time it takes the child to regain control.

If you use time out, most experts recommend:

- helping the child move to a quiet area away from the other activities;
- explaining to the child why he or she left the others

(“You came with me so you can calm down and stop hitting.”);

- explaining what is appropriate behavior (“When you are ready to keep your hands to yourself, you can go back and play.”);
- not using a specific chair or area assigned for time out because this reinforces the idea that it is a punishment;
- limiting time out so that it does not last longer than it takes for the child to calm down. It should not be more than a minute for each year of her age; and
- not using time out for toddlers and younger children who are unable to understand why their behavior is unacceptable. These children are gently redirected to more acceptable activities or behaviors.

Effectively disciplining young children takes skill. With every challenging situation you find yourself in with a child, stop and take the time to ask yourself the following questions:

- What do I need to do to keep children safe in this situation? Are any children at risk of harming themselves or others?
- What do I want this child to learn about herself and others in this particular situation? What do I want the other children to learn?
- What techniques and strategies do I have to help me accomplish this?
- Was there something that I could have done differently to avoid this situation?
- Were my expectations for the children or the situation appropriate? Do I need duplicates of favorite toys?
- Have I provided activities that are interesting to the children?
- Have I modeled respectful interactions with each child?

When you take the time consider the answers to these

questions, you'll be able to provide appropriate and effective guidance.

Resources

You will find additional resources related to this chapter in the Appendix at the end of this **Handbook**.

Some that may be helpful to you include:

- OCFS Regional Offices
- State Agencies and Organizations
- National Organizations
- County Health Departments
- Books and Publications

Offering Healthy Food



Children need nutritious foods to develop healthy bodies and brains, fend off illness and fuel their often continuous activity. In addition, meals can be valuable times for children to learn about good nutrition, social skills and even about other cultures.

Nutrition and food safety for every child in your care will be the focus of this section of the **Handbook**. Serving meals and snacks will be discussed including the importance of good sanitation and special considerations when feeding infants.

Meals and Snacks

Children need healthy food to grow and thrive. You must offer food periodically to children during their time with you. While each child may require different amounts of food, you must offer meals and snacks in response to the number of hours children are in your care and their own nutritional needs. At the very least, each child who is in your care for more than four hours a day must be offered at least one nutritious meal; if a child is in your care more than ten hours a day, he or she must receive at least two nutritious meals. Keep in mind that young children have smaller stomachs than adults and benefit from eating nutritious snacks and smaller scale meals every two to three hours throughout the day.

Don't forget that children also need lots of water. They can get overheated and dehydrated quickly during their day. Young children often do not recognize that they are thirsty or know how to tell you that they are thirsty.

Plan ahead and develop meal and snack menus that include a variety of nutritious and safe foods. Share your menus, routines, and any policies you have about meals and snacks with parents. If you change your policies, be sure to let each parent know, preferably in writing. As with all other areas of

417.12 (a) The family day care home must provide plentiful and nutritious snacks to children. The provider must ensure that each child in care for more than four hours a day receives a nutritious meal. Each child in care for more than ten hours a day must receive a minimum of two nutritious meals. Food must be prepared and stored in a safe and sanitary manner and served at appropriate intervals.

417.12 (g) Safe drinking water must be available to children at all times and must be offered at intervals that are responsive to the needs of the individual children.

417.12 (a)(2) Homes changing their meal policy must provide adequate notice to parents.

417.12 (b) Where meals are furnished by the home, food preferences for personal, religious or medical reasons may be accommodated. If resultant meal patterns or serving sizes will not meet the child's

your program, families are essential partners. Talk with them to make accommodations for cultural differences, food preferences, allergies and medical needs. Communicate with parents to see that their child's needs are being met. Share your menus, routines, and any policies you have about meals and snacks with parents. If you change your policies, be sure to let each parent know in advance, preferably in writing. Also, it's important to consult parents whenever introducing new foods to any of the children in your care.

nutritional needs, a medical statement must be obtained documenting the appropriateness of the variation.

If you are providing meals for the children, prepare amounts that are appropriate for the children in your care. You will need enough so that each child could have second servings. The serving size depends on the type of food and the age of the child. For example, for a 4 year old, one medium banana is one fruit group serving. For a 2 year old, 2/3 of a medium banana is one fruit group serving. Remember that many different foods can supply the nutrition children's bodies need. For example, good sources of protein include yogurt, cheese, soy products such as tofu as well as meat. Some good sources of fats include whole milk, nuts, and olive oil. These fats help the body absorb vitamins and are needed for children's brain development. The New York State Department of Health recommends serving whole milk to children between one and two years of age and 1% or skim milk to children two years of age and older.

417.12 (c) Where meals are furnished by the home, the servings must be in portions suitable for the size and age of the children in care. There must be a sufficient amount of food available to children to permit second helpings.

You and the children you serve may be eligible to participate in the Child and Adult Care Food Program (CACFP). CACFP is a nutrition education and meal reimbursement program helping providers offer nutritious and safely prepared meals and snacks. If eligible, you may receive financial assistance to pay for the food you serve to children. Contact your local child care resource and referral agency or satellite for more information about the CACFP.

You may ask families to provide food for their child. Each child's food from home must be labeled with the child's first

417.12 (k) If more than one child in the home is receiving formula, breast milk or other individualized food items, all

and last name to prevent mix-ups.

containers or bottles must be clearly marked with the child's complete name.

You will also need food on hand to see that the child has adequate meals and snacks. Sometimes a child is still hungry after eating the food brought from home. From time to time, a family may forget their child's food. On a particularly active day, the nutritional value of the food from home may not be enough to support the growth or activity level of the child. You are required to be prepared for these situations by having nutritious options readily available. Talk to parents about the importance of supplying nutritious food for their child.

417.12 (a)(1) If the provider does not furnish meals, there must be adequate supplemental food available in the event that no meal is provided by the parent or if the meal provided by the parent is of inadequate nutritional value.

To help you consider whether or not a child is getting enough nutritious food, look at her eating patterns over a period of time. She may eat more of one type of food one day and less of another. For example, today the carrots were devoured and the watermelon barely touched, but two weeks ago, it was the other way around. Watermelon was all the rage. Many children go through stages when they only want to eat a few specific foods. You may want to write down everything a child eats over the course of a week to help you evaluate her eating patterns.

It's important to keep safety in mind when choosing foods to offer children. Even nutritious foods can pose serious hazards to children depending on the child's age. Children develop muscles, teeth and swallowing capacity over time. Imagine the diameter of a drinking straw. That is about the size of a young child's windpipe. Now imagine trying to fit a grape through the straw. When this happens to a child, her windpipe is blocked and she can't breathe. In addition, some children may have difficulties chewing or swallowing. Foods that are choking hazards include:

- slippery foods such as ice and hard candy;
- round foods such as grapes, hotdogs, nuts and cherries;
- sticky foods such as raisins, thick cereal, marshmallows and globs of peanut butter;
- dry foods such as popcorn, pretzels and meats; and

- hard foods such as carrots, hard candy, pits from fruit and raw cauliflower.

Prevent choking by offering these foods only to older children who have lots of teeth and muscles needed to chew food and are able to sit up straight when eating. Other precautions that can reduce the possibility of choking include:

- cut foods into small pieces, removing seeds and pits;
- cook or steam vegetables to soften their texture;
- use only a small amount of peanut butter;
- offer plenty of liquids to children when eating;
- check meals and snacks provided by parents for hazardous foods;
- create a calm, unhurried eating environment with children sitting and eating slowly;
- eat with the children to model safe eating habits and enable you to react quickly to safety hazards; and
- do not allow children to eat when walking, riding in a car or playing.

Sharing meals and snacks is about more than just eating. These can be important learning times too. Relaxed and informal meal times are wonderful times for children to learn and use table manners. Serving food family style allows children to choose the food to put on their plates and perhaps pour their own drink. Children should be allowed to feed themselves to gain skills appropriate to their developmental stage. Of course, the self-feeding and social skills expected of children are based on their developmental level. Remember that this happens over time as children gain muscle control and hand-eye coordination. Accept eating “accidents” as part of the learning process.

Children will also look to you as a role model. Take time to sit with the children and be an example of polite table manners. Gently help children eat independently and share conversation

417.12 (d) Children must be helped to gain independence in feeding themselves, and should be encouraged to learn acceptable table manners appropriate to their developmental levels.

417.12 (e) Sufficient time, based on age and individual needs, must be allowed for meals so that children will not be hurried.

about the colors, textures and aromas of the food they are eating. Meal and snack times are also terrific opportunities to learn and practice social skills and talk with children about their experiences that day.

It's also important to note that food cannot be used as a punishment. For more details, see the "Programming that Supports Growth and Development" section on page 88 in this **Handbook**.

For resources related to food portion size and CACFP, talk with your registrar, your local child care council and your food program representative. Resources are also available on the US Department of Agriculture website at www.usda.gov/cnpp/index.html.

417.9 (f) Withholding or using food, rest or sleep as a punishment is prohibited.

Sanitation and Eating Utensils

Good sanitation is extremely important when preparing and serving food to prevent illness. To reduce the spread of germs, children should always be given clean drinking cups and eating utensils. Washing dishes, cups, plates and utensils that are not disposable will prevent germs from spreading. Any disposable cups and utensils must be safe and appropriate for the children. Styrofoam cups and containers can crumble and can be a choking hazard for young children. It is safest not to allow their use.

You must follow safe food storage and preparation techniques. Food that is spoiled, undercooked or contaminated by contact with raw meat can cause serious illnesses. To prevent food-borne illnesses, always keep hot food hot and cold food cold, including when you are having a picnic or eating while on a field trip away from your program.

417.11 (r)(7) Individual drinking cups or disposable paper cups must be provided daily. The use of shared drinking cups is prohibited.

417.11 (r)(9) After use, dishes and all utensils must be washed with soap and hot water, and rinsed in hot running water.

417.12 (h) Disposable cups and plates may be used if discarded after use. Plastic eating utensils may be used if such utensils are not easily broken by young children and are discarded after use. Styrofoam cups may not be used for infants or toddlers.

417.12 (f) Perishable food, milk and formula must be kept refrigerated.

417.11 (k) Caregivers must thoroughly wash their hands with soap and running water at the beginning or each day, before and after the administration of medications, when they are dirty, after toileting or assisting children with toileting, after changing a diaper, before

Remember that adults and children must wash hands before handling and eating food as described in the “Preventing the Spread of Germs” section of this Handbook. The adults in your program may also want to use disposable medical gloves for an additional measure of sanitation.

and after food handling or eating, after handling pets or other animals, after contact with any bodily secretion or fluid, and after coming in from outdoors.

417.11 (1) Caregivers must ensure that children thoroughly wash their hands or assist children with thoroughly washing their hands with soap and running water when they are dirty, after toileting, before and after food handling or eating, after handling pets or other animals, after contact with any bodily secretion or fluid, and after coming in from outdoors. For diapered children, caregivers must ensure that adequate steps are taken to clean the child after each change of diaper. Caregivers must assist children in keeping clean and comfortable, and in learning appropriate personal hygiene practices. Children in night care shall have a routine that encourages good personal hygiene practices. Each child shall have an individual washcloth, towel and toothbrush and shall have the opportunity to change into night clothes and wash before bed. The caregiver will give each child a shower, tub, or sponge bath in a manner agreed to between the parent and the provider.

Feeding Infants

Infants and toddlers have some special considerations related to food. You will need to be flexible and respond to each baby’s own individual eating schedule, food preferences and emerging ability to feed him or herself.

As with other areas of your program, your collaboration with parents will confirm that their infants are being fed appropriately. Talk with parents to develop a healthy eating plan for their child. This includes instructions about how often the baby will eat or be given a bottle, and how much the child generally eats or drinks. These instructions should be in writing so that there will be no misunderstanding about them. Some

417.12 (i) Providers must obtain a written statement from the parent of each infant in care setting forth the formula and feeding schedule instructions for the infant.

417.12 (k)(1) Unused portions of bottles or containers from which children have been spoon-fed must be discarded after each feeding, or placed in a securely tied plastic bag and returned to the parent at

parents may request that unused portions of food and bottles be returned to them at the end of the day. This allows parents to see how much food their child had that day. For spoon-fed infants, “leftovers” should be discarded after each meal if the parent does not request to have them returned. Children and mothers who are breast feeding will appreciate arrangements you make for them. This might include a quiet private area with a comfortable chair for nursing during the day and a system to store breast milk.

It is generally recommended that the parents prepare their child’s formula. Parents have established a feeding plan in collaboration with their health care provider and are the most experienced in their child’s needs and feeding habits. For infants that are not breast-fed, formula is their main source of nutrition. In addition, young infants have new, sensitive digestive systems. Formula that is not mixed in the specific measurements for the child can lead to digestive difficulties and physical harm. However, if you are going to prepare formula, parents need to provide you with a statement in writing explaining that you have permission to prepare formula and how to prepare the formula. If you agree to prepare formula, put your written agreement in a central file and keep a copy in the child’s file.

Label children’s bottles and food containers with their first and last names to see that they eat only their own food and drink from their own bottles. This can avoid germ transmission and dangers of food allergies and intolerance. Storing and heating food appropriately also reduces food-borne illnesses and the dangers of overheated food and liquids. Never ever heat bottles or food for infants in a microwave oven. Microwaves heat unevenly and could result in burning an infant’s mouth!

As an infant develops, you’ll see signs that she is getting ready for solid foods. Some signs to look for include her increased ability to put her hands to her mouth and to grab objects with

the end of the day. When disposing of unused breast milk, caregivers must follow universal precautions.

417.12 (l) Every effort must be made to accommodate the needs of a child who is being breast-fed.

417.12 (j) Where formula is required, such formula may be prepared and provided by the parent, or by the provider when agreed to in writing by the parent.

417.12 (k) If more than one child in the home is receiving formula, breast milk or other individualized food items, all containers or bottles must be clearly marked with the child’s complete name.

417.12 (k)(2) Heating formula, breast milk and other food items for infants in a microwave oven is prohibited.

her fingers as well as being able to sit up independently.

This is another important time to talk with parents. As with formula, parents work with their health care provider to develop a plan for introducing solid foods. Generally this is done by giving one single-ingredient food such as rice cereal or pureed cooked carrots for a few days. During this time, look for signs of food allergies or intolerances. If you notice anything unusual such as rashes, spitting up or increased fussiness, talk with the parents about what you've observed. Food allergies can be serious for young children. In some cases they are even life-threatening.

Interacting with children is an important part of good feeding practice. Sitting close by or holding infants and toddlers as they eat supports your responsive relationship and allows you to quickly react to any safety hazards such as choking or allergic reactions.

Children using a bottle must always be held if they are less than 6 months old or unable to hold the bottle securely.

When you gaze at and talk to a baby when bottle feeding you are supporting their development. This kind of interaction is as important to an infant's growth as paper and crayons are to 3 year olds!

If you use high chairs, make sure they are safe and appropriate for the children using them. They should have a wide, sturdy base to prevent tipping and a crotch strap so children don't slide down and become entangled. The strap should always be securely fastened when the child is sitting in the highchair.

417.12 (n) Each infant and toddler must be removed from the crib, playpen or cot and held or placed in an appropriate chair for feeding.

417.12 (m) Infants six months of age or younger must be held while being bottle-fed. Other infants must be held while being bottle fed until the infant consistently demonstrates the capability of holding the bottle and ingesting an adequate portion of the contents thereof. The propping of bottles is prohibited.

417.5 (u) High chairs, when used, must have a wide base and be used only by children who are able to sit up independently. A safety strap must be fastened around children who are seated in high chairs

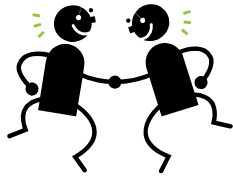
Resources

You will find additional resources related to this chapter in the Appendix at the end of this **Handbook**.

Some that may be helpful to you include:

- Hand washing That Kills Germs
- Sanitizing Bleach Solutions
- Using Disposable Medical Gloves
- OCFS Regional Offices
- State Agencies and Organizations
- National Organizations
- County Health Departments
- Books and Publications

Working with Families



Families provide information that you need to responsibly care for children and build trusting, lasting relationships with each child in your care. Families can give you information about a child's interests, health needs, changes in a child's home life and hopes for their child. You share with parents your observations of the child's abilities and interests, descriptions of activities and experiences that you offer and your knowledge of child growth and development. You also communicate

with families about the business side of your program such as hours of care, payments, new substitutes, your health policies and other issues. Regular communication with families helps you build close connections with parents and children. The quality of your child care program depends on these strong relationships.

In this section of the **Handbook** we'll take a look at what you need to do to enroll children and begin a partnership with families. Essential information contained in this section includes when and how to communicate with parents, enrolling children, working with children with special needs and supporting families.

Communication

Parents are essential partners in your program. A comfortable relationship, built on communication and trust, will enable you to work with families to provide the best care for every child enrolled in your program.

417.15 (a)(15) Parents must be given the opportunity to discuss issues related to their children and care of their children with the provider or alternate provider. Such opportunities must occur at the time of enrollment and as frequently as needed thereafter, but at least annually;

Parents want to know that your home is a safe place for their child. Encourage them to ‘drop in’ anytime so that they feel confident about the safety of your home and in the activities you have available for their child. Help them feel welcomed. Assure them that you are just a phone call away and that you are working with them to help their children reach their fullest potential!

To be effective, your communication with families must be open and on-going. Share information in many different ways. Some ideas to consider include:

- **Conversations at drop off and pick up time.** During this brief time, you can share observations about the child’s activities when you were not together and what you observe during your daily health check.
- **Daily notes home.** Include information about toys and materials the child used, what she ate, when she used the toilet or had diaper changes and anything you observed about the child when she was with you. Some providers use a notebook to keep all this information in one place.
- **Notices on a parent bulletin board.** This may be the place to post information on health issues (We had a case of chicken pox diagnosed yesterday. Let me know if you notice any symptoms in your child.) A bulletin board is also a wonderful place to put reminders about an upcoming family event, change in your program schedule, and children’s creations.
- **Phone conversations.** Talking with a parent when your program is closed or during naptime can be an effective way to focus on the conversation and keep information confidential.
- **Parent meetings.** You may want to ask families to come together to discuss a new policy in your program, listen to a speaker, work together to resolve an issue or just get together and have fun!

417.15 (a)(9)(i) The parent of any child receiving family day care must have: unlimited and on demand access to such child; the right to inspect all parts of the home used for child day care or which could present a hazard to the health or safety of the child whenever the parent requests at any time during the hours of operation of the home; unlimited and on demand access to the caregivers whenever such child is in care or during the normal hours of operation; and unlimited and on demand access to written records concerning such child except where access to such records is otherwise restricted by law;

- **Parent conferences.** During this time, you can share observations about the child's development, areas of concern, and talk about changes to best meet the child's needs.

Remember that effective communication includes both talking and listening. Take the comments and concerns of families seriously. Addressing issues as they come up prevents small problems from becoming large problems. Don't let your mole hills turn into mountains!

Enrolling Children

When a family is considering your family day care home, they are preparing to make a very important decision - to trust you to keep their child safe from harm, keep them healthy, and love and nurture him or her with your whole heart. Help parents make good choices for their children by providing materials that help them evaluate your program. You are also helping parents provide good care for their children when you give them information about child abuse and maltreatment. Explain your role as a mandated reporter, why and how you do a daily health check and how you will document any injuries or unusual occurrences that you observe during the day and during the daily health check. Also let them know about the child abuse hotline and what they can do if they suspect that their child has been abused.

Share with prospective families information about your program, yourself and any other providers who work in your program, including alternate providers and substitutes. Also let them know they are welcome to spend time at your program when their child is in your care and look over your records about their child.

You will need to get some information from families when

417.14 (f) At the time of admission, the provider or alternate provider must furnish parents with appropriate instructional materials that will assist them in evaluating the home, the provider, and the alternate provider. Such materials shall include information concerning child abuse and maltreatment, and guidance on the steps they may take if they suspect their child has been abused or maltreated.

417.15 (a)(9)(i) The parent of any child receiving family day care must have: unlimited and on demand access to such child; the right to inspect all parts of the home used for child day care or which could present a hazard to the health or safety of the child whenever the parent requests at any time during the hours of operation of the home; unlimited and on demand access to the caregivers whenever such child is in care or during the normal hours of operation; and unlimited and on demand access to written records concerning such child except where access to such records is otherwise restricted by law;

417.15 (c) The provider must maintain on file at the family day care home, available for inspection by the Office or its designees at any time, the following records in a current and accurate manner:

417.15 (c)(3) the name, address, gender, and

they enroll a child in your program. This includes:

- name, gender, date of birth and address for each child;
- each child's parents' name, addresses, telephone numbers;
- contact information where each child's parents and others responsible for the child can be reached in an emergency; and
- names and addresses of each person who is authorized to take the child from your program.
- There may be times when children in your care will need medication. It may be because they have an ear infection, are suffering discomfort from a diaper rash or have a chronic illness such as asthma or diabetes that is controlled by the use of medication. Giving medication can significantly affect children's health. You will not be able to administer medication of any kind to children in your care unless you become approved to do so. See the "Protecting and Promoting Children's Health" section on page 60 in this **Handbook** for information on giving medication to children in your care or check with your registrar for more information.

date of birth of each child and each child's parents' names, addresses, telephone numbers and place(s) at which parents or other persons responsible for the child can be reached in case of an emergency;

417.15 (c)(4) the names and addresses of persons authorized to take the child(ren) from the family day care home;

Health information you will need for each child includes:

- permission allowing you to obtain emergency medical treatment;
- records of health exams and immunization;
- any results of lead screening;
- records of illnesses, injuries, and any indicators of child abuse or maltreatment; and
- names and administration instructions for medications used by the child. See the "Protecting and Promoting Children's Health" section on page 60 in this **Handbook** for more information on giving medication to children in your care.

417.15 (c)(6) children's health records, including parental consents for emergency medical treatment; evidence of health examinations and immunizations; any available results of lead screening; the name and dosage of any medications used by a child and the frequency of administration of such medications; and a record of illnesses, injuries, and any indicators of child abuse or maltreatment;

One way to give families information about your program is in a parent handbook that you put together. It should reflect the unique qualities and the philosophies of your program. Your parent handbook is also a good place to put policies you have about:

- when you will exclude children from care;
- discipline, making payments, procedures you will follow in emergency situations; and
- procedures for dropping off and picking up children including who is authorized to pick up children.

This is a good time to be up-front. Demonstrate to parents that you are in the business of child care and you are ready to work with them to support the growth and development of their children.

When you are meeting parents for the first time, you can also discuss ways to help their child become comfortable in your home. You may want to set up a time for the child to meet you, the other children and to see the toys and materials in your program while accompanied by his parent. Allow children to bring comforting items from home such as a pacifier or blanket, a favorite stuffed animal, a book of pictures or other safe objects that help your home feel more like their own home. You might establish a transition period when a child comes to you for a short time at first then gradually works up to a full day in your care. For older children, you could send the child a note to introduce yourself before he starts.

Some children adapt easily to a new program. Others take a bit more time. Reassure parents and children that this is normal and that you are happy to have them as part of your program.

Enrolling Infants Younger Than Six Weeks

Children enrolled in your family day care can be between the ages of six weeks and 12 years. In some situations, you might want to enroll a baby who is younger than six weeks. This situation might include your own infant - if you plan to re-open your family day care before your child is six weeks old. It might also be when a parent will return to work before the baby is six weeks old.

If you want to care for a child who is less than six weeks old, you will need to plan ahead and work closely with your registrar or licensing office. You will need to submit the following information in writing, and receive approval **before** the child can attend.

- parent's name;
- parent's address;
- child's name, sex and age;
- why the parents are seeking care for their child; and
- how you will meet OCFS guidelines for caring for a child less than six weeks old.

Make sure you keep a copy of the approval on file.

You will also need to obtain all the information you typically get whenever any child enrolls in your program.

Think through this decision carefully. You may also want to talk with other providers about their experiences with children under the age of six weeks. Newborns need a lot of direct care and attention. Their positive growth and development depends on your ability to respond quickly, warmly and respectfully to their every need. This can be challenging while continuing to meet the needs of the other children in your care.

413.2 (i)(1) Age of children: A family day care home may provide care for children six weeks through 12 years of age; for children 13 years of age or older who are under court supervision; for children 13 years of age or older who are incapable of caring for themselves when such inability is documented by a physician, psychiatrist or psychologist; and, in extenuating circumstances, for children under six weeks of age when prior approval has been obtained from the Office. Children who attain the maximum age allowed during the school year may continue to receive child day care through the following September 1 or until they enter school for the following school year.

417.15 (a)(17) When a provider proposes to care for a child under the age of six weeks, prior approval must be obtained from the Office. In seeking such approval, the provider must furnish, either verbally or in writing, the following:

417.15 (a)(17)(i) identifying information related to the specific child who would receive care, including the parent's name and address, and the child's name, sex and age;

417.15 (a)(17)(ii) the extenuating circumstance necessitating the care; and

417.15 (a)(17)(iii) a description of what the provider will do to achieve consistency with the Office's guidelines for the care of children under the age of six weeks;

Children with Special Needs

Each child you enroll is a unique person with his or her own likes, strengths, weaknesses, cultural background and personality that reflects their family and their experiences. It is important that your program welcome all children. When adults are accepting and welcoming of differences, children learn to be accepting as well.

There may be situations where accommodations may be needed for a child. A child with special needs may be a child with a developmental delay or disability, or even a child who has asthma or diabetes. If a child has special needs, there are lots of resources available to you and the family. Depending on the situation, these resources may include the following:

- the local school district;
- the local Department of Health;
- therapists for a range of concerns such as physical or social/emotional needs, speech delays and developmental delays; and
- other resources specific to the child's needs.

It's important to work with the child's family and health care provider to develop a plan to help determine what accommodations or support services are appropriate. The plan should include what training you will need to get in order to accommodate the special needs of the child.

When therapists come into your program to provide services to a child, you'll follow your visitor control procedures described earlier in the **Handbook**. Also consider other issues such as:

- how the therapist visits affect your daily schedule;
- the space the therapist and child will use during

417.15 (a)(8) A family day care home may not refuse to admit a child to the home solely because the child is a child with a developmental delay or disability or has been diagnosed as having human immune deficiency virus (HIV), HIV-related illness or acquired immune deficiency syndrome (AIDS). Each such child must be evaluated by the provider to determine whether the child could be accommodated in the program if reasonable modifications are made to the premises and/or program. Nothing contained in this paragraph shall be deemed to require the provider to incur significant additional expenses to modify the premises and/or program to accommodate such a child;

417.11 (e) Other than children who are enrolled in kindergarten or a higher grade, no child may be accepted for care in a family day care home unless the provider has been furnished with a written statement signed by a health care provider verifying that the child is able to participate in child day care, currently appears to be free from contagious or communicable disease, and is receiving health care, including appropriate health examinations, in accordance with the American Academy of Pediatrics schedule of such care and examinations. The written statement from the health care provider must also state whether the child is a child with special health care needs and, if so, what special provisions, if any, will be necessary in order for the child to participate in day care. Where the written statement from the health care provider advises the day care provider that the child being enrolled is a child with special health care needs, the day care provider must work together with the parent and the health care provider to develop a reasonable health care plan for the child while the child is in the child day care program. The health care plan for the child must also address how the day care provider will obtain or develop any additional competencies that the day care provider will need to have in order to carry out the health care plan for the child. The provider must also be furnished with documentation stating that the child has received age-appropriate

- the visits;
- ways to share information with the therapist and family; and
- how to continue meeting the needs of all children whether or not they are receiving therapy.

Of course, there may be other issues depending on your specific situation.

immunizations in accordance with New York State Public Health Law.

417.7 (c) Each family day care home must provide a sufficient quantity and variety of materials and play equipment appropriate to the ages of the children and their developmental levels and interests, including children with developmental delays or disabilities, that promote the children's cognitive, educational, social, cultural, physical, emotional, language and recreational development.

Offering Support

As a child care provider, you have a close relationship with families. In many ways, you may become a part of their family. You may be one of the first people to know about happy events such as a new baby, mastering a two-wheel bike and a child taking her first step. You will also be a part of more challenging times as well such as a divorce, fear about going to school, death of a grandparent or a parent's job loss.

The families you work with may be different than your own in terms of their structure, economic status, beliefs or values. Your relationship with children and their families is based on a mutual respect. That means accepting families for who they are, celebrating their joys and supporting them during challenging times.

Part of this respect is maintaining the confidentiality of each family. Families trust you not only with their child but also with very personal information. Make sure you maintain this trust by keeping this information between you and the family.

Some families you work with might find themselves in challenging situations. You may be able to offer support by

417.15 (a)(7) Information relating to an individual child is confidential and cannot be disclosed without written parental permission to anyone other than the Office, its designees or other persons authorized by law. Information relating to an individual child may be disclosed to a social services district where the child receives a day care subsidy from the district, where the child has been named in a report of alleged child abuse or maltreatment, or as otherwise authorized by law. Redislosure of confidential HIV-related information, as defined in section 360-8.1 of this Title, concerning a child receiving family day care is not permitted except in a manner consistent with article 27-F of the Public Health Law;

giving families lists of resources in your community. This might include:

- food pantries
- local Department of Social Service offices
- health clinics
- thrift shops
- food programs
- local and New York State Departments of Health (see page 147 in the Appendix)
- parent trainings
- local mental health clinics

To avoid singling out any one family, offer these resources to all families or post them on a bulletin board in your program.

Working as a partner with families is essential. When you and the families have a trusting, respectful relationship, you will best meet the needs of the child, feel valued and provide the highest quality program.

Relationships Between Families

Families also need to feel confident that their child is accepted and treated with respect by you, the children and the other families enrolled in your program. Offer opportunities for families to get to know each other through informal gatherings, conversations at pick up and drop off time and by displaying pictures of children's families in your program.

Sometimes parents have unrealistic expectations of other children. For example, a parent of an easy-going 6-year-old may be alarmed about the boisterous behavior of a 2-year-old. If you notice an adult openly expressing inappropriate

expectations about the other children in your care, you'll need to step in to protect the self-esteem of the child. Your respectful response will depend on the specific situation.

Some ideas that you may want to try:

- Explain that a child's behavior is normal for her stage of development. "Most two year olds love to jump and sing to use their rapidly developing coordination."
- Remind the parent that all children go through challenging stages. "Remember when your child had difficulties at pick up time in the afternoon?"
- Model appropriate interactions with the child when the adult is in your program. Accept the child, and her behavior, with understanding and calm words.
- If the behavior is unsafe, let the parent know that you are working to address this. "All children are different. Some children need more help and time to learn how to express their strong emotions appropriately. While I am doing this, it's always my job to keep every child safe."

Supervision When Parents Are Present

When a child is being picked up or dropped off, keeping everyone safe may become more challenging. This may happen because you are trying to do several things at once: greet the parent, help gather the child's belongings and continue to supervise all children.

To avoid problems, talk with parents about supervision when both you and the parent are in your program. Decide at what point the child is supervised by you and when she is supervised by the parent. Some providers and families agree that the parent is responsible as soon as she or he walks into your program. Others use a signal like a "hello"

and a “good bye” hug from you to note when this change happens. This also helps children transition in and out of your program each day.

Using Surveillance Cameras

Much like live TV, cameras that allow you to watch what is happening in real time from a remote location are now available. You may decide to use “web cam” to allow parents to see their children through the internet. If you want to do this, make sure you do the following:

- inform all parents and caregivers of the camera locations;
- use security measures such as passwords and filters;
- comply with all related state and federal laws and OCFS regulations; and
- allow OCFS staff access.

Remember, these cameras do not take the place of providing competent direct supervision.

417.15 (a)(9)(ii)(a) The parents of all children receiving care in a family day care home equipped with video surveillance cameras installed for the purpose of allowing parents to view their children in the day care setting by means of the internet must be informed that cameras will be used for this purpose. All alternate providers, assistants and employees of the family day care home must also be informed if video surveillance cameras will be used for this purpose.

417.15 (a)(9)(ii)(b) All parents of children enrolled in the family day care home and all alternate providers, assistants and employees of the family day care home must be made aware of the locations of all video surveillance cameras used at the family day care home.

417.15 (a)(9)(ii)(c) Family day care homes opting to install and use video surveillance equipment must comply with all State and federal laws applicable to the use of such equipment.

417.15 (a)(9)(ii)(d) Video surveillance cameras may not be used as a substitute for competent direct supervision of children.

417.15 (a)(9)(ii)(e) Family day care homes opting to allow parents to view their children in the day care setting by means of the internet must use and maintain adequate internet security measures at all times. Such measures include but are not limited to: frequent changes of passwords; filtering measures that prohibit public access to or viewing of day care activities via the internet; and immediate corrective action in response to any report of abuse of the system or inappropriate access. Such homes must also advise the parents having access to views of the day care home through the internet of the importance of security in regard to such

viewing and of the importance of the privacy rights of other children who may be viewed.

417.15 (a)(9)(ii)(f) Video surveillance cameras are permitted to transmit images of children in common rooms, hallways and play areas only. Bathrooms and changing areas must remain private and free of all video surveillance equipment.

417.15 (a)(9)(ii)(g) Family day care homes that use video surveillance equipment must allow inspectors and other representatives of the Office to have access to such equipment and to have viewing privileges as required by the Office.

Resources

You will find additional resources related to this chapter in the Appendix at the end of this **Handbook**.

Some that may be helpful to you include:

- OCFS Regional Offices
- State Agencies and Organizations
- National Organizations
- County Health Departments
- Books and Publications

Growing as a Professional



Your ongoing professional development gives you the tools you need to manage your business, stay current with child development theory and respond to the unique needs of children and their families. Participating in training is a vital part of being a professional child care provider.

In this final section of the **Handbook** we'll address your training requirements as well as how to find training and organizations that support the work you do. We'll also cover the importance of keeping organized records of your professional development activities.

Training

Working with children and families is an important responsibility. Staying up-to-date with the OCFS training requirements is critical to maintaining your registration. You are required to complete 30 hours of training during each registration renewal period. You can find your renewal period on your registration certificate.

By spending time to develop a plan for your own professional growth, you demonstrate your long term commitment to the children in your care and their families because you are doing what it takes to:

- keep your registration;
- stay up-to-date with current research about appropriately supporting each child's growth and development;
- learn new skills, and refresh old skills, to meet each child's needs;
- protect and promote each child's health and safety; and
- understand and stay current with OCFS regulations.

417.14 (a) Before the Office issues an initial registration, the person who will be the primary caregiver must complete training approved by the Office pertaining to the health and safety of children and must demonstrate basic competency with regard to health and safety standards. All health and safety training received after the application for family day care has been submitted but prior to issuance of the registration may be applied to the initial fifteen (15) hours of training required in subdivision (b) of this subsection.

If you are a new provider you must take at least 15 hours of training within the first six months of receiving your registration. You are required to take health and safety training approved by OCFS. This health and safety training can “count” towards the 15 hours you need to have within the first six months of receiving your registration.

If you select a new alternate provider after your initial registration, he or she will need to complete at least 15 hours of training during the first six months after becoming your alternate provider.

The training you take must address specific issues related to child care as well as the laws and regulations for child care programs in New York State. These topics are listed below:

- principles of early childhood development, including the appropriate supervision of children, meeting the needs of children enrolled in the program with physical or emotional challenges and behavior management and discipline;
- nutrition and health needs of children;
- child day care program development;
- safety and security procedures; including communication between parents and staff of your program;
- business record maintenance and management;
- statutes and regulations pertaining to child day care;
- statutes and regulations pertaining to child abuse and maltreatment; and
- Shaken Baby Syndrome.

The training you choose should help you provide high-quality child care. Your registrar or OCFS staff can offer suggestions for training and organizations that offer training that may be right for you.

417.14 (b) Each provider and alternate provider must complete a minimum of fifteen (15) hours of training during the first six months of registration. Any person who becomes an alternate provider after the initial registration of the home must complete a minimum of fifteen (15) hours of training during the first six months after becoming an alternate provider. In either case, this initial fifteen (15) hours applies toward the total thirty (30) hour minimum requirement for each registration period. A total of thirty (30) hours of training must be completed every two years. Such training must address the following topics:

417.14 (b)(1) principles of childhood development, including the appropriate supervision of children, meeting the needs of children enrolled in the program with physical or emotional challenges and behavior management and discipline;

417.14 (b)(2) nutrition and health needs of children;

417.14 (b)(3) child day care program development;

417.14 (b)(4) safety and security procedures, including communication between parents and staff;

417.14 (b)(5) business record maintenance and management;

417.14 (b)(6) child abuse and maltreatment identification and prevention;

417.14 (b)(7) statutes and regulations pertaining to child day care; and

417.14 (b)(8) statutes and regulations pertaining to child abuse and maltreatment.

417.14 (c) Training received after the application has been submitted but before the application has been approved and the registration granted may be counted towards the initial fifteen (15) hours required in subsection (b) above.

417.14 (e) Each provider and alternate provider must submit verification of completion of the training requirements to their program’s designated registration

There is not a specific “30 hour class” or training series that you are required to take. Many different organizations offer training that might be appropriate for you. Some organizations to consider include local and statewide child care associations; libraries, parent groups, American Red Cross offices; local Departments of Health; child care networks and agencies; child care resource and referral agencies; local business organizations; local school districts; universities and community colleges. Be sure you keep a written record of the trainings you take on forms provided by the OCFS licensing office. Proof of completion of each training course must be available to show your registrar upon request and during your renewal process.

If you can demonstrate knowledge and experience in a specific topic area, you may be able to focus your training on the other topic areas. For example, if you are a Licensed Practical Nurse, you might not be required to take training in “health needs of infants and children.” You will still need to take a total of 30 hours of training and cover all other required topic areas.

For more information contact your registrar. Plan ahead to avoid any delays in renewing your registration.

If you or other providers in your program do not meet the training requirements, your registration renewal might be denied or, depending on the specific situation, your registration may be renewed for only one year.

office on forms provided by the Office.

417.14 (d) For the thirty (30) hours of training that must be received every two years after the first year of registration, any provider or alternate provider who can demonstrate basic competency in a particular topic to the Office may determine in which of the specified topics he or she needs further study. The Office may also exempt any provider or alternate provider from participating in training on a particular topic upon demonstration of substantially equivalent knowledge or experience related to that topic. All persons with such exemptions must still complete a minimum of thirty (30) hours of training during each registration period.

417.15 (b)(2)(i) If a provider or alternate provider has not met the training requirement specified in section 417.14 of this Part, a subsequent registration may be issued for a period of up to one year following the completion of an acceptable inspection of the family day care home;

417.15 (b)(2)(ii) No more than one such limited renewal may be issued in succession;

Professional Associations and Organizations

Another important aspect of maintaining your own

professional development is getting involved with professional associations and organizations. These organizations include child care associations and local child care resource and referral agencies. In some parts of New York State there are also child care networks or child care satellite agencies that serve as resources for the child care community. The Appendix of this **Handbook** includes a list of associations you may want to contact. Your registrar or OCFS licensing staff may know of others in your area.

Participating in activities and accessing services that these professional organizations offer can provide you with:

- a group of people to problem solve with and share stories about the challenges and joys you face in your work;
- additional training opportunities; and
- an opportunity to access services, such as insurance that would be too expensive if you were to purchase them as an individual.

Keeping Track of Your Professional Growth

It is important to keep track of your professional development. You will need records of the training you have participated in when you renew your registration. These records will also help you make decisions about what trainings you want or will need to take in the future. Resources from professional associations and trainings will be helpful when you need help to meet a wide variety of challenges in your program.

Set up a record-keeping system that works best for you. Some providers use file folders, keeping all training certificates together in one file. You might create files for various subjects such as common illnesses, activity ideas, discipline

417.2 (d) Applicants for renewal of a license must submit to the Office at least 60 days in advance of the expiration date of the license the following:

417.2 (d)(10) documentation showing compliance with the training requirements of section 417.14 of this Part.

417.14 (e) Each provider and alternate provider must submit verification of completion of the training requirements to their program's designated registration office on forms provided by the Office.

strategies, helping children cope with loss and other resources that you've gotten in trainings, found in magazines or through your own research.

Portfolios are a good way to show parents how training helps you meet the needs of the children in your care. For example, let's say you went to training about using musical instruments with children. Use your portfolio to organize all the related information. This might include any handouts from the training, directions to make instruments with children and simple songs. Include your lesson plans or description of the related activities you did with children. Pictures of children doing the activities helps parents see how the children responded to the activities. Add your notes evaluating the activities and how you will do it differently next time. Your portfolio also demonstrates your commitment to on-going professional development.

Go through your records from time to time. It will help you see how much you have grown as a provider and spur you on to continued professional growth.

Resources

You will find additional resources related to this chapter in the Appendix at the end of this **Handbook**.

Some that may be helpful to you include:























- OCFS Regional Offices
- State Agencies and Organizations
- National Organizations

Appendix

In this Appendix, we've included several documents that you may want to use in your program. You will also find listings of books and organizations that may be helpful to you as a registered family day care provider. Feel free to add to this section as you find additional tools and resources that help you offer high quality child care to the families in your program.

How Many Children May a Family Day Care Provider Care For?

- A When any child is under the age of two, the maximum number of children in care is seven. No more than two children under the age of two may be cared for at any one time.
- B When two children are under the age of two, the maximum number of children in care is seven.
- C When all children are over the age of two, the maximum number of children in care is eight.

	1	2	3	4	5	6	7	8
A	 Under 2 Years	 Over 2 Years	 Over 2 Years	 Over 2 Years	 Over 2 Years	 School Age	 School Age	
B	 Under 2 Years	 Under 2 Years	 Over 2 Years	 Over 2 Years	 Over 2 Years	 School Age	 School Age	
C	 Over 2 Years	 Over 2 Years	 Over 2 Years	 Over 2 Years	 Over 2 Years	 Over 2 Years	 School Age	 School Age

Instructions for Doing a Daily Health Check

A daily health check occurs when the child arrives at the program and continues throughout the day.

Check the following while at the child's level so you can interact with the child when talking with the parent:

1. Child's behavior: is it typical or atypical for time of day and circumstances?
2. Child's appearance:
 - Skin: pale, flushed, rash (feel the child's skin by touching affectionately)
 - Eyes, nose, and mouth: note color; are they dry or is there discharge? Is child rubbing eye, nose, or mouth?
 - Hair: (in a lice outbreak look for nits)
 - Breathing: normal or different; cough
3. Check with the parent:
 - How did the child seem to feel or act at home?
 - Sleeping normally?
 - Eating/drinking normally? When was the last time child ate or drank?
 - Any unusual events?
 - Bowels and urine normal? When was the last time child used toilet or was changed?
 - Has the child received any medication or treatment?
4. Any evidence of illness or injury since the child was last participating in child care?
5. Any indications of child abuse or maltreatment?
6. Document any unusual findings.

Hand Washing

All staff, volunteers, and children will wash their hands at the following times:

- a) upon arrival for the day, when moving from one child care group to another, and whenever they are dirty
- b) before and after:
 - eating, handling food, or feeding a child
 - giving medication
- c) after:
 - diapering and toileting
 - coming in contact with bodily fluids (mucous, blood, vomit) and wiping noses, mouths, and sores
 - handling pets or other animals
 - coming in from outdoors

All staff, volunteers, and children will wash their hands using the following steps:

- 1) Moisten hands with water and apply liquid soap.
- 2) Rub hands with soap and water for at least 30 seconds - remember to include between fingers, under and around fingernails, backs of hands, and scrub any jewelry.
- 3) Rinse hands well under running water with fingers down so water flows from wrist to finger tips.
- 4) Leave the water running.
- 5) Dry hands with a disposable paper towel or approved drying device.
- 6) Use a towel to turn off the faucet and, if inside a toilet room with a closed door, use the towel to open the door.
- 7) Discard the towel in an appropriate receptacle.
- 8) Apply hand lotion if needed.

If a child is too heavy to hold for hand washing at the sink and can not be brought to the sink for hand washing, use disposable wipes or a damp paper towel moistened with a drop of liquid soap to clean the child's hands. Then, wipe the child's hands with a wet paper towel and dry the child's hands with a fresh paper towel.

Cleaning and Sanitizing

Equipment, toys, and objects used or touched by children will be cleaned and sanitized as follows:

1. Equipment that is frequently used or touched by children on a daily basis must be cleaned and disinfected when soiled at least once weekly.
2. Carpets contaminated with body fluids must be spot cleaned.
3. Diapering surfaces must be disinfected after each child.
4. Countertops, tables and food preparation surfaces (including cutting boards) must be cleaned and disinfected before and after food preparation and eating.
5. Potty chairs must be emptied and disinfected after each use. They must not be washed out in a hand washing sink, unless that sink is washed and disinfected after such use.
6. Toilet facilities must be kept clean at all times, and must be supplied with toilet paper, soap, and disposable towels accessible to the children.
7. Any surface which comes in contact with body fluids must be disinfected immediately.
8. Thermometers and toys mouthed by children must be soaked in a disinfectant before use by another child.

Staff will use the following procedures for cleaning and sanitizing non-porous hard surfaces such as tables, countertops and diapering surfaces:

1. Wash the surface with soap and water.
2. Rinse until clear.
3. Spray the surface with the 1 tablespoon bleach to 1 quart of water solution until it glistens.
4. Let sit for 2 minutes.
5. Wipe with a paper towel or let air-dry.

Staff will use the following procedure to clean and disinfect toys that have been mouthed by children:

1. Wash the toys in warm soapy water, using a scrub brush to clean crevices and hard to reach places.
2. Rinse in running water until water runs clear.
3. Place toys in soaking solution of $\frac{3}{4}$ cup bleach to 1 gallon of water.
4. Soak for 5 minutes.
5. Rinse with cool water.
6. Let toys air-dry.

The concentration of bleach recommended for sanitizing changes with the type of application. Bleach solutions must be made fresh each day because bleach loses its strength when it is exposed to air, sunlight and heat.

- Spray solution: 1 tablespoon of bleach to 1 quart of water OR $\frac{1}{4}$ cup of bleach per gallon water.
- Soaking solution: $\frac{3}{4}$ cup bleach to 1 gallon of water

Remember to label your spray bottle with the contents and keep out of reach of children. Do not spray surfaces when children are at or near them. Allow the surface plenty of time to completely air dry or wipe the surface dry with a paper towel. Bleach is inexpensive and readily available. However, acceptable commercial alternatives can be used by those who prefer other sanitizing agents. If purchasing commercial products, select those that are EPA chemical germicides registered as hospital disinfectants.

Using Disposable Medical Gloves

The following steps explain how to properly put on, remove and dispose of medical gloves.

DONNING



1. Wash hands.
2. Put on a clean pair of gloves. Do not reuse gloves.
3. Administer the treatment or medication or clean the medication prep site.

REMOVAL and DISPOSAL

1. Remove the first glove by pulling at the palm and stripping the glove off. The entire outside surface of the gloves is considered dirty. Have dirty surfaces touch dirty surfaces only.
2. Ball up the first glove in the palm of the other gloved hand.
3. Use the non-gloved hand to strip the other glove off. Insert a finger underneath the glove at the wrist and push the glove up and over the glove in the palm. The inside surface of your glove and your ungloved hand are considered clean. Be careful to touch clean surfaces to clean surfaces only. Do not touch the outside of the glove with your ungloved hand.
4. Drop the dirty gloves into a plastic lined trash receptacle.
5. Wash hands.



Glove use does not replace hand washing. Providers must always wash their hands after removing and disposing of medical gloves.

Recommended Procedure for Changing a Diaper

Diapering will be done only in the selected diapering area. Food handling is not permitted in diapering areas.

Surfaces in diapering areas will be kept clean, waterproof, and free of cracks, tears, and crevices. All containers of skin creams and cleaning items are labeled appropriately and stored off the diapering surface and out of reach of children.

Diapers will be changed using the following steps:

- 1) Collect all supplies, but keep everything off the diapering surface except the items you will use during the diapering process. Prepare a sheet of non-absorbent paper that will cover the diaper changing surface from the child's chest to the child's feet. Bring a fresh diaper, as many wipes as needed for this diaper change, non-porous gloves and a plastic bag for any soiled clothes. Take the supplies out of the containers and put the containers away.
- 2) Avoid contact with soiled items, and always keep a hand on the baby. Items that come in contact with items soiled with stool or urine will have to be cleaned and sanitized. Carry the baby to the changing table, keeping soiled clothing from touching the caregiver's clothing. Bag soiled clothes and, later, securely tie the plastic bag to send the clothes home.
- 3) Put on gloves. Unfasten the diaper, but leave the soiled diaper under the child. Hold the child's feet to raise the child out of the soiled diaper and use disposable wipes to clean the diaper area. Remove stool and urine from front to back and use a fresh wipe each time. Put the soiled wipes into the soiled diaper. Note and later report any skin problems.
- 4) Remove the soiled diaper. Fold the diaper over and secure it with the tabs. Put it into a lined covered or lidded can and then into an outdoor receptacle or one out of reach of children. If reusable diapers are being used, put the diaper into the plastic-lined covered or lidded can for those diapers or in a separate plastic bag to be sent home for laundering. Do not rinse or handle the contents of the diaper.
- 5) Check for spills under the baby. If there is visible soil, remove any large amount with a wipe, then fold the disposable paper over on itself from the end under the child's feet so that a clean paper surface is now under the child.
- 6) Remove your gloves and put them directly into the covered or lidded can. Wipe your hands with a disposable wipe.
- 7) Slide a clean diaper under the baby. If skin products are used, put on gloves and apply product. Dispose of gloves properly. Fasten the diaper.
- 8) Clean the baby's hands, using soap and water at a sink if you can. If the child is too heavy to hold for hand washing and cannot stand at the sink, use disposable wipes or soap and water with disposable paper towels to clean the child's hands. Dress the baby before removing him from the diapering surface. Take the child back to the child care area.
- 9) Clean and disinfect the diapering area.
 - Dispose of the table liner into the covered or lidded can.
 - Clean any visible soil from the changing table.
 - Spray the table so the entire surface is wet with bleach solution or hospital-grade germicidal solution.
 - Leave the bleach on the surface for 2 minutes, then wipe the surface or allow it to air dry.
- 10) Wash hands thoroughly.

Recommended Procedure for Cleaning and Sanitizing Potty Chairs

After Each Use:

1. Put on disposable medical gloves.
2. Empty contents into toilet.
3. Rinse potty chair with water in a sink never used for food preparation purposes and empty into toilet.
4. Wash all parts of the potty with soap and water using paper towels.
5. Empty contents into toilet and flush toilet.
6. Spray with bleach solution.
7. Air-dry.
8. Wash and sanitize sink.
9. Remove your gloves and dispose of them in a plastic-lined receptacle with tight-fitting lid.
10. Wash your hands in running water.

Potty Chair Tips:

Potty chair frames should be made of a continuous-surface, smooth, nonporous material that is easily cleanable. Wood frames are not recommended. The waste container should be easily removable and fit securely into the chair.

Many medical experts recommend that potty-chairs not be used in groups because of hygiene problems. If a child really needs a potty chair, ask the parents to provide it as a personal item to be used only by that child.

When selecting a potty chair, choose one with as few cracks and crevices as possible to make cleaning and sanitizing easier.

Safety Precautions Relating to Blood

Procedure for Washing and Sanitizing a Bloody Surface:

1. Put on disposable medical gloves.
2. Wash and sanitize surface. Dispose of contaminated cleaning supplies in plastic bag and secure.
3. Remove gloves and dispose of them in a plastic-lined receptacle.
4. Wash hands thoroughly under running water.

Procedure for Dealing with Blood When Outdoors:

1. Put on disposable medical gloves.
2. Clean surface of blood and discard all bloody cleaning supplies in plastic bag along with contaminated gloves.
3. Seal the plastic bag.
4. In place of washing hands under running water, when it is not available, use an antiseptic lotion until you get to running water.
5. When you get back to a sink, wash hands immediately.
6. If a child's clothes are contaminated with blood, remove them and put them in a plastic bag labeled with child's name, secure the bag and give it to the parents at the end of the day.

Procedure for Dealing with a Bloody Nose:

1. If disposable medical gloves are readily available, put them on.
2. Stop the bleeding by applying pressure - pinching the child's nose gently, or having the child pinch his or her own nose.
3. All tissues and/or cloths used to stop the bleeding should be placed in a plastic bag for discarding.
4. Remove gloves and place in plastic bag.
5. Secure the plastic bag that has contaminated cleaning supplies and your gloves, and dispose of the bag in a plastic-lined receptacle.
6. If a child's clothes are contaminated with blood, remove them and put them in a plastic bag labeled with child's name, secure the bag and give it to the parents at the end of the day.
7. Make sure the child washes his/her hands.
8. Put on new disposable medical gloves.
9. Clean and sanitize any blood-contaminated surfaces.
10. If your clothes are contaminated with blood, remove your clothes and wash them separately from non-contaminated ones.
11. Wash hands thoroughly.

Sample Emergency Telephone Numbers

This phone is located at (complete street address) _____

Phone number _____

Directions (cross streets, landmarks, etc.) _____

Emergency Numbers

911

Police _____ Fire _____

Ambulance _____ Taxi Service _____

NYS Child Abuse Hotline 1-800-635-1522 National Poison Control Center 1-800-222-1222

Note: Keep “blue cards” up to date with current numbers for parents and emergency contacts for all children.

Always Give This Information in Emergencies

- your name
- nature of emergency
- your telephone number
- your address
- that you are a family day care provider caring for ____ number of children
- exact location of injured person
- simple directions to your home if asked

Do not hang up before the other person hangs up

Other Helpful Phone Numbers

Registrar _____

Health Care Consultant _____

Dept. of Social Svcs. _____

Phone Co. _____

Plumbing Service _____

Trash Removal _____

Animal Control _____

Other _____

Other _____

Regional Office _____

Dept. of Health _____

Local CCR&R or Satellite _____

Utility Co. _____

Heating/Air Cond. Svc. _____

Snow Removal _____

Other _____

Other _____

Other _____

First Aid Kit Recommended Items

The following are recommended items that a first aid kit should contain, but is not limited to:

- Disposable Gloves, preferably vinyl
- Sterile gauze pads of various sizes
- Bandage tape
- Roller gauze
- Cold pack

Store your first aid kit in a place that can be accessed quickly by adults but is inaccessible to children. You'll need your first aid kit whenever you are with children both in your program and when you are away from the program.

OCFS Regional Offices

New York State Office of Children and Family Services Bureau of Early Childhood Services (BECS)

Albany Regional Office

Linda Sornberger, R.O. Manager
NYS Office of Children and Family Services
155 Washington Avenue
Albany, NY 12210-2329
(518) 402-3038
Serving the counties of: Albany, Clinton,
Columbia, Delaware, Essex, Franklin, Fulton,
Greene, Hamilton, Montgomery, Otsego,
Rensselaer, Saratoga, Schenectady, Schoharie,
Warren, Washington

Buffalo Regional Office

Bob Stoczynski, R.O. Manager
NYS Office of Children and Family Services
295 Main Street, Ellicott Square Building
Suite 445, 4th Floor
Buffalo, NY 14203
(716) 847-3828
Serving the counties of: Allegany, Cattaraugus,
Chautauqua, Erie, Genesee, Niagara, Orleans,
Wyoming

Long Island Regional Office

Robin Beller, R.O. Manager
NYS Office of Children and Family Services
Courthouse Corporate Center
320 Carelton Avenue - Suite 4000
Central Islip, New York 11722
(631) 342-7100
Serving the counties of: Nassau and Suffolk

New York City Regional Office

Patricia Lewis, R.O. Manager
NYS Office of Children and Family Services
New York City Regional Office
80 Maiden Lane, 23rd Floor
New York, NY 10038
(212) 383-1415
Serving the 5 boroughs of New York City

Syracuse Regional Office

Dianne McLaughlin, R.O. Manager
NYS Office of Children and Family Services
The Atrium Building, 3rd Floor
2 Clinton Street
Syracuse, NY 13202
(315) 423-1202
Serving the counties of: Broome, Cayuga,
Chenango, Cortland, Herkimer, Jefferson,
Lewis, Madison, Oneida,
Onondaga, Oswego, St. Lawrence, Tioga,
Tompkins

Rochester Regional Office

Terry Chylinski, R.O. Manager
NYS Office of Children and Family Services
259 Monroe Avenue, 3rd Fl. Monroe Square
Rochester, NY 14607
(585) 238-8531
Serving the counties of: Chemung, Livingston,
Monroe, Ontario, Schuyler, Seneca, Steuben,
Wayne, Yates

Yonkers Regional Office

Frances Franco-Montero, R.O. Manager
NYS Office of Children and Family Services
525 Nepperhan Avenue-Room 205
Yonkers, New York 10703
(914) 376-8810
Serving the counties of: Dutchess, Orange,
Putnam, Rockland, Sullivan, Ulster,
Westchester

New York City Department of Health

2 Lafayette St.
22nd Floor
New York, New York 10007
(212) 676-2444 (except FDC registration)
(212) 280-9251 (FDC Registration)

State Agencies and Organizations

Family Child Care Association of NYS

P.O. Box 5486
Albany NY 12205-0486
(518) 452-1818
www.fccanys.org

NYS Association for the Education of Young Children

230 Washington Avenue Extension
Albany, NY 12203
Phone (518) 867-3517
nysaeyc@capital.net

NYS Center for Sudden Infant Death

School of Social Welfare
Health Sciences Center
Stony Brook University
Stony Brook, NY 11794-8232
(631) 444-3690, 800-336-7437
www.hsc.stonybrook.edu/index.cfm?ID=1686

NYS Child Care Coordinating Council

230 Washington Avenue Extension
Albany, New York 12203
(518) 690-4217
www.nyscccc.org

NYS Department of Health

Empire State Plaza
Albany, NY 12237-0618
(518) 473-8600
www.health.state.ny.us
CACFP website:
www.health.state.ny.us/prevention/nutrition/cacfp/
1-800-698-4543 for Child Health Plus
(children's insurance program)
1-866-432-5849 for Healthy NY
(low-cost health insurance)

NYS Department of Insurance

Empire State Plaza, Agency Building 1
Albany, NY 12257
(518) 474-6600
www.ins.state.ny.us

NYS Department of Labor

New York State Department of Labor
State Office Building Campus, Room 500
Albany, NY 12240-0003
(518) 457-9000
Employer Hotline: 1-800-HIRE-992 (1-800-447-3992)
www.labor.state.ny.us

NYS Education Department

Office of Vocational and Educational Services
for Individuals with Disabilities (VESID)
One Commerce Plaza
Albany, NY 12234
(518) 486-7462
www.vesid.nysed.gov

NYS Head Start Association

230 Washington Avenue Extension
Albany, NY 12203
(518) 452-9746
www.nysheadstart.org

NYS Infant-Toddler Coalition

c/o Child Care Resources of Rockland Co.
235 North Main Street, Suite 11
Spring Valley, NY 10977
(845) 425-0009
www.childcarerockland.org

NYS Small Business Development Centers

Empire State Development Division for Small
Business
30 South Pearl Street
Albany, NY 12245
1-800-STATE NY (1-800-782-8369)
www.nylovessmallbiz.com

NYS Office of Children and Family Services

52 Washington Street
Rensselaer, NY 12144
(518) 408-3005
www.ocfs.state.ny.us
(see also OCFS Regional Offices on page 144)

SUNY Training Strategies Group

State University Plaza
Albany, NY 12246-0001
(518) 443-5940
Educational Incentive Program: (800) 295-9616
www.tsg.suny.edu

National Organizations

American Academy of Pediatrics
P.O. Box 927
141 Northwest Point Blvd.
Elk Grove Village, IL 60009
(also state chapters)
www.aap.org

American Red Cross National Headquarters
431 18th Street, NW
Washington, DC 20006
(202) 303-4498
www.redcross.org

Child Welfare League of America
440 First Street, NW, Suite 310
Washington, DC 20001
(202) 638-2952
www.cwla.org

Children's Defense Fund
25 E Street, NW
Washington, DC 20001
(202) 628-8787
www.childrensdefense.org

Consumer Product Safety Commission
U.S. Consumer Product Safety Commission
Washington, D.C. 20207-0001
Toll-free consumer hotline: 800-638-2772 (TTY
800-638-8270).
www.cpsc.gov

**Council for Early Childhood Professional
Recognition**
2469 16th Street, NW
Washington, DC 20009-3575
(800) 638-2772
www.cdacouncil.org

**ERIC/EECE, Educational Resources
Information Center, Elementary and Early
Childhood Education**
University of Illinois
805 W. Pennsylvania Avenue
Urbana, IL 61801
www.ericcece.org

**National Association for the Education of
Young Children**
1509 16th Street, NW
Washington, DC 20036-1426
(800) 424-2460
www.naeyc.org

National Association for Family Child Care
5202 Pinemont Drive
Salt Lake City, Utah 84123
(801) 269-9338
www.nafcc.org

National Committee to Prevent Child Abuse
200 S. Michigan Avenue, 17th floor
Chicago, IL 60604
(312) 663-3520
www.childabuse.org

**National Resource Center for Health and
Safety in Child Care**
UCHSC at Fitzsimons
National Resource Center for Health and Safety
in Child Care
Campus Mail Stop F541 ♦ PO Box 6508
Aurora, CO 80045-0508
800-598-KIDS
www.nrc.uchsc.edu

Sudden Infant Death Syndrome Alliance
1314 Bedford Avenue, Suite 210
Baltimore, Maryland 21208
1-800-221-7437
www.sidsalliance.org

**US Department of Agriculture, Food and
Nutrition Service**
Albany Field Office
O'Brien Federal Building, Room 752
Clinton Avenue and N. Pearl Street
Albany NY 12207
(518) 431-4274
Rochester Field Office
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100 State Street, Room 318
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County Health Departments

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Broome	(607) 778-2804	Ontario	(716) 396-4343
Cattaraugus	(716) 373-8050	Orange	(914) 291-2330
Cayuga	(315) 253-1404	Orleans	(716) 589-3269
Chautauqua	(716) 753-4491	Oswego	(315) 349-3547
Chemung	(607) 737-2028	Otsego	(607) 547-4230
Chenango	(607) 337-1660	Putnam	(914) 278-6086
Clinton	(518) 565-4848	Rensselaer	(518) 270-2655
Columbia	(518) 828-3358	Rockland	(914) 364-2662
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Delaware	(607) 746-3166	Saratoga	(518) 584-7460
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Erie	(716) 858-6450	Schoharie	(518) 295-8474
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Fulton	(518) 762-0720	Steuben	(607) 776-9631
Genesee	(716) 344-8506	Suffolk	(516) 853-3055
Greene	(518) 943-6591	Sullivan	(914) 292-0100
Hamilton	(518) 648-6141	Tioga	(607) 687-8600
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Lewis	(315) 376-5449	Warren	(518) 761-6415
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Madison	(315) 363-5490	Wayne	(315) 946-5749
Monroe	(716) 274-6151	Westchester	(914) 593-5062
Montgomery	(518) 853-3531	Wyoming	(716) 786-8890
Nassau	(516) 571-1680	Yates	(315) 536-5160
Niagara	(716) 694-5454	NYC Dept. of Health	(212) 285-4610

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OCFS Publication #4623 (rev. 4/06)