

What Group Child Care Providers Should Know

A COMPLIANCE GUIDE



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This guide is available in Spanish, Chinese, Russian, Haitian Creole, Bengali and Korean.

Please note that this guide applies only to group child care centers in New York City. We value your input and want this to be an effective resource for your program. If you have any questions or feedback, please send an email to childcareinfo@health.nyc.gov.

Getting Started 3

What Is Center-Based (Group) Child Care? 3
Permits 4

Following the Law 5

Inspections 5
Notice of Violation 5
The Most Common Violations and How to Avoid Them 6
Complaints 7
Closing 7
Providers' Rights 7
Corrective Action Plan (CAP) 7
Parental Access and Right to Know 8

Qualified Staff 9

Supervision Requirements 9
Minimum Staff and Staff-to-Child Ratios 10
Staffing Requirements, Duties and Qualifications 11
Staff Training 13
Other Recommended Training 14
Criminal Justice and Child Abuse Screening 14

Safe and Healthy Kids 15

Medical Care 15
Behavior Management and Reassurance 17
Daily Attendance and Absences 17
Authorized Escorts 17
Trips 18
Transportation 18
Nutrition 20
Physical Activity 20
Television Viewing 20
Naps and Night Care 21
Hot and Cold Weather 21
Pets 22

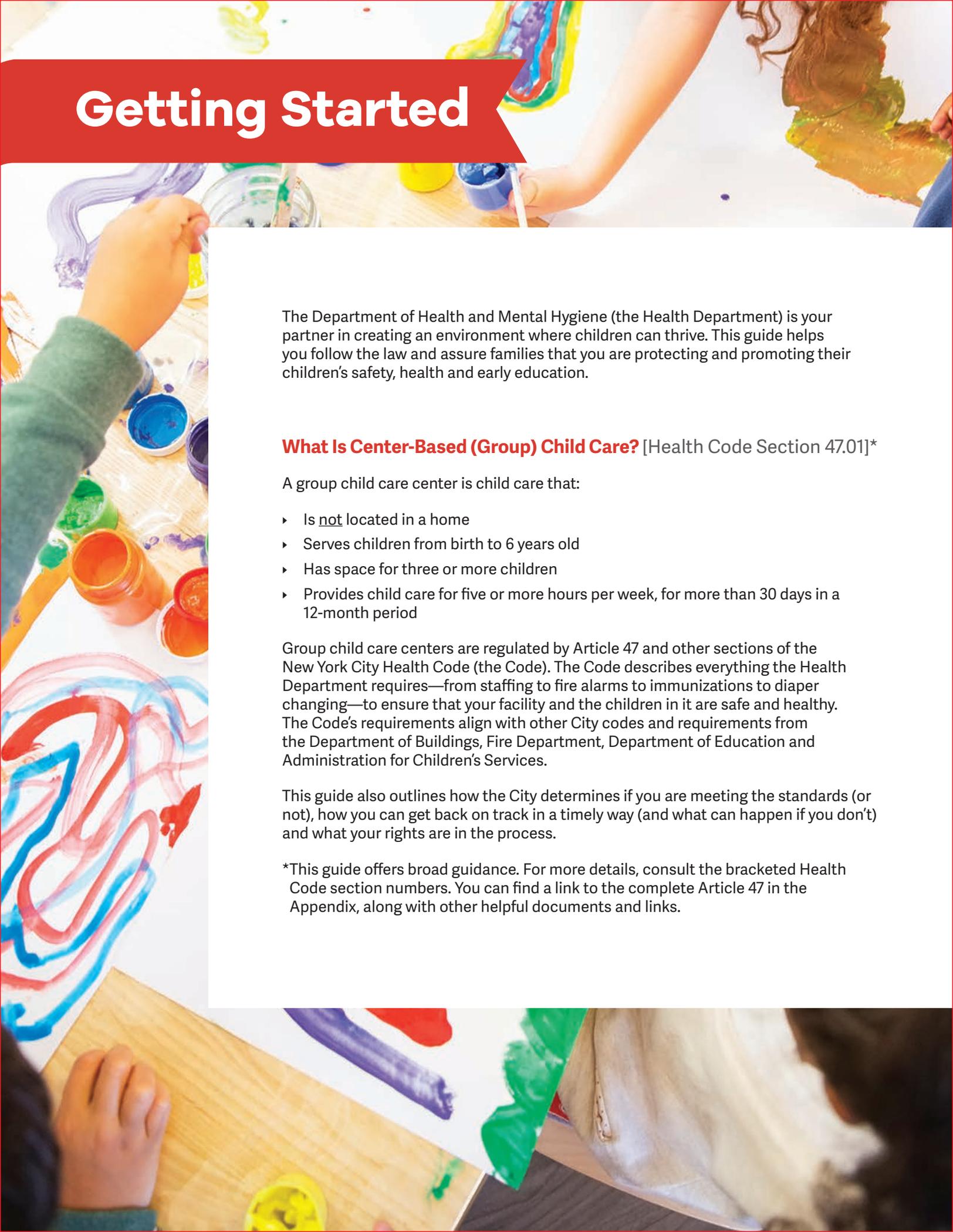
A Safe and Healthy Place 23

Indoor Facilities and Space 23
Location 23
Exits (Egress) 23
Alarms 24
Security 25
Window Guards or Limiting Devices 25
Fire Safety 25
Kitchen and Food Handling Safety 25
Pest Control 26
Lead Paint and Lead Poisoning Prevention 26
Plumbing and Bathrooms 27
Diaper Changing 27
Air and Light 27
Furniture and Equipment 27
Outdoor Space 27
Water Safety 28

Appendix 29



Getting Started



The Department of Health and Mental Hygiene (the Health Department) is your partner in creating an environment where children can thrive. This guide helps you follow the law and assure families that you are protecting and promoting their children's safety, health and early education.

What Is Center-Based (Group) Child Care? [Health Code Section 47.01]*

A group child care center is child care that:

- ▶ Is not located in a home
- ▶ Serves children from birth to 6 years old
- ▶ Has space for three or more children
- ▶ Provides child care for five or more hours per week, for more than 30 days in a 12-month period

Group child care centers are regulated by Article 47 and other sections of the New York City Health Code (the Code). The Code describes everything the Health Department requires—from staffing to fire alarms to immunizations to diaper changing—to ensure that your facility and the children in it are safe and healthy. The Code's requirements align with other City codes and requirements from the Department of Buildings, Fire Department, Department of Education and Administration for Children's Services.

This guide also outlines how the City determines if you are meeting the standards (or not), how you can get back on track in a timely way (and what can happen if you don't) and what your rights are in the process.

*This guide offers broad guidance. For more details, consult the bracketed Health Code section numbers. You can find a link to the complete Article 47 in the Appendix, along with other helpful documents and links.

Permits [Health Code Section 47.03–47.09]

You must have a permit from the Health Department to operate a group child care center. The permit must be displayed at the center entrance, visible to passersby or those entering the facility. It must be renewed at time periods determined by the City, no longer than every two years.

To get the permit, the person from your center responsible for the permit application (e.g., educational director or site director) must attend an orientation session offered by the Health Department. You must also submit:

- ▶ An architect's or engineer's plan of the facility
- ▶ A Certificate of Occupancy from the Department of Buildings, stating that your facility meets the physical requirements for a child care center (e.g., it has adequate floor space, is compliant with the Americans with Disabilities Act, etc.)
- ▶ A fire inspection report certifying that the center is fire-safe
- ▶ Proof that the staff meets Code requirements such as certification and training, criminal justice and child abuse screening, and immunizations
- ▶ A lead-based paint inspection report
- ▶ Test results for the lead content of water from the facility's taps and drinking fountains
- ▶ A written Safety Plan [47.11] containing policies and procedures for meeting the requirements of Article 47



Following the Law

It is important for child care programs to follow all Code regulations and laws. The Code has structured guidelines that promote the safety of children and staff. Failure to follow the Code can lead to unsafe conditions and may endanger the well-being of children and staff.

Inspections

- ▶ The Health Department is required to inspect permitted child care centers at least once a year to make sure they are complying with the Code. Centers that have more violations will be inspected more frequently. Inspections are also conducted for:
 - ▶ Permit renewal
 - ▶ In response to complaints (see page 7) or other reports of violations
 - ▶ To follow up on an order by the City to correct a violation
 - ▶ At the end of the inspection, the inspector will provide the child care service with an electronic report of any violations and the dates by which they must be corrected (compliance time). An inspector will revisit the center to make sure the violation was corrected (assurance measure).
- ▶ Centers must have email. If there are any changes to the email address, you can update this information during the inspection or by contacting the Health Department at 646-632-6100.
 - ▶ Violations are ranked by the degree of danger they pose to child health and safety (see table on page 6). From most serious to least they are: public health hazard, critical violation and general violation. There are different Health Department responses and outcomes for each type of violation.

Notice of Violation

If a center fails to correct a public health hazard or critical violation, it will receive a Notice of Violation (NOV), which:

- ▶ Directs the child care provider to attend a hearing at the OATH Hearings Division and gives the date, time and location of the hearing
- ▶ Provides information on how to answer the NOV
- ▶ Informs the provider that he or she may submit evidence to challenge the Health Department's findings, or provide a defense and/or show compliance



The Most Common Violations and How to Avoid Them

Type of Violation	Level of Threat to Child Health and Safety	Compliance Time and Assurance Measure	Possible Outcomes
<p>Public Health Hazard</p>	<p>Most serious, poses an imminent threat to child health and safety</p>	<p>Immediately followed by a Health Department compliance visit</p>	<p>If not corrected immediately, center will be closed and permit suspended until corrected; a Notice of Violation (NOV), fines or other penalties will be issued</p>
<p>Critical Violation</p>	<p>Serious, but no imminent threat to health and safety</p>	<p>2 weeks followed by a Health Department compliance visit</p>	<p>Unannounced reinspection on or after compliance deadline</p> <p>If not corrected, a NOV, fines or other penalties will be issued</p>
<p>General Violation</p>	<p>Minor, no direct threat to health and safety</p>	<p>1 month and no Health Department compliance visit when 5 or fewer general violation</p>	<p>6 or more general violations: unannounced reinspection on or after compliance deadline</p> <p>5 or fewer: may not require reinspection</p>

If you discover a violation between inspections, you must correct it right away. Contact the Health Department at any time to ask questions about the Code or request a site inspection (Appendix: Site Inspection Request).



Complaints

Anyone—parent, staffer, visitor or passerby—may call in a complaint against your center. The Health Department takes these complaints seriously and investigates them.

Closing [Health Code Section 47.77]

The Health Department considers some violations so serious that the child care center must be closed without further proceedings. The Health Department will issue an Order to Close (a temporary suspension of the permit) when there is a health hazard that poses a clear and imminent risk to children's health or safety that cannot be complied with or fixed within 24 hours. A notice of closing will also be distributed to parents and other caregivers who pick up children from the center. The center can reopen when the Health Department determines that the hazard no longer poses an immediate danger to children.

The Health Department may also deny a permit, take it away for a period of time or revoke it altogether. Operation of a child care service without a permit is illegal and will result in closure.

Providers' Rights

- ▶ The Order to Close gives you an opportunity to show why the center should be reopened and/or present evidence at a hearing that shows the violation has been corrected.
- ▶ The Business Owner's Bill of Rights also gives you the right to:
 - › Challenge a violation through a hearing, trial or other process.
 - › Request a review of inspection results or a reinspection with the Health Department.

Corrective Action Plan (CAP) [Health Code Section 47.21]

(Appendix: Corrective Action Plans for Child Care Programs)

A child care provider must submit a corrective action plan (CAP) to show that he or she is willing and able to follow the Code. The permit holder is responsible for submitting the CAP to the Health Department and implementing the CAP. There are two types of CAPs:

- ▶ The permit holder must submit **a Staff CAP within five days** to the Health Department before hiring a person with a criminal charge, conviction or State Central Register indication, or who is part of an ongoing investigation.
- ▶ The permit holder must submit **an Incident CAP** to the Health Department. An Incident CAP has three parts:
 1. Incident description
 2. Response report
 3. Actions taken or plans to correct the health hazard
- ▶ The Health Department approves or rejects the CAP, giving extra weight to offenses involving serious harm to children, violence or the use of drugs.
- ▶ The center must revise the CAP until the Health Department accepts it. The center then implements the plan and provides notarized statements from staff verifying the steps taken.

Parental Access and Right to Know [Health Code Section 47.67 (d)]

(Appendix: NYC Child Care Connect)

- ▶ Parents must have unrestricted access to their children at all times.
- ▶ The center may install video cameras to let parents view their children in the child care setting on tape or online. However, video surveillance is not a substitute for direct line-of-sight supervision for staff.
 - › Parents and all staff must be informed in writing of the cameras' use for this purpose and made aware of the cameras' locations.
 - › At the time of a child's enrollment, parents must be provided with information about center policies and procedures—including supervision and attendance policies, emergency procedures and illness management—as specified in the center's written Safety Plan and required by the Code.
 - › The center must give parents information about how to access the most recent inspection report.
- ▶ The center must post a sign where parents can see it, stating that:
 - › The center's most recent inspection report is available on the Health Department's website or by calling 311.
 - › Requirements for child care centers are accessible by calling 311.
 - › Complaints about the child care center may be made through 311.

Post Where All Can See

- ★ **Your permit**
- ★ **A notice of the center's most recent Health Department inspection**
- ★ **Information about calling 311 to make complaints or get information on child care requirements**
- ★ **Hand-washing procedures over each sink (bathrooms, diaper changing area, etc.)**

Qualified Staff

Qualified staff are essential to providing quality care at your child care program. Teachers with education qualifications and certifications appropriate to the age of the children in their care are trained to recognize developmental milestones. This specialization allows them to better create learning opportunities for children. Specialized training can also help teachers provide clear information about a child's educational progress to parents or guardians.

Supervision Requirements

- ▶ No child may ever be left unsupervised. Every child or group of children must be watched—within a clear line of sight—at all times.
- ▶ Qualified staff must be on duty in required ratios (see table on page 10) during all child care hours. During breaks, lunch and short-term absences (three days or less), assistant staff may fill in to meet staff-to-child ratios.
- ▶ Staff must be awake at all times during nap times and night care.



Minimum Staff and Staff-to-Child Ratios [Health Code Section 47.23]

Age of Children	Staff-to-Child Ratio	Maximum Group Size	Staff Required per Maximum Group Size
Under 12 months	1 infant/toddler teacher to 4 children*	8	2 infant/toddler teachers or 1 infant/toddler teacher and an assistant
12 to 24 months	1 infant/toddler teacher to 5 children	10	2 infant/toddler teachers or 1 infant/toddler teacher and an assistant
2 years to under 3	1 preschool group teacher to 6 children	12	2 preschool group teachers or 1 preschool group teacher and 1 assistant
3 years to under 4	1 preschool group teacher to 10 children	15	2 preschool group teachers or 1 preschool group teacher and 1 assistant
4 years to under 5	1 preschool group teacher to 12 children	20	2 preschool group teachers or 1 preschool group teacher and 1 assistant
5 years to under 6	1 preschool group teacher to 15 children	25	2 preschool group teachers or 1 preschool group teacher and 1 assistant

* In the event of an emergency, a 1:3 staff-to-child ratio is required for children under 12 months. This must be reflected in the **Emergency Procedures** section of the **Safety Plan**.

Staffing Requirements, Duties and Qualifications [Health Code Sections 47.13–47.17]

Preschool (ages 2 to 6)		
Title	Duties	Qualifications
Educational Director*	<p>Supervises staff and oversees training</p> <p>Develops and implements education curriculum</p> <p>Conducts daily health inspections</p> <p>Outlines duties for staff not specified in Article 47</p> <p>Participates in hiring</p> <p>Cannot have teaching duties if >40 children in care</p>	<p>BA Early Childhood Education or related field and</p> <p>State certification and</p> <p>2 or more years group teacher experience for children under 6 years old (47.13)</p>
Preschool Group Teacher	<p>Plans activities</p> <p>Supervises a specific group of children</p>	<p>BA Early Childhood Education or related field and State Department of Education certification or</p> <p>Equivalent certification accepted by State Department of Education or</p> <p>BA in Early Childhood Education and 5 years supervised experience (for those hired before 2008) or</p> <p>Health Department-approved accredited study plan to qualify within 7 years</p>
Assistant Teacher	<p>Assists in activities and supervises children at the direction of the Group Teacher and Educational Director</p>	<p>At least 18 years old with</p> <p>High school diploma or GED and</p> <p>Various combinations of college credits, experience and/or study plans as specified in the Code</p>
Night Care		
Title	Duties	Qualifications
Educational Director (Qualified Group Teacher may be Educational Director)	<p>Supervises night care</p>	<p>Per the standards in Health Code Section 47.13 or</p> <p>BA, including 12 credits in Early Childhood Education and</p> <p>2 years’ experience in a licensed program with children under 6 years old</p>
Assistant Teacher	<p>Assists in night care</p>	<p>At least 18 years old with</p> <p>High school diploma or GED and</p> <p>Various combinations of college credits, experience and/or study plans as specified in the Code</p>

Infant/Toddler (under 24 months)

Title	Duties	Qualifications
Educational Director*	<p>Supervises staff and oversees training</p> <p>Develops and implements education curriculum</p> <p>Conducts daily health inspections</p> <p>Outlines duties for staff not specified in Article 47</p> <p>Participates in hiring</p> <p>Cannot have teaching duties if >40 children in care</p>	<p>BA Early Childhood Education or related field and</p> <p>1 or more years' experience as a group teacher or provider for children under 24 months or</p> <p>6 college credits in infant/toddler coursework or</p> <p>Health Department approved study plan leading to 6 credits</p>
Infant/Toddler Group Teacher	<p>Plans activities</p> <p>Cares for and supervises a specific group of children</p>	<p>At least 21 years old with</p> <p>Associate (AA or AS) degree in Early Childhood Education or</p> <p>Child Development Associate certification and study plan for AA or AS within 7 years or</p> <p>High school diploma or GED and various combinations of college credits, work experience and study plan specified in the Code</p>
Assistant Teacher	<p>Assists in activities and supervises children at the direction of the Group Teacher and Educational Director</p>	<p>At least 21 years old with</p> <p>High school diploma or GED and</p> <p>Various combinations of college credits, experience and/or study plans as specified in the Code</p>
Other		
Title	Duties	Qualifications
Aquatics Director	<p>Supervises swimming and aquatic activities, on- and off-site</p>	<p>Current cardiopulmonary resuscitation (CPR) certificate and</p> <p>Either a certified progressive swimming instructor or a qualified lifeguard</p>

* If a center has a preschool and infant/toddler program, there must be **two** educational directors, one for each permit. Or the center must receive approval from the Health Department for the preschool educational director to also oversee the infant/toddler program.

Staff Training [Health Code Section 47.37]

The Health Department promotes regular trainings designed to ensure that teachers can respond to emergencies and provide educational services to children. The educational director is responsible for training (or arranging for a certified trainer) and verifying that staff receive required training.

Training Type	Require Staff	Training Content	Training Frequency
Child Abuse and Maltreatment	Employees, volunteers and those who will have unsupervised contact with children; new hires within 6 months	Identification, reporting, prevention and regulations of child abuse and maltreatment	Every 24 months
Infection Control	All teachers	Control and reporting of infectious diseases	At least once; assistant teachers may repeat and use for 15-hour biannual training requirement
Emergency Procedures	Employees, volunteers and those who will have unsupervised contact with children	Safety Plan, including emergency medical and critical incident response, and evacuation plan	Annual, plus announced and unannounced drills
CPR and First Aid*	At least 1 certified person on-site at all times	Cardiopulmonary resuscitation (CPR) and other first aid	Every 2 to 3 years
Shaken Baby and Sudden Infant Death Syndrome (SIDS)	Infant/toddler and night care staff	Identification and prevention	At least once; assistant teachers may repeat and use for 15-hour biannual training requirement
General Training	Assistant teachers	All content listed above; plus child health and safety and early childhood development	15 hours every 24 months
Aquatics	Aquatics director	CPR, progressive swimming or lifeguard training	Annual as needed
Food Protection Certificate	Supervisor of food service operations	Food safety including food preparation and storage	Once

* Must be taught by a State-certified trainer



Other Recommended Training

Medication administration: If a program gives out medications, see Safe and Healthy Kids (page 15).

Criminal Justice and Child Abuse Screening [Health Code Section 47.19]

See also New York State Corrections Law 23A (Appendix: Screening Procedures for Criminal Background and State Central Register Checks).

- ▶ Screening
 - › Before employment, anyone who might have unsupervised contact with children at the center must be fingerprinted by the City's Department of Investigation and screened for a criminal record or inclusion in the Statewide Central Register of Child Abuse and Maltreatment (SCR).
 - › All employees must be screened every two years.
 - › Parents and parent-authorized escorts are exempt from screening.
 - › No one awaiting screening clearance may have unsupervised contact with children.
- ▶ Consent
 - › The center must get written consent for fingerprinting and criminal background checks. It must provide written notice to the person being screened that an inquiry will be submitted to the SCR.
 - › If the person does not consent to being screened, he or she may not be hired or allowed into the center.
- ▶ Criminal records, arrests or child maltreatment allegations
 - › The center must conduct an assessment of a potential employee's criminal background to determine if someone's previous conviction should bar them from working with a child. If the

SCR returns a "Do Find" letter, the center must report this information to the Health Department within 24 hours. (Appendix: Screening Procedures for Criminal Background and State Central Register Checks)

- › The center must submit a **Staff CAP** within five days if it wishes to hire someone who was ever convicted of a felony, convicted of a misdemeanor within the previous 10 years or charged with either a felony or misdemeanor that has not yet gone through the courts. The Health Department must approve the Staff CAP before finalizing the individual's employment.
- › Current employees must notify the center within 24 hours if they are arrested. The center must notify the Health Department within 24 hours of learning of the arrest.
- › The center must submit an inquiry to the SCR within 24 hours of learning of the arrest to determine whether the person to be cleared has been the subject of a verified report of a child abuse or maltreatment. If the SCR returns a "Do Find" letter, the center must report this information to the Health Department within 24 hours. (Appendix: Screening Procedures for Criminal Background and State Central Register Checks)
- ▶ Notification of injury, harm or death [Health Code Section 47.19(g); 47.27 (c)(3)]
 - › The center must notify SCR within 24 hours if a child is lost, sustains serious injuries or dies while in the care of an employee, volunteer or agent of the center. The program must notify the Health Department within 24 hours of calling SCR.
- ▶ Suspension and other cautionary measures

A current or prospective employee may not be fired or denied employment solely on the basis of a *pending* criminal action or abuse, maltreatment filing or investigation. Employment may be suspended, or hiring delayed, until the charge is disposed and depending on the child care center's (the Director's) assessment.

Safe and Healthy Kids



It is important that all children enrolled in a child care program are safe and healthy. This section summarizes the requirements that ensure children begin your program medically cleared and remain cleared for as long as they are enrolled. You will also find information about caring and accountability for children at the center and during off-site trips and important nutritional requirements.

Medical Care [Health Code Section 47.25]

- ▶ Examinations
 - › Before admission and at intervals mandated by the Health Department, all children must get a complete age-appropriate medical examination, including medical history and health screening.
 - › The health care provider must give the center a signed form summarizing the health screening. The form should include any condition (including allergies) or disease that might affect the child's participation in activities, recommendations for helping the child participate and plans for meeting the child's medical needs.
 - › The center must keep records of all medical care and emergencies—for children and staff. These records are confidential. They are available only to parents, those authorized by parents and the Health Department.
- ▶ Immunizations (Appendix: Immunization Information)
 - › All children must be immunized against communicable diseases in accordance with the latest New York State Public Health Law.
 - › Exemption from immunization is allowed if it endangers the child's health, as certified by a licensed medical provider, or if immunization conflicts with the family's religious beliefs.
- ▶ Daily inspections
 - › Every day, preferably at intake, the educational director or a designated teacher must conduct a health inspection of each child. The director or teacher should be familiar with the child and trained to recognize signs of illness.

- ▶ Communicable diseases (Appendix: Communicable Disease Chart for Child Care Providers)
 - › Parents must notify the center within 24 hours if a child is absent because of chicken pox, conjunctivitis, diarrhea, diphtheria, food poisoning, hepatitis, Haemophilus influenzae type b infection, impetigo, measles, meningitis (all types), meningococcal disease, Methicillin-resistant Staphylococcus aureus (MRSA), mumps, pertussis (whooping cough), poliomyelitis, rubella (German measles), salmonella, scarlet fever, tuberculosis or any other disease or condition that may endanger other children's health.
 - › Reporting is not required for HIV/AIDS.
 - › The center must inform the Health Department by telephone within 24 hours of learning of any child in their care who has a vaccine-preventable illness, meningitis or tuberculosis, or of any outbreak or unusual occurrence of a disease or condition at the facility. The Health Department will provide additional guidance depending on the specific disease or condition.
 - › A staff person with a communicable disease is prohibited from coming to work. **Allowing someone with a communicable disease on-site is an imminent threat to children's health and safety and a public health hazard under the Code.**
- ▶ Emergency medical care
 - › Post emergency procedures (as outlined in the Safety Plan) and telephone numbers for the police, fire department, Poison Control Center, Child Abuse Hotline and the Health Department in an easy-to-find spot in each room or area used by children.
 - › Inform parents of the center's emergency procedures.
 - › Contact a doctor or emergency medical professional if a child needs immediate care for an injury or illness, and notify the parent right away.
 - › Always keep contact information for medical providers, parents and guardians up to date and on file.
- ▶ Medication
 - › Decide if the center will administer medication, and incorporate that policy into the Safety Plan.
 - › Only a designated staff member may administer prescription medications to children. He or she must be at least 18 years old, certified in first aid and CPR, and must receive medication administration training (MAT).



- ▶ Even if the center’s policy is not to administer medication, the Americans with Disabilities Act may supersede the policy and require the child care service to give medication (by a nurse or certified staff member) to a child with a disability.

Behavior Management and Reassurance [Health Code Section 47.01 (k)(2)(3); 47.67 (a)]

- ▶ The center must create a written statement on the philosophy of child behavior management. It must be distributed to every staff member, posted in a prominent location within the child care service and made available to parents upon request.
- ▶ Never hit, threaten or humiliate a child. **Use of these disciplinary methods is considered an imminent threat to child health and safety, and a public health hazard that must be reported to the Health Department.**
- ▶ Always comfort a child in distress.

Daily Attendance and Absences [Health Code Section 47.27 (a), (c)(4)]

(Appendix: Daily Attendance Record Form)

- ▶ Keep a daily attendance record, entering each child’s name and arrival and departure time. Inform parents when they enroll their children that they must notify the center no later than one hour after the child’s scheduled arrival time any day the child is going to be absent.
- ▶ If a child unexpectedly fails to show up on time, the center must notify the parent within one hour, either by phone, text, email or other means of immediate communication. Keep a record of the notification.

Authorized Escorts [Health Code Section 47.57 (h)]

(Appendix: Authorized Escorts List Form)

- ▶ Keep a list of anyone authorized by a parent to escort a child to and from the center. This list should include the escort’s name, relationship to the child, address and contact information.
- ▶ Do not release a child into the custody of anyone who is not an authorized escort.

MANDATED REPORTING OF CHILD ABUSE

If you observe or learn of the abuse or maltreatment of a child in your care, you must first report it to the Statewide Central Register of Child Abuse and Maltreatment (SCR) and the Health Department. You must also take appropriate corrective action to protect the child. If you fail to do so, your permit may be suspended or your center closed. Everyone who works or volunteers at the center is a mandated reporter and must receive training. The mandated reporter hotline is **800-635-1522**.





EMERGENCIES

Post in a prominent place:

- ★ **Emergency procedures**
- ★ **Telephone numbers for:**
 - ◇ **Police (precinct near you)**
 - ◇ **Fire Department**
 - ◇ **Poison Control Center**
 - ◇ **Child Abuse Hotline**
 - ◇ **Health Department Child Care Bureau Office**

Trips [Health Code Section 47.57 (j)]

(Appendix: Guidelines for the Trip Coordinator; Lost Child Plan Guidelines for Centers)

- ▶ The center must maintain a current written Safety Plan with policies and procedures covering trip coordinators, staffing plans, child accountability and lost child response (Appendix: Written Safety Plan). The center must submit the Safety Plan with the Health Department as part of the permit application, upon permit renewal and each time it updates the Safety Plan.
- ▶ Before taking children to a park, library, store or other off-site location:
 - › Parents must sign a release form that includes the child's name and age, destination, mode of transport (including walking), length of travel time and expected trip activities. You can use a blanket release form for all local trips.
 - › The center must designate and train a staff member to be the trip coordinator to oversee all aspects of the trip and instruct staff and volunteers on child accountability and emergency procedures.
- ▶ Staffing and child accountability
 - › Maintain required staff-to-child ratios (Chart,

page 10). The coordinator may be counted in these ratios.

- › Ensure direct line-of-sight supervision of every child at all times. Adult volunteers or additional staff may be needed to do so.
- › Use T-shirts or other tags with the center's name and contact information to identify every child. Do not include the child's name.
- › Take name-to-face head counts before leaving the center, on arrival at the site, periodically during the trip, before leaving the site and on return to the center.
- › Keep the group together by establishing a buddy system and/or assigning staff to smaller groups.
- › Be prepared with clear procedures for a lost child or other type of emergency.

Transportation [Health Code Section 47.65]

(Appendix: Daily Transportation Log Form)

- ▶ Adult supervision in proper staff-to-child ratios is required during any transportation off premises.
- ▶ Drivers—provided by or contracted with the program—must undergo a criminal background and



child abuse screening.

- ▶ Drivers must log all transfers of children between home and center or other sites.
- ▶ Transport vehicles must be in good condition, inspected and operated lawfully, and equipped with age-appropriate car seats and seat belts.

See the *Safe and Healthy Kids* section of the Appendix for the forms referenced above.

Nutrition [Health Code Section 47.61]

Providers are required to serve children a variety of wholesome, good-quality, low-salt, low-fat foods, including plenty of fruits, vegetables and whole grains.

- ▶ Beverages. Do not serve drinks with added sweeteners, whether artificial or natural.
 - ▶ Juice
 - ◊ Serve juice only to children 2 years or older.
 - ◊ Serve 100 percent juice only, no more than one 4-ounce serving a day.
 - ▶ Milk
 - ◊ Serve unsweetened/unflavored whole milk to infants and toddlers 12 to 24 months.
 - ◊ Serve nonfat or 1 percent milk to children ages 2 and older; higher-fat milk is allowed when medically required.
 - ◊ Serve milk substitutes (such as soy milk) that are unsweetened and nutritionally equal to milk.

- ▶ Water
 - ◊ Make water available to children throughout the day and at meals and snacks.

Physical Activity [Health Code Section 47.71 (a)]

(Appendix: Nutrition and Physical Activity Best Practices for Centers)

- ▶ No child may sit passively for more than 30 minutes at a time, except during scheduled rest or nap time.
- ▶ Children ages 12 months or older in full-day programs (six hours and 20 minutes or more) must participate in at least 60 minutes of physical activity per day. Children ages 12 months or older attending less than a full day must participate in a proportionate amount for that time.
- ▶ For children in full-day programs ages 3 and older, at least 30 of the 60 minutes of physical activity must be structured and guided.

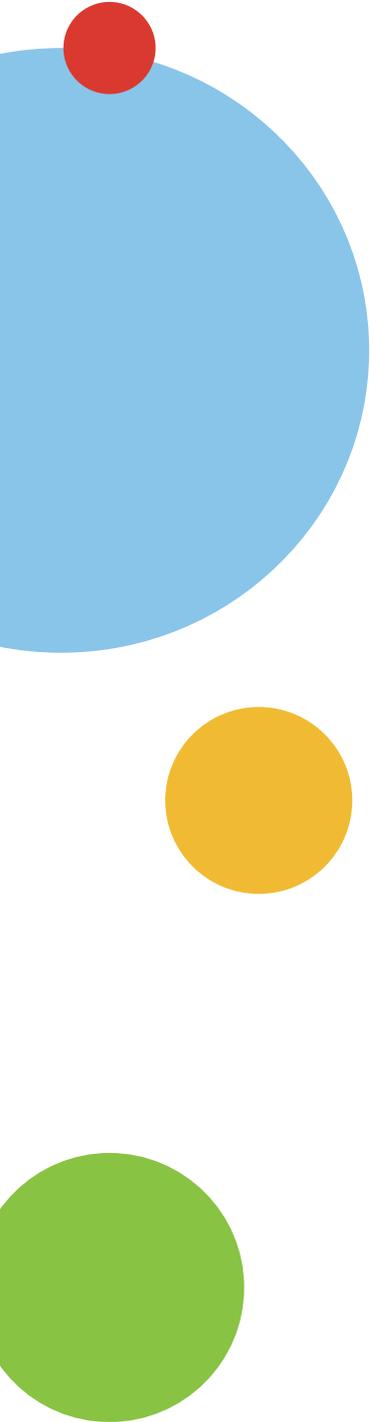
Television Viewing [Health Code Section 47.71 (d)]

- ▶ Programming should be educational or engage children in movement.
- ▶ No television or other visual recording viewing for children under 2. For children age 2 and older, no more than 30 minutes of television or other visual recording viewing per week.

Children should be in an environment that fosters healthy habits. This includes providing nutritious meals. In addition to the Code nutrition requirements, the Health Department recommends you prepare food per the following nutritional guidelines:

- ▶ Sodium (salt)
 - ▶ Breakfast: 425 mg or less
 - ▶ Snacks: 170 mg or less
 - ▶ Lunch and dinner: 600 mg or less
 - ▶ Total per day: no more than 1,700 mg
- ▶ Fats
 - ▶ Total fat: no more than 35 percent of daily caloric intake
 - ▶ Saturated fat: no more than 10 percent of daily caloric intake
- ▶ Fiber
 - ▶ At least 19 grams per day

Help parents provide healthy food options for their children. Distribute Health Department–approved guidelines to parents and let them know it applies to food and drinks they bring to the center (Appendix: Nutrition Guidelines for Parents).



Naps and Night Care

(Appendix: Night Care Regulations and Standards)

Staff must be awake at all times during naps or night care.

- ▶ Equipment [Health Code Section 47.55 (b)]
 - › Each child who spends more than four hours a day at the center must have a separate cot, crib, mat or playpen approved by the U.S. Consumer Product Safety Commission.
 - › Cribs or bassinets must be furnished with firm, sanitary mattresses and be free of bumper pads, pillows, loose bedding or other suffocation risks.
 - › No stackable cots or cribs
 - › Store blankets, sheets and pillowcases separately for each child; wash them weekly.
- ▶ Infant sleeping conditions [Health Code Section 47.67 (f)]
 - › During sleep times, place cots or cribs at least 2 feet apart.
 - › Maintain a safe sleeping environment by ensuring line-of-sight supervision while children are sleeping. Check on sleeping infants every 15 minutes and record observations on forms provided or approved by the Health Department. Use of video surveillance is not a substitute for direct line of sight for staff.
 - › Set aside about one hour of quiet, relaxed time for full-day programs and a proportionate amount for shorter programs.
- ▶ Night care [Health Code Section 47.69; 47.01 (o)]
 - › Night care is any child care service that provides care between the hours of 5 p.m. and 8 a.m. It requires a special permit and supplemental fee [47.03 (c)].
 - › No child shall spend more than 12 hours of any 24-hour period in night care.
 - › When possible, children should be left for care before and picked up after their normal sleeping hours so as not to disturb their sleep.
 - › Get information from the parent about the child's evening routines, including meals, toothbrushing and bedtime, and stick to those routines as closely as possible.
 - › Night care programming should be relaxed, quiet and informal.

Hot and Cold Weather [Health Code Section 47.57 (d)(e)]

Make sure children are appropriately dressed for heat or cold, especially when playing outdoors. When it is very hot or very cold, organize safe and active indoor play. In extreme weather conditions, the New York City Office of Emergency Management or the National Weather Service may recommend dismissing children early or closing the center for the day.

- ▶ Heat
 - › On designated heat, ozone or air pollution advisory days or during excessive heat warnings or watches, keep children and staff comfortable indoors with adequate ventilation and/or air-conditioning.
 - › Modify activities to prevent heat exhaustion or heat stroke.
 - › Make sure children get plenty of water to drink.
- ▶ Cold
 - › When outdoor temperatures are below 55 degrees Fahrenheit, maintain indoor air temperatures between 68 and 72 degrees Fahrenheit in all areas used by children.



Pets [Health Code Section 47.53]

- ▶ Hamsters, gerbils, guinea pigs, rabbits and fish are allowed in child care centers.
- ▶ Pets should be in good health, with no signs of disease, and should pose no threat to children (bites, poisonous venom, etc.).
- ▶ Pets must be kept in cages, and the cages should be cleaned daily or more often if needed.
- ▶ Reptiles, dogs and cats are prohibited from child care centers [Health Code 161.01].

Children can learn developmentally appropriate skills by caring for a class pet or having supervised time with animals. However, providers must consider the potential for bites, allergic reactions and whether the animal has been vaccinated for rabies. Child care centers are permitted to keep only specific types of small animals, as noted to the left.

A Safe and Healthy Place

Child care centers must meet minimum standards of safety, comfort and security. Children must be able to move about easily at all times of the day. Every facility must maintain the standards detailed in the following sections.

Safety Plan Guidelines

Provide safety plans for

1. Catastrophic or sudden failure of building systems

- a. Power failures
- b. Loss of potable water supply (water that is safe to drink)
- c. Internal flooding
- d. Rupture of sewage lines
- e. Structural failures

2. Smoke and fire events

3. Storms and inclement weather

For these and other emergency circumstances, include in the Safety Plan procedures for sheltering in place, in-building relocation and partial or total evacuation.

Indoor Facilities and Space [Health Code Section 47.41; 47.57 (f); 47.39; 47.41 (h)]

Alert the Health Department to any changes to the child care center facility (47.09).

- ▶ During service operating hours, use approved child care rooms and areas exclusively for any children in care. Do not share them with other children or adults.
- ▶ Allot at least 30 square feet of wall-to-wall classroom space per child.
- ▶ Install protective guards on columns, radiators, poles or other potentially harmful structures.

Location

Centers that received a permit after 1989 can be on the first, second or third floor. If the center received a permit after September 2008, infant/toddler services must be on the first floor.

Exits (Egress) [Health Code Section 47.11 (b)]

Your center must have:

- ▶ At least two exits, not including a fire escape
- ▶ Readable, lighted exit signs on all exits
- ▶ Unobstructed hallways, stairs, doors and exits
- ▶ A panic bar—an easy-push, latch-releasing crossbar—between 34 and 48 inches from the floor, on the inside of every exterior door
- ▶ Exits must be separated by no less than half (1/2) the diagonal distance from one corner of the building to the other to ensure that all exits are useable in an emergency.
- ▶ In centers with sprinklers throughout, exits must be no less than 1/3 the diagonal distance of the building. Infant/toddler-only programs must have sprinklers.

EMERGENCIES

Post in a prominent place:

- ★ **Emergency procedures**
- ★ **Telephone numbers for:**
 - ◇ **Police (precinct near you)**
 - ◇ **Fire Department**
 - ◇ **Poison Control Center**
 - ◇ **Child Abuse Hotline**
 - ◇ **Health Department Child Care Bureau Office**

Alarms [Health Code Section 47.59]

(Appendix: Site Viability Checklist)

Every group child care center must have:

- ▶ Fire alarm systems (manual and automatic)
- ▶ Smoke and carbon monoxide detectors with alarms that can be heard everywhere
- ▶ An individual holding a Certificate of Fitness for Supervision of Fire Alarm Systems and Other Related Systems on-site during service operating hours (Appendix: Application for Certificate of Fitness)



Security

The center's entrances must be:

- ▶ Monitored by staff and/or electronic or other surveillance allowing unobstructed views
- ▶ Secured with passkey identification or other means of limiting access to staff, parents and other authorized persons

Window Guards or Limiting Devices

All windows except those opening onto fire escapes should have window guards or limiting devices. Only City-approved types of window guards and limiting devices and installation methods are allowed.

EMERGENCIES

Have this emergency equipment on-hand:

- ★ **First aid kit**
- ★ **Automated external defibrillator (AED) for CPR**
- ★ **Medevac chair**
- ★ **Child-size stretchers**
- ★ **Go Bag**

Fire Safety [Health Code Section 47.59]

- ▶ Child care centers must conduct and log fire drills monthly. Centers must also have:
 - ▶ Working, approved and inspected fire extinguishers
 - ▶ Protective guards around heaters (no space heaters allowed)
 - ▶ Approved range hoods (exhaust fans) and fire suppression systems for gas stoves and ovens

- ▶ No electrical, chemical, mechanical or other fire hazards
- ▶ Centers must have a fire safety plan [47.11 (b)(9)] that includes:
 - ▶ Fire prevention strategies
 - ▶ Evacuation routes
 - ▶ Procedures for informing, supervising, evacuating and accounting for children and staff
 - ▶ Safe places to shelter (refuge) outside the facility
 - ▶ Coordination with local fire officials during the FDNY inspection
 - ▶ Procedures for notifying parents and authorities

Kitchen and Food Handling Safety [Health Code Section 47.61 and Article 81]

Store, prepare and serve food according to Article 81 of the Code. You do not need an additional food service permit.

A food service operations supervisor holding a Food Protection Certificate must supervise the kitchen. He or she must be on the premises to oversee storage, preparation, cooking, cold and hot holding and cleaning. He or she is also needed when the center provides or serves food at another location.

- ▶ Follow time and temperature requirements when working with food:
 - ▶ Review Article 81.09 for required temperatures and safe amounts of time for storing, preparing and cooking specific foods.
 - ▶ Use a thermometer to monitor temperature in hot and cold storage and during food preparation.
- ▶ Follow hygienic practices when working with food [81.13]:
 - ▶ Protect food from contamination (spoilage or introduction of bacteria or foreign objects like hair or garbage).
 - ▶ Do not work if you knowingly have an infection or contagious illness.
 - ▶ Wear hairnets and clean washable clothes, and change as often as necessary to prevent contamination.
 - ▶ Wash hands and exposed parts of arms thoroughly with soap and water before starting work and after using the toilet, smoking, sneezing or coughing, eating, drinking or otherwise getting hands dirty.



- › Wash hands before putting on gloves.
- › Wear gloves or use other barrier methods, like tongs or wax paper, to protect ready-to-eat foods from bare-handed contact.

Pest Control [Health Code Section 47.51]

(Appendix: Keep Your Child Care Center Free from Pests)

- ▶ Prevention
 - › Store trash, garbage and food in sealed pest-proof containers with tight lids.
 - › Get rid of clutter.
 - › Fill and seal any holes and cracks in the floors, baseboards and around pipes with proper materials.
 - › Install door sweeps to keep pests from moving between rooms.
 - › Place glue traps and rodent bait only in tamper-resistant containers where children cannot reach them.
- ▶ Extermination
 - › Hire only licensed professionals certified by the New York State Department of Environmental Conservation to apply pesticides.
 - › Ask exterminators to use the least toxic methods and substances.
 - › Keep a record of all pesticides used. Certain pesticides are illegal for use in a child care setting.
 - › Notify parents no less than 48 hours in advance of pesticide application, and specify where, when and what products will be used. Provide the name and telephone number of a staff member who they can contact for more information. (You can find notification language at 47.51 (c)(4).)

Lead Paint and Lead Poisoning Prevention [Health Code Section 47.63]

(Appendix: What Every Group Day Care Operator Should Know: Preventing Childhood Lead Poisoning)

Child care centers must be lead-free. Before opening, the center operator or building owner must carry out a visual lead hazards survey. Results of the survey must be sent to the Health Department before the Department can issue a permit. The center operator must carry out this survey every year if there are surfaces covered with lead-based paint or paint of an unknown origin. They must send the results to the Health Department before their permit renewal date.

Any repairs to prevent lead poisoning must be made immediately. Hire an EPA-certified contractor for repairs.

- ▶ Follow the U.S Environmental Protection Agency's (EPA's) "3Ts" for reducing lead in drinking water from faucets and fountains (Appendix: 3Ts for Reducing Lead in Drinking Water in Schools):
 - › **Train** center staff to raise awareness about lead hazards, their causes and health effects.
 - › **Test** drinking water to identify potential problems and take corrective action.
 - › **Tell** parents and staff about monitoring programs, potential lead risks and the results of testing and remediation.
- ▶ If drinking water lead level tests at or above 15 parts per billion (ppb), the permit holder must submit an Incident CAP to the Health Department and take corrective action as recommended by the EPA, such as removing fixtures and finding alternate sources of water.

Plumbing and Bathrooms [Health Code Section 47.43]

- ▶ Use only a licensed plumber for sink and toilet installation.
- ▶ Post hand-washing procedures over each sink (bathrooms, diaper changing area, etc.).
- ▶ Provide one toilet and one hand-wash sink for every 15 children ages 24 months and older.
- ▶ Keep potties only in bathrooms. Wash and disinfect them after each use in a sink that is not used for handwashing.
- ▶ Locate bathrooms with toilets and sinks near classrooms and play areas.
- ▶ Do not allow hand-wash water to be hotter than 115 degrees Fahrenheit.
- ▶ Ensure that sinks are equipped with liquid soap dispensers and individual paper towels or sanitary driers.
- ▶ Position sinks, soap and paper towels or driers where children can reach them.
- ▶ Provide separate adult bathroom facilities.

Diaper Changing [Health Code Section 47.43 (h)]

- ▶ Provide a firm, nonabsorbent, easily cleanable surface and disposable covers for changing diapers. It should be counter height, in or next to a classroom, and beside a sink with hot and cold water.

- ▶ Disinfect the counter using a labeled spray bottle of approved surface disinfectant, and put a new disposable cover on the surface after each diaper change.
- ▶ Throw out soiled disposable diapers in an easily accessible container with secure lid and removable plastic liner. Use another container for cloth diapers.
- ▶ Wear disposable rubber gloves when changing diapers.

Air and Light [Health Code Section 47.45]

- ▶ Ventilate every room used by children to prevent overheating, drafts, dust, fumes, odors or excessive moisture.
- ▶ Light all these areas well, with lighting that is bright, evenly spread and free from glare, flickering or shadows.
- ▶ Lighting and ventilation may be natural or artificial.
- ▶ Minimum illumination requirements can be found in the Health Code at 47.45 (b)(1-6).

Furniture and Equipment [Health Code Section 47.55]

- ▶ Tables, chairs and other equipment should be age and size appropriate, finished with nontoxic, lead-free surface coverings and cleaned and sanitized as needed.
- ▶ For each child who spends more than four hours a day there, the center must have a cot, crib, mat or playpen approved by the U.S. Consumer Product Safety Commission (see Naps, page 21).

Outdoor Space [Health Code Section 47.47]

Centers must provide child-suitable and easily accessible outdoor play areas, either on-site or nearby, per the following requirements:

- ▶ Outdoor areas must be free of broken glass, debris, poisonous plants, pests or other hazards.
- ▶ Rooftop play areas are allowed on fireproof buildings with the approval of the Health Department, Department of Buildings and the Fire Department.
- ▶ Outdoor equipment, such as swings, slides and climbing apparatus, shall be:



- › Age and developmentally appropriate
- › Installed, used and maintained according to manufacturers' specifications
- › Free from hazards, including sharp edges and toxic materials such as lead and arsenic
- ▶ Fences
 - › On-site outdoor play areas must be enclosed by climb-proof fencing at least 5 feet high.
 - › Razors or barbed wire may be used only on fences that are more than 6.5 feet high.
 - › Rooftop fences must be at least 10 feet high, with an added 45-degree inwardly angled panel.
- ▶ Resilient surfaces, not containing asphalt or cement, shall be installed under and around elevated play equipment.
- ▶ Equipment and surfaces must be approved by the U.S. Consumer Product Safety Commission.

Water Safety [Health Code Section 47.57 (i)]

Swimming is prohibited without a properly trained supervisor and pool safety plan. Child care centers must obtain written approval from the Health Department before offering any swimming or aquatic activities. Aquatic activities for group child care services are limited to learn to swim or water safety programs that use supervision rules approved by the State Commissioner of Health. These rules protect children from injury or drowning. Aquatic activities must be conducted per the child care center's written Safety Plan and Health Code section 47.57 (i).



Appendix: Forms, Guides and Other Helpful Documents

This Appendix lists the forms and other helpful documents referenced in this guide. To access or print out these documents, visit nyc.gov/health/childcare and click on "Information for Child Care Providers." These tools will help you achieve Code compliance. For any questions about Article 47 of the Health Code please contact **311** or send an email to childcareinfo@health.nyc.gov.

Getting Started

- ▶ Health Code Articles 47 and 81
- ▶ Summary of Changes

Following the Law

Inspections and Violations

- ▶ Public Health Sanitarians
- ▶ Business Owner's Bill of Rights
- ▶ NYC Health Tribunals
- ▶ Site Inspection Request
- ▶ Corrective Action Plan

Parental Access and Right to Know

- ▶ NYC Child Care Connect

Qualified Staff

Staffing Requirements, Duties and Qualifications

- ▶ Staff Hiring Guidelines

Criminal Justice and Child Abuse Screening

- ▶ Screening Procedures for Criminal Background and State Central Register Checks
- ▶ SCR Guidelines: Responding to a State Central Registry for Abuse and Maltreatment Inquiry
- ▶ Corrective Action Plan Guidelines for Child Care Programs

Safe and Healthy Kids

Medical Care

- ▶ Medical Requirements for Child Care and New School Entrants
- ▶ Immunization Information
- ▶ Communicable Disease Chart for Child Care Providers

Daily Attendance

- ▶ Daily Attendance Record Form

Authorized Escorts

- ▶ Authorized Escorts List Form

Trips

- ▶ Guidelines for the Trip Coordinator

- ▶ Lost Child Plan Guideline for Centers
- ▶ Day Care Camps Blueprint Violation List

Transportation

- ▶ Daily Transportation Log Form
- ▶ CCATS Auto Permit Issue Process

Nutrition

- ▶ Nutrition Guidelines for Parents

Physical Activity

- ▶ Nutrition and Physical Activity Best Practices for Centers

Naps and Night Care

- ▶ Night Care Regulations and Standards

A Safe and Healthy Place

Indoor Facilities

- ▶ Site Viability Checklist

Alarms

- ▶ Application for Certificate of Fitness for Supervision of Fire Alarm Systems and Other Related Systems (S-95)

Kitchen and Food Handling Safety

- ▶ Health Code Article 81: Food Preparation and Food Establishments
- ▶ What to Expect When You're Inspected: A Guide for Food Service Operators

Pest Control

- ▶ Fact Sheet: Keep Your Child Care Center Free From Pests

Lead Paint and Lead Poisoning Prevention

- ▶ What Every Group Day Care Operator Should Know: Preventing Childhood Lead Poisoning
- ▶ 3Ts for Reducing Lead in Drinking Water in Schools

Written Safety Plan

- ▶ Safety Plan Guide
- ▶ Safety Plan Template
- ▶ Safety Plan Addendum Guideline

Group Child Care Centers: Keep Your Center Safe and Avoid Common Violations

Staff Clearances

- ▶ All child care center staff must be fingerprinted and screened in the State Central Register (SCR) before having unsupervised contact with children. The results must be included in the employees' personnel file and must be available for review by the Health Department at any time.
- ▶ All staff must be rescreened every two years. A spreadsheet with screening dates for all employees can help make sure rescreening happens on time.
- ▶ Upon employment, all center staff must present a certificate of medical clearance from a licensed health care provider stating that they can perform their assigned duties.
- ▶ All center staff must submit a medical clearance certificate every two years as a condition of employment.
- ▶ Certificates must be kept on file at the center, separate from all other personnel records, and must be available for review by the Health Department at any time.

Staff-to-Child Ratios and Supervision

- ▶ Always follow the minimum staff-to-child ratios outlined in Article 47 and in this guide.
- ▶ Staff must maintain direct line of sight supervision of children at all times. No child or group of children shall be unsupervised at any time.
- ▶ Check staff-to-child ratios every two hours, or in the morning, at noon and in the evening. Make sure staff-to-child ratios are maintained at all times, including during nap time and staff breaks. Consider floating assistants that can cover classes as needed.
- ▶ When children 12 months and older are in a group of mixed but similar ages, the minimum staff-to-child ratios must be based on the predominant age of the children in the group.

Staff Qualifications

- ▶ Every classroom must have a qualified teacher in charge of each group of children ages 2 to 6 years old.
- ▶ Every child care center must have a qualified teacher as the educational director who is in charge of staff training, educational and child development progress and supervision of all teaching staff.
- ▶ The educational director will have no teaching duties when there are more than 40 children enrolled in the child care center.

Child Medical History

- ▶ Prior to admission, all parents must receive a copy of the child health examination form to be completed by the child's doctor.
- ▶ Prior to the child's first day of school, the completed form and a history of illness must be submitted to the child care center for review and approval to make sure all children have had a complete medical exam, including but not limited to, a physical exam, nutritional evaluation and developmental assessment.
- ▶ All children shall be immunized against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, varicella, HepB, pneumococcal disease and Hib.

Cleanliness

- ▶ Every child care center must keep all indoor and outdoor rooms, play areas, furniture and equipment clean and in good condition. The center must be checked for cleanliness on a daily basis prior to the children's arrival.
- ▶ Clean floors at the start or end of the day. If floors become dirty during the day, use paper towels, brooms or mops to prevent dust or dirt from spreading to other areas.
- ▶ Every child care service must provide sinks with hot and cold running water near all toilets. One sink must be provided for every 15 children on-site over the age of 2 years old. Hot water cannot exceed 115 degrees Fahrenheit for all hand wash sinks used by the children.

Fire Safety

- ▶ Every child care center must have approved fire extinguishers that are not over- or under-charged and are properly marked as annually inspected.
- ▶ Every child care center must conduct at least one fire drill a month. Document each drill by noting the time the drill began and ended, the total number of children and staff involved in the drill and the outcome of drill.
- ▶ Every child care center must have exits with clear and legible exit signs. These signs should be visible even when there is no light and should allow everyone to know where the exits are at all times. Exits should always be unobstructed.

