



Department of Health and Mental Hygiene

Board of Health

Notice of Adoption of Amendments to Article 47 of the New York City Health Code

In compliance with §1043(b) of the New York City Charter (the “Charter”) and pursuant to the authority granted to the Board of Health by §558 of said Charter, a notice of intention to amend Article 47 of the New York City Health Code (the “Health Code”) was published in the City Record on December 12, 2014 and a public hearing was held on January 22, 2015. Four people testified and 11 written comments were received, including comments from two people who also testified. Certain changes have been made to the resolution in response to the comments and are noted in the text below. At its meeting on March 10, 2015 the Board of Health adopted the following resolution.

Statement of Basis and Purpose

Statutory Authority

These amendments to the New York City Health Code (the Health Code) are promulgated pursuant to §§558 and 1043 of the New York City Charter (the Charter). Sections 558(b) and (c) of the Charter empower the Board of Health (the Board) to amend the Health Code and to include in the Health Code all matters to which the authority of the New York City Department of Health and Mental Hygiene (the Department) extends. Section 1043 grants the Department rule-making authority.

Background

The Charter provides the Department with jurisdiction over all matters concerning health in the City of New York. The Department’s Division of Environmental Health includes the Bureau of Child Care, which issues permits to non-residential based child care services in accordance with Article 47 of the Health Code, and which regulates school based programs for children aged 3-5 in accordance with Article 43 of the Health Code. Child care providers who provide child care services in homes or apartments are regulated by the State Office of Children and Family Services, and are not subject to either Article 43 or Article 47.

The Board of Health is amending Article 47 of the Health Code in order to improve supervision of children in child care services regulated by the Article.

Promoting accountability for children’s whereabouts

The Board of Health is amending the Health Code to enhance child safety within child care services. The amendments strengthen requirements to account for a child’s whereabouts at all times while in care, when children are transported to and from the child care services or during off-site trips, and when children arrive and depart from the child care service. The Department

has, on occasion, been notified by child care service permittees, the police, and parents that children have gone missing for a period of time during the child care day. These incidents may have occurred because a child exited the service unobserved by staff, was left on transportation vehicles, or was left in a playground or at another off-site trip location. Additionally, at least one child was discharged to an adult who did not have authority to take the child from the child care service. Though no child was harmed, these incidents are troubling and reflect a need for stronger procedures to monitor the whereabouts of children.

The Department has issued guidelines and provided training to assist child care services account for all of the children under their care at all times. When the Department learns that a child care service has been unable to account for a child for any period of time, the Department orders the service to cease operation. Only after the child care service demonstrates that it has determined why the incident happened and that it has instituted concrete measures to prevent it from happening again does the Department authorize it to reopen.

The following amendments reflect best practices already in place at many child care services, and, when implemented at all other services, will help such services implement systems designed to prevent these incidents.

- **Written safety plan:** Amends §47.11 to add procedural requirements that promote child safety in child care services, establish accountability so that child care services permittees know and can document where any child is at any given time, particularly when children arrive and leave the child care service, whether they are taken on trips offsite, on foot or by other means, or are leaving the service at the end of the day.
- **Criminal justice and child abuse screening:** Amends §47.19 to add screening with the State Registry for Child Abuse and Maltreatment (SCR) and for criminal history for personnel of child transportation services under contract to a child care service. The former provision required screening for school bus drivers and all other staff employed by the permitted child care service, but not for personnel employed by transportation services operating under contract to a permittee. The new provision explicitly excludes from screening requirements persons providing transportation arranged by parents.
- **Health; daily requirements; communicable diseases:** Amends §47.27(a), (c) and (d) to require permittees to maintain child attendance records and obtain earlier parental notifications of absences to promote greater accountability for children. The former provision required parents to contact permittees after their children were absent for three days in order to capture information about children who may have contracted certain communicable diseases. The new provision requires a parent to notify the child care service the same day that a child will not attend on a scheduled day to promote better accountability for children and more rapid investigation of children who fail to show up at the child care service or are lost on a day of scheduled attendance. In response to comments, further changes were made to paragraph (4) of subdivision (c) to clarify that the permittee must document that notification was made, and subdivision (a) was amended to eliminate the proposed requirement that parents or other escorts must sign children's attendance records.
- **Indoor physical facilities:** Amends §47.41 to add new subdivisions (k) and (l) to require monitoring of entrances and exits and establishing other security measures. The Department has found that the majority of incidents reported between 2008 to 2013

demonstrating poor child accountability occurred when children wandered out of the child care service entrance door, alone or with another child and that child's parent, or were left at an off-site location. In some cases, children left the child care service unaccompanied because they were able to open the front door by themselves, even though that door was closed. Locking a means of egress, however, is not permitted under the New York City Fire Code. In order to secure the door in a manner that prevents a child from exiting while also maintaining emergency access, the child care service is being required to install a panic bar on all doors that lead to the outside. Panic bars allow adults to easily open a door but are too high or require too much force for young children. To allow time for compliance, this provision will become effective May 1, 2016.

- **Safety; general requirements:** Amends §47.57 to establish requirements for adults escorting children out of the child care service and for enhanced off-site trip supervision, since such trips present a substantive risk of children being left behind. From 2008 to 2013, incidents of inadequate child supervision occurred when children left child care services with adults who were not authorized by parents to take them out of the child care service or when children were left at playgrounds, parks or on other offsite trips. Subdivision (h) of this section is being amended to require that permittees maintain information on all adults authorized by parents to take children out of a child care service and a new subdivision (j) is added to require that the permittee appoint a staff member as a trip coordinator who will be responsible for assessing supervision needs, developing guidelines and procedures for when additional staff or volunteers should accompany children on off-site trips, and to incorporate those procedures in the written safety plan. Trip coordinators will also be required to accompany children on offsite trips to improve accountability and lower the risk of leaving children unsupervised. In response to comments that additional staff requirements would be burdensome, this section was revised to clarify that the coordinator is among the staff counted to determine whether the supervision ratios required by Health Code §47.23 are met.
- **Transportation:** Amends §47.65 to clarify parental consent requirements and adds new procedures for verifying children's attendance and identity during transportation. Several incidents of poor accountability have involved children who were left on a vehicle, dropped off at the wrong child care service or at a closed child care service, or simply left outside the child care service unsupervised.

Imminent or public health hazards

The list of imminent or public health hazards in the definition in §47.01(k) has been amended, modifying paragraph (10) to specify that use of a pillow only by a child younger than two years of age is a public health hazard; and deleting paragraph (13), which addresses holding potentially hazardous foods out of temperature.

Children can safely use pillows after age two, according to the safe sleep practices recommendations of the National Resource Center for Health and Safety in *Child Care and Early Education Guidelines for Early Care and Education Programs*.¹ Section 47.55(b)(4) and (7) is also being amended to allow pillows to be used by children two years of age or older and to require that when pillows are used they must be stored with each child's other bedding.

Paragraph (13) of §47.01(k) is being deleted because requirements for holding food are addressed in more detail in Article 81, which is also applicable to child care services.

Medical records

Health Code §47.25(d) requires that permittees maintain a cumulative, comprehensive medical record for each child. Section 47.33 requires that permittees also maintain staff physical examination certificates and vaccination records. These provisions are being amended to clarify that comprehensive medical records of children and staff must be kept on the premises and made available to the Department upon request since Department Early Childhood Educational Consultants conducting inspections are frequently told that these records are not immediately available for review.

Fire safety

Health Code §47.59(a), which requires that exit signs at child care services be clear and legible “when required by Department of Buildings” has been amended to reflect current Building Code requirements. New York City Building Code §BC-1011 requires that all facilities housing child care services (occupancy use group E) have exit signs that are illuminated internally or externally.

Nutrition and physical activity updates

The Board of Health is amending §47.61(b) of the Health Code to update requirements limiting children’s juice consumption and §47.71(a) and (d) to further restrict sedentary time and television viewing.

Dietary and lifestyle habits and preferences developed at a very early age can often persist and may have a profound impact on an individual’s health later in life. Among preschoolers enrolled in the Women, Infants and Children program in NYC in 2011, 14.5% of 3 year olds and 16.9% of 4 year olds were obese.² Obese children are more likely than normal-weight children to have risk factors for heart disease,³ type 2 diabetes,⁴ and many other disorders and conditions.⁵ Obese children are more likely to become obese adults,^{6,7} and obesity in adulthood is associated with serious diseases and conditions, and with higher rates of death.⁸ Consequently, it is important to optimize the nutritional quality of the food and beverage offerings in early childhood settings and employ practices that serve to cultivate healthy lifestyle habits. The amendment is intended to update the current requirements for juice, sedentary time and screen time based on current expert recommendations and the best available evidence.

- **Juice**

Former Health Code §47.61(b) authorized child care services to provide children over the age of eight months up to six fluid ounces of 100% juice per day. The amendment increases the age that 100% juice is permitted to 2 years of age, and reduces the amount of 100% juice that may be served to four ounces per day.

This amendment makes the Health Code provision consistent with current standards of the federal Child and Adult Care Food Program (CACFP), allowing four ounces of 100% juice per day for children ages 2 – 5 years old.⁹ Numerous health organizations including the United States Department of Agriculture (USDA)¹⁰, the Institute of Medicine (IOM)¹¹, the American Heart Association (AHA)¹² and the American Academy of Pediatrics (AAP)¹³ recommend limiting children’s intake of 100% juice. When consumed in moderation, 100% juice can be a healthy beverage; however, the USDA recommends that the majority of a child’s recommended fruit servings should come from whole fruit.¹⁴ Despite this recommendation, current data suggest

that 100% juice overconsumption by young children is commonplace. Daily per capita caloric intake from 100% fruit juice is increasing among children, including toddlers, and children who consume juice typically consume quantities that far exceed the cited recommendations.^{15,16} A 2002 study of the sources of energy among over 3,000 infants and toddlers demonstrated that 100% fruit juice was the second largest source of energy among toddlers ages 12-24 months and the fourth largest source of energy among infants 4 to 5 months old.¹⁷ Despite being offered 100% juice in small quantities, it is likely that children consume juice in multiple settings and at multiple occasions throughout the day, causing overall daily consumption to be above recommended levels. Water and low-fat milk are the healthiest beverages for children over 2 years of age.¹⁸

- **Television viewing**

Health Code §47.71(d) prohibited screen time for children under 2 years of age and requires that screen time for children 2 years of age and older be restricted to 60 minutes per day of programming that is educational or actively engages children in movement. As amended, the amount of screen time for children 2 years and older has been further limited to no more than 30 minutes per week.

Research suggests that more than 80% of children ages 6 months to 6 years are exposed to some type of screen-based media on a typical day,¹⁹ and caregivers report that preschool age children spend 2 to 3 hours per day on screen time,^{20,21,22} which exceeds recommended levels of screen time exposure.²³ Surveys reveal that child care centers vary widely in the average amount of screen time provided, from small amounts or none at all^{24,25,26} to 1 or more hours per day.^{27,28} Studies have found that increased screen time exposure in early childhood is related to risk of obesity later in childhood^{29,30,31,32,33} and even into adulthood.^{34,35,36} In recognition that children are exposed to screen time in various settings throughout the day, the AAP, American Public Health Association (APHA), and National Resource Center for Health and Safety in Child Care and Early Education Guidelines for Early Care and Education Programs, the First Lady's Let's Move initiative, and the USDA Provider Handbook for the Child and Adult Care Food Program recommend that early care settings limit screen time to 30 minutes per week.^{37,38,39}

- **Sedentary time**

Health Code §47.71(a) required that children not be allowed to remain sedentary or to sit passively for more than 60 minutes continuously, except during scheduled rest or naptime. The amendment reduces the amount of sedentary time to no more than 30 minutes continuously except during scheduled rest or naptime.

In an effort to combat early childhood obesity, the IOM recommends that child care providers and early childhood educators implement activities for toddlers and preschoolers that limit passively sitting or standing to no more than 30 minutes at a time.⁴⁰ Limiting time spent on sedentary activities is important, as sedentary activities may take the place of time spent being physically active or otherwise actively engaged. Studies show that children spend a significant amount of time being sedentary in preschool and child care settings^{41,42,43} and that sedentary activities, such as television viewing, may be linked to increased BMI and adiposity in children.^{44,45}

The resolution is as follows.

Shall and must denote mandatory requirements and may be used interchangeably.

New text is underlined; deleted material is in [brackets].

RESOLVED, that paragraph (10) of subdivision (k) of §47.01 of Article 47 of the New York City Health Code, set forth in title 24 of the Rules of the City of New York, be amended, that paragraph (13) be deleted, and that paragraphs (14) through (18) be renumbered, to be printed with explanatory notes to read as follows:

§47.01 **Definitions.**

* * *

(10) Allowing pillows to be used for children younger than two years of age who are not disabled or when not recommended by a health care provider.

* * *

[(13) Holding potentially hazardous foods for periods longer than necessary for preparation or service at temperatures greater than 41°F or less than 140°F;]

[(14)] (13) Failing to exclude from work at the child care service a person with a communicable disease who is required to be excluded pursuant to Article 11 of this Code;

[(15)] (14) Failure to implement the child care service's written safety plan resulting in a child not being protected from any unreasonable risk to his or her safety;

[(16)] (15) Conducting construction, demolition, painting, scraping, or any repairs other than emergency repairs while children are present in the child care service; failing to remove children from areas and rooms while such activities are in progress;

[(17)] (16) Failure to screen any person who has, or will have the potential for, unsupervised contact with children in accordance with §47.19 of this Article; or

[(18)] (17) Any other condition(s), violations, or combination of conditions or violations, deemed to be an imminent health hazard by the Commissioner or his or her designee.

Notes: Subdivision (k) was amended by Board of Health resolution adopted March 10, 2015 amending paragraph (10) to apply only to children under two years of age; deleting paragraph (10) that defined out of temperature, potentially hazardous foods as a public health hazard; and renumbering the remaining paragraphs.

RESOLVED, that paragraph (6) of subdivision (b) of §47.11 of Article 47 of the New York City Health Code, set forth in title 24 of the Rules of the City of New York, is repealed and restated, to be printed with explanatory notes to read as follows:

§47.11 **Written safety plan.**

(6) General and activity specific safety and security: procedures for establishing and maintaining accountability for children and child supervision during all on and off-site activities; maintaining records of staff schedules and assignments, addressing at a minimum:

(A) Observing and recording children's daily attendance and the times children enter and leave the child care service, in accordance with §47.65 of the Code;

(B) Recreational and trip supervision and staffing for specific outdoor and off-site activities in accordance with §47.57 of the Code;

(C) Sleep and rest period supervision;

(D) Bathroom use supervision;

(E) Transportation supervision in accordance with §47.65 of the Code;

(F) Procedures for and staff assigned to (i) securing the facility from unauthorized entry and preventing children from leaving the facility unless they are escorted by authorized adults; (ii) observing and monitoring all entrances and exits at all times children are on premises; and (iii) periodic observation and monitoring of stairs, hallways, bathrooms and unoccupied spaces during child care service operation.

Notes: Paragraph (6) of subdivision (b) of §47.11 was repealed and restated by resolution adopted March 10, 2015 to incorporate additional requirements to the written safety plan. The restatement enhances facility security and improves child supervision by preventing unauthorized entry by strangers into child care services and unescorted children from exiting child care services.

RESOLVED, that the section title and subdivision (a) of §47.19 of Article 47 of the New York City Health Code, set forth in title 24 of the Rules of the City of New York, are amended, to be printed with explanatory notes to read as follows:

§47.19 Criminal justice and child abuse screening of current and prospective personnel; reports to the Department.

(a) *Applicability.* These requirements for child abuse and criminal justice screening shall apply to any person who has, will have, or has the potential for unsupervised contact with children in a child care service, and shall include, but not be limited to: individual owners, permittees, partners, members and shareholders of [small or membership] corporations, limited liability companies or other entities who are the owners or operators of the service; educational, administrative and maintenance employees; employees who are school bus drivers[;] or who are assigned to

accompany children during transportation to and from the child care service; volunteers, including parent volunteers and student teachers, trainees or observers; and consultants and other persons employed by persons, corporations, partnerships, associations or other entities providing services to the child care service. Employees of independent contractors providing maintenance, construction, transportation, food or other services to a child care service shall be screened in accordance with this section, or shall be prohibited from working in any area, vehicle or facility owned, occupied or used by the child care service unless such person is working under the direct supervision and within the line of sight of a screened employee of the child care service. These requirements shall not apply to persons authorized by parents to escort or transport children to and from child care services where the parents have privately arranged for such escort or transportation.

Notes: Subdivision (a) was amended by Board of Health resolution adopted March 10, 2015 to clarify and broaden the applicability of screening requirements to any persons providing children's transportation services.

RESOLVED, that subdivision (d) of §47.25 of Article 47 of the New York City Health Code, set forth in title 24 of the Rules of the City of New York, is amended, to be printed with explanatory notes to read as follows:

§47.25 Health; children's examinations and immunizations.

(d) *Medical records to be maintained.* A permittee shall maintain an individual paper or electronic medical record file for each child[.]on the premises of the child care service and make the file available for review by the Department upon request. This file shall include:

Notes: Subdivision (d) of §47.25 was amended by Board of Health resolution adopted March 10, 2015 to clarify that paper or electronic medical record files for each child must be maintained on the premises of the child care service and be made available to Department inspectors on request.

RESOLVED, that subdivision (a), paragraph (4) of subdivision (c) and subdivision (d) of §47.27 of Article 47 of the New York City Health Code, set forth in title 24 of the Rules of the City of New York, are amended, to be printed with explanatory notes to read as follows:

§47.27 Health; daily requirements; reports of absences; communicable diseases.

(a) *Daily attendance record.* A daily attendance record shall be kept in a form provided or approved by the Department. Daily entries must include at a minimum each child's name and arrival and departure time.

* * *

(c) *Management of ill children and reporting.*

* * *

(4) When any child is unexpectedly absent from the child care service [for three consecutive days], the permittee shall [telephone] notify the child's parent of the absence by telephone, text or e-mail message or other means of immediate communication within one hour of the child's scheduled time of arrival [to determine the cause of the absence] and shall maintain a record of having made such notification [the telephone call] and the information obtained in the log required by §47.29 (d) of this Code.

(d) *Parent reports of absences.* [At the beginning of each school year, the permittee shall notify parents that they are required to report absences in accordance with this subdivision. Parents shall report to the permittee within 24 hours any absence for: chicken pox, conjunctivitis, diarrhea, diphtheria, food poisoning, hepatitis, haemophilus influenza type b infection, impetigo, measles, meningitis (all types), meningococcal disease, Methicillin resistant staphylococcus [aureau] aureus (MRSA), mumps, pertussis (whooping cough), poliomyelitis, rubella (German measles), salmonella, scarlet fever, tuberculosis, or any other disease or condition which may be a danger to the health of other children. Such disease or condition shall not include acquired immune deficiency syndrome (AIDS) or human immunodeficiency virus (HIV) infection.]

Permittees must notify parents when children are initially enrolled in the child care service that parents must report children's absences to the child care service as follows:

(1) Daily. Parents must notify the child care service prior to their child's scheduled arrival time, but no later than one hour after the scheduled arrival time, that a child will not be attending the child care service that day.

(2) Communicable diseases. Parents must report to the permittee within 24 hours of such absence of any absence for: chicken pox, conjunctivitis, diarrhea, diphtheria, food poisoning, hepatitis, haemophilus influenza 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 which may be a danger to the health of other children. Such disease or condition shall not include acquired immune deficiency syndrome (AIDS) or human immunodeficiency virus (HIV) infection.

Notes: Paragraph (4) of subdivision (c) and subdivision (d) were amended by Board of Health resolution adopted March 10, 2015 to require permittees to contact parents to verify unscheduled absences on the day they occur to enable child care services to improve their accountability for children enrolled in a child care service and for parents to notify child care services of children's absences within 24 hours of such absences.

RESOLVED, that subdivision (b) of §47.33 of Article 47 of the New York City Health Code, set forth in title 24 of the Rules of the City of New York, is amended, to be printed with explanatory notes to read as follows:

§47.33 Health; staff.

(b) *Physical examination certificates.* No educational director, teacher, substitute, volunteer worker, office worker, kitchen worker, maintenance worker or other staff member who regularly associates with children shall be permitted to work in a service unless such person is healthy and capable of carrying out the responsibilities of the job. Prior to commencing work, all such staff and volunteers shall present a certificate from a licensed health care provider certifying that, on the basis of medical history and physical examination, such staff member or volunteer is physically and mentally able to perform assigned duties. Such certificate shall be submitted every two (2) years thereafter as a condition of employment. Certificates of required physical examinations and other medical or personal health information about staff shall be kept on file [at the place of employment,] on paper or electronically, on the premises of the child care service, and shall be kept confidential[,] and [shall be kept] separate from all other personnel or employment records and made available for review by the Department upon request.

Notes: Subdivision (b) of §47.33 was amended by Board of Health resolution adopted March 10, 2015 to clarify that physical examination certificates and other staff medical information be kept on the premises of the child care service and be made available to Department inspectors for review on request.

RESOLVED, that §47.41 of Article 47 of the New York City Health Code, set forth in title 24 of the Rules of the City of New York, is amended by adding a new subdivision (k), to be printed with explanatory notes to read as follows:

§47.41 Indoor physical facilities.

(k) Securing entrances and exits.

(1) Monitoring. All interior entrances and exits of the child care service facility must be monitored and kept secure by individual staff, contractors, and/or electronic or other surveillance providing unobstructed views of entrances and exits at all times during operation of the child care service. Panic bars must be installed on all exterior doors of the child care service facility on or before May 1, 2016. When used in this paragraph a “panic bar” means a door latching assembly incorporating a device that releases the latch upon the application of a force in the direction of egress travel.

(2) Entry access. All entrances providing access to the child care service must be secured with pass key identification or other means that effectively limit access to staff, parents and other authorized persons.

Notes: Subdivision (k) was added to § 47.41 by resolution adopted by the Board of Health at its March 10, 2015 meeting to emphasize the permittee’s obligation to secure entry and exit from the child care service to prevent unauthorized entry to the service and prevent children from leaving the service without appropriate escorts.

RESOLVED, that subdivision (b) of §47.55 of Article 47 of the New York City Health Code, set forth in title 24 of the Rules of the City of New York, is amended to be printed with explanatory notes to read as follows:

§47.55 Equipment and furnishings.

(b) *Naps*

* * *

(4) Pillows shall not be used for children under two years of age except when recommended by a child's health care provider.

* * *

(7) Sheets, pillows and blankets shall be stored separately for each child to avoid cross-contamination, and sheets, pillow cases and blankets shall be washed at least weekly.

Notes: Subdivision (b) of §47.55 was amended by resolution of the Board of Health adopted at its March 10, 2015 meeting to allow use of pillows by children over two years of age.

RESOLVED, that subdivision (h) of §47.55 of Article 47 of the New York City Health Code, set forth in title 24 of the Rules of the City of New York, be amended, and a new subdivision (j) be added to §47.55, to be printed with explanatory notes to read as follows:

§47.57 Safety; general requirements.

(h) *Adults restricted.* Adults allowed on the premises occupied by a child care service shall be limited to staff, parents and/or guardians and other authorized relatives and volunteers, student teacher trainees or observers, credentialed Department and other public inspectors, and persons providing services to the center.

(1) Authorized escorts. The permittee must obtain and maintain for every child a list of the name, relationship to child, address and contact information of every person the parent has authorized to escort a child from the child care service. The permittee shall not release any child to any individual who has not been identified by the parent as a person who is authorized to escort a child out of the service.

(2) Notification to parents. The permittee must notify parents that the Health Code requires that no child is permitted to leave the child care service at any time with any person whose name is not on file at the child care service as an authorized escort. If any other person appears to escort a child out of the child care service, the permittee must immediately verify with the parent that the parent has authorized the escort before allowing the child to leave the child care service.

* * *

(j) Taking children off-site. When scheduling off-site trips or activities, the permittee must designate from among the staff accompanying the children on the trip or activity a staff member to serve as a trip coordinator. The trip coordinator is responsible for overall child supervision and must accompany each group of children when they go to off-site locations. Staff-to-child ratios for each group on the trip or participating in the activity must be at least the same as the ratios required by §47.23 of this Article.

(1) Staffing. The trip coordinator shall determine whether and how many additional staff and/or adult volunteers are required to maintain constant line of sight supervision of each child during the time children are offsite in addition to maintaining the staff to child ratios required by §47.23 of this Article. The duties of the trip coordinator and instructions for determining the number of additional staff must be included in the child care service's written safety plan.

(2) Child accountability. A system for maintaining accountability for children must be detailed in the written safety plan and include, at a minimum, provisions for:

(A) Name-to-face headcounts. During each trip offsite, staff must conduct name-to-face headcounts before leaving the child care service, upon arrival at the offsite location, at periodic

intervals while at the location, before departing from the location and upon arrival back at the child care service.

(B) Identification of children. The permittee must provide each child with a piece of clothing and/or other item that identifies and provides contact information for the child care service, but shall not include any child's given or family name.

Notes: §47.57 was amended by Board resolution adopted March 10, 2015, adding procedures to subdivision (h) to require identification of escorts for children entering and leaving a child care service and adding a new subdivision (j) establishing provisions to promote greater accountability and safety for children on offsite trips.

RESOLVED, that subdivision (a) of §47.59 of Article 47 of the New York City Health Code, set forth in title 24 of the Rules of the City of New York, is amended, to be printed with explanatory notes to read as follows:

§47.59 Fire [Safety] safety.

(a) All exits shall have clear and legible illuminated exit signs [when required by Department of Buildings].

Notes: Subdivision (a) of §47.59 was amended by resolution adopted by the Board of Health at its March 10, 2015 meeting to require that exit signs be illuminated, and to delete the phrase “when required by the Department of Buildings” because Building Code §BC-1011 requires internally or externally illuminated exit signs for child care and other educational occupancy facilities.

RESOLVED, that paragraph (2) of subdivision (b) of §47.61 of Article 47 of the New York City Health Code, set forth in title 24 of the Rules of the City of New York, is amended, to be printed with explanatory notes to read as follows:

§47.61 Food and food safety.

* * *

(2) Juice shall only be provided to children over [eight (8) months] two (2) years of age, and only 100% juice shall be permitted. Children shall receive no more than [six (6)] four (4) ounces of 100% juice per day.

Notes: Paragraph (2) of subdivision (b) was amended by Board of Health resolution adopted March 10, 2015 reducing serving size of juice from six to four ounces of juice and limiting service of juice to children over two years of age, instead of the former eight months.

RESOLVED, that subdivision (f) of §47.65 of Article 47 of the New York City Health Code, set forth in title 24 of the Rules of the City of New York, is amended, and a new subdivision (g) added, to be printed with explanatory notes to read as follows:

§47.65 Transportation.

(f) Parental consent.

(1) The [operator] permittee shall obtain and maintain on file written consent from the parent or guardian for any transportation of children [in care at the service] that is provided or arranged for by the permittee[.] , including, but not limited to, trips to an offsite park, playground or library. The consent form shall include the child's name and age, the destination, mode of transportation, whether by motor vehicle, mass transit, walking, carriage, buggy, or on foot, and [the duration of travel time] the maximum length of travel time and the types of activities children will engage in at the offsite location.

(g) Documentation of transfers. The permittee must supervise and document all transfers of children between the child care service and drivers of school buses and other vehicles provided by the child care service or by a transportation service under contract to the child care service and must incorporate its policies and procedures for transfers and transportation in the child care service written safety plan. A permittee must be able to immediately verify that no child has at any time been left on a school bus, other vehicle or other means of transportation without appropriate adult supervision. At a minimum, the written safety plan must describe how the permittee will maintain the following minimum accountability procedures:

(1) Transfer supervision, including name-to-face visual identification and confirmation for each child received from or delivered to a driver.

(2) Providing drivers with updated lists daily of the names and addresses of children who are scheduled to receive transportation services on each route, and completing and maintaining a daily log of children placed aboard vehicles for transport home.

(3) Drivers employed by the permittee or a transportation contractor must maintain a daily trip log with the names of the driver and other staff of the child care or transportation service assigned to the vehicle to maintain supervision; the name, address, and contact information of the contractor transport service, if applicable; the name of each child and the times of entry and departure from the transport vehicle. A paper or electronic copy of the log must be given to the child care service permittee when children arrive at the child care service.

(4) Permittees must maintain all required records for at least six months and make such records available for inspection by the Department upon request.

Notes: Subdivision (f) was amended and a new subdivision (g) was added by resolution adopted March 10, 2015 to clarify the duty of child care services permittees to maintain necessary supervision of and accountability for children at all times including during transportation to and from their homes to the child care service and during offsite trips to prevent “lost children” incidents.

RESOLVED, that subdivisions (a) and (d) of §47.71 of Article 47 of the New York City Health Code, set forth in title 24 of the Rules of the City of New York, are amended, to be printed with explanatory notes to read as follows:

§47.71 Physical activity and limits on television viewing.

(a) *Physical activity.*

* * *

(4) Children shall not be allowed to remain sedentary or to sit passively for more than [60] (30) minutes continuously, except during scheduled rest or naptime.

* * *

(d) *Television viewing.*

* * *

(2) For children ages two (2) and older, viewing of television, videos, and other visual recordings shall be limited to no more than [60] 30 minutes per [day] week of educational programs or programs that actively engage child movement.

Notes: Paragraph (4) of subdivision (a) was amended by resolution adopted March 10, 2015 to reduce the time children may be allowed to remain sedentary or passive from 60 to 30 minutes at a time. Paragraph (2) of subdivision (d) was amended by resolution adopted March 10, 2015 to reduce time spent in television viewing from 60 minutes per day to 30 minutes per week.

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