

To: NYC Dept of Health

From Jeanette Rosado 

Re: Proposed Amendment

Date: April 16, 2012

Your proposed amendment has not demonstrated that there are enough changes to implement quality care for infants.

Kiddie Academy recently repeated the same mistake that killed my son, 2/27/12: Child Care Service failed to provide constant and competent supervision for children within its care. DOH has not set the bar high enough for the daycare industry to provide Quality Care.

What's the point of Correction Action Plans if you allow Kiddie Academy to repeat their mistakes?

You mention in your letter that the suspension of program's permits is not **discretionary**. Closing Kiddie Academy should not be based on opinions, but facts. The facts indicate that there are grounds for closure. Kiddie Academy failed to check on Jeremy and ignored his signs of distress.

Jeremy did not get a second chance in life so why should Kiddie Academy? Close this daycare on the consistent Critical and Public Hazard violations.



THE COUNCIL
OF
THE CITY OF NEW YORK

April 19, 2012

Commissioner Thomas Farley
City of New York
Department of Health and Mental Hygiene
42-09 28th Street
Long Island City, New York, 11101

Dear Commissioner Farley:

We have reviewed the proposed amendments to Article 47 of the Health Code of the City of New York, and have the following comments and requests for further information. We have included the relevant sections of the Health Code for clarity.

§47.01 Imminent or public health hazard

Under the proposed rule, the “failure to maintain constant and competent line of sight supervision at all times” would be included as an imminent or public health hazard. While we agree with this addition, we are concerned that this language is vague and should specify exactly what “constant and competent” means. It is unclear what would constitute a violation of this requirement. Additionally, the notes on page five of the draft rules suggest that the failure “to report an incident of a lost child” should be included as an imminent health hazard in the actual text of the rules, but it does not appear to be. We therefore request that the language appear in the text of the rules.

§47.11 Written safety plan

First, we believe DOHMH should ensure that the written safety plan is made available in multiple languages if the agency does not already do so.

Additionally, while we support additional training for staff, as included in §47.11(b)(8), we believe that the rules should provide more detailed standards for how staff will be trained. For example, how often will the training take place? Will it be annually? What will the training consist of and how will it differ from the current mandatory training for staff? How will the training address staff response in emergency

We look forward to your response to our comments and questions, and appreciate your consideration as you promulgate final rules.

Sincerely,



Annabel Palma
Chair, General Welfare Committee
Council Member
District 18, Bronx



Maria del Carmen Arroyo
Chair, Health Committee
Council Member
District 17, Bronx



Ronald E. Richter
Commissioner

May 2, 2012

Myung J. Lee
Deputy Commissioner
Division of Child Care & Head Start

Frank Cresciullo
Assistant Commissioner
Bureau of Child Care
NYC Department of Health and Mental Hygiene
22 Cortlandt Street
New York, NY 10007

Ayleen Guzman
Assistant Commissioner
Program Management
Division of Child Care & Head Start

66 John Street, 8th floor
New York, NY 10038

Email:
ChildCare-HeadStart@dhs.state.ny.us

Dear Mr. Cresciullo:

Thank you for the opportunity to provide comments concerning the proposed changes to Article 47. Our suggestions below are based upon conversation with both Child Care and Head Start and Child Protection staff in addition to early care and education programs.

Written Safety Plan

ACS would suggest that the DoHMH template for the written safety plan be updated to reflect the proposed new requirements concerning infant sleep safety.

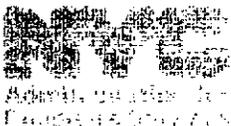
Infant Sleep Safety

ACS recommends that providers be given a range of 15 to 20 minutes to actively observe and evaluate infants in order to provide sufficient time to complete tasks common to infant care (e.g., changing a diaper).

Additionally, the form developed by DoHMH for the provider to document staff-infant observations should be a succinct check off list to be completed every 15 to 20 minutes. A narrative or more complex form would distract from time with the children given the frequency it must be completed. ACS recommends that the term "actively observing" should be amended to "logging" to reflect that the observations should not upset the child's rest and reflect a user friendly non-narrative form. ACS advocates that infant/toddler education directors review and approve observation forms weekly in accordance with NAEYC guidelines.

Corrective action plan

In order for programs to comply with the proposed five day timeline for submission of the corrective action plan (CAPs), ACS strongly recommends providing programs with an inter-active online submission form to submit a CAPS. Based upon our experience working with programs on CAPs submissions, we would recommend a form that could include open ended questions for programs to respond to in order to shorten the period of time it takes for a program to submit a completed CAPs and obtain approval from DoHMH.



Training

Due to high staff turnover, ACS recommends close monitoring for compliance with the mandated training.

**Child development policies, program, rest periods and clothing
*Unrestricted access.***

ACS suggests providing caretakers or legal guardians with unrestricted access in addition to parents. Additionally, the statement that on unrestricted access should be qualified as "parents shall have unrestricted access to their children at all times provided there is no court order in place prohibiting or limiting such access."

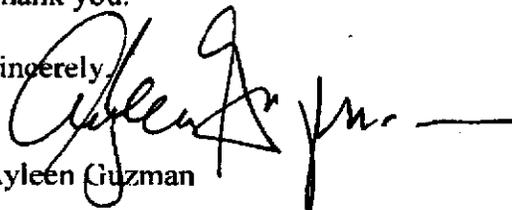
Enrollment and orientation.

ACS recommends that discipline, escort and trip policies and procedures be added to the information provided to parents.

If you have any questions or concerns regarding the suggestions made by ACS, please let me or my staff know.

Thank you.

Sincerely,


Ayleen Guzman

cc: Pamela Lee