Family Child Care Affiliated Provider Program Guide

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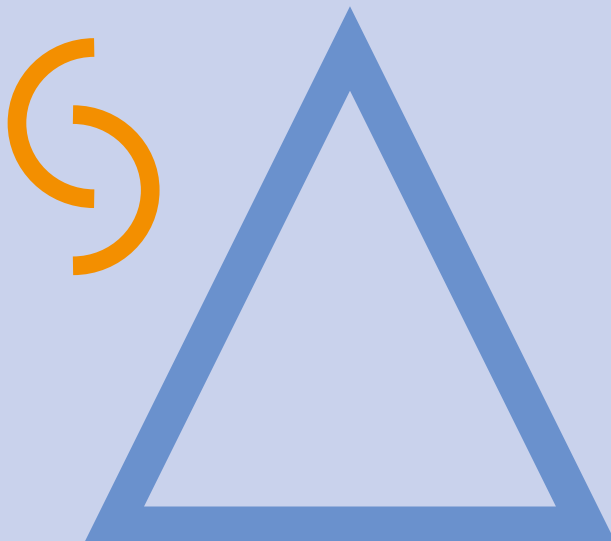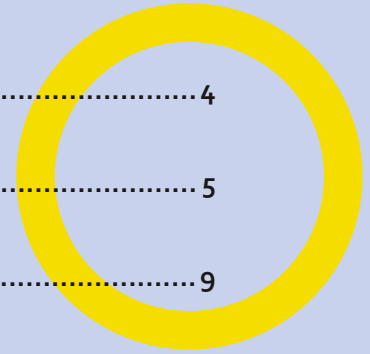
INTRODUCTION

New York City has one of the strongest and largest early care and education systems in the country. A majority of children and their families are served by community-based programs that contract with the Department of Education (DOE) to offer early care and education that reflect the strengths and meet the needs of New York City's diverse neighborhoods.

Over the last decade, New York City has invested in initiatives to support and advance early care and education programs for children. The City has now brought all birth-to-5 early care and education services under the management of the DOE with the goal of increasing quality, equity, access, and sustainability for all children. Family child care programs now have the opportunity to provide services to families in need of subsidized child care as well as 3-K for All.

The DOE is committed to supporting and enhancing the strengths of family child care as birth – 3 programs that promote continuous and responsive relationships, bolster early learning skills, build resiliency, and lay the foundation for all future learning. This program guide will assist you by highlighting operational guidance and promising practices on a variety of topics to support you and your staff in operating high-quality EarlyLearn (infants and toddlers) and 3-K programs.

This program guide represents our commitment to support programs in delivering high-quality early childhood education. It is grounded on the Division of Early Childhood Education (DECE) Family Child Care Early Childhood Framework for Quality (EFQ), which defines the DOE's vision for high-quality early childhood education in NYC. You will be supported by your Network, in collaboration with the DOE, to implement all content from this guide and quality expectations as set forth in the EFQ.

We aim to amplify the work of family child care providers as respected and valued professionals within the early care and education system of New York City. Thank you for your partnership in delivering high quality care and education to the families in your program. We value your input and want this to be an effective resource for your program. If you have any questions or feedback, please either contact your Network team or send an email to fccsupportteam@schools.nyc.gov.

We want to make special mention of all the family child care providers, children and families, as well as the Network staff who have contributed to the development of this program guide. Most of the photos seen throughout are of our amazing affiliated family child care programs through New York City. Thank you for sharing your spaces with us and providing this essential service to our NYC children and their families.

NOTE: Many of the photos appearing throughout this guide include both experiences pre- and during COVID-19. The photos you see without masks and other COVID-19 safety precautions were taken before the pandemic. All photos taken during COVID-19 include proper safety protocols that all family child care providers adhere to.

Family Child Care (FCC) Network Support

Strengths and Relationship-Based Practices

Family Child Care Early Childhood Framework for Quality

FAMILY CHILD CARE NETWORK SUPPORT

Your FCC Network team is responsible for ensuring all aspects of your program run smoothly and according to all State, City, and DOE regulations. It is expected that they will be knowledgeable and work with you in strengths and relationship-based ways as they coach you and your program staff.

Please connect with the following individuals at your Network with your ideas and when questions arise:

- **Network Director** - Responsible for all aspects of the Network program management. Reach out to the Network Director with any questions about administrative aspects of your program.

- **Education Director** - Supports you with enhancing a mixed-age group curriculum for the children in your program. You can reach out to the Education Director with any questions related to educational support services for your program.

- **Education Specialist** - Your Education Specialist will visit your program twice each month and use coaching strategies to support the integration of curriculum, responsive caregiving, family engagement, and other areas related to the care and instruction of the children in your program.

- **Health/Nutrition/Safety Monitoring Specialist** - Your Monitoring Specialist will visit your program once each month to review all requirements outlined by the Office of Children and Family Services (OCFS) and the Child and Adult Care Food Program (CACFP) and will support you in understanding these requirements. You may call on this individual whenever health and safety needs arise.

- **Family Worker** - Assigned to your program to work with the families of the children in your program. You may call on this individual whenever specific family needs arise, for referral and resources. They will also support you with regular family engagement activities in your program.

Strengths and Relationship-Based Practices

In the same way that we know all children are capable of learning and growing, we know all adults are capable of reflecting to learn and grow. Learning happens with the foundation of mutual trust and respect and by focusing on strengths to move toward solutions when challenges arise. Your Network team is expected to partner with you and your program staff to support your unique learning process.

Your Network Education Director and Education Specialist are primarily responsible for providing you with instructional support to plan and implement an evidence-based mixed-age group curriculum. Someone on the Network education team will meet with you **twice monthly** to partner with and support you in positive ways to strengthen and enhance your program. Your Health and Safety Monitoring Specialist will meet with you **once monthly** to review a variety of health, safety, and nutrition topics to ensure compliance with OCFS, DOHMH, and CACFP regulations. The Family Worker assigned to your program will connect with you as needed regarding general and individual supports that are needed regarding family enrollment in your program.

Family Child Care Early Childhood Framework for Quality

The Family Child Care Early Childhood Framework for Quality (FCC EFQ) outlines the expected practices of high-quality family child care Networks and affiliated provider programs.

Your Network will support you in using the FCC EFQ to guide your practices in a way that advances positive outcomes for all children and families. The FCC EFQ is the foundation for the supports they provide, including but not limited to, relationship-based coaching and professional learning.

Resource

• The Family Child Care Early Childhood Framework for Quality: https://tinyurl.com/FCCEFQ

PROGRAM STAFFING

FCC PROGRAM STAFFING

High quality FCC programs are staffed by professionals that meet required qualifications and clearances. The professional and supportive relationships between your program staff and your FCC Network team are intended to assist your overall program as well as enhance interactions with your enrolled children and families. Below we outline how your Network team will support your program with staffing according to state licensing and registration requirements.

*When a Network staff member comes to your program they are considered a "visitor" and must sign the visitor log. **At no time can Network staff be counted within staff-to-child ratios, or be left alone with the children in your program.***

Qualifications

All affiliated providers, assistants, and substitutes must meet the following OCFS qualifications:

- be at least eighteen (18) years old;

- be capable of providing safe and suitable care to children;

- provide to OCFS the names, addresses and daytime telephone numbers of at least two (2) acceptable references, other than relatives; and

- submit a satisfactory medical statement as referenced in 18 N.Y.C.R.R. § 416.11(b).

Additionally, your Network will support you in ensuring that the following qualifications are met based on the ages of children enrolled in your program:

- In a mixed-age home, **this includes EarlyLearn (infants, toddlers) and 3-K children,** you or your full-time assistant (whoever is the primary person responsible for instruction) must have or be working towards a minimum of a Family Child Care or Infant and Toddler Child Development Associate (CDA) credential. If working toward a CDA, a study plan must be completed, with the support of Network staff, within eighteen months from the start of services with the Network.

- In a program providing **services only to EarlyLearn children (infants and toddlers),** you *and* your full-time assistant must:

  - complete at least 30 hours of specialized infant/toddler development training on an annual basis, and

  - have either 2 years of experience caring for children under six years of age, or 1 year of experience caring for children under six years of age plus 6 hours of training or education in Early Childhood Development.

- In a program providing services to **3-K children only,** you *or* your full-time assistant (whoever is the primary person responsible for instruction) must have or be working toward a minimum of the Family Child Care or Preschool CDA credential. If working toward a CDA, a study plan must be completed, with the support of Network staff, within eighteen months from the start of services with the Network.

Comprehensive Background Clearances

All of your program staff must strictly adhere to the Comprehensive Background Clearance (CBC) requirements, including fingerprinting by IdentoGo, and deadlines set forth by OCFS.

In addition, OCFS requires all residents within a Family Day Care (FDC) or Group Family Day Care (GFDC) over the age of 18 to complete these background clearances. Your Network will ensure that the following steps are completed for each individual:

- Be fingerprinted by IdentoGo

- Submit the OCFS Comprehensive Background Check (OCFS-6000) packet

After these steps are completed, individuals can be eligible to receive a CBC approval letter. Individuals will be eligible to work, volunteer or live in an affiliated provider home upon receipt of the CBC approval letter. Additional guidance, policy and allowances may be released aligned to City, State and Federal policies.

Please note, the CBC must be renewed every 5 years. All substitutes must be pre-approved by OCFS and have completed the CBC process in order to work.

Staff Member	NYC DOE Fingerprinting Required?	OCFS Fingerprinting Required?	Tracking System	CBC Required?
Affiliated Provider	No	Yes	OCFS	Yes
Assistants	No	Yes	OCFS	Yes
Residents over the age of 18	No	Yes	OCFS	Yes
Substitutes	No	Yes	OCFS	Yes
Volunteers	No	Yes	OCFS	Yes

Resources

- OCFS Comprehensive Background Check Packet: https://tinyurl.com/OCFS6000

- OCFS Visitor Log: https://tinyurl.com/OCFS6009

- OCFS Information for Providers: https://tinyurl.com/OCFSInfoforProviders

Program Supervision and Ratio Requirements

Your Network will work with you to make sure there is proper supervision of children throughout the day. Following OCFS guidance, competent supervision includes awareness of and responsibility for the ongoing activity of each child, and must take into account the child's age, emotional, physical and cognitive development. Line of sight (within view) supervision of all children must be maintained by your program staff who have a Comprehensive Background Clearance (CBC) approval letter.

Please make sure the following happens at all times with all enrolled children in your program:

- Only OCFS approved and CBC cleared caregivers are left unsupervised with children.

- No one under the age of 18 is left in charge of any number of children at any time.

- Network staff can never be counted towards the supervision ratios of children.

Group Size and Staffing Ratios

The following table summarizes the maximum group size and staffing requirements for each age group and service model as defined by the OCFS requirements (18 N.Y.C.R.R. Parts 413, 416 & 417).

Type of License or Registration	Maximum Group Size	Staffing Requirements	Maximum Children Under 2
Group Family Day Care (GFDC)	12* (+after school)	A minimum of one lead affiliated provider and one assistant provider	May only serve a maximum of 4 children under 2 years (24 months)
Family Day Care (FDC)	6* (+after school)	A minimum of one lead affiliated provider	May only serve a maximum of 2 children under 2 years (24 months)

*If your own children under the age of six are present, they must be included in the total group size.

*Please remember that the same ratios must be maintained during any off-site activities such as neighborhood walks and field trips. **Field trips involving transportation are not permitted for EarlyLearn children (infants and toddlers not in their 3-K year).***

Provider Absences

You may be absent for a short or long term under the following conditions as outlined by OCFS (per Part 416.8(g) and Part 417.8(g) of the NYS OCFS Regulations):

- If you are absent for three or fewer consecutive days, OCFS does not need to be notified in advance; however the program must keep a written record of the caregiver present in your absence.

- If you are absent for more than three consecutive days or have reason to be absent on a recurring basis, OCFS and the Network must be notified in advance and the program must keep a written record of the caregiver present in place of the absent provider.

Note: All absences, short or long term, must be communicated with your Network team. Additionally, written OCFS approval is required for an assistant to work in place of the affiliated provider for long-term absences up to a total of 30 days per year.

Other than in an emergency situation, such as illness or accident, families must be notified in writing two weeks prior to any long-term absence of the affiliated provider. This notice must include specific start and end dates of the absence and who will be taking the affiliated provider's place in the day care program.

In the event that an affiliated provider or assistant is absent, the FDC or GFDC must arrange appropriate coverage.

- Substitutes in FDCs/GFDCs must have advance written approval from OCFS before they are able to care for children in the program. Your Network will support you in developing a substitute staffing plan that ensures that substitute staff are pre-approved by OCFS before they care for any children in the program. You need to maintain on file a list of approved substitutes who are available to care for the children when you or your assistant must be absent. This list must be available for inspection by OCFS, DECE, and the Network at any time.

Staffing for Field Trips and Neighborhood Walks

EarlyLearn children (infants and toddlers) are not permitted to utilize transportation for field trips. 3-K children may use private transportation for field trips.

During field trips and neighborhood walks children must be accompanied by affiliated provider staff at all times. No child may be left unsupervised during any phase of a trip; line of sight supervision must be maintained at all times.

At a minimum, affiliated provider staff-to-child ratios apply to field trips and neighborhood walks. The exact number of chaperones needed will vary depending on the type of trip and must be approved in advance by your Network.

For additional information on field trip and neighborhood walk requirements please contact your FCC Network team.

Resource 📖

- OCFS Parts 416 and 417 with all regulations can be found here: https://tinyurl.com/OCFSRegulation
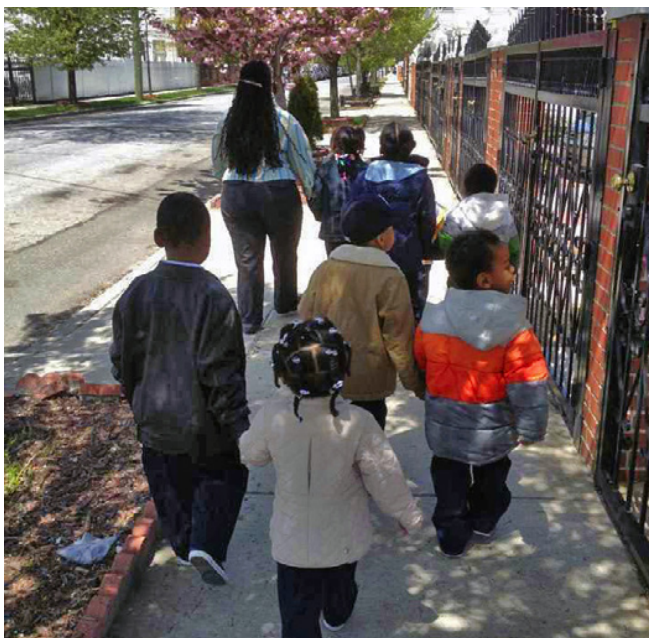
Your FCC Network Affiliation Agreement

The final step in affiliating with your Network was to sign the affiliation agreement. This agreement is your Network's responsibilities to you and your expectations as an affiliated provider. Please keep this signed agreement on site and accessible for reference when needed.

If you choose to leave your Network, you must first notify the Network in writing at least 60 days prior to separation from service. Please take note that any children enrolled in your home through the Network will not be able to stay in your program.

Additionally, the Network has the right to terminate an affiliation agreement based on the failure to comply with the terms of the agreement, or inability to enroll eligible children. You also have the right to appeal the Network's decision by disputing any findings of your affiliation agreement. You will have 14 calendar days following receipt of the termination notice to appeal the Network's decision in writing. A description of the grounds for the appeal as well as any relevant supporting documentation for your position must be included.

PROGRAM OVERSIGHT

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PROGRAM OVERSIGHT

This section provides an overview of the policies that your Network in collaboration with your program must follow regarding outreach and admissions processes, eligibility, attendance, program calendars and hours, meals, allergy guidance, program assessments, and data systems in accordance with City, State and Federal regulations.

Calendar and Hours of Operation

Your Network will support you in ensuring that you meet the service model requirements for the children enrolled in your program.

You will provide services for one or both of the below:

- **3-K for All school day/year services:** This option is open to all families who live in New York City and provides services typically aligned to the DOE school year calendar for three-year-olds. This program model operates DOE contracted services from September–June.

- **Extended day/year services:** This option is open to families who meet income and other eligibility requirements. Services are provided to eligible children Birth to 3-K for 8-10 hours a day and 225 or 260 Services days per year. This program model operates year-round from July 1–June 30.

Please note the age definitions below in relation to the services in your program:

	Age Group	Definition
EarlyLearn	Infants: Under 2 years	Children between the ages of 6 weeks and 24 months
	Toddlers: 2-year-olds	Children over the age of 24 months who are not yet age-eligible to participate in 3-K for All
3-K	Preschool: 3-year-olds	Children who turn 3 by December 31 of the program year

Your Network will support you in understanding the types of seats you may offer to families. In most cases, you may offer two different types of seats including extended day/year seats for children of all ages, 0-3 and/or 3-K school day/year.

Please consult with your Network for details.

Service Model	Hours per Day	Days per Year	Ages Served	Other Require-ments
3-K for All School day/year	6 hrs 20 min	180 days	3-year-olds	NYC residency
Extended day/year for children under 2, 2-year-olds, and 3-K for All children (CCBG)	8-10 hrs	225 or 260 days	All ages, 0-3	Child Care subsidy eligibility requirements for children in these slots*

See the enrollment section for more information.

Hours Per Day

The actual number of hours your program is open is dependent on the service model and Network expectations. **Sample hours might be:**

- 3-K for All school day/year services: 08:00 am – 02:20 pm

- Extended day/year services for 8 hours per day: 08:00 am – 04:00 pm

- Extended day/year services for 10 hours per day: 08:00 am – 06:00 pm

Depending on the needs of the families enrolled in your program, these hours may be shifted. Hours of service must be consistent throughout the year, clearly communicated to families, and approved by your Network and the DECE. Services must begin no later than 10:00 am and no earlier than 7:00 am.

Your Network will work with you to ensure your program operates for the number of required hours, based on the approved services offered in your program.

Annual Calendar

Your Network will create and share an annual calendar that will include the required days of operation and indicate the days your program is open and closed (for holidays, professional learning, and clerical work). If you would like to open or close on different days, a written statement of your requested calendar changes must be submitted to your Network for approval before the start of the calendar year. Your Network will inform you of your requested approval or denial after submitting the request to the DOE FCC support team.

Your Network will support you in making the calendar available in Arabic, Bengali, Chinese, English, Haitian Creole, Korean, Russian, Spanish and/or Urdu upon request by the families enrolled in your program. The calendar must be posted and made available to all families of children enrolled in your program.

Resource ▪️

- DOE Calendar: https://www.schools.nyc.gov/calendar

School Day/Year Eligibility

Children must meet all of the below requirements to participate in the school day/year 3-K for All program.

1. **Age**: *3-K for All:* Children must turn 3 by December 31 of the school year.

2. **Residency**: Children must be residents of New York City to participate in 3-K for All. Children participating in this service model do not need to have documented proof of citizenship or legal immigration status.

3. **Income**: There are no family income requirements for children to be eligible to participate in 3-K. All children meeting the age and residency requirements listed above are eligible to participate in this free program.

4. **Family Share**: There are no family fees to participate in school day/year 3-K for All programs. Programs are permitted to offer fee-based services outside of DOE-funded hours; however, participation in these fee-based services is completely voluntary for families attending a school day/year 3-K for All program. You and your Network may not require families to participate in any fee-based service as a condition of their child's enrollment in school day/year 3-K for All program.

School Day/Year Application and Admission Process

The school day/year 3-K for All admission process allows families to apply to full-day free 3-K for All programs at Family Child Care (FCC) Networks, District Schools, Pre-K Centers, and NYCEECs utilizing the same application.

Your Network will assist families in completing their 3-K for All application and welcome families who receive offers. Families may apply online, over the phone, or in person. If a family does not receive an offer from the program of their choice, they will automatically be placed on the waitlist for the programs listed on their application.

Extended Day/Year Eligibility

Children must meet all applicable Federal and State eligibility requirements, including New York State Child Care Block Grant (CCBG) and OCFS guidelines, to participate in an extended day/year program. You and your Network are responsible for helping families utilize the DOE's enrollment system and submitting eligibility documentation.

Children must meet all of the below requirements to participate in extended day/year services.

1. **Age**: Children are eligible to participate in extended day/year services between six weeks and when they begin Pre-K for All.

2. **Residency**: Children must be residents of New York City. Children participating in the extended day/year service model must have documented proof of citizenship or legal immigration status.

3. **Family Income and Work Requirements**: Families seeking extended day/year services will provide documentation through a central enrollment system to determine whether they meet the following income and work requirements:

   - Children and families receiving extended day/year services are required to meet an income limit of 200% of the State Income Standard (SIS). This standard is established according to CCBG funding guidelines.

   - Families of participating children must document an approved reason for care. For two-parent households, each parent must have a reason for care.

- Examples of possible reasons for care include:
  – Employment (minimum of 20 hours per week)
  – Vocational training/educational activities
  – 4-year college student working at least 17.5 hours per week
  – Looking for work (for a period of up to 6 months)
  – Receiving services in response to domestic violence
  – Experiencing homelessness as defined by the McKinney-Vento Act; for more information about determining whether a child is classified as homeless, see the National Center for Homeless Education's "Determining Eligibility for Rights and Services under the McKinney-Vento Act."
- Families who use employment or vocational/educational activities as a reason for care must be approved for a number of authorized child care service hours based on their work or vocational/educational schedule.
- Families receiving cash assistance (CA), Temporary Assistance for Needy Families (TANF), or income maintenance, foster parents, and families receiving protective or preventive services may also be eligible for extended day/year services funded through CCBG.

4. **Family Share:** Families of children participating in this service model must pay a fee to your Network, which will be based on family size, family income, and priority code (a code assigned to a family based on reason for care and used to calculate family share).

Family Outreach

Outreach to families may be conducted all year long. It's important to work collaboratively with your Network to continuously recruit families and inform them of the services you offer to maintain enrollment in your program throughout the year.


All outreach practices must be objectively fair and transparent to families and must align with the DOE outreach and enrollment materials. You may not:

- Require an interview or implement a screening process before giving families information about how to apply.

- Discourage families from applying to other programs.

- Implement any outreach practices that discriminate against a child or family on the basis of actual or perceived: income, race, creed, sex, gender, national origin, citizenship status, ethnicity, disability, sexual orientation, marital status, religion, or political belief.

- Implement practices that discourage families with special needs from applying or enrolling.

- Offer financial incentives to encourage families to apply for a seat.

- Make the delivery of a giveaway or raffle conditional on a family applying.

Equitable access for all EarlyLearn (infants and toddlers) and 3-K for All children is taken very seriously by the DOE. Evidence of you or your Network's violation of these requirements will result in further investigation and could lead to termination of your affiliation with the Network and the DOE. For additional support with outreach, you may contact your Network or the DOE Outreach team at outreach@schools.nyc.gov.

Outreach strategies include:

- Increase visibility throughout your community (e.g., post 3-K for All and EarlyLearn FCC signs or banners outside your program)

- Develop and implement a marketing strategy

- Offer opportunities for families to visit your program to learn more about the services you offer and ask questions

- Provide materials (e.g., signs, flyers, brochures) in multiple languages spoken by families in the community

- Build relationships by attending local community events, connect with local organizations, etc. to speak with families

- Utilize social media (e.g., create a website, post updates on Facebook, etc.)
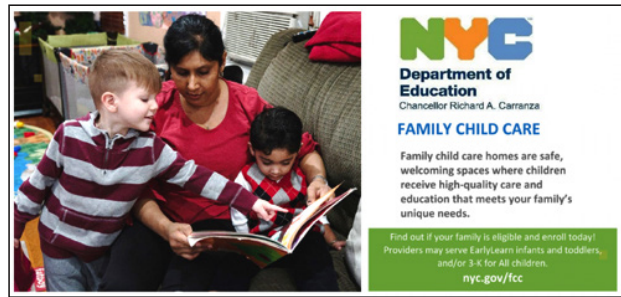
Resources

- Us the **MySchools** website for families to make their application to 3-K programs: https://www.myschools.nyc

- **Enrollment** for infants, toddlers and two-year-olds: https://tinyurl.com/EarlyLearnEnrollment

- The **DOE Family Welcome Centers** are available to support with applications and answer enrollment questions: https://tinyurl.com/DOEFamilyWelcomeCenter

Attendance Overview

To ensure children get the most out of your services, you and your Network must stress the importance of regular attendance.

Children in regular attendance benefit the most from early childhood education services. Early childhood education is truly an irreplaceable time for childrens' growth and development. High-quality early childhood education provides children with stronger math, reading, language, and social-emotional skills into elementary school. To ensure children receive this foundation to succeed in Kindergarten and beyond, attendance is critical.

Clear attendance policies, plus communicating those policies effectively to families, is crucial to improving child attendance:

Networks will work with you to establish clear policies for:

- Absences and lateness, including what is considered excused, what documentation is required, and what families need to do when a child is absent, late, or must leave early.

- Communications with families during orientation, family-provider conferences, and via written/online communications that share the expectation that children attend on a full-time, daily basis.

- Working with families to understand reasons for low attendance (if applicable), discussing strategies to address those reasons and, where necessary, discussing the impact of low attendance on their children's experience.

- Carefully monitoring and supporting the attendance of all children.

You are responsible for tracking attendance and conducting follow-up communication with families whenever necessary. In particular, your Network will support you in assisting children and families with their transition into your program.

Recording Time In and Time Out Attendance

You must record daily time in and time out attendance for each child using the DOHMH Daily Attendance Record Form, or an alternative attendance form that meets the following criteria (per State regulation 18 NYCRR 415.12):

- Date of attendance

- Time of arrival and departure, and

- Notation of full day absence

To ensure attendance records are in compliance:

- Attendance records should be kept on file

- Daily attendance records may be inspected by your Network, the DECE, DOHMH, OCFS or other government officials at any time

- You are not required to send daily attendance records to DECE unless they are requested

Failure to comply with these requirements may result in a delay or denial of payment.

Meal and CACFP Participation

You must provide meals and snacks to children that are age appropriate and meet their nutritional needs. Please reach out to your Network team if you need support in connecting with a CACFP sponsor program.

The DECE has adopted the meal pattern definitions set forth by the New York State Child and Adult Care Food Program (CACFP). In addition to adhering to CACFP standards, you are also required to follow the New York City Food Standards for all meals served.

CACFP is a nutrition education and meal reimbursement program funded through the United States Department of Agriculture (USDA). CACFP sets requirements for the type and amount of food to be served in child care programs, provides reimbursement for child care programs to serve meals that meet these requirements, and offers training to staff in participating programs. ***All family child care programs are required to participate in CACFP.***

Meal Requirements

The following meals are required under each service model:

- **School Day/Year:** you must follow the CACFP guidance to offer:
  - Two meals and one snack (e.g., breakfast, lunch and afternoon snack); or
  - One meal and two snacks (e.g., morning snack, lunch, and afternoon snack)
    - Under this option, lunch must be offered.
- **Extended Day/Year:** you must follow the CACFP guidance to offer two meals and one snack; acceptable meal patterns include:
  - Breakfast, lunch, and afternoon snack; or
  - Morning snack, lunch, and supper.
- **School Day/Year and Extended Day/Year:** Affiliated providers offering both school day/year and extended day/year seats must provide two meals and one snack to all children that are present when meals are served.

Proof of CACFP participation must be maintained on site and made available upon request by the Network and/or the DECE. Affiliated providers must maintain accurate records of the meals served and how many children were served meals each day.

Providing Meals to Children with Dietary Restrictions

Children with medical needs and/or food preferences may require food substitutions or meal pattern modifications to meet their dietary needs. It is important that you follow the guidelines below and understand what menu modifications are mandatory and/or permitted.

- Food substitutions are:
  - A food item from the planned menu that is replaced by another food of the same food component category (i.e. peaches replacing citrus sections).
- Meal pattern modifications are:
  - Changes to the menu which result in less than the minimum meal pattern requirements being met for food components (i.e. no serving of grain/bread is provided).

Reasonable modifications to the meal pattern for children with disabilities, on a case by case basis, when supported by a medical statement must be made. Modifications must be provided at no extra cost to the family. Meals must be provided in the most integrated setting appropriate to the needs of the disabled child.

- The medical statement should include the following information:
  – A description of the child's impairment written so the affiliated provider can understand how the impairment restricts the child's diet
  – An explanation of what must be done to accommodate the disability (i.e. for children with food allergies, the statement must identify the food(s) that cannot be served and recommended substitutions).

The medical statement must be signed by a licensed professional. In New York State, licensed professionals that can write the medical statements include physicians, nurse practitioners, physician assistants, and dentists.

Substitutions may be requested by a family for non-medical reasons. These substitutions should be provided by the family. *In all cases, families may opt to provide meals for their child.*

Managing Food Allergies

With the support of your Network, you and your program staff must have a process in place to identify any children with food allergies. Upon being notified that a child has allergies, Networks and affiliated providers should take the following steps to collect information and plan collaboratively with the child's family and physician to support their needs:

1. Request that families complete the Allergies/Anaphylaxis Medication Administration Form (AAMAF).

2. Maintain all documentation in a secured location (e.g., filing cabinet).

3. You and your program staff should collaboratively develop an Individual Health Care Plan (OCFS-7006) and Individual Allergy and Anaphylaxis Emergency Plan (OCFS-6029) with the child's family and physician. The plan should include the following information:
   a. Allergen(s) to avoid (e.g., nuts, certain food groups)
   b. Procedures the program and family will follow to reduce the risk of exposure
   c. Range of symptoms the child exhibits when exposed to allergen(s)
   d. When and how to administer emergency medication
   e. When to call 911, if necessary
   f. Appropriate food substitutes/meal pattern modifications, if applicable

4. You and your program staff must receive training on prevention and response to allergic reactions. Program staff must be familiar with and trained on the Individual Health Care Plan and emergency care procedures for any child who will be in their care.

5. Information on child allergies must be made available to all staff that come in contact with the child, and posted in a discreet location within the program out of respect for the privacy of children within the program.

Menus

On a weekly or monthly basis, your Network will support you in sharing a menu with families with details about the daily meals and snacks you will serve to children. It is important that the menu includes foods from diverse cultures and meets the needs and preferences of children and families.

Menus must:

- Contain a sufficient amount of detail to be helpful for families

  – **Example:** Instead of "fruit," you should include detail such as "sliced apples"

- Be distributed to families in advance and posted in a place where families can easily see during pick-up and drop-off

  – **Example:** If the menu is prepared on a monthly basis, you should distribute menus to families in the last week of the preceding month

- Accurately reflect the food that will be served with a note explaining that changes may be made based on what is fresh and available/in season

- Be provided in the home language spoken by the family as necessary.

Promoting Learning during Meal Time

Meal time is an opportunity to promote children's progress in approaches to learning, social-emotional development, healthy habits, fine motor skills, and language development. Whenever possible and to facilitate this learning, meals and snacks should be served family-style and provided in an environment conducive to interaction between staff and children.

During meal time, staff should:

- Sit with children

- Model healthy eating habits, such as showing enthusiasm for trying new foods

- Promote positive social interactions; children should be encouraged to talk during meal times

- Support children, as needed, to develop skills to feed and serve themselves independently

Children should have a role in managing meal time and can participate in distributing supplies, serving themselves, and cleaning up after the meal is finished.

Due to allergy concerns and other dietary restrictions, staff members who are not responsible for food preparation may not share foods brought from home with children.

Food Safety and Sanitation Requirements

Your Network will work with you to ensure the following food safety and sanitation policies in accordance with OCFS policies and guidelines, and defined by the FCCERS-R. Failure to prepare, store, and serve food in a safe and sanitary manner may lead to harmful health consequences for children. You must follow these guidelines in addition to guidance provided by OCFS.

Food Storage

- All food should be stored at the proper temperatures in a clean and sanitary environment.

- Dry or canned food is to be stored in insect and rodent-proof containers with tight lids.

- Keep food out of the danger zone for temperature (food should be kept at a temperature lower than 40°F or above 140°F).

- Expiration dates are to be monitored and food should not be served or kept beyond the expiration date.

Meal Service

- Hands should be thoroughly washed before wearing new gloves and after handling food.

- To prevent the contamination of food, food handlers should use single-use disposable gloves.

- Proper serving utensils are to be rust-free, clean and sanitized.

- Food that leaves the kitchen or food storage areas should be covered and maintained at proper temperatures when transported.

- Food moved to serving areas should be discarded after meal service and may not be re-served.

Clean-up and Sanitation

- All food contact surfaces should be properly cleaned and sanitized before and after meal service.

- To clean and sanitize tables or soiled surfaces:
  - Food spills on tables should be cleaned with a soap and water solution.
  - After cleaning, use a spray bottle containing a sanitizing solution made up of one capful of bleach per one gallon of water to sanitize tables.
  - The bleach-water solution should be allowed to sit for at least 10 seconds before being wiped dry.
- A separate paper towel is required for each table.

Hand Washing Practices after Meal Time

In accordance with FCCERS-R, the following hand washing practices should be followed by children and staff after meal times:

- Moisten hands with water and apply liquid soap to hands

- Rub hands together, away from the water stream, vigorously until a soapy lather appears and continue for at least 20 seconds (children can sing "Row, row, row your boat," twice)

- Rinse hands, and dry with individual paper towels that are not shared

- The paper towel should be used to turn off the faucet when done

- Throw paper towels in the wastebasket

Sanitizers should not be used as a substitute for hand washing, as sanitizers are not as effective at eliminating pathogens. If sanitizers are used, hands should be washed as soon as possible using soap and water.

Food Served on Special Occasions

Food provided on special occasions such as holidays and birthday celebrations must:

- Include a healthy option such as fresh fruit and/or vegetable slices

- Be served with water as a beverage option

- Be served at the same time as lunch or snack; program's food must also be served

It is also strongly recommended that if you serve sweets/desserts at special occasions that you do so in moderation and offer child-sized portions. Inform families in advance if sweets/desserts will be served on a special occasion and provide families with the option not to have these foods served to their child.

There must be program policy developed on whether families will be allowed to provide food to children on special occasions. If families are allowed to provide food, the policy must include the following:

- That families must provide a list of ingredients included in the food to ensure the health and safety of children with dietary restrictions.

- That families must provide permission in advance allowing their child to eat food provided by families of other children.

Guidance on Family Provision of Meals

Families can provide meals as long as they have been informed that the affiliated provider is providing a healthy meal and snack for their child at no cost. If a family prefers to provide meals for their child, the affiliated provider is responsible for ensuring that the child's food is properly refrigerated, and that the family is informed of age-appropriate nutritional guidelines.

If a family prefers to provide a meal and/or a snack for their child:

- Affiliated providers should request a note from the child's family indicating that the child will be provided with a meal and/or snack from home

- The note should state that the affiliated provider is not responsible for providing the meal and/or snack since the family intends to provide it on a daily basis

The DECE recommends that you encourage families not to send food in with their child for the following reasons:

- Children may expand their food preferences by trying different foods

- If the meals are served family style, the child can choose how much and what they want to eat

- The program's meals may be more nutritious

Meal time is more cohesive when all children are eating the same meal. If one child brings in food, others may request to do the same, increasing the difficulty of serving a family style meal.

Resources 📘

- OCFS Daily Attendance form: https://tinyurl.com/LDSS4443

- New York State's CACFP website with detailed information: https://www.health.ny.gov/prevention/nutrition/cacfp/

- USDA's CACFP website for detailed information: https://tinyurl.com/USDACACFP

- NYC Food Standards: https://tinyurl.com/NYCFoodStandards

- Allergies/Anaphylaxis Medication Administration Form (AAMAF): https://tinyurl.com/MedicationAdministrationForm

- Individual Health Care Plan (OCFS-7006): https://tinyurl.com/IndividualHealthCarePlan

- Individual Allergy and Anaphylaxis Emergency Plan (OCFS-6029): https://tinyurl.com/OCFS6029

Data Management and Child Privacy

The Family Educational Rights and Privacy Act (FERPA)

To support child learning and to ensure that staff have easily accessible information on child health and safety needs, it is required that you and your Network maintain all required child records.

It is essential to comply with all applicable regulations and protect the privacy of children's records in accordance with FERPA, including protecting the confidentiality of child records when they are maintained on site, discarded, or placed in storage.

You must maintain child records in an easily accessible and confidential space on site. In accordance with FERPA, no part of a child's record may be divulged with personally identifiable information to any person, organization, or agency in any manner unless there is:

- Informed written consent by the family — Please see Chancellor's Regulation A-820 for the family's Consent to Release of Student Records (linked in the Resources section below)

- A valid court order or lawfully issued subpoena requesting such information

- A request for disclosure by authorized representatives of the officials or agencies headed by Federal, State or local education authorities

- A health and safety emergency and disclosure of personally identifiable information is necessary to protect the health and safety of the child or other individuals

- Another reason permitted by law

Please note, a record of each request and each disclosure of personally identifiable information from the child's records must be maintained.

After maintaining children's records for the required period of time, you must properly dispose of the information. When records containing confidential information are to be disposed of, they must be shredded to ensure that the confidential information is destroyed. Boxes containing child records designated for disposal must be carefully labeled. For more information on FERPA, please see Chancellor's Regulation A-820.

Resource ▌

- Chancellor's Regulations A-820: https://tinyurl.com/RegulationA820

HEALTH and SAFETY

Licenses and Registration

Program Facilities

Outdoor Play Space

Religious Symbols

Safety and Security: Plans and Procedures

Monitoring and Support

Documentation

Incident Reporting

Staff and Child Health Requirements

Routine Care of Children

Child Abuse Prevention
and Reporting

HEALTH and SAFETY

Networks are here to support you in maintaining a healthy and safe learning environment for children. Networks will collaborate with you to ensure that all OCFS regulations are met and followed and necessary documentation for operating a safe program is filed and maintained at your program.

The following health and safety sections are focused on license regulations that you must adhere to as an affiliated provider. Networks are responsible for working with you and your program in making sure regulations are followed.

Licenses and Registration

You must maintain a current Group Family Day Care (GFDC) license or Family Day Care (FDC) registration issued by OCFS.

Your Network is responsible for submitting all newly issued or renewed licenses or registrations issued by OCFS to the DECE on your behalf. Please be sure to submit the necessary documents to your Network in a timely manner.

Under no circumstances may children receive services if you do not have a valid OCFS license/registration for GFDC or FDC.

In the event of an emergency at your FCC program including, but not limited to, the cancellation, denial, suspension, or revocation of your OCFS license or registration, or an emergency that requires your program to relocate to a different location as directed by emergency services and approved by OCFS, the Network is responsible for informing DECE and the DECE Budget Office within one (1) day.

If your OCFS license or registration is suspended, the Network will work with you to ensure that a new OCFS license or registration application is in process within thirty (30) days. You are not allowed to provide DOE services without a license or registration during that time period.

Program Facilities

Program facilities must be adequate and well-maintained for high-quality instruction to take place. Networks are responsible for supporting you in understanding all applicable facilities requirements based on OCFS regulations, applicable fire and building codes, the Network contract, your affiliation agreement and all other applicable City, State, and Federal regulations.

The table on the next page provides detailed information regarding facility requirements for FDCs and GFDCs. Networks are responsible for working with you in complying with all facility requirements per OCFS and other applicable regulations.

Facility Safety Requirements

Location within the Building	Programs can operate up to the 5th floor of an apartment building. Programs cannot operate above the 2nd floor of a single-family dwelling.
Modes of Egress	You must have two modes of egress. Fire escapes are considered a mode of egress.
Fire Extinguishers	Multi-purpose fire extinguishers approved to be used in residences must be maintained in good working condition and placed in the kitchen and outside the furnace room. A program located in a multiple family dwelling is not required to place or maintain a fire extinguisher outside the furnace room of such dwelling, but must have another one located in the space where child care services take place. Fire extinguishers with gauges must show a full charge and fire extinguishers with seals must have unbroken seals.
Emergency Evacuation	The emergency evacuation diagram must be posted in a visible location. The emergency evacuation diagram must include a designation of primary and secondary evacuation routes and methods of evacuation.
Fire and Carbon Monoxide Detection Systems	There must be an operational smoke detector on each floor of a program. In addition, there must be a smoke detector located either within rooms where children nap, or in adjoining rooms if there is no door. When smoke detectors operate from electrical power they must also have a battery powered back-up energy source. Operating carbon monoxide detectors must be used in all homes when required, and located in areas of the home in accordance with applicable laws.
Temperature	A temperature of at least 68 degrees Fahrenheit must be maintained in all rooms to be occupied by children.
Protective Guards/ Coverings	Radiators and pipes located in rooms occupied by children must be covered to protect the children from injury when the heating system is in use. Windows above the first floor that are accessible to children, other than those identified for emergency evacuation, must be protected by permanent barriers or restrictive locking devices that prevent a window from opening fully.
Portable electric heaters	Portable electric heaters or other portable heating devices, regardless of the type of fuel used, may not be used in rooms accessible to the children.
Outlet Covers/ Protective Mechanisms	All electric outlets that are accessible to children should be covered when not in use or be tamper resistant receptacles.

Door latches, locks and covers	Every closet door latch that is accessible to children must be constructed to enable children to open the door from inside the closet. Every bathroom door lock may be designed to permit opening of the locked door from the outside in an emergency. The opening device must be readily accessible. Egress doors must be able to be opened from the inside without using a key. Child protective door knob covers may not be used on egress doors.
Stairways	Barriers, porches, decks, or stairs with more than two steps must have railings with a barrier extending to the floor or ground to prevent children from falling. Acceptable types of barriers include, but are not limited to, balusters, intermediate rails, and heavy screening.
Finishing and Materials	Toxic paints or finishes must not be used on room surfaces, furniture, or any other equipment, materials, or furnishings that may be used by children or are within their reach.
Asbestos	Programs must comply with all applicable Federal, State, and Local laws and regulations regarding the inspection, containment and removal of friable asbestos containing materials. Programs must ensure that facilities do not contain any contaminants and other environmental health risks.
Lead-Based Paint	All walls, furniture, and equipment must be free of lead-based finishes.
Lead Water Testing	Must follow OCFS regulations and make records available for inspection by the Network and DECE.
Storage of Cleaning Supplies	Cleaning materials must be stored in their original containers or labeled clearly with contents inside. Cleaning materials must not contaminate play surfaces, food, or food preparation areas, or constitute a hazard to children. They must also be kept in a place inaccessible to children.
Furniture/Play Space	Programs must ensure furniture and play spaces are in safe locations and used specifically for their intended purpose. Materials and equipment used by children must be sturdy and free from rough edges and sharp corners.
Firearms/Weapons	All firearms, weapons and ammunition in the program must be securely stored and inaccessible to children. The affiliated provider must give written notice to OCFS, the Network, and families if any firearms, weapons or ammunition are on the premises.

Outdoor Play Space

Children must have access to an outdoor space large enough to allow them to freely run and use their large muscles for activity for at least 60 minutes a day. Outdoor space may include public parks, school yards, or public play areas.

A written plan or diagram outlining how children will safely travel to and from this location must be developed and approved by OCFS.

You are required to provide outdoor play space that is:

- Located on site; or

- Located within close proximity of the site, with no major highway or other physical barriers that may pose a safety risk.

All equipment in an outdoor play space *must*:

- Be in good repair and free from hazards, such as sharp edges for the ages served:
  – Thirty-two inches for infants and toddlers
  – Forty-eight inches for preschoolers
  – Six and one-half feet for school-age children

- Be free of toxic or poisonous finishes or materials, such as lead and arsenic

- Provide adequate and age appropriate fall zones and cushioning should children fall off the equipment

If stationary equipment that is not considered developmentally appropriate for children's use exists in the outdoor space(s), you should provide careful supervision so that children do not use this equipment and should provide alternative portable equipment (balls, hula hoops, tricycles) if needed to ensure that all children are actively engaged.

To ensure the health and safety of children, outdoor play areas must be maintained and in good condition. You can always reach out to your Network team for support and guidance in creating a safe outdoor play space for your program.

Religious Symbols

Wherever possible, all religious signs, identification, symbols, or insignias from any part of the interior or exterior of the program building must be removed or covered.

If you have any questions about this requirement, contact your Network team.

Safety and Security: Plans and Procedures

You must maintain a safe learning environment for both children and program staff by having comprehensive safety and security policies, procedures, and staff trainings as outlined in your OCFS approved Health Care Plan.

Emergency Preparedness

You must develop and maintain an Emergency Plan and Evacuation Diagram in accordance with DOE policy and OCFS emergency and evacuation requirements. Your Network team is available to support you and your program in creating the safety plan and procedure of your program.

Emergency Plan

A written Emergency Plan using the template provided by OCFS must be maintained and available for review at your FCC program. The Emergency Plan must include the following information:

- How children and adults will be made aware of an emergency

- A designation of primary and secondary evacuation routes

- Methods of evacuation, including where children and adults will meet after evacuating the program/home and how attendance will be taken

- The designation of primary and secondary emergency relocation sites to be used in the case of an emergency, which prohibit re-entry into the premises

- A plan for shelter-in place, including how the health, safety, and emotional needs of children will be met in the event it becomes necessary to shelter-in-place

- A plan for notification of children's family, the Network, and the DOE in the case of an emergency

Fire Safety

Within 5 days of receiving initial and/or renewal of license from OCFS, you must contact and notify the local fire and police department (using OCFS form S-4939) of the following:

- the address of the family or group family day care home

- the maximum capacity of the family or group family day care home

- the age range of the children in care

- the hours of operation

Evacuation procedures should implement recommendations from the local fire department responsible for the area in which the affiliated provider program is located.

Fire Drills

- Fire drills must be conducted at least **once a month** (using alternate exits, if applicable) during the hours of operation of the home as required by OCFS. Fire drills must be logged and available for review.
  - Exiting through the window or on to the fire escape during a drill is not required
  - Fire drills should be practiced at various times of the day, including nap time, and during varied activities. Multi-purpose fire extinguishers with gauges must show a full charge with seals that have unbroken seals as required by OCFS.

See OCFS Regulations for additional Fire Safety/Fire Protection procedures.

Shelter-in-Place

Shelter-in-place emergency procedures take effect if a dangerous incident occurs outside of the facility (e.g., severe storms, release of hazardous materials). During a shelter-in, children and staff remain inside the building.

- Shelter-in-place drills must be conducted **twice annually,** as required by OCFS.
  - DECE recommends conducting shelter-in-place drills every 6 months
- Each shelter-in-place drill must be recorded and kept on file.

See OCFS Regulations for additional Shelter-in-Place procedures.

Arrival and Dismissal

- All staff, caregivers, and visitors are required to sign in and out during drop off, pick-up, and visiting the home during operating hours as required by OCFS.

- Children cannot be released to anyone other than the family and/or caregivers listed on the Pick-Up Authorization form.

- All sign-in and -out sheets should include the child's name, health check, arrival time, departure time, and signature from someone on the Pick-Up Authorization form.

- Affiliated providers must maintain a daily attendance record as required by OCFS.

    See sample DOHMH Attendance Sheet on page 39.

Health Care Plan

- A Health Care Plan must be made readily available to staff and families as required by OCFS. OCFS must review and approve any changes or revisions to the Health Care Plan before the program can implement the changes.

  - In instances where you and your program will need to administer medications, the Health Care Plan must be approved by your health care consultant, unless the only medications to be administered are:

    - Over-the-counter topical ointments, lotions and creams, sprays, including sunscreen products and topically applied insect repellant; and/or

    - Epinephrine auto injectors, Diphenhydramine in combination with the auto injector, asthma inhalers and nebulizers. The child's family members may demonstrate how to use the equipment and medication.

  - If your program is serving a child with a medical need, you and your program must work together with the family and the child's health care provider to develop a reasonable **Individual Health Care Plan** for the child while the child is enrolled in the program.

    - In cases where a family has provided an individualized health care plan indicating specific emergency medications (i.e. an epinephrine auto-injector, asthma inhaler and/or nebulizer) to be administered to the child, your program must follow the procedures in the plan, including:

      · Attaching completed Individual Allergy and Anaphylaxis Emergency Plan to Individual Health Care Plan.

      · Notifying the child's family in the event of an emergency.

      · Arranging for any needed transportation of a child in need of emergency health care.

      · Reporting the medical emergency to OCFS/DOHMH and your Network team within 24 hours.

  - With the support of your Network team, you must ensure that your program complies with the provisions of the Americans with Disabilities Act (ADA).

    - If any child enrolled in the program now or in the future is identified as having a disability covered under the ADA, the program will assess the ability of the program to meet the needs of the child.

    - If the program can meet the needs of the child without making fundamental alterations to the program and the child will need regular or emergency medication, connect with your Network team to ensure that you are following the steps required to have the program approved to administer medication.

Health Emergencies

The written medical consent form is obtained from families during the child's enrollment to the program through the Network. Your Network team will provide you with a copy of the medical consent form to keep on file at your Group Family Day Care/Family Day Care home to give you and your program authorization in obtaining and/or providing emergency health care.

Emergency Communications

In any emergency situation where a child is in immediate danger, 911 must be called immediately. Following the 911 call, the incident must be reported to your Network team.

- Emergency responders' contact information (911, poison control, child abuse, and hospital/emergency room) must be posted within the Group Family Day Care/Family Day Care home.

- After the administration of epinephrine to a child in the program, 911 must be contacted immediately.

- If a staff member has administered an asthma inhaler or nebulizer to a child and the child's breathing does not return to normal functioning, 911 must be contacted immediately.

Required Emergency, Evacuation, and Health Care Plans must be submitted and reviewed by the Network. Documents must be updated annually at a minimum and kept in an accessible location at the FCC program site, where you and your program staff can actively reference, and made available for inspection by the Network, DECE, DOHMH and OCFS.

Emergency Plans must be updated and reviewed by the Network for changes including, but not limited to: facility changes, changes in children's medication requirements, health and safety violations, or the hiring of new staff.

A copy of all required plans must be shared and submitted to the Network to maintain in an accessible location within the Network office.

Resources ◾ & Action Items ☑:

- OCFS Regulations: https://tinyurl.com/OCFSRegulation

- DOHMH Attendance Sheet: https://tinyurl.com/DOHMHAttendanceSheet

- Pick-Up Authorization Form: https://tinyurl.com/OCFS0792

- Individual Health Care Plan (OCFS-7006): https://tinyurl.com/IndividualHealthCarePlan

- Individual Allergy and Anaphylaxis Emergency Plan (OCFS-6029): https://tinyurl.com/OCFS6029

- Sample OCFS Application: https://tinyurl.com/SampleOCFSApplication

Monitoring and Support

During monitoring visits, Network staff will use the Monitoring Checklist and Feedback & Action Plan Form ("Monitoring Checklist") to support you in maintaining the health and safety of your family child care program. **Monitoring visits are completed once a month for 1.5 hours**, alternating between Part I: Environment and Part II: Health and Safety of the Monitoring Checklist.

The Monitoring Checklist includes major items and indicators that all family child care programs must be in compliance with, as specified in the OCFS Regulation 416 and 417. Each part (Part I and Part II) of the checklist is divided into five items, with a number of indicators that fall under each item (*see sample below).* Some items may have core indicators listed. **Core indicators must be followed. If core indicators are not observed during a monitoring visit, investigative agencies (DOHMH, SCR, and/or SCI) will be contacted immediately.**

- **Part I:** Environment Items

  A. Documents available for review

  B. Indoor Environmental Safety

  C. Fire Safety

  D. Emergency Preparedness

  E. Outdoor Play Safety

- **Part II:** Health and Safety Items

  A. Health & Sanitizing Practices

  B. Diapering and Toileting Practices

  C. Napping and Resting Practices

  D. Mealtime Nutritional Practices

  E. Supervision

Sample FCC Monitoring Checklist:

D. Mealtime Nutritional Practices (*reference USDA CACFP Handbook*)	**Item**
1. Program is affiliated, aware and follows CACFP guidelines per DECE Policy Handbook. Additional Notes: **Indicators**	Yes No
2. Program staff serves sufficient and nutritious meals and snacks that follow the Child and Adult Food Program. <u>A child is never denied food because they arrived late or as a form of punishment</u> *416.12(a and ac)* and per DECE Policy Handbook. **If a child is denied food because they arrived late or as a form of punishment, investigative agencies (SCR, SCI, and DOHMH) must be contacted immediately.** Additional Notes: **Core Indicators**	Yes No
3. Program has written statement from the parent of each infant in care, setting forth the breast milk, formula and feeding schedule instructions for the infant and must be updated as changes are made. *416.12(n)* Additional Notes:	Yes No N/A

Documentation

Child Documentation

The Network team will support you and your program in completing the following forms with families upon enrollment. A copy of the forms will be shared with you and must be organized and kept on file at your FCC program.

- CH-205 Medical form, updated at the appropriate intervals (Newborn, 1 Month, 2 Month, 3 Month, 4 Month, 6 Month, 9 Month, 12 Month, 15 Month, 18 Month, 2 Years, 2.5 Years, 3 Years)
- Medical Consent
- Napping Child Arrangement
- Feeding Agreement
- Ointment Agreement
- Emergency Contact
- Pick-Up Authorization
- Outdoor/Neighborhood Walk Consent
- Parent Agreement

Note: The Parent Agreement is a document that will be shared with families to complete by your Network during enrollment/intake. Please work with your Network team to ensure that the Parent Agreement is reflective of your program. This agreement should work alongside the parent handbook that you may have available for your families.

Provider Documentation

A file of the following documents must be maintained, and some posted at your program as per OCFS regulations:

- Current license/registration (posted)
- Most recent Compliance History Report from DOHMH
- Emergency evacuation diagram (posted)
- Emergency plan
- Emergency contact information (posted)
- Fire drill log
- Shelter-in Place log
- Health Care Plan
- All staff, caregivers, and visitors sign-in and -out form
- CPR/First Aid certificate
- CACFP menu (posted)
- Up-to-date food allergies (posted)
- Daily schedule of program activities (posted)

Incident Reporting

In the event that the following incidents occur, you and your program must report to your Network team immediately.

- All incidents (calls to 911, closures, facility and maintenance, DOHMH violations, safety and security, inadequate instructional materials, instructional quality & program management, religious instruction, discrimination in enrollment, enrollment & attendance, finance & administration, program ratios, abuse, supervision etc.)
  - DOHMH will be alerted immediately for the following incidents:
    - Blocked or change of egress
    - Programs are out of ratio and lack of proper supervision
    - Incidents of child abuse
- Emergency closures due to building repair or any other family emergency reasons.
- Any absences for more than 3 consecutive days. *OCFS must also be informed in this situation.*
  - Please share with your Network a record of the approved program staff that will take your place during your absence. *OCFS approved substitutes are permitted to work in your place for up to a total of 30 cumulative days per year as per OCFS regulation.*

Resources ◼

- OCFS Parts 416 and 417 with all regulations can be found here: https://ocfs.ny.gov/programs/childcare/regulations/
- CH-205 Medical Form: https://tinyurl.com/CH205MedicalForm
- Medical Consent: https://tinyurl.com/OCFS7002
- Napping Child Arrangement: https://tinyurl.com/NappingChildArrangement
- Feeding Agreement: https://tinyurl.com/infantfeedingagreement
- Ointment Agreement: https://tinyurl.com/OCFS6010
- Emergency Contact: https://tinyurl.com/OCFS6050
- Pick Up Authorization: https://tinyurl.com/OCFS0792
- Outdoor/Neighborhood Walk Consent Form: https://tinyurl.com/OutdoorConsentForm

Staff and Child Health Requirements

All staff and children within your FCC program must have the required immunizations and health checks to ensure the health and safety of your program environment.

Staff Health Overview

All medical documents certifying that you and your program staff have met the health requirements. Medical statements must be completed within the 12 months preceding the date of application as required by OCFS. Medical forms must be shared with your Network upon affiliation.

Program Staff Health Requirements:

- All program staff, volunteers with a regular presence in the home and household members must complete the OCFS *Staff, Volunteer, and Household Member Medical Statement*. Such medical statements must be completed prior to employment and must be dated within 12 months preceding the date of the application or the hiring date.
  - Only a licensed health care provider (e.g., physician, physician's assistant, or nurse practitioner) may complete and sign the Medical Status section.
  - A registered nurse is not authorized to sign the Medical Status section but can sign the Tuberculosis (TB) Test Information.
  - A health care professional may use an equivalent form as long as all required information is included.

- For all program staff, volunteers, and household members, the Medical Form must provide:
  - Satisfactory evidence that the individual is physically fit to provide child day care and has no diagnosed psychiatric or emotional disorder, which would preclude such an individual from providing day care
  - An indication that the individual is free from communicable diseases unless their health care provider has indicated that the presence of the communicable disease does not pose a risk to the health and safety of children

- For all program staff, the Initial Medical Form to work at this family child care program must also provide:
  - The results of a mantoux tuberculin test or other federally approved tuberculin test performed within the 12 months preceding the date of application or hiring

Child Health

All children enrolled within your program must meet all child health requirements of OCFS, the DOE, and the DECE.

Immunizations

All children must be immunized in accordance with the New York Public Health Law §2164 and OCFS regulations. The Network team will support your program in collecting medical forms at enrollment.

- Prior to allowing a child to attend an affiliated provider program, Networks must ensure that the child has:
  - Obtained all required immunizations, as set forth below; or
  - Obtained, at a minimum, the provisional immunizations to enroll; or
  - Received a valid medical exemption for any missing immunizations or
  - Has submitted a medical immunization exemption request and is waiting on a determination.

A child may not attend any program if immunization information has not been provided for that child. Your Networks will work with you to maintain documentation showing that each child in attendance has received all required immunizations, has received all the provisional immunizations necessary to enroll, has received all applicable immunization exemptions, or has submitted a medical immunization exemption request and is waiting on a determination.

- Below are the immunization requirements, please note these are subject to change. Networks should regularly review immunization requirements.

Immunization	Doses Required	Notes
Hepatitis B (HepB)	3 doses	
Diphtheria-tetanus-pertussis (DTaP)	4 doses	
Haemophilus influenzae type b (Hib)	1–4 doses	Depends on child's age and type of doses previously received
Pneumococcal conjugate (PCV)	1–4 doses	Depends on child's age and type of doses previously received
Polio (IPV or OPV)	3 doses	
Influenza (Flu)	1 dose	Annual requirement for children 6 months and older. Must be given between July 1 - December 31
Measles, mumps, rubella (MMR)	1 dose	

Families may provide immunization information by using one of the following:

- A completed new Child and Adolescent Examination Form (CH-205 Medical Form)

- A printed record from the DOHMH Citywide Immunization Registry signed by a licensed medical provider

- A print out of an electronic medical record signed by a physician or health practitioner

- A signed yellow immunization card

If a family is unable to locate their child's immunization records, please inform them that their licensed medical provider can obtain the immunization record from the DOHMH's Citywide Immunization Registry (CIR). Families may also request immunization records by completing the Immunization Record Request Application.

Provisional Immunization Requirements

- Children who have not yet received all required immunizations may attend your program **only** if documentation shows the child meets the Provisional Immunization Requirements.

- Once the child starts, subsequent vaccines must be administered in accordance with the Advisory Committee for Immunization Practices (ACIP) Catch-up Immunization Schedule for the child to be considered "in process" and remain in attendance.

- You must connect with all families who have not yet received all required immunizations to meet the Provisional Immunization Requirements and receive subsequent vaccines in accordance with the Catch-up Immunization Schedule. If support is needed, you can contact your Network team for additional support and guidance.

- Children who are not immunized in accordance with the Provisional Immunization Requirements must be excluded from your program until they comply with the requirements.

Children living in temporary housing and children who recently transferred from another state or country may receive flexibility in meeting immunization requirements. Please see below for more details.

Immunization Exemptions

Section 2164 of the New York Public Health Law permits a medical exemption to the mandatory immunization requirements.

- If a New York State licensed physician certifies that such immunizations may be detrimental to the child's health:
  - Parents must submit the Medical Request for Immunization Exemption Form signed by a New York State licensed physician or other health practitioner certifying the specific immunization(s) detrimental to their child's health and the length of time the immunization(s) is detrimental to the child.
    - Medical exemptions must be renewed annually

The New York Public Health Law does not authorize the granting of exemptions based upon religious, personal, moral, secular, scientific or philosophical beliefs. Therefore, no such exemptions may be granted.

Your Network will support you in ensuring documentation showing that each child in attendance has received each vaccination required or has received a medical exemption from such a requirement. If this information is not available, you may be subject to citations and/or fines by their licensing agency for each child not meeting these requirements.

Students in Temporary Housing

Pursuant to the McKinney-Vento Act, a child living in temporary housing may not be denied admission or enrollment because they lack documentation verifying that immunizations have been received. If a child living in temporary housing does not have the documentation, the Network or affiliated provider must assist the family to obtain documents and/or obtain the necessary immunizations. Children should not be suspended or excluded from your program even if the Network does not receive documentation or the child has not received all required immunizations, unless the family has indicated that they are refusing to vaccinate the child. The Network should continue to make efforts to support the family in obtaining up-to-date vaccinations and documentation and may contact EarlyChildhoodPolicy@schools.nyc.gov for additional support.

Children Transferring from another State or Country

If a child is transferring from another state or country and the family can show a good faith effort to get the necessary certification or other evidence of immunization, the Network and affiliated provider may permit such child to attend for up to 30 school days. Networks must ensure that written confirmation of immunizations from a licensed medical provider is received within the 30 days, or the child must be excluded from the affiliated provider's program.

Child and Adolescent Health Examination Form (CH-205)

All children must provide documentation of a comprehensive medical examination that has been conducted by a licensed medical provider (physician, nurse practitioner, or physician's assistant with physician sign off). The medical examination must have taken place within one year of program entry.

The CH-205 Medical Form form should be completed by the child's medical provider and returned prior to a child's first day in attendance. Scheduled medical appointments will not be accepted in lieu of an updated CH-205.

CH-205 Medical Form forms are supplied to families as part of the registration packet that is provided when a family comes to the Network to accept the enrollment offer. At pre-registration, you should request that families have the child's medical provider complete the form prior to the start of the program year.

Child Health Records

Your program must ensure that children's medical records (paper or electronic) are:

- Secured, locked, and separate and apart from children's program records.

- Are only made available for inspections or copying to the Network team, families, or those who present a written authorization from the family, authorized OCFS staff, or as needed to comply with a court order or lawfully issued subpoena. Such documents may not otherwise be made available for inspection or copying.
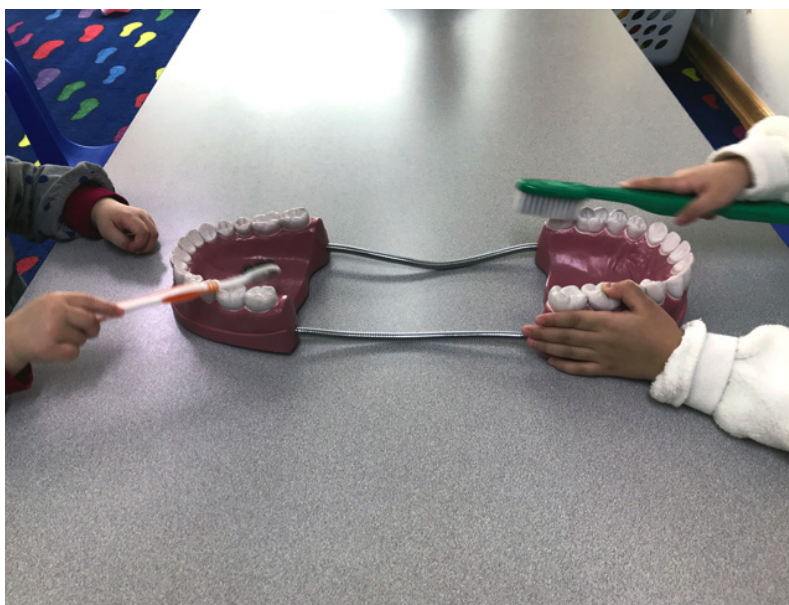
Accommodations for Qualified Students with Disabilities: §504 Compliance

Section 504 of The Rehabilitation Act of 1973 ("Section 504") protects children with disabilities against discrimination by requiring publicly funded early childhood programs to provide eligible children reasonable and appropriate accommodations so they may participate in school activities on an equal basis with their non-disabled peers. Under the Americans with Disabilities Act (ADA), a student with a physical or mental impairment that substantially limits one or more major life activities is eligible to receive accommodations.

It is important that your program, with the support of your Network team, follow all the necessary steps for ensuring that children who qualify receive the appropriate accommodations. Affiliated providers, with the support of their Networks, are expected to follow all requirements of Section 504 and the ADA, as well as any applicable regulations of their licensing agency.

Consistent with the DECE enrollment policy, every family with an offer should be welcomed by the Network and affiliated provider and allowed to present documentation for registration. A child with an offer may not be turned away. If there are additional questions on whether or not a child's particular needs can be met, please contact your Network. Under no circumstances may you refuse enrollment to any child with an offer to the affiliated provider program.

Medication Administration

With the help of your Network team, you and your program must be prepared to support children with serious health conditions, including asthma and severe allergies. Your program must take the following steps to prepare to serve children with these conditions:

- Work with the family of any child with a serious health condition to develop an individualized health care plan that includes emergency response procedures, such as the administration of emergency medication and Individual Allergy Anaphylaxis Emergency Plan.

- Obtain signed consent from the child's family to administer emergency care, including administration of emergency medication as needed, along with a signed CH-205 medical form from the child's physician (the form should document the need for any emergency medication).

- Have a program staff member appropriately trained to administer emergency medication.

- Follow the requirements of OCFS to administer any medication (over-the-counter and prescription).

- Maintain prescription emergency medication (provided by the child's family) on site in accordance with the affiliated providers' approved Health Care Plan and OCFS requirements.

You and your program staff must review the policies of OCFS regarding the administration of emergency medication. With support from your Network, you and your program staff must meet the child health and medication administration requirements as stated in the regulations of their respective licensing agency.

- Family Day Care Homes: Part 417, NYS Regulations and Policies

- Group Family Day Care Homes: Part 416, NYS Regulations and Policies

Providing Reasonable Medical Accommodations

If a child in your program requires medication to be administered during the program hours as a reasonable accommodation for a disability, you and/or your program staff must hold a Medication Administration Training ("MAT") certification. You must maintain proof at the program of MAT certification and make it available upon request by the DECE.

Medical Emergency Response

- Affiliated providers and their staff must immediately call 911 after the administration of epinephrine.

- Affiliated providers and their staff must immediately call 911 if the child's breathing does not return to normal functioning after the administration of an asthma inhaler or nebulizer.

After calling 911 due to a medical emergency, your program must notify the child's family and your Network team immediately. Your program must also notify DOHMH and OCFS upon learning of the death, serious incident, serious injury, serious condition, communicable illness, or transportation to a hospital, of a child which occurred while the child was in care at the program. A serious incident includes any event in which a child requires medical attention other than routine illness, is left without competent supervision for any period of time, or leaves the program without an approved caregiver or designated person.

Children Requiring Accessibility Accommodations

Consistent with Section 504 and ADA requirements, your program may not exclude children with disabilities from the program. Your program must make reasonable modifications to your home to integrate children with disabilities into your program. Facilities that are fully accessible are expected to serve all children and should provide additional accommodations as necessary.

- A fully accessible building is a building that was constructed post-1992, which complies with all of the ADA's design requirements and has no barriers to access for persons with mobility impairments.

- A partially accessible building allows for persons with mobility impairments to enter and exit the building, access relevant programs, and have use of at least one restroom, but the entire building may not be accessible.

First Aid and CPR Compliance

Pursuant to the OCFS regulations, your program must have at least **one staff member certified in CPR and one staff member certified in First Aid** on the premises during all hours when children are present. One staff member may hold both the First Aid and CPR certifications. CPR and First Aid certificates must be appropriate to the ages of the children in care and be maintained on file for review. CPR/FA training must be in person if you or your staff are pursuing or maintaining a Child Development Associate (CDA) Credential.

First aid kits must be completely stocked for emergency treatments of cuts and burns. The kit must be:

- Easily accessible for use;

- Kept out of reach of children;

- Inspected periodically to check for supplies; and

- Must be clear of painkillers and medication not allowed in the program

Procedures for providing basic first aid must be included in the Health Care Plan.

Resources

- Immunization Requirements: https://tinyurl.com/VaccinationsSchoolandDayCare

- New York Public Health Law §2164: https://tinyurl.com/NYPHL2164

- CH-205 Medical Form: https://tinyurl.com/CH205MedicalForm

- Immunization Record Request Application: https://tinyurl.com/ImmunizationRecordRequestForm

- Provisional Immunization Requirements: https://tinyurl.com/ProvisionalRequirements

- Catch-Up Immunization Schedule: https://tinyurl.com/CatchUpImmunizationSchedule

- Medical Request for Immunization Exemption: https://tinyurl.com/ImmunizationExemption

- Individual Health Care Plan (OCFS-7006): https://tinyurl.com/IndividualHealthCarePlan

- Individual Allergy and Anaphylaxis Emergency Plan: https://tinyurl.com/OCFS6029

- Child Care Regulations (Part 416 and Part 417): https://tinyurl.com/ChildCareRegulations

Routine Care of Children

Early relationships between children and their caregivers/teachers are strengthened when staff meet children's needs consistently. Establishing safe and responsive routine-care practices during meals and feedings, diapering and toileting, and napping or rest times support children's social and emotional developmental needs.

Meals and Feeding

Meal time should be a welcoming and learning experience shared with children and program staff. All programs should have a Meal Policy indicating:

- a menu for all meals served during program hours;

- how staff plan to use meal time to assist children in building social and self-help skills.

All meals should be served family style and follow Child and Adult Care Food Program (CACFP) guidelines. Serving portions should be appropriate to the nutritional needs and age of the child. You and your program must always provide adequate and competent supervision during meals to prevent choking hazards and support young children develop self-feeding skills. Your program staff must never use food or drink as a reward or punishment.

Infant Feeding

All infant food must be appropriate for the individual infant's nutritional requirements and development. Your program must have written statements from the family of each infant in care indicating the formula, breast milk, and feeding schedule/instructions. These statements must be updated to reflect the infant's dietary needs regularly. When infant formula is required, such formula may be prepared by and provided by the family or the program when agreed in writing by the family. Infant meals and snacks must adhere to CACFP nutritional guidance.

Infants must be fed on cue and by a consistent caregiver. Your program must work with the family to create an individualized feeding plan for infants in care. Infants 6 months and younger must always be held when bottle-feeding. Infants over 6 months must be held to bottle-feed until they demonstrate appropriate mastery of self-feeding with the bottle. Children must be taken out of cribs, nappers, bouncy chairs, etc. to feed. Bottles must never be propped.

Bottle Feeding

Formula, breast milk, and perishable infant food must be kept refrigerated. All containers and cups must be clearly marked with the child's first and last name and date.

Heating infants' bottles or food in a microwave is prohibited. All devices for warming bottles and infant foods must be kept away from children's reach. Devices warming formula, breast milk, or food for infants must be kept at a temperature not exceeding 120°F. Caregivers must not hold children while removing warm bottles from warming devices or crockpots.

Supporting Breastfeeding

Your program must have a designated place set aside for breastfeeding mothers who want to visit the program during the workday to breastfeed, as well as a private area with an outlet for mothers to pump their breast milk. The private area also should have access to water or hand hygiene.

Non-frozen breast milk should be transported and stored in the containers to be used to feed the infant, identified with a label which will not come off in water or handling, bearing the date of collection and child's full name. Breast milk should be defrosted in the refrigerator if frozen, and then heated briefly in bottle warmers or under warm running water so that the temperature does not exceed 98.6°F. If there is insufficient time to defrost the milk in the refrigerator before warming it, then it may be defrosted in a container of running cool tap water, very gently swirling the bottle periodically to evenly distribute the temperature in the milk.

Feeding Solid Foods

Age-appropriate solid foods other than human milk or infant formula should be introduced no sooner than 6 months of age or as indicated by the individual child's nutritional and developmental needs. Your program must work with families to create a plan for introducing solids to infants or young toddlers. An individual health care plan must be created for any child with food allergies. Formula mixed with cereal, fruit juice, or any other foods should not be served unless the child's primary care provider provides written documentation that the child has a medical reason for this type of feeding.

Uneaten portions of infant food from which children have been spoon-fed must be discarded or returned to the family at the end of the day.

Your program should encourage self-feeding by older infants and toddlers by practicing:

- Holding and drinking from an appropriate child-sized cup;
- Using a child-sized spoon; and
- Using a child-sized fork.

Diapering and Toileting Guidance

You and your program must provide a safe and healthy learning environment that supports the learning and developmental progress of children. Progress toward independent toileting is an important element of the developmental growth of children. To that end, staff must assist all children with toileting regardless of a child's acquired toileting skills.

Children must be kept clean and comfortable at all times. **Diapers must be changed when wet or soiled and must be checked every 2 hours.** The diaper changing area must be as close as possible to a sink with soap, and hot and cold running water. This area or sink must not be used for food preparation. Diaper changing surfaces must be cleaned and disinfected after each use with an Environmental Protection Agency (EPA) registered product that has an EPA registration number on the label.

Sufficient and suitable clothing must be available so that children who dirty or soil their clothing may be changed. All such clothing must be returned to parents/guardians for washing in a plastic lined bag or must be washed by the affiliated provider.

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

Toilet facilities must be kept clean at all times, and must be supplied with toilet paper, soap and towels accessible to the children. Toileting equipment, such as potty chairs, appropriate to the toilet training level of the children in the group must be provided.

- If one or more children in the affiliated provider facility is being toilet trained, potty chairs must be emptied and rinsed after each use and cleaned and then sanitized daily with a sanitizer or disinfectant with an Environmental Protection Agency (EPA) registered product that has an EPA registration number on the label.

Handwashing Practices

All program staff and children wash their hands immediately after toileting or diapering. Children should be taught how to correctly wash their hands after using the bathroom. Visual and verbal prompts should be used to assist children.

In accordance with FCCERS-R, the following hand washing practices should be followed by children and staff:

- Moisten hands with water and apply liquid soap to hands

- Rub hands together, away from the water stream, vigorously until a soapy lather appears and continue for 20 seconds (children can sing "Row, row, row your boat," twice)

- Rinse hands, and dry with individual paper towels that are not shared

- The paper towel should be used to turn off the faucet when done

- Throw paper towels in the wastebasket

If the same sink is used for both toileting and other handwashing routines, it must be disinfected in between the types of use with a bleach solution or a solution approved by the Environmental Protection Agency (EPA). All program staff should be involved in helping children learn how to use the bathroom.

Communication to Families

It is important to have frequent, open communication with families about toileting progress. Toileting routines at home and at the program should be as similar as possible. Your Network team will support your program in informing families about toileting policies and procedures prior to the beginning of the program year.

- Where and how children will be assisted with diapering, toileting and/or changed after accidents

- Supplies required for children who are not toilet trained

- How families can communicate concerns about staff assistance with toileting accidents and diapering

Nap and rest

Adequate nap and rest periods are important to children's healthy development. Networks must support their affiliated providers in ensuring soft furnishings are available in the program and that there is enough equipment for all children enrolled to nap and rest as necessary. Children unable to sleep during nap time should not be confined to a sleeping surface but instead should be offered a supervised place for quiet time.

The designated rest/napping areas must:

- Have individual clean coverings, as needed for each child;

- Be located in safe areas of the home;

- Be located in a draft-free area;

- Be where children will not be stepped on;

- Be in a location where safe egress is not blocked; and

- Allow caregivers to move freely and safely within the napping area in order to check on or meet the needs of children.

Children should be spaced a minimum of 24 inches apart, and affiliated providers should space children as far as possible from one another.

Children must not sleep or nap in car seats, baby swings, strollers, infant seats or bouncy seats. Should a child fall asleep in one of these devices, they must be moved to a crib/cot or other approved sleeping surface. Individual bedding must not be shared between children. Mats and cots must be stored so that the sleeping surfaces do not touch when stacked.

Cribs, bassinets or other sleeping areas used by young infants through 12 months of age must include an appropriately sized fitted sheet, must not have bumper pads, toys or stuffed animals, blankets, pillows, wedges or infant seats/positioners.

All cribs used must be in compliance with the current U.S. Consumer Product Safety Commission and ASTM Safety Standards.

Staff should always place infants down to sleep alone, positioned on their backs and on a firm surface, along with all safe infant sleep practices, to reduce the risk of sudden infant death syndrome (SIDS).

Hygiene Items

Sharing personal hygiene items, such as washcloths, towels, toothbrushes, combs and hairbrushes, is prohibited.

Child Abuse Prevention and Reporting

All affiliated providers must take steps to prevent child abuse and report all cases of suspected abuse or maltreatment to the State Central Register (SCR) and other agencies, as appropriate. All incidents must also be reported to your Network team immediately.

Overview

New York State Social Services Law ("SSL"), your contract, and DOE Chancellor's Regulations A-750, A-420, and A-421, which are incorporated into your contract by reference, require Networks and their affiliated provider staff to report suspicions of child abuse, maltreatment, corporal punishment, and verbal abuse.

Please see Table 1 at the end of this chapter for definitions of child abuse, maltreatment, corporal punishment, and verbal abuse.

Reports must be made to the SCR, the New York City Office of the Special Commissioner of Investigation ("SCI"), DECE, and/or other agencies, as appropriate.

Please use this resource to understand reporting requirements and procedures for making reports to the SCR, SCI, DECE, and other agencies, as set forth below.

In addition, report any incident to your Network team where children who are involved with or receiving child welfare services are absent for inadequately explained reasons.

If a child is in danger of serious imminent harm or is the victim of suspected criminal activity, personnel must immediately contact the New York City Police Department. Once the police department is contacted, your program must contact your Network team immediately.

Child Abuse Prevention

With the support of your Network, you and your program staff must establish a positive program culture and a written behavior management policy that complies with OCFS regulations. This policy must reflect that all acts of abuse or maltreatment are prohibited. You and your program staff must complete the required training on Child Abuse and Maltreatment Identification, Reporting, and Prevention.

Individuals who are Subject to Reports

The following individuals are subject to reports of suspected child abuse, maltreatment, corporal punishment, and verbal abuse:

- **Parent/guardian/custodian:** The child's parent or any person responsible for the child's care, including any person continually or at regular intervals found in the same household of the child

- **Network Staff:** Employees of Network, including Educational Directors, Educational Specialists, and Family Workers

- **Affiliated Provider Staff**: Owners, on-site providers, and any other employees of the affiliated provider, including affiliated provider assistants

- **Non-program staff:** Staff at the Network or the affiliated provider's site who are not directly engaged in program services, including household members

Child Abuse Reporting Requirements

Family Day Cares (FCCs) and Group Family Day Cares (GFDCs)
Connect with your Network for additional information when it comes to reporting requirements for incidents suspected, observed, or if you and anyone in your program (children, staff, household members) are involved during program hours. **The Network team must be contacted immediately if and when an incident occurs.**

- If the **parent/guardian/custodian** is the subject of the report. Make a report to the:
  – **SCR** for suspected child abuse or maltreatment as defined in Table I at the end of this chapter
  – **DECE** if a report is made to SCR
- If a **staff** member is the subject of the report, make a report to the:
  – **SCR** for suspected child abuse or maltreatment as defined in Table 1 at the end of this chapter
  – **SCI** for suspected corporal punishment or verbal abuse as defined in Table 1 at the end of this chapter
  – **DECE** if a report is made to SCR and/or SCI
  – **DOHMH** if a report is made to SCR
- If a **household member** is the subject of the report, make a report to the:
  – **SCR** for suspected child abuse or maltreatment as defined in Table 1 at the end of this chapter
  – **DECE** if a report is made to SCR
  – **DOHMH** if a report is made to SCR

Reporting Procedures

Reporting to SCR and Documenting Such Reports

OCFS maintains the SCR, which is a hotline that receives telephone calls alleging child abuse or maltreatment within New York State. The SCR gathers information from the calls and relays the information to the Administration for Children's Services (ACS) for investigation.

Network staff and affiliated providers are mandated reporters for child abuse and maltreatment and, as such, staff must make a report to the SCR under the following circumstances:

a When they have reasonable cause to suspect that a child, coming before them in their professional capacity as program personnel is abused or maltreated, and

b. When a parent/guardian comes before them as program personnel and states from personal knowledge facts, conditions, or circumstances, which, if correct, would render the child an abused or maltreated child.

Reporters are not required to possess certainty or to interview the child before a report is made. Reporters are required to have reasonable cause to suspect abuse or maltreatment and to make a report in good faith.

To make a report, the mandated reporter must call SCR in Albany, New York by telephoning **800-635-1522**. While on the phone with the SCR representative, in addition to providing information about the alleged child abuse or maltreatment, the mandated reporter must ask for the "Call I.D." number. The "Call I.D." number must be retained and used by the mandated reporter to complete both the New York State Office of Children and Family Services Form LDSS 2221-A within 48 hours of the initial call to the SCR <u>and</u> an incident occurrence report for the DECE, as described on the next page.

When making the oral report to the SCR operator, the mandated reporter must provide the following information:

- The child's full name, if known

- Information about the child's current whereabouts or suspected threats to the child's safety

- Whether the child receives special education services or accommodations for a disability, if known

- The child's needs related to language, if known

- Details of the suspected abuse or maltreatment

- The reporter's name, title and professional contact information *(calls to SCR may not be made anonymously and good faith reporters are entitled to immunity by law)*

- The name, title and contact information of all other staff who have knowledge of the allegation

After making a report to SCR, the staff member that makes the report must adhere to the following guidance:

- Inform the Network team that a report was made and provide them with the "Call I.D." number. If the call was not accepted by the SCR, the staff member must provide the Network with the date and time the call was made.
    - You do not have to notify the affiliated provider if the affiliated provider is the subject of the report.

- If the child has visible signs of trauma, photographs must be taken using the protocol described in the next section of this chapter (see next page).

- Within 48 hours of making the report, complete and submit the LDSS 2221A Report of Suspected Child Abuse or Maltreatment form (via mail or fax) to the ACS Borough Office where the residence of the child named in the report is located. *To locate the appropriate ACS Borough Office, visit the ACS webpage. For more information in reporting child abuse, visit DOE InfoHub.*
    - The mandated reporter must also request a copy of the finding after investigation by checking the "Yes" box on the LDSS-2221A form where it says "the Mandated Reporter Requests Finding of Investigation."
    - **A copy of the LDSS 2221-A form must also be submitted to the operations analyst in the program's designated DECE Borough Office.**

Photographing Injuries When Child Abuse or Maltreatment is Suspected

- You or your program staff member should take photographs of any visible injuries or signs of trauma, in accordance with the procedures described below.

- Photographs must be taken in a private setting in a way that best serves the interest and privacy of the child.
  - Photographs must be taken with a device purchased with DOE funds, which must be labeled "Property of NYC Department of Education." Photographs may not be taken with a personally owned device.

- For additional guidance on best practices and staff training, you may refer to the following DOE resources:
  - Online training
  - Chancellor's Regulation A-750
  - No photographs may be taken and no examination may be conducted of a child's genital, perineal or breast areas.

- The assigned staff member designated to take the photograph, must send an email with the photographs attached to the borough-specific designated ACS email inbox indicated below, using a DOE-owned device, in accordance with procedures developed by the DOE. Photos should also be shared with your Network.
  - The email must contain: the SCR "Call I.D." number; the child's name; the child's OSIS number; the number of photos attached; the sender's name; and the program name and address.
    - Bronx: DOEPhotosBronx@acs.nyc.gov
    - Brooklyn: DOEPhotosBrooklyn@acs.nyc.gov
    - Manhattan: DOEPhotosManhattan@acs.nyc.gov
    - Queens: DOEPhotosQueenss@acs.nyc.gov
    - Staten Island: DOEPhotosStatenIsland@acs.nyc.gov

- The designated staff member must print a copy of the photograph. The photograph must be stored together with the LDSS-2221A written report in a secure place. The report and the photograph are confidential documents and may not be released to the subject of the report, parent, or family and may only be released to those authorized to receive such information in accordance with the Social Services Law. After the photograph has been transmitted to ACS and a copy of the photograph has been made, the designated staff member must save the confirmation of receipt email from ACS, delete the photograph from the DOE-owned device, and delete the email and attached photograph that had been transmitted to ACS.

- If SCR declines the report of suspected child abuse or maltreatment, the Network must notify the designated staff member that the report was declined. The designated staff member must ensure that all photographs related to the allegation are deleted from the DOE-owned device. No copies of such photographs shall be made or retained.

You and your program staff must inform the child's parent/guardian when a report has been made about their child, when the report names an adult other than the child's parent/guardian, such as a program staff member. Parents/guardians must be notified within 24 hours after the report is made to SCR. In addition to reporting allegations of child abuse against staff members to SCR, staff misconduct should also be addressed in accordance with any other applicable protocols and procedures (for example, contacting the NYPD and/or SCI may also be appropriate).

After reporting to SCR, you must contact your Network team immediately.

See "Reporting to the Division of Early Childhood Education" below for more details.

Reporting to SCI

SCI has broad authority to investigate fraud, misconduct, conflicts of interest, and other alleged wrongdoing within the DOE and the vendors with which it contracts. In particular, SCI investigates allegations of corporal punishment and verbal abuse as to DOE-contracted vendors, including Networks, and their employees.

To make a report to SCI, a Family Child Care Network staff member must call 212-510-1500. The reporter must:

- Provide a written narrative; and

- Obtain and maintain a record of the complaint number as evidence that the report was made. A *written narrative* should include the following details:

- The name of the person(s) who allegedly abused/maltreated the child(ren), including job title;

- The name of the child(ren) allegedly placed at harm or risk of harm;

- The circumstances of the incident(s);

- Whether there were any injuries and/or harm to the children, or risk of either;

- Where the alleged abuse/maltreatment took place;

- Whether/which adults were present at the time;

- When the alleged abuse/maltreatment occurred, including date and time;

- How the incident(s) transpired; if the reporter did not witness the incident/abuse firsthand, the statement should address how the reporter became aware of the suspected abuse.

After making a report to SCI, the staff member that makes the report must provide the Network with the complaint number before leaving at the end of the program day.

You or your program staff member must notify the child's parent/guardian when a report has been made about their child, when the report names an adult other than the child's parent/guardian, such as a staff member. Parents/guardians must be notified within 24 hours after the report is made to SCI.

After reporting to SCI, you are required to contact your Network team immediately *(see Reporting to the Division of Early Childhood Education on the next page for more details)*.

Reporting to the Division of Early Childhood Education (DECE)

Consistent with the Network contract, in the event of an alleged incident of child abuse or maltreatment, corporal punishment, or verbal abuse involving or related to children or staff, you and your program staff must contact your Network team immediately. The Network will then report the allegation to the DECE. Reports to the DECE should be made after making all required reports to the SCR and/or SCI, and within one program day of the alleged incident or receipt of the allegation.

Reporting to the NYC Department of Health and Mental Hygiene (DOHMH) as the agent of OCFS

DOHMH **must receive notice of all reports of suspected child abuse or maltreatment** that have been made to SCR within 24 hours of the report.

Table 1: Definitions

The following definitions are provided to assist staff in determining situations that warrant making a report.

CHILD ABUSE AND MALTREATMENT	
A child is considered abused or maltreated if a parent, guardian, custodian or person regularly residing in the home, or another person responsible for the child's care, which includes employees of child day care programs, harms the child, creates substantial risk of harm, or fails to exercise a minimum degree of care to protect the child. As stated in DOE Chancellor's Regulation A-750:	
CHILD ABUSE	An "abused child" is a child whose parent, guardian, or other person legally responsible for a child, including program staff, inflicts upon the child serious physical injury, creates a substantial risk of serious physical injury, or commits an act of sex abuse against the child. A person can be abusive to a child if they perpetrate any of these actions against a child in their care, and a person can be guilty of abusing a child if they allow someone else to do these things to that child.
CHILD MALTREATMENT	Maltreatment refers to the quality of care a child is receiving from those responsible for him or her. Maltreatment occurs when a parent, guardian, or other person legally responsible for a child, including program staff, harms the child or places the child in imminent danger of harm by: 1. failing to exercise the minimum degree of care in providing the child with: food, clothing, shelter, and/or medical care when financially able to do so; 2. abandoning the child; 3. failing to provide adequate supervision for the child; or 4. engaging in excessive use of drugs or alcohol such that it interferes with their ability to adequately supervise the child. *For additional guidance on how to identify typical indicators of child abuse and neglect, please reference DOE Chancellor's Regulation A-750.*

CORPORAL PUNISHMENT AND VERBAL ABUSE	
Corporal punishment or verbal abuse of a student by staff, as defined below, is prohibited. As stated in DOE Chancellor's Regulations A-420, and A-421:	
CORPORAL PUNISHMENT	Any act of physical force upon a pupil for the purpose of punishing that pupil. Corporal punishment does **not** include the use of reasonable physical force for any of the following purposes: • To protect oneself from physical injury; • To protect another pupil or teacher or any other person from physical injury (e.g., breaking up a physical altercation without using excessive force); • To protect the property of the program or of others; or • To restrain or remove a pupil whose behavior is interfering with the orderly exercise and performance of school district functions, powers, or duties if the pupil refuses to comply with a request to refrain from further disruptive acts, and alternative procedures and methods that do not involve the use of physical force cannot be reasonably employed to achieve the purposes set forth above.
VERBAL ABUSE	Language (written or oral) about or directed toward students that: 1. Belittles, embarrasses or subjects students to ridicule; or 2. Has or would have the effect of unreasonably and substantially interfering with a student's educational performance or ability to participate in or benefit from an educational program, program-sponsored activity or any other aspect of a student's education; or 3. Has or would have the effect of unreasonably and substantially interfering with a student's mental, emotional, or physical well-being; or 4. Reasonably causes or would reasonably be expected to cause a student to fear for their physical safety; or 5. Reasonably causes or would reasonably be expected to cause physical injury or emotional harm to a student.

Resources

- OCFS Training Requirements: https://tinyurl.com/OCFSTrainingRequirements
- Volume A Regulations (A-750, A-420, and A-421): https://tinyurl.com/VolumeARegulations
- LDSS-2221A Report of Suspected Child Abuse or Maltreatment Form: https://tinyurl.com/LDSS2221A
- ACS Borough Locations: https://tinyurl.com/ACSBoroughLocations
- DOE InfoHub (Reporting Child Abuse): https://tinyurl.com/DOEReportingChildAbuse
- Child Abuse Online Training: https://tinyurl.com/ChildAbuseOnlineTraining
- Chancellor's Regulation A-750: https://tinyurl.com/RegulationA750

PROFESSIONAL LEARNING

Network Professional Learning Days
OCFS Training Requirements and Topics

PROFESSIONAL LEARNING

Ongoing professional learning is an opportunity to enhance your professional practice, leadership, and improve the quality of instruction in your family child care program. The DECE will support your Network's leaders, staff, and you in meeting the expectations outlined in the FCC EFQ through a variety of professional learning opportunities.

Network Professional Learning Days

On professional learning days, you and your assistants are expected to participate in activities offered by the DECE, another City agency (e.g., DOHMH), or planned by your Network. Your Network determines the total number of professional learning days you must attend. Please consult with your Network team for more details.

Depending on your needs, your Network may opt to schedule some professional learning or clerical days where you participate in activities such as:

- Family-provider conferences or other family engagement activities
- Data entry for authentic assessment or developmental screening
- Meetings and/or collaborative planning time for affiliated providers and assistant providers
- Furniture arrangement and home displays

You are not required to provide care and education to children on professional learning or clerical days. You may choose to offer care and education by using qualified substitutes to ensure ratio requirements are met. Substitutes must have prior approval from OCFS.

OCFS Training Requirements and Topics

To maintain your license or registration, your Network will support you in obtaining and verifying that you and your staff acquire the 30 hours of training every 24 months.

Subjects must relate to:

- Child development

- Nutrition and health needs of infants and children

- Child care program development

- Safety and security procedures

- Business record maintenance and management

- Child abuse and maltreatment identification and prevention

- Statutes and regulations pertaining to child day care

- Statutes and regulations pertaining to child abuse and maltreatment

- Shaken Baby Syndrome

- Adverse Childhood Experiences (ACEs)

All trainings offered by your Network must be approved by OCFS.

Resources 📘

- New York State Early Childhood Education and Training Program: https://www.ecetp.pdp.albany.edu/

- OCFS Training Requirements: https://ocfs.ny.gov/programs/childcare/training/

- The Family Child Care Early Childhood Framework for Quality: https://tinyurl.com/FCCEFQ

FAMILY ENGAGEMENT

Communication at the Beginning of the Program Year

Monthly Family Involvement

Families-as-Partners

Family-Provider Conferences

Connections to Community Resources

Planning for Next Educational Steps

FAMILY ENGAGEMENT

Authentic family engagement lays the foundation for a family's ongoing involvement in their child's education. The key is for family involvement to be a playful experience for the families/guardians, their children, and you.

Your Network will support you in designing and personalizing your family engagement activities based on your deep knowledge of the community. All types of engagement are encouraged including, but not limited to, education, emotional support, empowerment, and amplification of families' voices, and more.

Our Family and Community Engagement approach is guided by the Head Start Framework for Family and Community Engagement, with particular emphasis on the following components:

- Family well-being
- Families as learners
- Family role in school readiness
- Positive parent/guardian-child relationships
- Families as lifelong educators
- Family engagement in transitions
- Connections to peers and community
- Families as advocates and leaders

The outcomes listed above are achieved through several different types of activities, which can be broken down into the following categories:

- Bringing families into the program/bringing the program home
- Family education, support, and referrals
- Community activities and relationship-building
- Opportunities for families to serve as partners, leaders, and advocates

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Resources ▣

- Head Start Framework for Family and Community Engagement: https://tinyurl.com/HSPFCE-Framework
- The NYC DOE InfoHub has resources that support building family and community relationships: https://tinyurl.com/DOEFamilyCommunityRelationship

Communication at the Beginning of the Program Year

All our interactions with families affect their views of us as their supporters, and of the education system as a whole. From the very first contact, we should strive for our treatment of families to be respectful, compassionate, patient, and clear. Families are their children's first teachers and the experts on their children. We have a lot to learn from families, while remembering that families come to us carrying full loads already, and our role is to serve and support them in raising their children.

You and your Network will collaborate with families at the beginning of each program year or before a child begins attending to communicate clear expectations and gather information from families. Some of these activities may include:

- **Welcome Orientation:** Introduce families to program policies, goals, and content so that they understand what their child is learning and how they are spending their day.

- **Separation Support:** Provide guidance and support for families/guardians around handling separation and adjustment to the program. This may include recommended children's books that families can read at home to help children feel comfortable and address anticipatory anxiety. Some books include: *The Kissing Hand*; *I Love You All Day Long*; *Owl Babies*; *Llama Llama Misses Mama*; *You Are Special, Little One*; *You Go Away.*

Monthly Family Involvement

It is strongly recommended to bring families together monthly throughout the year. Your Network will develop and coordinate opportunities for families with your input. These gatherings may be Network-wide, individual program-based, or a cluster of programs close to one another or united by something such as home language.

Each monthly family engagement activity that your network facilitates will specifically address one or more area outlined in the Head Start Family Engagement Framework and all areas should be addressed at some point each year:

- Family well-being

- Families as learners

- Family role in school readiness

- Positive parent/guardian-child relationships

- Families as lifelong educators

- Family engagement in transitions

- Connections to peers and community

- Families as advocates and leaders

Your primary role with these events is to encourage your families to participate and join or assist whenever you are able. If you would like to have a larger role in these activities, your Network will welcome your involvement!

Families-as-Partners

Your Network will support you in planning and implementing a scheduled, monthly opportunity for families to spend up to 30 minutes in the program engaging in learning and play activities with their children. These play-based activities are developed based on the interests of the enrolled children, and also connected to current events, curriculum, explorations in the classroom, and/or families' interests, expertise, or cultures.

You may also collaborate with your Network to provide families with simple handouts about the importance of child-led play, and prompts to invite families to notice particular things about their children. It is important to select activities that are easy enough to join for as little as 3 minutes or as much as 30 minutes, depending on families' schedules.

Family-Provider Conferences

Conferences are a time for deepening relationships with families. These conversations provide an opportunity for you and your Network to collaborate with families and discuss how to support children's learning and development. Families should be offered at least three opportunities for conferences throughout the year.

It's important to schedule family-provider conferences at times, in places, and with appropriate language supports that meet families' needs. Your Network may schedule a clerical day to allow time for you to schedule one-on-one family conferences. Your Network team will also share guidance for documenting conferences that must be submitted back to the Network following the conference.

Consider using the following to prepare for conferences:

- Authentic assessment data (for example, samples of children's creations and work, photographs of children engaged in activities, photographs of past work such as a block structure that is no longer standing)

- Children's observations

- Developmental summary reports

- Allow for 10-20 minutes for each conference

- Schedule a time that is convenient for families

Resources ▪

- You may use this document as a guide for conferences: https://tinyurl.com/FamilyTeacherConferenceGuide

- DOE Division of Multilingual Learners resources: https://tinyurl.com/DivisionofMultilingualLearners

Connections to Community Resources

Your Network will work with you to connect families to resources in their communities as needed and/or upon request. This includes resources related to education as well as health care, mental health care, food security, recreation, family support, employment, housing, public benefits, etc.

Your Network is responsible for maintaining, sharing, and creating up-to-date information about resources in their community and surrounding areas. You may ask to access these resources from your Network for the families in your program as well as for yourself.

Resources

- Search HITE Site for services by service type and community: https://hitesite.org/

- Growing Up NYC offers NYC resources for by age and by neighborhood: https://growingupnyc.cityofnewyork.us/

- Contact information for Committee for Preschool Education services: https://tinyurl.com/CommitteeonSpecialEducation

- External resources for special education support:

    – Advocates for Children: https://www.advocatesforchildren.org/

    – Includenyc: https://includenyc.org/

The DOE is not responsible for the content of non-DOE resources nor does it endorse such content. Any recommended practices contained in these resources must be implemented in a manner consistent with DOE policies, practices, and procedures.

Planning for Next Educational Steps

Your Network will work with you to help families plan for their child's next educational step. This may include 3-K, pre-K, and/or programs operated under the auspices of the Committee on Preschool Special Education (CPSE).

Your Network will collaborate with you to offer a combination of workshops for families, materials sent home at appropriate times of the year regarding tours, applications, and transitions, as well as other activities designed to support families in understanding the variety of early childhood education opportunities in NYC.

Resources

- 3-K for All Information: https://www.schools.nyc.gov/enrollment/enroll-grade-by-grade/3k
- Pre-K for All information: https://www.schools.nyc.gov/enrollment/enroll-grade-by-grade/pre-k

INSTRUCTIONAL PROGRAMMING

Mixed-Age Curriculum

Indoor Environment and Materials

Daily Schedules

Nap and Rest Time

Outdoor Play and Neighborhood Walks

Screen Time

Uniforms

Child Positive Behavior Guidance

INSTRUCTIONAL PROGRAMMING

Instructional programming in the family child care home involves the ways you plan for and engage in meaningful interactions with all children in your program. Your Network is available to ensure you are set up to integrate effective practices that are in support of each child's unique needs.

Mixed-Age Curriculum

Your Network is responsible for supporting you with the implementation of a research-based curriculum that is appropriate for mixed-age group settings and supports child outcomes as outlined in the Head Start Early Learning Outcomes Framework (ELOF). The curriculum you use should focus on exploratory play as well as use daily routines to promote responsive caregiving and secure attachment. It is expected that the curriculum will be modified and adapted according to children's individual strengths, interests, and developmental needs.

The Division of Early Childhood Education (DECE) has developed a mixed-age Family Child Care (FCC) curriculum as a free resource called Let's Play! This curriculum is grounded in the ELOF and is designed to support infants, toddlers and three-year-olds as they learn about themselves and the world around them by building strong relationships, exploring through play, and developing the skills and dispositions critical for success in school and in life. Your Network may have chosen to use a different curriculum that was approved by the DECE. Please speak with your Network team for more information.

Your Network Education Specialist is available to coach and support you in integrating the curriculum into your program.
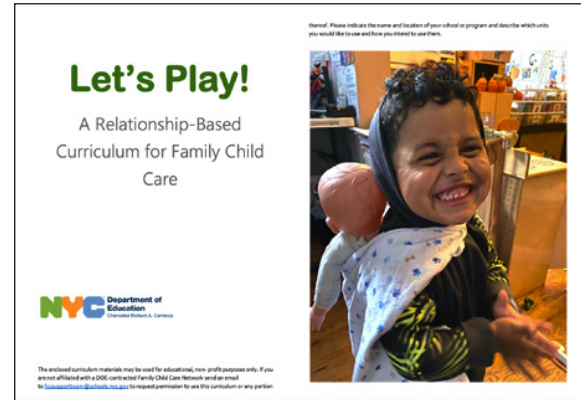
Resources 📖

- Let's Play! can be found on the DOE Instructional Resources webpage:
  https://tinyurl.com/DOEInstructionalResources

- Let's Play! Theme One Curriculum Intro & Appendix: https://tinyurl.com/LetsPlayIntroandAppendix
  (See the Instructional Resources webpage for PDFs of all themes.)

- Head Start Early Learning Outcomes Framework (ELOF): https://tinyurl.com/HSELOF

Indoor Environment and Materials

Indoor Environment

Family Child Care programs offer families a unique bridge between the home and school environments. It is expected that your program will include:

- **A home-like environment**: soft spaces, varied lighting, and child and adult sized furniture to help everyone who uses the space to feel cared for and comfortable.

- **Cultural artifacts**: photos of families and children as well as children's artwork displayed at children's eye level to create a welcoming, inclusive environment.

- **Adequate floor space and well organized and accessible materials**: to support children's independence as they engage in play and exploration.

As independent business owners, you make choices about how to balance living spaces with child care spaces. Your Network can offer guidance on room arrangement, wall displays, and the selection and organization of materials to create both an optimal learning environment as well as maintaining the benefits of a home-based setting.

Materials

Your Network is available to support you in obtaining enough materials to implement the DOE approved curriculum and to enable children to select from a range of developmentally appropriate activities.

Materials must be:

- **Plentiful**: to allow children to play cooperatively without competing over resources.

- **Complete:** and in good condition for children's use.

- **Accessible:** and available for a good portion of the day.

- **Rotated**: based on the children's skill level, needs, and the topics of exploration.

- **Reflective of children's lives**: to include racial, cultural, and linguistic diversity of the community.

- **Developmentally appropriate:** to meet the interests, needs and abilities of all children as they engage in both independent and cooperative play-based exploration and learning.

All materials, including literature and technology tools used by the children, should be free of advertising, brand marketing, and violent or sexually graphic content.

When working with children under the age of four, you must be careful to avoid materials that may pose a choking hazard. Toys and/or objects with the following characteristics must not be provided:

- Removable parts with a diameter less than 1 ¾ inches and a length between 1 and 2 ¼ inches

- Balls and toys with spherical, ovoid, or elliptical parts that are smaller than 1 ¾ inches in diameter, such as marbles or coins

- Other examples of hazardous materials include:
  - Plastic bags, balloons, and rubber or latex gloves
  - Plastic outlet covers that could be easily removed by children
  - Sensory materials such as raw flour or baby powder that could be aspirated. Careful supervision is required for sensory play to minimize the risk of children ingesting, choking, or slipping on sensory materials.
  - Objects that can break apart or swell and become choking hazards (e.g., Styrofoam blocks, raw beans, etc.)
  - Staff should use extra caution when children use toys or objects with sharp points or edges

Daily Schedules

Your Network will support you in creating a daily schedule that is developmentally appropriate for the children enrolled in the program.

Daily schedules must include:

- A variety of activities (both child and adult initiated)
- Ample choice time (during both indoor and outdoor play)
  - Indoor choice time should be a total of one third of the day. This can be divided up into different time periods lasting at least one hour each.
- Opportunities for small group experiences to further advance children's learning and development across all domains

Below you will find guidance and **sample schedules** for different service models and age groups. It's important to use a flexible approach when scheduling for mixed ages. Groups with very young children require more individualized caregiving routines and need many opportunities to move and explore their environment with minimal wait time.

Scheduling guidance for infants (12 months and younger)

Infants benefit from a consistent routine that is flexible, adaptable, and based on their individual needs.

Infant needs to consider:

- Communicate any child's scheduling changes to families to make sure they are aware (in toileting, feeding, sleeping, etc.).

- Use a system that includes such things as daily notes or charts with feeding, diapering and napping information to inform families of their children's days.

- Infants should be included in meal time whenever possible, especially when they demonstrate interest in what other children are eating. Their inclusion promotes socialization and language development.

- Infants need supervised floor time for exploration several times a day (on back or tummy).

- Infants should not be seated more than 15 minutes at a time, except for meals.

- Infants should not be left in a crib, playpen or other confined space for more than 30 minutes at any one time, except when sleeping, waking up or going to sleep. Infants benefit from a balance of active and quiet playtimes with other children but often need quiet time away from the larger group. Brief, active meeting times are more likely to engage their interest. An infant's ability to sit or participate may not last long. When this happens, give them opportunities to participate in other supervised activities.

- Infants often take multiple short naps; length varies based on age and needs.

Scheduling guidance for toddlers (older than 12 months and not eligible for 3-K)

Toddlers benefit from a consistent routine. It is also important to be flexible and respond to the individual needs of each child. When creating a schedule, make sure that specific times (nap, meal time, etc.) meet the needs of most children and are adaptable.

Toddler needs to consider:

- Young toddlers may still take two naps a day. Allowing for a morning nap or earlier lunch time can be helpful.

- Lunch is generally longer than a snack.

- Toddlers should not be expected to sit and wait for long periods of time once finished eating.

- Typical naps are between 60-120 minutes for a toddler on a single nap schedule.

- Leave a good amount of time for play experiences and give advance notice before transitions.

- Minimize the number of transitions in the day and reduce the length of wait time by having small groups of children do diapering/toileting during play time.

- Create a balance between active and quiet activities.

- Brief, active meeting times are more likely to engage their interest. They will vary in their ability to sit or participate and should be given opportunities to engage in alternative supervised activities once their interest wanes.

- Include scheduled toileting times; however, children's toileting needs should be checked throughout the day:
  - As needed, toddlers' diapers should be checked hourly and changed when found to be wet or soiled.
  - Toddlers can be encouraged to try using the toilet when they show interest but should not be forced to try.

If you are offering 3-K for All, you must offer each of the required daily activities and include the timing outlined in the sample schedule below during the 6 hours and 20 minutes designated as their core hours. For Extended Day and Year programs serving infants and toddlers, timing is more flexible as the schedule should respond to the individual needs of each child. Additional choice time and outdoor or gross motor activities should be included each afternoon.

Network staff must ensure that affiliated providers are aware of these requirements and are following schedules that allow for appropriate activity lengths while also respecting the individual needs of children in a mixed-age setting.

| Activity	3-K SDY (school day/year) and EDY (extended day/year) Recommended Length
Snack and Meal Time	Approximately 20-30* minutes for meals and 15 for snacks. *Timing may vary based on children's ages and needs.*
Nap and Rest Time	Approximately 60*-120 minutes, allowing for individual differences. *60 minutes of rest time is recommended for 3-K.*
Gross Motor Time	Minimum of 60 minutes per day (two 30 minute periods can be provided). *Additional Gross Motor or Outdoor activities are recommended for extended day programs.*
Choice Time (Includes Small Group Time)	Minimum of 2 hours and 20 minutes required for 3-K core hours and/or one third of the day for extended day/year programs. *This is inclusive of transition time.*
Whole Group (Circle Time/Story Time)	A maximum of two meetings per day lasting a maximum of 10 minutes each. *This is inclusive of transition time.*

Sample Mixed-Age 3-K Extended Day Schedule (8-10 hours)		
	Time	**Activity**
EARLY ARRIVAL	20-60 minutes	– Flexible arrival/greeting routine/diaper check/hand washing – Opening activities/choice time (sensory, fine motor, dramatic play, etc.) – Floor time, feeding, napping for infants as needed – Breakfast (must be offered during core hours for 3-K)
3-K CORE HOURS	10 minutes	– Large group meeting/music and movement
	60 minutes	– Choice time (art, sensory, manipulatives, blocks, vehicles, dramatic play, cooking/mixing, reading) – Small group activities – Floor time for infants – Infants and young toddlers may need to nap during this time.
	5-10 minutes	Clean up and transition activities such as book browsing or fingerplays. Toileting/diaper check/hand washing can begin during choice time to individualize care and minimize wait time.
	10 minutes	Music and Movement activities
	5-10 minutes	Story time and transition to outdoor play
	60 minutes	Gross motor play (outdoors, weather permitting or planned music/movement activities indoors). Can be divided up into two 30-minute time frames
	10 minutes	Clean-up/handwashing/transition activities such as book browsing or fingerplays
	40 minutes	– Lunch – Diaper check/toileting/hand washing/quiet play/reading
	60-120 minutes	– Nap/rest time (timing may vary according to children's individual needs) – Quiet activities/story time/optional small group (some children may still be sleeping) – Clean-up/diaper check/toileting/hand washing/transition activities such as book browsing or fingerplays as children finish nap/rest time
	30-60 minutes (depending on length of opening activities)	– Free play/center time (art, sensory, manipulatives, blocks, vehicles, dramatic play, cooking/mixing, reading) – Small group activities – Floor time and/or nap time for infants *Core hours would end at this time*
	15 minutes	Snack (could also be an activity choice)
ADDITIONAL HOURS	30-60 minutes	Gross motor play (outdoors, weather permitting or planned music/movement activities indoors)
	15-30 minutes	Snack or supper (must be offered earlier for 3-K)
	60-120 minutes	– Free play/center time – Floor time and/or nap time for infants – Clean-up/diaper check/toileting/hand washing – Story time/end of day meeting – Quiet activities/departure routine

Sample Mixed-Age 3-K School Day Schedule (6 hours, 20 minutes)	
Time	Activity
20 minutes	Arrival activities/greeting routine/breakfast
10 minutes	Large group meeting (including transitions in and out of the activity)
70 minutes	Center time/optional small group
10 minutes	Clean-up/hand washing/transition activities such as book browsing or fingerplays
40 minutes	Lunch (family style)/toileting/hand washing
60 minutes	Nap/rest time
10 minutes	Story time
70 minutes	Center time/optional small group
20 minutes	Clean-up/hand washing/snack
60 minutes	Gross motor play (with age-appropriate equipment)
10 minutes	Closing meeting/dismissal
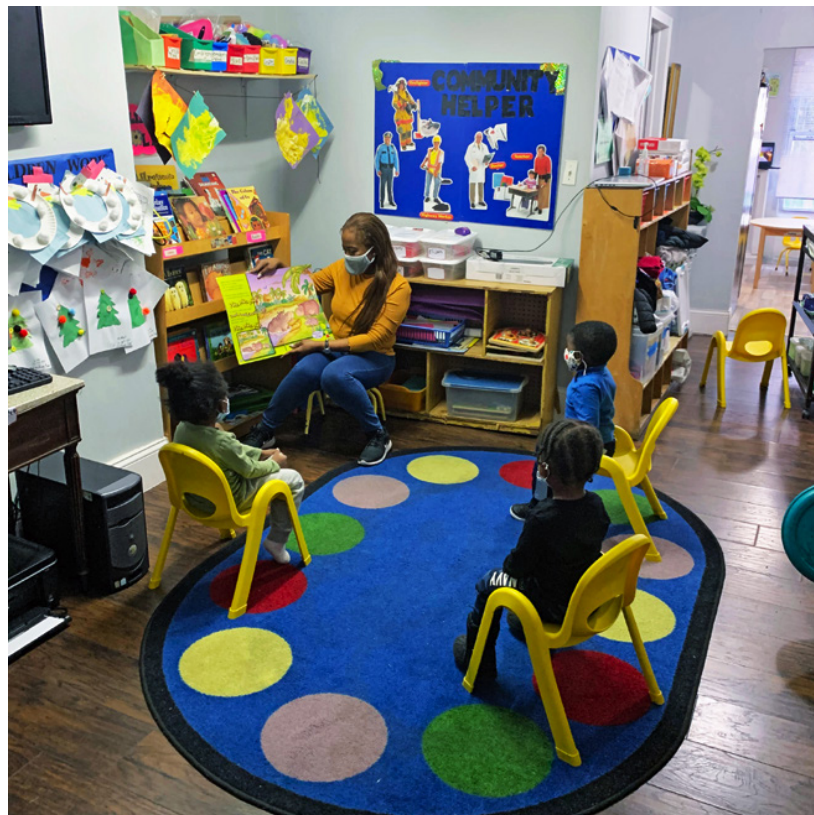
Nap and Rest Time

Nap and rest times must always follow OCFS regulations for all children.

You are required to:

- Have a regularly scheduled nap or rest time each day within an environment that allows children to comfortably rest or sleep.

- Provide quiet activities for children who do not wish to nap or rest.

- Ensure that infants are not left in cribs or playpens for more than 30 minutes unless they are sleeping, waking, or falling asleep.

- Allow for shorter or longer rest times depending on the needs of the children.

- Have a written agreement with families about nap and rest time arrangements.

Outdoor Play and Neighborhood Walks

It's important that you include periods of supervised outdoor play and/or neighborhood walks daily for all children, weather permitting. The only exception to this is if the child is prohibited to go outside by a healthcare provider. Additionally, according to OCFS regulations, families may request that you allow children to remain indoors during outdoor play time. In this case, you must make sure the children are supervised by an approved caregiver.

Considerations:

- Minimize the days when children are unable to play outside.

- Low temperatures should not be a barrier to outside play, as long as children are appropriately dressed.

- During inclement weather, active play should be encouraged and supported indoors.

- Children should not play outside on days when there is ice on the playground or in cases of extreme heat or poor air quality.

- Outdoor play may take place in a backyard or local playground.

- Make connections to the curriculum while playing outdoors.
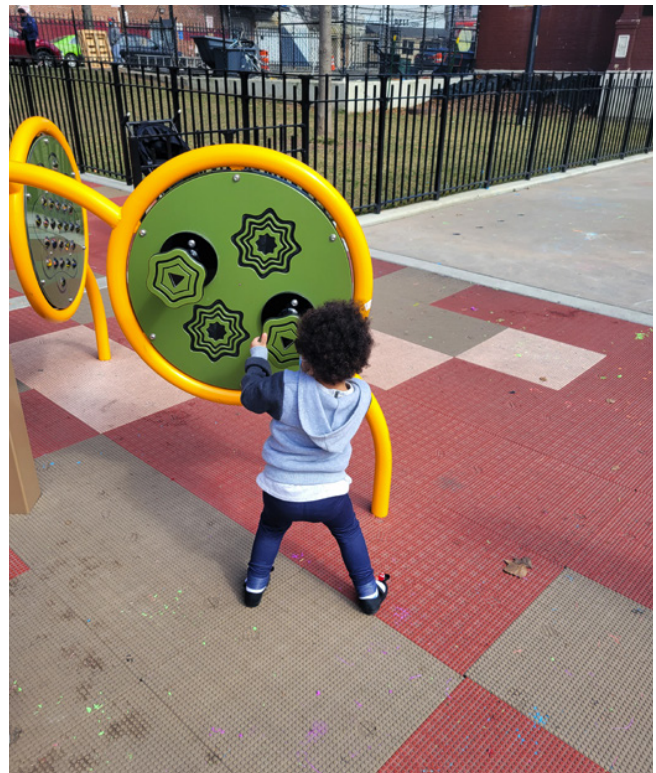
Resources

- National Weather Service website to check weather predictions: https://www.weather.gov

- NOAA's National Weather Service Heat Index information: https://www.weather.gov/safety/heat-index

Screen Time

The use of technology tools (such as a tablet, computer, television, or other electronic device) must be limited to **no more than 15 minutes per day and no more than 30 minutes per week.** According to OCFS guidance, when technology is used it must be part of a planned developmentally appropriate program with an educational, social, physical, or other learning objective that includes identified goals and objectives. *Television and other electronic visual media must not be used solely to occupy time.*

The only exception to this includes a child with an Individual Education Program ("IEP") or an Individual Family Service Plan ("IFSP") that requires assistive computer technology. Please work with your Network team if you have any questions.

Uniforms

If you wish to request children wear uniforms, you must inform your Network.

Uniform guidelines:

- You can ask families to purchase uniforms.

- You may not exclude or penalize a child whose family would prefer not to purchase a uniform.

- No child may be denied a uniform because of economic hardship.
  - Networks can support you in developing a plan to obtain uniforms for families who demonstrate that they are unable to purchase them.
  - For any child whose family cannot afford to pay for a uniform, you must purchase a sufficient number of uniforms for them directly from the vendor.
  - Costs for these uniforms may not be charged to the Network budget and will not be reimbursed by the DOE.

- You and your Network cannot collect fees for uniforms directly from families; families must purchase uniforms directly from the vendor.

- You must inform families about the uniform policy when describing your program to prospective families.

- You must ensure that families receive written notice about this policy with enough time to purchase the uniform or request that your program either obtain the uniform or grant an exemption. The written notice must:
  - Describe and/or enclose a photograph of the uniform and explain the purpose, expectations, and benefits of the uniform policy.
  - List the range of costs for each item of clothing.
  - Advise families that:
    - They must purchase uniforms directly from the vendor.
    - They can purchase clothing that satisfies the uniform requirement at any vendor or store of their choice.
    - If they cannot afford to buy a uniform, they can request that your program obtain a uniform for their child.
    - They can request an exemption from the uniform requirement.
    - Children may not be sent home, excluded, disciplined, or penalized in any way if they fail to wear a uniform to the program.

Uniform Wear

If you request that children wear uniforms, you must follow the below guidance:

- You must select a developmentally appropriate uniform that aligns with the intended goals of the uniform policy.

- The uniform should be durable, easy to care for, and cost-effective.

- In addition, uniforms must NOT:
  - Consist of clothing that poses a health and safety hazard or that is disruptive to the education process.
  - Require girls to wear skirts. You must offer the option of wearing pants.
  - Contain offensive slogans or pictures.
  - Contain religious symbols or text, except if the name of the program has religious text references. In such cases, only text may be displayed, absent any religious symbol.

Child Positive Behavior Guidance

Your Network will support you in using positive behavior guidance strategies to empower children to develop a positive self-concept, and intentionally guide children to interact respectfully and constructively with peers and adults in their community, and their environment.

It is expected that you will structure an environment and approach interactions in ways that build positive relationships with children and families. A child's behavior should be guided in a positive way as part of the developmentally appropriate instruction taking place in your program.

Children may not be sent home early and/or placed in time out as a form of discipline or as a strategy to manage disruptive behavior in your home. Your Network must collaborate with you to develop and implement strategies for responding to behavior that is disruptive to other children or unsafe for the child and/or others. Your Network will help you to document the supports and interventions that are put in place as part of an evidence-based approach to behavior guidance, instruction, and professional reflection. All programs must establish and follow a written plan for behavior management that is acceptable to the DOE.

Your Network will support you to make sure the child behavior guidance policy is communicated to families and staff at the start of the programmatic year and made available in the home language of the families your program serves. Anyone working in your program must receive a copy of the child behavior management policy and be trained on the policy at the beginning of the year. All programs serving infants and toddlers must ensure staff are trained on sudden infant death syndrome ("SIDS"), safe sleep practices, and "shaken baby syndrome" identification and prevention training.

Your Network must support you in collaborating and communicating with families to develop strategies to build each child's social, emotional, and behavioral skills. Additionally, you should share best practices with families in culturally and linguistically responsive ways.

Infant Guidance

All developmental milestones are dependent on having the support of a responsive caregiver that will help an infant make sense of their emotional and physical experiences. Infants are wholly dependent on adults and attach to the adult(s) who meet their physical and emotional needs. The everyday, moment-to-moment interactions between infant and attachment figure(s) have a lasting impact on a child's life. Infant and toddler caregivers have the important opportunity of becoming attachment figures to the infants in their care.

What is attachment and what are its functions? Attachment is an early and critical developmental milestone that has functions throughout the child's lifespan. There are four main functions: 1) it provides the sense of security that a person will carry with them in the world; 2) it is critical to affect regulation; 3) it promotes the expression and communication of feelings; 4) it provides a base for exploration.

1) **A Sense of Security:** The main function of attachment is to maintain an infant's sense of security. In distress an infant will usually cry and make efforts to move closer to their primary caregiver. The caregiver responds by moving toward the infant to soothe them with their voice and warmth or to tend to the infant's needs. Through this responsiveness, the infant's sense of security becomes restored, and the infant calms.

2) **Affect Regulation:** When an infant is in distress they will often move towards the caregiver for help. The caregiver's ability to accurately read the infant's distress signals and effectively soothe them enables the infant to regulate their emotional state. An infant can only regulate their emotions with the support of an adult. With consistent empathic and loving care, an infant will begin to develop their own ability to self-regulate.

3) **Expression and Communication:** Through these reciprocal exchanges between infant and caregiver, the bond is formed and the infant also learns how to express and communicate their need to play, sleep, eat, or be comforted.

4) **A Base for Exploration Starting:** At about age one, when an infant enters toddlerhood their need to discover and explore their environment and seek some separateness from their attachment figure(s) becomes their central developmental task. Toddlers will explore the environment close to their caregivers and look at them for assurance that what they are doing is okay. When a caregiver is physically present, and available to encourage exploration and curiosity, a toddler is able to confidently go off and explore their environment.

Infant Crying for Comfort

Caring for an infant who cries constantly can be exhausting and overwhelming. If a child is crying, you must check on the child and reassure them verbally. Repeated lack of responsiveness to an infant's cries, even for only a few minutes at a time, can be potentially damaging to the child's mental health.

You should:

- Use a variety of safe and appropriate individualized soothing methods of holding and comforting infants who are upset;

- Engage in frequent, multiple, and rich social interchanges, such as smiling, talking, appropriate forms of touch, singing, and eating;

- Be play partners as well as protectors;

- Be attuned to infants' feelings and reflect them back;

- Communicate consistently with families regarding the infants' behavior;

- Interact with infants and toddlers and develop a relationship in the context of everyday routines (e.g., diapering, feeding).

SCREENING & AUTHENTIC ASSESSMENT

Screening

Screening Tool and Administration

Communicating with Families

Authentic Assessment

SCREENING & AUTHENTIC ASSESSMENT

Through developmental screening and authentic assessment, you and your Network will deepen your shared understanding of children's learning and development across all domains to inform instruction. You and your Network collect evidence of children's learning, reflect, and determine next steps to support individual growth.

Screening

Developmental screening is a key part of a child's transition into a program and a way to identify potential developmental and instructional needs. Used at the beginning of the school year, developmental screening tools evaluate developmental milestones and assist educators in learning about the various aspects of a child's development, including language, cognition, perception, and motor. Children must be screened each year until age 3.

Developmental screenings do not have to be administered to children currently receiving Early Intervention services or preschool special education services. Developmental screenings do not have to be administered if the screening is not available in a child's home language. You and your Network should work to provide the child with language support and instruction.

Screening Tool and Administration

Your Network is required to work collaboratively with you to use one valid and reliable developmental screening tool to identify potential developmental delays and language support needs to all children at the beginning of the school year. Talk to your Network for further guidance about screening timeline.

The DECE has approved two developmental screening tools for use in Family Child Care settings. Speak with your Network to learn more about which you will be using:

- Ages and Stages Questionnaires – Third Edition® (ASQ-3): available for use with children age 1 month to 5 years, 6 months.

- Brigance Early Childhood Screens III®: available for use with children age 1 month to 5 years, 11 months.

Network staff and/or program staff may complete developmental screenings. Talk to your Network for further guidance about screening implementation. Please note, your staff must meet minimum requirements to administer the developmental screening for children enrolled in your program. Please see the InfoHub for more information about training for networks using the ASQ-3.

- Must have understanding of basic principles of standardized tests, including:
  - Knowledge of methods to ensure objectivity in administration of the tool
  - Importance of following standard procedures for administration and scoring

- Must be experienced in early childhood education, with an understanding of early childhood behavior and development.

- Must complete training that includes observation of an examiner administering the tool (virtually or in-person training).

- Must be fluent and proficient in the language(s) used to administer the developmental screening tool. Please talk to your Network for more guidance on ASQ-3 language and translations guidance.

All screening outcomes must be recorded *within 21 days* of each child's screen, whether or not it was completed by you or your Network. The method of recording is at the discretion of your Network and may be requested by the DECE at any point.

If a child's screening results indicate that they need to be rescreened for any reason, the child must be rescreened within 8-10 weeks.

Communicating with Families

Screening outcomes must be communicated to families. The method of communication is at the discretion of your Network.

If your Network completes the developmental screening, screening outcomes must be communicated to you. The method of communication is at the discretion of your Network.

At the start of the school year and ongoing, your Network is required to send the Introduction to Developmental Screening letter to families of enrolled children. In response to this letter, families may opt out of the developmental screening. Please see the Infohub for this letter.

You, families, and Networks can use developmental screening scores to help determine potential referrals. If a child scores below the referral cutoff on a developmental screening tool, you, families, and your Network should work together to collect information, support the child, and determine next steps. If, after implementing a variety of strategies and/or supports, Network staff, affiliated providers and/or families still have concerns regarding a child's progress and believe that they may need additional support, the family can make a referral for special education services. Referrals can be made to Early Intervention for children under three and the Committee on Preschool Special Education (CPSE) for children who are three and four.

Resources 📘

- Ages and Stages Questionnaires – Third Edition® (ASQ-3): https://tinyurl.com/AgesandStages3

- Brigance Early Childhood Screens III®: https://tinyurl.com/BriganceEarlyChildhoodScreens

- DOE Developmental Screening and Authentic Assessment: https://tinyurl.com/InfoHubDevelopmentalScreening

Authentic Assessment

Authentic assessment allows you and your Network to gather information about children's development during everyday activities. Authentic assessment data includes observation notes, photos, and work samples collected throughout the year that capture a child's developmental progress across all domains of learning, as outlined in the Head Start ELOF. You and your Network will analyze this data in order to inform instructional practice and engage in two-way conversations with families.

The DECE provides online subscriptions and resources to assist you and Networks with authentic assessments. The DECE-approved authentic assessment systems for use in the Family Child Care settings are:

- Teaching Strategies GOLD (TSG)

- High Scope Child Observation Record Advantage (COR)

All providers affiliated within your Network are required to use the same authentic assessment system. Therefore, your Network must support you in using an approved authentic assessment system to inform instructional practices for the unique needs of all the children in your programs. Talk to your Network for further guidance about your authentic assessment system, reporting, and any checkpoint dates.

Authentic assessment data must be used to develop:

- Portfolios
  - With support from Network staff you will:
    - Collect low-inference notes and high-quality work samples regularly throughout the year
    - Align child portfolio items to authentic assessment system domains and indicators
  - Portfolio items are entered online and hard copies can be stored at your program
  - Use the data to individualize practice and set goals for the needs of each child

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Resources ◼

- DOE Developmental Screening and Authentic Assessment: https://tinyurl.com/InfoHubDevelopmentalScreening

- Teaching Strategies GOLD (TSG): https://tinyurl.com/TeachingStrategiesGold

- High Scope Child Observation Record Advantage (COR): https://highscope.org/cor-advantage

SPECIAL EDUCATION SERVICES

Special Education Services

Early Intervention (birth to 3 years old)

Committee on Preschool Special Education (3 to 5 years old)

SPECIAL EDUCATION SERVICES

Your Network will provide you with information and support to share with families throughout the year about how to access services for children with developmental delays and disabilities. These services are provided by EI (Early Intervention Program for children birth to 3 years old) or CPSE (Committee on Preschool Special Education for children 3 to 5 years).

Special Education Services

The infant, toddler, and early childhood years are a time of incredible development and growth. Your program **must be made open and available to children both with and without developmental delays and disabilities.** Your Network will support you in maximizing the integration of children with disabilities with their typically developing peers, and to ensure that all children have multiple ways to demonstrate their learning in an inclusive and socially and emotionally supportive environment.

During this time, many children benefit from additional support to help them learn and thrive. In New York City, children with developmental delays and disabilities under 3 may receive these supports through EI, run by the Department of Health and Mental Hygiene (DOHMH). For children ages 3 and older with an educational disability, which is a delay or disability that affects learning, the New York City Department of Education (DOE) has a variety of special education programs and services.

A developmental screening is required for all children enrolled with the Network. If a child scores below the referral cut-off of a developmental screening tool, your Network will support you in offering age-appropriate learning activities and opportunities across natural environments which include the home, childcare setting, and the community. If after implementing strategies and sharing these concerns with your Network team, you still have concerns regarding a child's progress and believe that they may need additional support, children should be referred with parental/guardian consent to the Early Intervention Program, or to the CPSE. **You should work in collaboration with your Network team** to support families and children throughout the enrollment of the child.

Every family with an offer to attend your program must be welcomed and allowed to register at your program regardless of whether the child has an IEP (Individualized Education Plan for children ages 3-5) or IFSP (Individualized Family Service Plan for children ages 0-3). After enrolling the child, if you have questions about your ability to serve the child, contact your Network team.

Early Intervention (birth to 3 years old)

If you have concerns about a child's development when they are between the ages of birth and three, the Early Intervention Program can help by providing a free evaluation to find out if the child is eligible for services. Your Network will support you in speaking with families about any concerns you or your Network team may have about a child's development. You and your Network team should review the Early Intervention process with the family and support them through the process to secure services. Family consent is necessary for any evaluations.

Families, affiliated providers, and Networks can make a referral to Early Intervention (EI) by:

- Calling 311 and asking for Early Intervention

- Completing the Early Intervention Program Referral Form and faxing it to a regional office in the family's home borough. (*See Bureau of Early Intervention Contacts listed in the Resources box.*)

You or a staff member from your program and Network team should participate in EI reviews for both initial referrals and requested annual reviews. Family consent is needed to participate.

Evaluation

Upon making a referral to EI, families are assigned a Service Coordinator who will help them navigate the program, including the evaluation process.

Services

If found eligible, EI will work with the family to develop an Individualized Family Service Plan (IFSP), which outlines the EI services they will receive. Eligible children can receive services in their "natural environment," or the environment where the child normally is. This could include one or all of the following settings: the family child care program, child's home, and across other environments where typically developing children are found.

Committee on Preschool Special Education (3 to 5 years old)

Making a Referral

If you suspect that a child may have a disability that impacts their learning, discuss your concerns with your Network. Your Network team can support you in determining the factors and, if necessary, discussing your concerns with the family and making a referral for a preschool special education evaluation with the family's consent.

Prior to making a referral to the Committee on Preschool Special Education (CPSE) for a child between the ages of 3 to 5 years old, you and your Network team must work with families to implement a variety of developmental and academic interventions to support the child. If a concern persists, you can talk to the child's family about making a referral with the support of your Network. With the support of your Network, you are required to follow all policies outlined by the Committee on Preschool Special Education (CPSE) and to support families in navigating the CPSE process.

Families must submit referrals for evaluation in writing to the administrator of the family's home CPSE district. There are 10 CPSE offices across the City, found on the CPSE website (see the resources section for the website).

For children in foster care, the educational decision maker is typically their birth or adoptive parent, but in some cases may also be the foster parent. The educational decision maker must be the person who submits the referral for evaluation, consents to evaluations, joins the CPSE meeting and, if the child is found eligible, consents for preschool special education programs and/or services.

In cases where the educational decision maker cannot be reached and the child has no foster parent, the CPSE Administrator assigns a surrogate parent.

If a foster parent wants to know if they have educational decision-making rights, they can contact the child's foster care agency caseworker or the Administration for Children's Services (ACS) Office of Education Support and Policy Planning at 212-453-9918 or education.unit@acs.nyc.gov.

The written referral to CPSE should:

- Request a preschool special education evaluation;

- Provide child's full, legal name and date of birth;

- Describe any specific areas of concern about child's development;

- List any services child received in the past;

- Provide full contact information to reach the family; and

- State their preferred language, if it is not English.

A staff member from your program and Network team should participate in the CPSE reviews for both initial referrals and requested annual reviews with family consent.

Evaluation

Once a referral has been made, the CPSE will mail the family a referral packet, which will include:

- A list of approved preschool evaluation sites in New York City, from which a parent must select an evaluation site and schedule an appointment;

- Consent for Initial Preschool Evaluation (C1-P form), which must be signed on-site at the first evaluation appointment;

- Notice that the CPSE has received the referral (R-1P form);

- Notice of due process rights and free/low cost legal services listing;

- Other information and resources for families

An initial preschool evaluation includes exams such as:

- A comprehensive psychological evaluation that looks at what a child knows and their cognitive abilities;

- A social history interview, which provides background on a child's developmental and family history, often from birth to present;

- A physical evaluation, which is a health examination form often completed by the child's doctor;

- An observation of the child in their current educational setting or childcare location; and

- Other appropriate assessments as necessary to ascertain the physical, mental, behavioral, and emotional factors that contribute to the child's suspected disability.

CPSE Meeting

Once evaluations are complete, the CPSE will schedule a meeting with the family. The initial CPSE meeting must take place within *60 calendar days* of the date the parent signed consent for evaluation, unless extended by mutual agreement. At the CPSE meeting, the team will review the evaluation results, share and learn more about the child, and determine if the child is eligible for preschool special education services.

To be found eligible, the CPSE must determine that a child is a "preschool student with a disability." This determination is based on evaluations showing that a child has a significant delay in development or an educational disability, which is a delay or disability that affects learning. This means that there are substantial delays in one or more of the following areas: cognitive, language and communication, adaptive, socio-emotional, and/or motor function.

Programs and Services

If a child is found eligible, the CPSE will develop an Individualized Education Program (IEP) that outlines the programs and services that the DOE will provide free of charge. These may include:

- Related Services—examples include speech therapy, occupational therapy, physical therapy, assistive technology, parent education/ training, and counseling

- Special Education Itinerant Teacher (SEIT)

Note that children found eligible for preschool special education services with a recommendation for Related Services and/or Special Education Itinerant Teacher (SEIT) services can only receive these services at the affiliated program.

Other programs and services may include:

- Special Class in an Integrated Setting (SCIS)—This is a classroom in which students with and without IEPs are educated together. The special education seats require placement through the CPSE.

- Special Class (SC)—This is a classroom that only serves students with IEPs whose needs cannot be met within the general education setting or SCIS classroom. All seats in these classes require placement through the CPSE.

If a child with an Individualized Education Program (IEP) recommendation for a Special Class (SC) or Special Class in an Integrated Setting (SCIS) receives an offer to your program and you do not provide the services recommended on the IEP, please welcome the family and connect with your Network. Your Network team can contact OSE at ESEnrollment@schools.nyc.gov for guidance in helping the family secure the services outlined in the child's IEP.

The CPSE must recommend services in the Least Restrictive Environment (LRE) appropriate, which means children with disabilities are educated alongside children without disabilities to the greatest extent possible. Inclusion settings are where children with and without disabilities learn together in the same learning environment. For most children, this should be in inclusion settings.

These are examples of inclusion settings:

- A general education classroom, in a program such as 3-K for All, with services like speech or physical therapy;

- A general education classroom, in a program such as 3-K for All, with a Special Education Itinerant Teacher (SEIT);

- A Special Class in an Integrated Setting (SCIS), which includes children with and without disabilities; and

- A Special Class in an Integrated Setting (SCIS), which includes children with and without disabilities, with additional supports, such as services like speech or physical therapy, or the support of a paraprofessional.

Other recommendations, such as a special class with only students with disabilities, are only offered to children when their needs cannot be met in a general education or SCIS setting with additional aids and services.

With the support of your Network, you must ensure that you are accommodating, to the greatest extent possible, the needs of any child who has been determined to require a Related Service and/or a Special Education Itinerant Teacher ("SEIT") contracted provider.

You must assist the DOE in obtaining Medicaid compliance documents for their children who receive related services per an Individualized Education Program (IEP). Those documents include, but are not limited to, a parental consent form and prescription(s) for the provision of service. Connect with your Network to support you through this process.

You must ensure the following:

- Fill out a Screening Alert form for any child that you have a developmental/behavioral concern about.

- Submit Screening Alert form to the Network Education Director or Education Specialist during one of their visits to your program.

- Provide information about the child for use during the EI/CPSE evaluation process.

- Collaborate and cooperate with service providers in the provision of IE/CPSE supports included in the child's plan.

- You must differentiate instructional strategies, activities, and resources to meet the unique needs of children and their families. Please work with your Network team for support.

- With the support of your Network team, you must maximize integration of children with disabilities with their typically developing peers and ensure that all children have multiple ways to demonstrate their learning in an inclusive and socially and emotionally supportive environment.

Resources

- Early Intervention Website: https://tinyurl.com/EarlyInterventionWebsite

- Early Intervention Steps: https://tinyurl.com/EarlyInterventionSteps

- Early Intervention Referral Form: https://tinyurl.com/EarlyInterventionReferralForm

- CPSE Website: https://tinyurl.com/CPSEWebsite

- Screening Alert Forms
    - Infant and Toddler Screening Alert Form: https://tinyurl.com/ITScreeningAlertForm
    - Preschooler Screening Alert Form: https://tinyurl.com/PreKScreeningAlertForm

ADDITIONAL SUPPORT SERVICES

Language Services

Immigrant Populations

Students in Temporary Housing

# ADDITIONAL SUPPORT SERVICES

Your Network will work with you to effectively serve children and families with specialized needs regardless of their immigration status, including children who are emergent multilingual learners and children living in temporary housing.

Language Services

Your Network will support you with making sure all interactions and written communication with families demonstrate differentiation based on the language, availability and specific needs of the population of families served. You must support all extended day/year and 3-K school day/year children, including children whose home language is a language other than English, in developing the skills and knowledge reflected in the Head Start Early Learning Outcomes Framework (ELOF).

Your Network will work with you to ensure the following:

- All information is shared with families before the start of the program year in the preferred language of each family, in accordance with the terms of your Affiliation Agreement.

- All instructional strategies, activities, and resources are differentiated to meet the unique needs of children and their families.
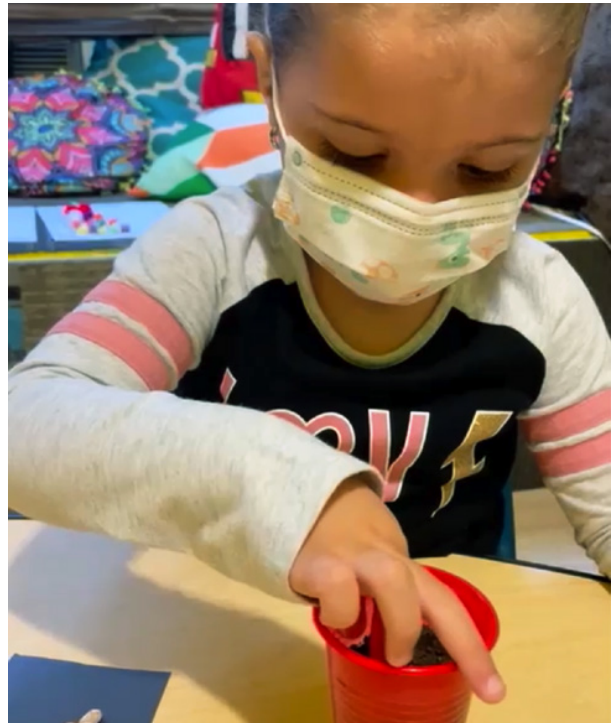
Immigrant Populations

Your Network will work with you to ensure that all children learn in a safe, nurturing environment regardless of immigration status.

You and your Network team should not ask about or keep a record of the immigration status of a child or family member. If a family does share confidential information, including immigration status, it should be kept confidential.

You and your Network team should not grant unlimited access to Immigration and Customs Enforcement (ICE). ICE, like all other law enforcement agencies, is not permitted access to children without proper legal authority. If ICE officers arrive at your program for immigration enforcement purposes, you should refer them to your Network. For additional support, please contact your Network team or FCCsupportteam@schools.nyc.gov.

You and your Network team may not release child information unless required to by law. If you are unsure whether or not a request for child information is lawful, you should reach out to your Network immediately.

For additional support or questions regarding supporting families regardless of immigratioin status, please contact your Network team or FCCsupportteam@schools.nyc.gov.

You and your Network team should ensure that all children are in a safe and supportive learning environment, free from harassment, bullying, and discrimination on account of actual or perceived race, color, religion, age, creed, ethnicity, national origin, alienage, citizenship status, disability, sexual orientation, gender (sex), or weight. Any incidents or concerns should be immediately reported to the Network.

Resources 📘

- Mayor's Office of Immigrant Affairs: nyc.gov/immigrants

- IDNYC is the City's identification card for all New Yorkers. IDNYC does not collect immigration status information. Individuals may make an appointment here: nyc.gov/idnyc.

Students in Temporary Housing

Children living in temporary housing have several important rights related to education including:

- A right to immediate enrollment in an extended day/year or school day/year *3-K for All* program, even without enrollment documents.
- A right to receive transportation to and from their program.
  - In early childhood programs, transportation assistance is offered through a free MetroCard for the child's family.
- A right to either remain in their program or transfer to a different program should the family become homeless or move between temporary housing locations.

The McKinney-Vento Homeless Assistance Act and DOE policy ensure that children residing in temporary living situations have access to the services that are available to permanently housed children. Children in temporary housing lack a fixed regular, and adequate nighttime residence. This includes a child who:

- Is living with a friend, relative, or someone else because the family lost their housing, economic hardship, or a similar reason (often referred to as "doubled-up"), or is living in a motel, hotel, trailer park, or camping ground due to lack of alternative accommodations.
- Is living in a subsidized publicly or privately-operated shelter designed to provide temporary living accommodations (including commercial hotels, congregate shelters, and transitional housing for the mentally ill).
- Is living in a public or private place not designed for or ordinarily used as a regular sleeping accommodation.
- Is living in cars, parks, public spaces, abandoned buildings, or substandard housing.

Your Network will have information sheets available that detail the basic rights of families living in temporary housing.

Immunization Requirements

You and your Networks must allow children in temporary housing to attend programs even if they have not yet received all required immunizations or do not have documentation of immunizations. Your Network team will support you in assist families to obtain proof of immunizations, including recommending walk-in clinics that can assist the family.

For more information, please see the Health & Safety chapter of the Handbook.

Family Fees

Families of Students in Temporary Housing are not required to pay a family share for extended day/year programs. Additionally, the following families do not pay a fee:

- Families receiving cash assistance (CA), Temporary Assistance for Needy Families (TANF), or income maintenance
- Families receiving protective services
- Families experiencing homelessness

Resources

- Reach out to the DOE Outreach Team for question about students in temporary housing: Outreachteam@schools.nyc.gov, 212-637-8000

- NYS-TEACHS offers free brochures and posters with information on the educational rights of children and youth who are homeless in multiple languages: https://nysteachs.org/.

- Contact NYS-TEACHS with any questions on the rights of children residing in temporary housing: (800) 388-2014