

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**ENROLLMENT INFORMATION PACKET
FOR LEGALLY EXEMPT PROVIDERS**

Dear Child Care Provider:

Caring for someone else's child(ren) is a big responsibility. As a child care provider or operator of a program for children, you play an important role in the lives of the children and families for whom you provide care. It is critical that you provide an environment where these children can be safe and healthy. We have assembled the enclosed resource materials to help you create a safer, healthier place for children to play and grow. While this packet does not include everything, it does provide basic information that we believe you will find helpful. Included are the following documents intended to help you meet regulatory requirements:

- **Important Information When Caring for My Child**, found on page 2 of this form, is not required per regulation; however, it is a recommended form that can be completed and used to capture important information about the child(ren) in care and referenced by the provider as needed.
- **Emergency Information**, found on page 3 of this form, is not required per regulation; however, it is a recommended form that can be completed and placed in an area that is easily accessible for quick reference in case of emergency.
- *Emergency Plan Group Family Day Care and Legally Exempt Informal Child Care*, **OCFS-6011** and *Emergency Plan Child Day Care Centers, School-Age Child Care Programs, AND Legally Exempt Group Child Care Programs*, **LDSS-4438** are required forms per regulations and must be completed and maintained on-site as they will be reviewed at inspection.
- *Record of Evacuation Drills*, **LDSS-4439** is a required form per regulation. Information found on page 4 of this form, contains tips for developing an emergency escape plan that must be maintained on-site as it will be reviewed at inspection.
- **Preventing Child Abuse and Maltreatment**, found on page 6 of this form, contains information on who to contact if you suspect a child is being abused or maltreated and is recommended reading for your information.
- **Serious Incident, Serious Injury, Serious Condition, Communicable Disease, And When to Obtain Emergency Medical Care**, found on pages 7-9 of this form, contains information that defines and describes each of the subject matters and the required actions you must take per regulation.
- **Health and Infection Control**, found on page 10 and 11 of this form, contains information on various topics related to health and infection control and is recommended reading for your information.
- **Legally Exempt Child Care Training Requirements**, found on page 16 and 17 of this form, contains important information regarding required training per regulation for all legally exempt programs with the exception of relative-only providers.
- **Legally Exempt Group Child Care Enhanced Rates**, found on page 16 and 17 of this form, contains information on requirements for providers/directors who wish to receive an enhanced market rate of pay, which is optional for programs.
- **Where to Get Training and Technical Assistance**, found on page 18 of this form, contains information on available resources and is recommended reading for your information.
- *Child Care Attendance Sheet*, **LDSS-7026-1** must maintain daily attendance records on-site per regulation. This attendance sheet is not required, but strongly recommended as it meets regulatory requirements.

If you are providing care in your home, we encourage you to become a registered family day care provider (FDC) or a licensed group family day care (GFDC) provider. Although individuals caring for one or two children are not required to be licensed or registered, they may do so voluntarily. Because the standard market rate for legally exempt child care is 65% of the rate of FDC/GFDC, a licensed or registered provider is paid more per child in care. Also, as a licensed or registered provider, you will be able to increase your earning potential by caring for additional children.

To learn more about how to become a licensed or registered provider, please visit the Office of Children and Family Services (OCFS) website www.ocfs.ny.gov or contact the regional office of the Division of Child Care Services (DCCS) for the county in which you live. For a list of DCCS regional offices, please visit the OCFS website's homepage and then click on the [Regional Offices link](#).

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
IMPORTANT INFORMATION WHEN CARING FOR MY CHILD
(To be completed by the parent/caretaker)

PARENT’S/CARETAKER’S NAME:

You can reach me at this phone number: () -
Other numbers where I might be reached: () - , () -

CHILDREN’S NAMES AND AGES

Name:	Date of Birth: / /
Name:	Date of Birth: / /
Name:	Date of Birth: / /

CHILD’S DOCTOR(S)

Name:	Phone: () -
Name:	Phone: () -

THINGS YOU SHOULD KNOW ABOUT MY CHILD:

(List any allergies, medical conditions, or anything else that will help the child care provider when caring for your child.)

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
EMERGENCY INFORMATION FORM
PLACE IN A LOCATION THAT IS EASILY ACCESSIBLE

INFORMATION TO GIVE THE EMERGENCY RESPONSE CREW
Address where care is being provided: _____
Phone Number: () -
Directions to/landmarks near home where care is being provided: _____

EMERGENCY PHONE NUMBERS	
Police: () -	Poison Control Center: 1-800-222-1222
Fire: () -	Child Abuse Hotline: 1-800-342-3720
Ambulance: () -	Local Dept. of Social Services: () -
Doctor: () -	

PARENTS'/CARETAKERS' PHONE NUMBERS			
Parent's/Caretaker's Name	Work	Home	Other
	() -	() -	() -
	() -	() -	() -
	() -	() -	() -

Always give this information in an emergency:

- Your Name
- Your Telephone Number
- Exact Location
- First Aid Already Given
- The Type of Emergency
- Your Address
- Easy Directions/Landmarks

****DO NOT HANG UP BEFORE THE OTHER PERSON HANGS UP****

Poisonous Substances:

If you suspect a child has eaten or drunk a poisonous substance:

- ✓ Ask child if they have eaten or drunk anything.
- ✓ Ask child to show the substance to you.
- ✓ Call a Poison Control Center, emergency room or the child's doctor immediately.

A Poison Control Center typically asks for the following information:

- ✓ Age and weight of child.
- ✓ Type and amount of poison consumed.
- ✓ How long ago the poison was consumed.
- ✓ Symptoms or condition of child.



Take the container, bottle or piece of the plant or other substance to the phone with you so that you can answer questions asked by the Poison Control Center.

EMERGENCY PREPAREDNESS

Visit <https://prepare.ny.gov/> to get tips, tools, and resources to help you be prepared in an emergency.

EMERGENCY PLAN

Each legally exempt child care provider must have a written emergency plan that places primary emphasis on the safe and timely evacuation and relocation of children. Fill out form **OCFS-6011**, *Emergency Plan – Family and Group Family Day Care and Legally Exempt Informal Child Care* OR **LDSS-4438**, *Emergency Plan – Child Day Care Centers, School-Age Child Care Programs, and Legally Exempt Group Child Care Programs*, as applicable.

SHELTER IN PLACE

Two shelter-in-place drills must be conducted annually during which procedures and supplies are reviewed. The children’s parents/caretakers must be made aware of the drills in advance.

A shelter-in-place drill does not require an overnight stay and typically requires no more than half an hour to complete.

Create a record of each shelter-in-place and evacuation drill conducted, using form **OCFS-6007**. These records must be maintained on-site.

EVACUATION DRILLS

PLANNING YOUR ESCAPE

- Draw an outline for each floor in your home, apartment, or building where child care is provided. Graph paper makes it easy. Dimensions do not need to be exact.
- Draw and label each room showing important details such as stairs, hallways, and roofs that can be used as an exit route.
- Indicate an emergency meeting place.
- Check each room for the best exit route.
- Test that windows open easily and are large enough and low enough so children can open them.
- Check the smoke detectors and carbon monoxide detectors to make sure they are operating properly.

FINISH YOUR ESCAPE PLAN

- Use black arrows to show the normal exit route.
- Use colored arrows to show your alternate exit route.

THE GROUP MEETING

Discuss these procedures with the children in your care:

- Find a way for everyone to sound an emergency alarm. Blow a whistle, pound on walls, yell, etc.
- Do not waste time dressing or looking for valuables or pets. In a fire, seconds count, and as much as they mean to you, your life is more important.
- Roll to the floor and stay low.
- Locate both the normal exit route and the alternate exit route (other doors or windows).
- Feel the door of the normal exit route. If the door or doorknob is hot, do not open it. Instead, use the alternate exit route.
- Once outside, go to your emergency meeting place. Check to see if everyone is safe. Once you are out, stay out.
- Call the fire department from a safe location. If you use a street alarm box, wait there to direct the fire department to the fire location.

ALARMS

For informal: OCFS requires that you have properly working smoke detectors on each floor of the home and at least one operating carbon monoxide detector.

For legally exempt groups: OCFS requires that you have operating carbon monoxide detectors and smoke alarms that are located and operating in accordance with the New York State Uniform Fire Prevention and Building Code or other applicable code.

THE DRILL

- You are required to hold an evacuation drill at least once per month during the hours of operation of the program. The more you practice, the better you will be able to act quickly and correctly in the event of a fire.
- Sound the emergency alarm. Press the smoke detector test button. Yell “fire!” or use another signal.
- Roll to the floor, stay low and feel the door for heat.
- Use the normal exit route. Brace your shoulder against the door and open it slowly, ready to shut it quickly if there is heat or smoke.
- Gather at the emergency meeting place and check that all children in your care are out.
- Designate someone to simulate calling the fire department.
- Talk about the drill. If necessary, make changes and rehearse them.
- Repeat the drill using the alternate exit route.
- You must keep a written record of the evacuation drills on-site using *Record of Evacuation Drills, LDSS-4439*.



TIPS

- It is required that you have two separate exit routes. One exit route may be a window if there is not another door.
- Use escape ladders if necessary.
- Make sure devices open easily. In a fire, you might not be able to find a key.
- If necessary, rearrange rooms to provide easier escape for children.
- Elevators should never be used as an escape route.

PREVENTING CHILD ABUSE AND MALTREATMENT

If you suspect that a child for whom you are caring is being abused or maltreated, you must report your concern to the Statewide Central Register of Child Abuse and Maltreatment at 1-800-342-3720. The hotline operates 24 hours a day, seven days a week.

The purpose of reporting is to identify suspected abuse and maltreatment of children as soon as possible, so that the children determined to be abused or maltreated can be protected from further harm. In addition, where appropriate, services can be offered to assist the families. The intervention of the appropriate local child protective service cannot begin until a report is made. By reporting, you play a critical role in preventing any future abuse or maltreatment of the child.

If you want to learn more about how to identify possible child abuse and maltreatment, you may contact the child protective unit of your local department of social services.

If a child in your care is involved in a serious incident or serious injury while in your care, you must also follow the reporting procedure included below.

SERIOUS INCIDENT, SERIOUS INJURY, SERIOUS CONDITION, COMMUNICABLE DISEASE, AND WHEN TO OBTAIN EMERGENCY MEDICAL CARE

MODALITIES IMPACTED: Legally Exempt Group Child Care and Legally Exempt Informal Child Care

It is required by regulation that all legally exempt child care programs must immediately notify the parent/caretaker and the enrollment agency (EA) when one of the following events involving a child occurred while the child was in care at the program or was being transported by the program: death, serious incident, serious injury, serious condition, communicable disease, or transportation to a hospital (18 NYCRR 415.13(b)(10)(v))

and

The program must immediately call 911 for children who require emergency medical care and also must in the event of an accident or illness requiring immediate health care, secure such care and notify the parent/caretaker (18 NYCRR 415.13(b)(10)(vii)).

IMMEDIATE NOTIFICATION TO PARENT AND THE ENROLLMENT AGENCY (EA)

In the case of an emergency: OCFS requires the child care program/provider to ensure that the medical needs of the injured/ill child are met, while also providing for the safety and supervision of the other children in care. The parent/caretaker and EA must be immediately notified. If a program/provider assesses a child's injury to be non-serious and medical attention is not immediately sought, but the child later receives medical attention for this same injury or illness, the EA must be verbally notified the same day that the program is made aware. Leaving a voicemail is not sufficient notification if the incident was discovered during normal enrollment agency business hours. EA offices provide telephone coverage Monday-Friday, 9am-5pm. During these hours, the program/provider is required to speak directly to an office representative. If the incident was discovered outside of the above EA business hours, an immediate telephone call must be made to the EA and a voicemail must be left on the enrollment agency main line voicemail box. This is considered sufficient notification for that day. However, at the beginning of the EA's next business day, the program is required to call the EA again and speak directly to an office representative.

When a serious incident and/or injury is reported to the EA that contains allegations of a regulatory violation(s), an enrollment agent will conduct an on-site inspection, provide technical assistance, and follow agency protocols if areas of regulatory non-compliance are identified.

What is considered a Serious Incident, Serious Injury, Serious Condition, Communicable Disease?

The following section gives some examples of what types of situations must be reported to the EA and parent.

SERIOUS INCIDENT

A **serious incident** is defined as a situation or event where there is a risk to the physical, emotional, and/or mental health, safety or well-being of a child while in care.

Serious incidents include **but are not limited to:**

- A child being left without competent supervision for any length of time.
- A motor vehicle accident involving a child in care.
- An arrest of a provider, director, employee, volunteer, or family child care household member.
- Sexual or inappropriate contact between any children in care and any other individual associated with the child care program.
- Erratic behavior by any individual while working at, volunteering in, living in a family child care program, or attending the child care program.
- An act of aggression by an animal including, but not limited to, biting (with or without breaking the skin).
- Domestic violence and/or physical violence between two individuals in the presence of children in care.

- Any incident relevant to the child care program that resulted in a call to the Statewide Central Register of Child Abuse and Maltreatment and/or 911.
- Medication errors.*

*Regulation 18 NYCRR 415.13(c)(1)(x) requires that: “The parent/caretaker must be notified immediately, and the enrollment agency must be notified within 24 hours of any medication administration errors. Notification to the enrollment agency must be reported on a form provided by the office or on an approved equivalent.”

SERIOUS INJURY

A serious injury includes any event in which a child requires professional medical attention other than routine illness. An injury is serious when it is beyond routine superficial cuts, scrapes and bug bites.

Serious injuries include **but are not limited to:**

- A laceration that requires stitches or is large, deep, or won't stop bleeding.
- Dislocation.
- Fractured bone.
- Nursemaid elbow.
- A human or animal bite that breaks the skin.
- Injuries to the mouth including loose or chipped teeth and/or a tear in the mouth.
- Any injury that results in the child losing consciousness, having labored breathing, crying incessantly, exhibiting the inability to speak, vomiting, becoming lethargic, falling asleep at an inappropriate time or unexpectedly, or is difficult to arouse or awaken.
- Any head injury (a head injury may be accompanied by swelling or bruising in the affected cranial area coupled with decreased alertness, increased confusion, headache, vomiting, or difficulty walking).
- An injury to a non-verbal child where the child appears to be suffering increased pain that would not typically accompany the type of injury sustained.
- Any burns, scalding, and heat-related injuries.
- Electric shock.
- Poisonings (suspected or known), including toxic exposure by inhalation, ingestion, or through the skin.
- Insect bites that result in atypical reactions such as anaphylactic shock.
- Allergic reaction including anaphylactic shock.
- Any injury that may result in a sprain, dislocation, or a broken bone.
- Any injury that may result in child complaining of severe pain, or losing the ability to stand, walk, or use their arms or legs in a normal function.
- Injuries related to the exposure to extreme temperatures including hypothermia, dehydration, severe sunburn, or frost bite.
- Loss of sight.
- Near-drowning.
- Choking that resulted in the use of life-saving measures or a loss of consciousness.

SERIOUS CONDITION

A **serious condition** is defined as any issue to the physical plant of the child day care program/provider that impedes everyday operations or may present a health or safety concern.

Serious conditions include **but are not limited to:**

- A fire, flood, or other natural disaster that occurs on child day care premises.
- Community incident that occurs near or within the child day care setting including, but not limited to, a shooting or bomb threat.
- The loss of heat or running water.
- Structural damage.
- Mold.
- Insect or rodent infestation.

- Failure of fire detection and prevention systems.
- Presence of lead and/or radon.

COMMUNICABLE DISEASE

A **communicable disease** is one that is spread from one person to another through a variety of ways that include: contact with blood and bodily fluids, breathing in an airborne virus, or by being bitten by an insect. In addition to notifying the parent and Office of communicable disease, reporting of suspected or confirmed communicable diseases is mandated under the New York State Sanitary Code (10 NYCRR 2.12). An updated list of the reportable communicable diseases mandated under New York State Sanitary Code can be found at: <http://www.health.ny.gov/professionals/diseases/reporting/communicable/>

Communicable diseases include **but are not limited to:**

- COVID-19
- Influenza, laboratory-confirmed
- Lyme Disease
- Meningitis
- Measles/Mumps/Rubella
- Pertussis
- Rabies

For more information on communicable disease reporting, call your local health department or the New York State Department of Health's Bureau of Communicable Disease Control at (518) 473-4439 or, after hours, at 1-866-881-2809; to obtain reporting forms, (**DOH-389**), call (518) 402-5012. In New York City, call 1-866-NYC-DOH1 (1-866-692-3641) for additional information.

OBTAINING EMERGENCY MEDICAL CARE

Programs/providers must immediately call 911 for children who require emergency medical care, arrange for transportation of any child in need of emergency health care, arrange for the supervision of children remaining in care, and notify the parent/guardian of the emergency event.

Reasons to contact 911 **include but are not limited to:**

- You believe the child's life is at risk or there is a risk of permanent injury.
- The child is acting strangely, is much less alert, or more withdrawn than usual.
- The child is having difficulty breathing or is unable to speak.
- The child's skin or lips look blue, purple, or gray.
- The child's arms and legs are rhythmically jerking (symptoms of a seizure).
- The child loses consciousness.
- The child is less and less responsive.
- The child sustains a head injury followed by decrease in level of alertness, confusion, headache, vomiting, irritability, or difficulty walking.
- The child is choking and required the use of life-saving measures, or the child loses consciousness while choking.
- The child exhibits symptoms of increasing or severe pain.
- The child sustains a cut or burn that is large, deep, and/or won't stop bleeding.
- The child is vomiting blood.
- The child has a severe stiff neck, headache, and fever.
- The child exhibits symptoms of dehydration: sunken eyes, lethargy, not making tears, and/or not urinating.
- Multiple children are affected by injury or serious illness at the same time.
- Whenever you are in doubt, dial 911.

HEALTH AND INFECTION CONTROL

All legally exempt providers must have procedures in place to reduce the risk of infection. The following health and infection control procedures are recommended by OCFS, but providers have the option to establish their own policies.

CHILDHOOD DISEASES ARE PREVENTABLE

- The major childhood diseases are dangerous and can be crippling or even deadly. They can also be prevented with a complete series of immunizations given at the earliest recommended age.
- Start at birth and continue to follow the schedule. For the most up-to-date recommendations, visit: <https://www.health.ny.gov/prevention/immunization/>.
- Some children may be eligible for no-cost vaccines through the New York State Vaccines for Children Program through the New York State Department of Health (DOH).
- OCFS requires that child care providers keep immunization records on-site for children in their care who are not yet enrolled in kindergarten or a higher grade. Parents and/or child care providers are encouraged to contact their health care provider or the local health department (see below) for assistance in locating providers in their community who immunize.

COUNTY HEALTH DEPARTMENTS

For a listing of county health departments, visit the DOH website:
https://www.health.ny.gov/contact/contact_information/

DEPARTMENT OF HEALTH - NUTRITION RESOURCES

For resources for child care staff and parents regarding nutrition, visit the DOH website:
<https://www.health.ny.gov/prevention/nutrition>

HAND WASHING

Providers, employees, and volunteers must thoroughly wash their hands with soap and running water:

- At the beginning of each day.
- Before and after the administration of medications.
- When they are dirty.
- After toileting or assisting children with toileting.
- After changing a diaper.
- Before and after food handling or eating.
- After handling pets or other animals.
- After contact with any bodily secretion or fluid.
- After coming in from outdoors.

Providers, employees, and volunteers must ensure that children thoroughly wash their hands or assist children with thoroughly washing their hands with soap and running water:

- When they are dirty.
- After toileting.
- Before and after food handling or eating.
- After handling pets or other animals.
- After contact with any bodily secretion or fluid.
- After coming in from outdoors.

All staff, volunteers, and children will wash their hands using the following steps:

1. Moisten hands with water and apply liquid soap.
2. Rub hands with soap and water for at least 30 seconds – remember to include between fingers, under and around fingernails, backs of hands, and scrub any jewelry.

3. Rinse hands well under running water with fingers down so water flows from wrist to fingertips.
4. Leave the water running.
5. Dry hands with a disposable paper towel or approved drying device.
6. Use a towel to turn off the faucet and, if inside a toilet room with a closed door, use the towel to open the door.
7. Discard the towel in an appropriate receptacle.
8. Apply hand lotion, if needed.

When soap and running water are not available and hands are visibly soiled, individual wipes may be used in combination with hand sanitizer.

Note: *The use of hand sanitizers on children under the age of 2 is prohibited.*

DIAPERING

Diapering will be done only in the selected diapering area. Food handling is not permitted in diapering areas. Surfaces in diapering areas will be kept clean, waterproof, and free of cracks, tears, and crevices. All containers of skin creams and cleaning items are labeled appropriately and stored off the diapering surface and out of reach of children.

Diapers will be changed using the following steps:

1. Collect all supplies but keep everything off the diapering surface except the items you will use during the diapering process. Prepare a sheet of non-absorbent paper that will cover the diaper changing surface from the child's chest to the child's feet. Bring a fresh diaper, as many wipes as needed for this diaper change, non-porous gloves and a plastic bag for any soiled clothes.
2. Wash hands and put on gloves. Avoid contact with soiled items. Items that come in contact with items soiled with stool or urine will have to be cleaned and sanitized. Carry the child to the changing table, keeping soiled clothing from touching the provider's clothing. Bag soiled clothes and, later, securely tie the plastic bag to send the clothes home.
3. Unfasten the diaper but leave the soiled diaper under the child. Hold the child's feet to raise the child out of the soiled diaper and use disposable wipes to clean the diaper area. Remove stool and urine from front to back and use a fresh wipe each time. Put the soiled wipes into the soiled diaper. Note any skin problems and report them.
4. Remove the soiled diaper. Fold the diaper over and secure it with the tabs. Put it into a lined, covered or lidded can and then into an outdoor receptacle or one out of reach of children. If reusable diapers are being used, put the diaper into the plastic-lined covered or lidded can for those diapers or in a separate plastic bag to be sent home for laundering. Do not rinse or handle the contents of the diaper.
5. Check for spills under the child. If there is visible soil, remove any large amount with a wipe, then fold the disposable paper over on itself from the end under the child's feet so that a clean paper surface is now under the child.
6. Remove your gloves and put them directly into the covered or lidded can.
7. Slide a clean diaper under the child. If skin products are used, put on gloves and apply product. Dispose of gloves properly. Fasten the diaper.
8. Dress the child before removing the child from the diapering surface.
9. Clean the child's hands, using soap and water at a sink if you can. If the child is too heavy to hold for hand washing and cannot stand at the sink, use disposable wipes or soap and water with disposable paper towels to clean the child's hands. Take the child back to the child care area.
10. Clean and disinfect the diapering area:
 - Dispose of the table liner into the covered or lidded can.

- Clean any visible soil from the changing table.
- Spray or wipe the table so the entire surface is wet with an Environmental Protection Agency (EPA)-registered product, following label directions for disinfecting diapering surfaces.
- Leave the product on the surface for the amount of time required on the label, then wipe the surface or allow it to air dry.

11. Wash hands thoroughly.

CLEANING, SANITIZING AND DISINFECTING

Equipment, toys, and objects used or touched by children will be cleaned, and sanitized or disinfected, as follows:

1. Equipment that is frequently used or touched by children on a daily basis must be cleaned and then sanitized or disinfected, using an EPA-registered product, when soiled and at least once weekly.
2. Carpets contaminated with blood or bodily fluids must be spot cleaned.
3. Diapering surfaces must be disinfected after each use, with an EPA-registered product following label directions for disinfecting diapering surfaces.
4. Countertops, tables and food preparation surfaces (*including cutting boards*) must be cleaned and sanitized before and after food preparation and eating.
5. Potty chairs must be emptied and rinsed *after each use* and cleaned and then sanitized or disinfected *daily* with a disinfectant with an EPA-registered product following label directions for that purpose. If more than one child in the program uses the potty chair, the chair must be emptied, rinsed, cleaned and sanitized or disinfected with an EPA-registered product *after each use*. Potty chairs must not be washed out in a hand washing sink, unless that sink is cleaned, then disinfected after such use.
6. Toilet facilities must be kept clean at all times, and must be supplied with toilet paper, soap, and towels accessible to the children.
7. All rooms, equipment, surfaces, supplies and furnishings accessible to children must be cleaned and then sanitized or disinfected, using an EPA-registered product following label directions for that purpose, as needed to protect the health of children.
8. Thermometers and toys mouthed by children must be washed and disinfected using an EPA-registered product following label directions for that purpose before use by another child.

Sanitizing and Disinfecting Solutions

Unscented chlorine bleach is the most commonly used sanitizing and disinfecting agent because it is affordable and easy to get. The State Sanitary Code measures sanitizing or disinfecting solution in “parts per million,” but programs can make the correct strength sanitizing or disinfecting solution (*without having to buy special equipment*) by reading the label on the bleach container and using common household measurements.

Read the Label

Sodium hypochlorite is the active ingredient in chlorine bleach. Different brands of bleach may have different amounts of this ingredient: *the measurements shown in this appendix are for bleach containing 6 percent to 8.25 percent sodium hypochlorite*. The only way to know how much sodium hypochlorite is in the bleach is by reading the label. Always read the bleach bottle to determine its concentration before buying it. If the concentration is not listed, you should not buy that product.

Use Common Household Measurements

Using bleach that contains 6 percent to 8.25 percent sodium hypochlorite, programs need to make two standard recommended bleach solutions for spraying nonporous or hard surfaces and a separate solution for soaking toys that have been mouthed by children. Each spray bottle should be labeled with its respective mixture and purpose. Keep it out of children’s reach. The measurements for each type of sanitizing or disinfecting solution are specified below.

SPRAY BLEACH SOLUTION #1 (for food contact surfaces)

Staff will use the following procedures for cleaning and sanitizing nonporous hard surfaces such as tables, countertops and highchair trays:

1. Wash the surface with soap and water.
2. Rinse until clear.
3. Spray the surface with a solution of $\frac{1}{2}$ **teaspoon of bleach to 1 quart of water** until it glistens.
4. Let sit for two minutes.
5. Wipe with a paper towel or let air-dry.

SPRAY BLEACH SOLUTION #2 (for diapering surfaces or surfaces that have been contaminated by blood or bodily fluids)

Staff will use the following procedures for cleaning and disinfecting diapering surfaces or surfaces that have been contaminated by blood or bodily fluids:

1. Put on gloves.
2. Wash the surface with soap and water.
3. Rinse in running water until the water runs clear.
4. Spray the surface with a solution of **1 tablespoon of bleach to 1 quart of water** until it glistens.
5. Let sit for two minutes.
6. Wipe with a paper towel or let air-dry.
7. Dispose of contaminated cleaning supplies in a plastic bag and secure.
8. Remove gloves and dispose of them in a plastic-lined receptacle.
9. Wash hands thoroughly with soap under running water.

SOAKING BLEACH SOLUTION (for sanitizing toys that have been mouthed)

Staff will use the following procedures to clean and sanitize toys that have been mouthed by children:

1. Wash the toys in warm soapy water, using a scrub brush to clean crevices and hard to reach places.
2. Rinse in running water until water runs clear.
3. Place toys in soaking solution of **1 teaspoon of bleach to 1 gallon of water**.
4. Soak for five minutes.
5. Rinse with cool water.
6. Let toys air-dry.

When sanitizing or disinfecting equipment, toys, and solid surfaces, the program will use one of the following:

- EPA-registered product approved for sanitizing and disinfecting, following manufacturer instructions for mixing and application.
- Bleach solution made fresh each day.
 1. Spray solution #1: $\frac{1}{2}$ **teaspoon of bleach to 1 quart of water**.
 2. Spray solution #2: **1 tablespoon of bleach to 1 quart of water**.
 3. Soaking solution: **1 teaspoon of bleach to 1 gallon of water**.

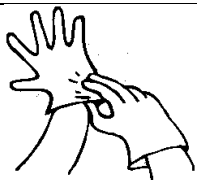

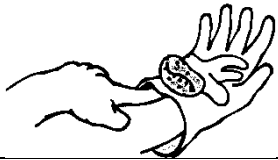
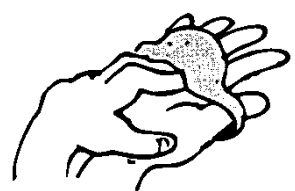

SAFETY PRECAUTIONS RELATED TO BLOOD

Safety precautions relating to blood and other bodily fluids must be observed. Providers have the option to establish their own policies, which must include the following:

1. Disposable gloves must be immediately available and worn whenever there is a possibility for contact with blood or blood-contaminated body fluids.
2. Providers are to be careful not to get any of the blood or blood-contaminated body fluids in their eyes, nose, mouth, or any open sores.
3. Clean and disinfect any surfaces, such as countertops and floors, onto which blood has been spilled.
4. Discard blood-contaminated material and gloves in a plastic bag that has been securely sealed. Clothes contaminated with blood must be returned to the parent at the end of the day.
5. Wash hands using the proper hand washing procedures.

In an emergency, a child’s well-being takes priority. A bleeding child will not be denied care even if gloves are not immediately available.

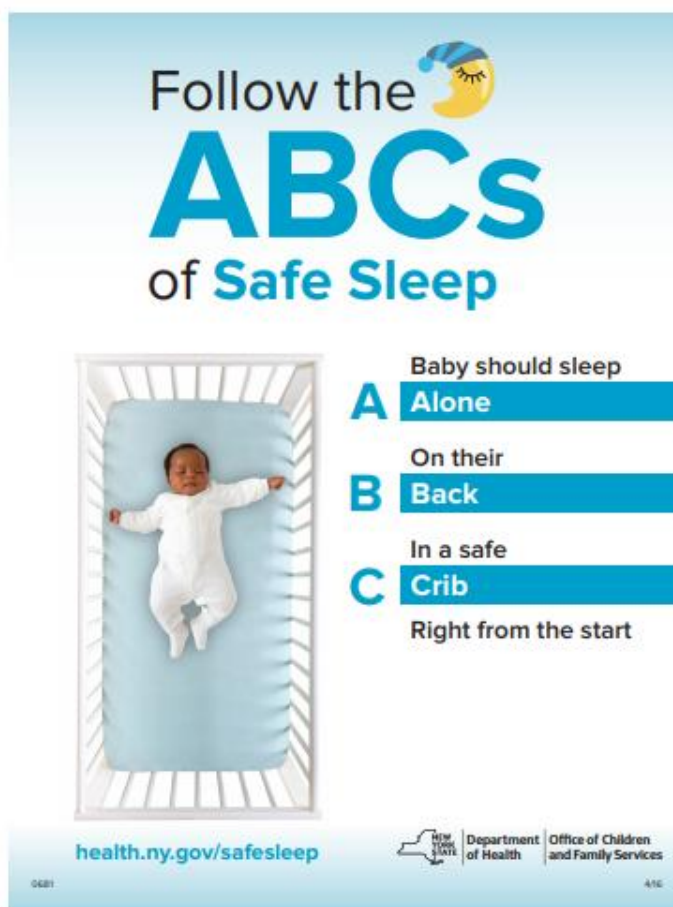
GLOVING

DONNING	
1. Wash hands.	
2. Put on a clean pair of gloves. Do not reuse gloves.	
REMOVAL and DISPOSAL	
1. Remove the first glove by pulling at the palm and stripping the glove off. The entire outside surface of the gloves is considered dirty. Have dirty surfaces touch dirty surfaces only.	
2. Ball up the first glove in the palm of the other gloved hand.	
3. Use the non-gloved hand to strip the other glove off. Insert a finger underneath the glove at the wrist and push the glove up and over the glove in the palm. The inside surface of your glove and your ungloved hand are considered clean. Be careful to touch clean surfaces to clean surfaces only. <i>Do not touch the outside of the glove with your ungloved hand.</i>	
4. Drop the dirty gloves into a plastic-lined trash receptacle.	
5. Wash hands.	

Glove use does not replace hand washing. Staff must always wash their hands after removing and disposing of medical gloves.

FOLLOW THE ABCs OF SAFE SLEEP

- For informal child care providers, sleeping and napping arrangements must be made in writing between the parent and the program. Such arrangements shall include:
 - where the child will nap or sleep;
 - whether the child will nap or sleep on a cot, mat, bed or a crib; and
 - how the child will be supervised, including whether electronic monitors can be used, and how often the provider is required to check on the child.
- Sleeping arrangements for infants through 12 months old require that the infant be placed flat on their back to sleep, unless medical information from the child's health care provider is presented to the program by the caretaker that shows that arrangement is inappropriate for that child.
- Cribs, bassinets and other sleeping areas for infants through 12 months old must include an appropriately sized fitted sheet and must not have bumper pads, toys, stuffed animals, blankets, pillows, wedges or infant positioners. Wedges or infant positioners will be permitted with medical documentation from the child's health care provider.



Visit <https://ocfs.ny.gov/main/cps/safe-sleep.asp> for more tips and other education material in a variety of languages.

LEGALLY EXEMPT CHILD CARE TRAINING REQUIREMENTS

Legally exempt non-relative providers and directors who are required to complete training must submit all applicable training certificates to the enrollment agency as proof of fulfilling the pre-service, annual and enhanced rate requirements. All training certificates for employees and volunteers must be maintained on-site and will be reviewed upon inspection.

OCFS-Approved Training Topics

Please visit OCFS's website at <https://ocfs.ny.gov/programs/childcare/training/requirements.php> for more information on where the following trainings can be taken.

- Principles of Childhood Development
- Nutrition and Health Needs of Infants and Children
- Child Day 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
- Education and Information on the Identification, Diagnosis and Prevention of Shaken Baby Syndrome

Pre-Service Training Options (5 hrs)

Per 18 NYCRR 415.13(d)(1) as a condition of enrollment every legally exempt provider, director, employee and volunteer must complete pre-service training. Relative-only in-home and relative-only family child care providers (related as a grandparent, great-grandparent, sibling living in a separate residence, aunt and uncle) are exempt from pre-service training requirements. This training must be completed prior to enrollment for the provider/director, or prior to a new director's, employee's or volunteer's start date. Participants must choose one of the options below:

Foundations in Health and Safety Training for Legally Exempt Providers

This training can be found online by going to www.ecetp.pdp.albany.edu

OR

Health and Safety Training for Legally Exempt Providers

This training may be offered by local enrollment agencies, United Federation of Teachers in the New York City area, and Civil Service Employees Association, Inc. in Upstate New York.

Annual Training Options (5 hrs)

Per 18 NYCRR 415.13(d)(2), to maintain enrollment every legally exempt child care provider, director, employee and volunteer must annually complete a minimum of five additional hours of OCFS-approved training that complies with the federal training requirements. Relative-only in-home and relative-only family child care providers (related as a grandparent, great-grandparent, sibling living in a separate residence, aunt and uncle) are exempt from annual training requirements. Trainings that fall under the above listed OCFS-approved training topics can be used to satisfy this requirement.

Legally Exempt Informal Child Care Enhanced Rate (10 hrs)

Providers of legally exempt informal child care who have completed 10 or more hours of OCFS-approved training annually may be eligible to receive an enhanced reimbursement rate once completion has been

verified by the enrollment agency. These 10 or more hours of training must be in addition to the pre-service and annual training requirements, if applicable.

Ex: 5 hrs of Pre-Service Training + 5 hrs of Annual Training + 1 0hrs of Enhanced Rate Training = May be eligible for Enhanced Rate.

Once the enrollment agency determines the provider is eligible for the enhanced reimbursement rate, the local social services district must apply the enhanced market rate for 12 consecutive months, starting no later than the beginning of the first full month following the date of the notice. To receive the enhanced market rate beyond the initial 12-month period, the provider must complete an additional 10 or more hours of approvable training annually and submit documentation to the enrollment agency.

Legally Exempt Group Child Care Enhanced Rate

Program directors of legally exempt group child care may be eligible to receive an enhanced rate **only if** the subsidy-paying social services district has established an enhanced market rate for care provided by legally exempt group child care programs. Program directors can find out if their subsidy-paying district has established enhanced market rates for care provided by legally exempt group child care programs by viewing the child care section of the district's Children and Family Services Plan or by contacting the district directly. Group programs interested in applying for the enhanced market rate must complete and submit the **OCFS-LDSS-4702** form along with required proof to their enrollment agency. Programs must meet one or both of the enhanced requirements below.

1. Enhanced Requirements- Health

- a. The program has a currently approved health care plan that meets the specifications set forth in current regulations; and
- b. The program has at least one employee with a caregiving role in each classroom during the program's operating hours, who holds a valid certificate in CPR, appropriate to the ages of the children in the classroom.

2. Enhanced Requirements- Training

- a. Each employee with a caregiving role at the program must complete a minimum of five hours of OCFS-approved training annually. These five hours of training must be in addition to the pre-service training and annual training requirements. ***Ex: 5 hrs of Pre-Service Training + 5 hrs of Annual Training + 5 hrs of Enhanced Rate Training = May be eligible for Enhanced Rate.***
- b. Program director must have completed the course Health and Safety: Competencies in Child Care for Day Care Center, School-Age Child Care, and Enrolled Legally Exempt Group Program Directors, or other equivalent courses as approved by OCFS, and a minimum of 15 hours of OCFS-approved training annually. These 15 hours must be in addition to the pre-service training and annual training requirements. ***Ex: 5 hrs of Pre-Service Training + 5 hrs of Annual Training + 15 hrs of Enhanced Rate Training = May be eligible for Enhanced Rate.***

For questions regarding OFCS-approved training, please contact your enrollment agency.

WHERE TO GET TRAINING AND TECHNICAL ASSISTANCE

1. **Enrollment Agency:** Your local enrollment agency not only provides training in the approved training topics, but it is also a great resource for general child care questions and/or problems you may encounter on a day-to-day basis.
2. **Child Care Resource and Referral Programs (CCR&Rs):** CCR&Rs work to improve the quality of child care services by providing a broad range of support services to providers, including training, technical assistance, and publicity. Some agencies coordinate the Child and Adult Care Food Program (CACFP) as well. Refer to #7 below. CCR&Rs also expand the supply of child care by recruiting and training new providers. The quality of child care services is also improved through CCR&R activities to provide consumer information and referral services on child care to all parents who need it.
3. **United Federation of Teachers (UFT) and Civil Service Employees Association (CSEA):** These two unions represent enrolled legally exempt child care providers. They offer memberships and additional benefits.
 - For more information about UFT, please visit the website at: <https://www.uft.org/>, click at the top, the Chapters tab, then click on Private and Nonprofit on the left, and the family child care providers on the left.
 - For more information about CSEA, please visit its website at: <https://cseany.org/>
4. **Fire Department/Rescue Squads:** Your local fire department may be able to help you conduct a fire safety inspection and plan emergency evacuation routes.
5. **Hospitals:** Your local hospital may offer programs on topics such as preventing the spread of disease, first aid, CPR and poison prevention. These programs will help you provide a safer and healthier environment for the children in your care.
6. **Libraries:** Your local library may have books, videos and other materials on a variety of topics that relate to the care of children and health and safety issues.
7. **Child and Adult Care Food Program (CACFP):** CACFP provides assistance with the cost of food for the children in your care. This program is available to registered family day care providers, licensed group family day care providers, and legally exempt providers. Joining the program is free. To view more information about the program, please visit <https://www.fns.usda.gov/cacfp> or NYS DOH at www.health.ny.gov. You may also contact your enrollment agency for a list of local CACFP-sponsoring agencies. To contact CACFP by phone, please call 1-800-942-3858 or (518) 402-7400.
8. **Early Childhood Direction Center:** The New York State Education Department administers a network of Early Childhood Direction Centers that provide information and referral services for parents and professionals of children with disabilities, birth to age five, or those at risk of developing a disability. Direction centers help parents and professionals secure an appropriate combination of services in the community to address the child's and family's needs. To locate the Early Childhood Direction Center in your area, visit the NYS Department of Education website at [Early Childhood Direction Centers Locations:Special Education:P12:NYSED](#)
9. **American Red Cross:** In your role as a provider for children, it is important that you know correct actions to take in case of an emergency. Your local chapter of the American Red Cross offers a variety of training programs, including first aid and CPR, which can help you be better prepared to respond in an emergency situation.
10. **Cooperative Extension:** Your local Cooperative Extension office provides programs on a variety of topics such as child development, appropriate discipline, nutrition, health and safety that may assist you in your work as a provider for children.

ATTENDANCE SHEET FOR ENROLLED LEGALLY EXEMPT CHILD CARE PROGRAM

Program Name: _____

Month/Year: ____ / ____

CHILD		MONDAY Date: ____ / ____ / ____ <input type="checkbox"/> Program Closure ¹	TUESDAY Date: ____ / ____ / ____ <input type="checkbox"/> Program Closure	WEDNESDAY Date: ____ / ____ / ____ <input type="checkbox"/> Program Closure	THURSDAY Date: ____ / ____ / ____ <input type="checkbox"/> Program Closure	FRIDAY Date: ____ / ____ / ____ <input type="checkbox"/> Program Closure	SATURDAY Date: ____ / ____ / ____ <input type="checkbox"/> Program Closure	SUNDAY Date: ____ / ____ / ____ <input type="checkbox"/> Program Closure
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¹ Show the child care program was closed on a given date by checking the "program closure" box. Do NOT record a child as absent on any date that the child care program is closed.