



Family Child Care Network (FCCN) Handbook



NYC

Department of
Education

Chancellor Richard A. Carranza



Table of Contents

I. Staffing	3
Network Staff Qualifications.....	4
Network Staff Security Clearances.....	5
Affiliated Provider Staff Qualifications	7
Affiliated Provider Comprehensive Background Clearances.....	7
Affiliated Provider Program Supervision and Ratio Requirements	9
Affiliated Provider Agreement Process	11
II. Coaching & Network Support	13
Strengths and Relationship-Based Practices within Networks.....	14
Coaching Expectations within Affiliated Provider Homes	14
Coaching Visits.....	15
Coaching Documentation and Reflection.....	15
Early Childhood Framework for Quality	15
III. Professional Learning	17
Professional Learning for Network Staff	18
Training Topics Mandated by OCFS for Affiliated Providers	18
IV. Program Oversight	21
Calendar and Hours of Operation.....	22
Enrollment and Eligibility	24
Attendance	29
Meals and CACFP Participation	30
Program Assessments.....	36
Data Management Systems and Child Privacy	36
V. Health and Safety	37
Affiliated Provider Licenses and Registrations.....	38
Affiliated Provider Program Facilities	38
Safety and Security: Plans and Procedures	41
Monitoring and Support.....	44
Incident Reporting	47
Staff and Child Health Requirements	48
Routine Care of Children	54
Child Abuse Prevention and Reporting.....	58
VI. Special Education	65
Special Education Services	66
VII. Additional Support Services	71
Language Services	72
Immigrant Populations.....	72
Students in Temporary Housing	73
Appendix	75
Family Child Care Early Childhood Framework for Quality.....	76

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 reflects the strengths and meets 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 subsidised 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 handbook will assist your Network by (1) clearly articulating pertinent policies, and (2) highlighting operational guidance and promising practices on a variety of topics to support your staff and affiliated providers in operating high-quality EarlyLearn (infants and toddlers) and 3-K programs.

This handbook represents our commitment to support programs in delivering high-quality early childhood education. It is grounded on the [Division of Early Childhood Education \(DECE\) Early Childhood Framework for Quality \(EFQ\)](#), which defines the DOE's vision for high-quality early childhood education in NYC. Networks in collaboration with the DOE will be supported to implement all content from this handbook 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 family child care support systems.

We value your input and want this to be an effective resource for your Network. If you have any questions or feedback, please either contact your family child care support manager or send an email to fccsupportteam@schools.nyc.gov.

I. Staffing

Network Staff Qualifications

Network Staff Security Clearances

Affiliated Provider Staff Qualifications

Affiliated Provider Comprehensive Background Clearances

**Affiliated Provider Program Supervision and
Ratio Requirements**

Affiliated Provider Agreement Process



Staffing

High quality Family Child Care (FCC) Networks are staffed by professionals that meet required qualifications and are able to effectively provide support and services to affiliated family child care programs. This dedicated staffing provides a unique opportunity to strengthen care for infants, toddlers, and three-year-olds in New York City. The professional and supportive relationships between the staff of the Network and the affiliated providers are essential to enhancing interactions with children and families as well as the overall functioning of each individual family child care program. The below policies outline the requirements for staffing your Network as well as the Network's role in ensuring that all affiliated providers have the necessary credentials.

Network Staff Qualifications

Current Network staff who do not meet the qualifications described below must be reviewed and approved to fulfill responsibilities outlined in the DOE contract on a case-by-case basis by the DOE, based on credentials, experience, study plan, and other relevant factors.

- **Network Director** - Responsible for all aspects of program management and implementation including compliance, audits, supervision, professional development, affiliated provider recruitment, family services, and enrollment.

Must have:

- A Master's Degree in Social Work (MSW) or Education (MSEd) with a concentration in Early Childhood Education; and
- Relevant experience working in family child care and/or infant/toddler care.

- **Education Director** - Responsible for supporting educational services in family child care settings by overseeing the implementation of regular coaching visits to affiliated providers; providing guidance and professional learning on the implementation of an appropriate mixed-age, evidence-based curriculum that supports infants, toddlers, and 3-K for All services; and supervising and mentoring education specialists.

Must have:

- A Master's Degree in Education (MSEd) with a concentration in Early Childhood Education; and
- Teaching license or certificate valid for services in the early childhood or childhood grades pursuant to New York State regulations.

- **Education Specialist** - Responsible for providing coaching visits to affiliated providers at least twice per month, with each visit lasting for at least 90 minutes; supporting the planning and implementation of an evidence-based curriculum within a mixed-age home-based setting; providing support and guidance on teaching and instruction, responsive practices, family engagement, mental health, and additional areas related to the care and instruction of all children in the program.

Networks should employ at least one Education Specialist for every 17 affiliated providers.

Must have:

- A minimum of a Bachelor's degree in Early Childhood Education or infant/toddler studies; and
- Early childhood teaching experience.

- **Health/Nutrition/Safety Monitoring Specialist** - Responsible for monthly home visits to all affiliated providers to support and ensure compliance with the Office of Children and Families (OCFS), the Child and Adult Care Food Program (CACFP), DOE policies, and other applicable requirements under the guidance of the Network Director or Education Director.

Networks should employ at least one Monitoring Specialist for every 30 affiliated providers.

Must have:

- A minimum of an Associates Degree or a Child Development Associate (CDA) credential with training in nutrition, health, and safety.

- **Family Worker** - Responsible for all family support including recruitment, enrollment, services and engagement activities under the guidance of the Network Director or Education Director. Responsible for addressing individual family needs, providing referrals and resources, and designing monthly family engagement activities in collaboration with the education staff. Networks should employ at least one Family Worker for every 15 affiliated providers.

Must have:

- An Associates Degree or a Child Development Associate (CDA) credential with experience working with families and young children.

- **Administrative Assistant (Optional)** - Responsibilities include tracking enrollment, attendance, CACFP, affiliated provider payment, and other administrative tasks.

Must have:

- An Associates Degree in Administration or a related field.

Please reach out to your Family Child Care Support (FCCS) Manager, if you have additional questions on staff qualifications.

Network Staff Security Clearances

All Network staff and volunteers who have direct contact with children, or who have access to confidential information about staff or children, must be fingerprinted and deemed eligible through the DOE web-based Personnel Eligibility Tracking System (PETS) to ensure the safety of all children, families and staff.

Staff Member	NYC DOE Fingerprinting Required?	OCFS Fingerprinting Required?	Tracking System	CBC Required?
Network Staff	Yes	No	PETS	No*



*If a Network staff person's office is situated in the same building as a child care center that is regulated by the Department of Health and Mental Hygiene (DOHMH) and they have access to children and/or their records, it is necessary for them to go through the center-based Comprehensive Background Clearance.

When a Network staff member makes a coaching or monitoring visit to an affiliated provider's program they are considered a "visitor" and must sign the visitor log. **At no time can Network staff count in staff-to-child ratios or be left alone with children.**

The Division of Early Childhood Education (DECE) Suggests:

- Your Network job descriptions provide for reflective supervision, a relationship-based form of supervision that promotes professional development through the use of collaborative reflection. Reflective supervision may be accomplished through team meetings, group supervision, individual check-ins, etc. It is important to have opportunities to reflect on the work Network staff are doing with affiliated providers.
- It is strongly encouraged that Networks hold annual orientations to introduce the Network team to affiliated providers. Affiliated providers should know who their Network's staff members are and each person's role and responsibilities.
- Networks should provide affiliated providers with a handbook that is inclusive of each Network staff member's role, the purpose and goal of coaching visits, and how often they will visit.

Resource & Action Item :

-  All resumes and other qualification documentation of staff should be reviewed and verified thoroughly prior to hire and kept on file for reference by the DECE, OCFS or the New York City Department of Health and Mental Hygiene (DOHMH).
-  Networks should follow their organization's hiring practices to fill all Network staff positions.

Affiliated Provider Staff Qualifications

Networks must ensure that all affiliated providers, affiliated provider assistants, and OCFS pre-approved substitutes meet the following 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\(b\)](#).

In addition to the above requirements, the following qualifications must be met based on the ages of children enrolled in their home:

- In a mixed-age home **inclusive of EarlyLearn (infants and toddlers) and 3-K children**, the affiliated provider or the affiliated provider's full-time assistant (whoever is the primary person responsible for instruction) must have or be working toward a Family Child Care or Infant and Toddler Child Development Associate (CDA) credential. If working toward a CDA, a study plan must be completed, in collaboration with Network staff. The CDA credential must be completed within eighteen months from the start of services of the affiliated provider with the Network. The study plan must be kept on file and updated regularly.
- In a home providing **services only to EarlyLearn children (infants and toddlers)**, the affiliated provider *and* the affiliated provider's 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 home providing services to **3-K children exclusively**, the affiliated provider *or* the affiliated provider's 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 in collaboration with Network staff. The CDA credential must be completed within eighteen months from the start of services of the affiliated provider with the Network. The study plan must be kept on file and updated regularly.

Affiliated Provider Comprehensive Background Clearances

All affiliated provider staff members 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. The Network must ensure that the following steps are completed for each individual:

- Be fingerprinted by IdentoGo; and
- Submit the OCFS 6000 series 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 at an affiliated provider.

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

The DECE Suggests:

- Network staff support affiliated providers in obtaining their CDA by leveraging both DECE-provided and approved professional learning content during required professional learning days. *Please see the professional learning section of this handbook for more details.*
- All affiliated providers, staff, volunteers, and OCFS pre-approved qualified substitutes are encouraged, but [not required](#) to complete background clearances through the PETS system.
- Network staff support affiliated providers in developing a substitute staffing plan that ensures that substitute staff are pre-approved by OCFS at the beginning of each program year.

Resource & Action Item :

-  All affiliated providers' staff details, including information about assistants, substitutes, volunteers, and household members must be collected every six months or as necessary using the "FCC Provider Profile" form and kept on file at the Network office. Please see the Health & Safety section of this handbook for more details.
-  It is the Network's responsibility to support all affiliated providers working on their educational requirements through a study plan. This can be done through regular coaching visits.
-  The DECE will check on the status of any pending study plans in place for affiliated providers; these checks may occur at any time. The Network and DECE will work together to determine next steps for any affiliated providers not making progress towards their goals.
-  Use the OCFS 6000 series form to support providers in having any new staff, volunteers, and household members cleared for an affiliated provider's program: <https://ocfs.ny.gov/main/childcare/assets/LR.Regulations.9.11.2019-Comprehensive-Background-Check-Packet.pdf>

Affiliated Provider Program Supervision and Ratio Requirements

It is required that Networks ensure affiliated providers have competent and consistent supervision of children throughout the day to ensure the safety and well-being of all children.

In alignment with OCFS, 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. Affiliated providers must ensure at all times that line of sight supervision (within view) of all children is maintained by a staff member who has a Comprehensive Background Clearance (CBC) approval letter.

The following must be adhered to at all times with all enrolled children in affiliated FDC or GFDC programs:

- Only OCFS approved and CBC cleared caregivers (approved staff) may be left unsupervised with children.
- No person under the age of 18 may be left in charge of any number of children at any time.
- Network staff do not count toward staff-to-child ratios and cannot be left alone with children at the affiliated providers' programs.

Group Size and Staffing Ratio Requirements

Networks must support affiliated providers in meeting all supervision and ratio requirements to ensure there are enough staff members present to provide line of sight supervision of all children.

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*	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 the family child care provider's own children under the age of six are present, they must be included in the total group size.

Affiliated providers' programs may not exceed the overall capacity for their program as determined by the appropriate licensing agency, even if these capacities are lower than the ratios outlined above.

Please note, for the purposes of off-site activities, such as neighborhood walks and field trips, the ratio requirements must be maintained. *Field trips involving transportation are not permitted for EarlyLearn children (infants and toddlers under 3 years old).*

Affiliated Provider and Staff Absences

The affiliated provider may be absent for a short or long term under the following conditions, consistent with Part 416.8(g) and Part 417.8(g) of the NYS OCFS Regulations:

- When the affiliated provider is 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 place of the absent affiliated provider.
- When the affiliated provider is absent for more than three consecutive days or has 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 affiliated provider.

Additionally, with written OCFS approval, an assistant is permitted to work in place of the affiliated provider for long-term absences up to a total of 30 days per year.

Other than in emergency situations 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 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. Networks must support affiliated providers 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. The FDC or GFDC must maintain on file a list of approved substitutes who are available to care for the children when the affiliated provider or 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 and 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 designated DECE FCCS Manager.

For additional information on field trip and neighborhood walk requirements, please contact your FCCS Manager.

Affiliated Provider Agreement Process

All FCC providers interested in becoming affiliated with a DOE-contracted Network must go through an affiliation process that assesses eligibility for serving EarlyLearn (infants and toddlers) and 3-K for All children. The eligibility process consists of the following:

- Prospective affiliated providers must first complete the [Family Child Care Provider Online Application](#). This application involves gathering basic information about licensing, program standing with OCFS, educational background, general business practices, experience with children, professional development and certifications, and family engagement strategies.
- Following an examination of the online application, the Network will visit the program to observe the provider in action with children utilizing the FCC Provider Selection Rubric. Network staff will take a close look at the prospective affiliated provider's curriculum planning, interactions and learning, and indoor and outdoor space.
- Following the program visit and a review of the score, Networks must then verify and obtain copies of all the documentation outlined in the FCC Provider Selection Rubric and all documents must be kept on file at the Network's office.

Providers can only be approved to be affiliated with the Network and to enroll EarlyLearn (infants, toddlers) and/or 3-K for All children once the providers have successfully completed the online application, met all requirements as outlined in the FCC Provider Selection Rubric, and provided all verifying documentation. Final approval for provider affiliation is granted by DECE after a review of the provider's compliance history.

Affiliation Agreement

Once the Network and affiliated provider candidate have completed the FCC Provider Selection Rubric process as outlined above, and are approved, the two parties can then enter into the agreement by signing an Affiliation Agreement. Affiliated provider candidates must review and agree to all Network expectations, including coaching sessions, monitoring visits, professional learning, etc., as outlined in the Affiliation Agreement and any DOE approved Network addendum.

Networks are required to use the Board-approved affiliation agreement template. If the Network wishes to make additions or amendments to the agreement they must be in a separate appendix and submitted to the Network's assigned FCCS Manager for DECE approval. The Network must provide a copy of the duly executed affiliation agreement, including any appendices, to the affiliated provider. The Network must make these documents available to the DECE upon request.

When the affiliation process is complete, the [ACCIS Provider Home Profile Form](#) must be submitted for DECE approval. *NOTE:* This form must be completed whenever there is a proposed change to the affiliation of a family child care provider. This may include new affiliations, change of address, change of Network, termination of affiliation, and more. Approval is at the discretion of the DECE. For questions about how to complete the form, please email FCCdatasupport@schools.nyc.gov.

If an affiliated provider chooses to unaffiliate with your Network, they must first notify the Network in writing at least 60 days prior to separation from service.




As stated in your contract and the affiliation agreement, the Network has the right to terminate an affiliation agreement based on the affiliated provider's failure to comply with the terms of their agreement or inability to enroll eligible children. The affiliated provider has the right to appeal the Network's decision by disputing any findings of their affiliation agreement.

- Affiliated providers have 14 calendar days following receipt of the termination notice to appeal the Network's decision in writing. The affiliated provider must describe the grounds for the appeal and should include any relevant supporting documentation for its position.

The DECE Suggests:

- When affiliating with a provider, the Network should set clear expectations about receiving on-going, twice monthly one-on-one coaching support; attending required professional learning sessions as determined by the Network; and being responsive to all Network requests related to enrollment, attendance, budget, and more.

Resource & Action Item :

-  The "FCC Provider Selection Rubric" should be used and kept on file for all affiliated providers. An annual review of education requirements should be conducted to ensure any pending items (for example: study plans) are being followed and completed.
-  Email FCCdatasupport@schools.nyc.gov with questions about provider affiliation status.
-  Use the [ACCIS Provider Home Profile Form](#) to request a new provider affiliation or make a change to the affiliation status of providers.



II. Coaching & Network Support

Strengths and Relationship-Based Practices
within Networks

Coaching Expectations within Affiliated Provider Homes

Coaching Visits

Coaching Documentation and Reflection

Early Childhood Framework for Quality



Coaching & Network Support

Coaching affiliated providers is an essential aspect of the Network staff's responsibilities. Though not every role within the Network has direct coaching responsibilities, the expectation is that all Network staff will be knowledgeable in strengths and relationship-based coaching practices. These skills will support the relationships that are created and sustained between Network staff and affiliated providers, between Network staff members, as well as with families and children.

Strengths and Relationship-Based Practices within Networks

At the Network level, supporting learning among all staff is essential. This happens by creating a foundation of mutual trust and respect and by providing time to reflect in order to move toward solutions when challenges arise.

The DECE Family Child Care Support (FCCS) team is available to support Networks in building their knowledge and competencies through a [Practice-Based Coaching](#) model where shared goals are established and built upon over time. The FCCS team will collaborate with Networks to build upon each person's unique strengths. Network leaders are expected to continue their own reflection and growth with the support of their FCCS team.

Strengths and Relationship-Based Practices with Affiliated Providers

With the idea that all adults are capable of learning and growing, all Family Child Care Network staff are expected to partner with affiliated providers and their program staff to support the adult learning process. The DECE FCCS team will support Networks in developing effective partnerships with affiliated providers while using a Practice-Based Coaching process that emphasizes strengths.

In the article [Cognitive Coaching: A Strategy for Reflective Teaching](#), authors Arthur Costa and Robert Garmston outline three major ideas that support the role of coaches in adult learning. Network staff should consider the three major ideas (listed below) when building collaborative relationships with affiliated providers and their program staff.

Trust – Through trust about the intent of instructional coaching and a strengths-based approach to the work, Network coaches develop strong relationships with affiliated providers and their program staff that will lay the foundation for all of their work together.

Learning – Through specific coaching strategies, Network coaches support affiliated providers and their program staffs' continued growth and development as educators.

Autonomy – Through recognition and support of individual affiliated provider and program staff needs, interests, and skills, Network coaches build their capacity to take ownership of their own learning experiences.

Coaching Expectations within Affiliated Provider Homes

All Network staff are expected to partner with affiliated providers to support their overall growth and development through a coaching lens where strengths and individualized needs are supported. The Education Director and Education Specialists (Coaches) are primarily responsible for supporting affiliated providers by providing instructional support to plan and implement an evidence based mixed-age group curriculum. Coaches are expected to make **twice monthly visits** to affiliated provider homes for 90 minutes each while using a [Practice-Based Coaching](#) framework.

The Health/Safety/Nutrition Monitoring Specialist and the Family Support Worker are also expected to engage with affiliated providers using strengths-based coaching strategies to support their monitoring and family engagement work. When Network staff visit programs and partner with affiliated providers they have the opportunity to enhance their practice through coaching conversations.

Coaching Visits

Each coaching visit will look different depending on where the coach is in developing a relationship with the affiliated provider and what shared goals they've created together. In general, the following structure should be considered and implemented:

- **Before the Visit** - Reflect on the program and consider the following:
 - Drafting an agenda
 - Sending a pre-visit email
 - Reviewing program information and/or prior visit logs
 - Preparing resources
 - Checking in with other Network staff on recent experiences
- **During the Visit** - Use the practice-based coaching model to engage and:
 - Observe the program in action (focused observations)
 - Plan together (shared goals and action planning)
 - Debrief the visit together (reflection and feedback)
- **After the Visit** - Document the experience in a log. Additionally, send a follow-up email or other communication to summarize the experience and restate the goals that are being worked on by the affiliated provider.

Coaching Documentation and Reflection

Networks should document all coaching visits following each visit. Running logs of visits are an opportunity to continuously record, reflect, and assess the goals, action plans and progress of affiliated providers. Logs should include the program names, who was engaged in the visit, the date and time, ages of the children present, a general description of the visit, shared goals and where providers are in the process of completing that goal. It is expected that it should take 30-40 minutes to complete each log entry.

Network coaches should have the opportunity to meet with their supervisor on a weekly basis to reflect on coaching sessions to gain insight and support when thinking about how to move each affiliated provider toward further growth in their practice.

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.

Networks should ensure affiliated providers use the FCC EFQ to guide their practices in a way that advances positive outcomes for all children and families. Networks should use the FCC EFQ as the foundation for the supports they provide to affiliated providers, including but not limited to, relationship-based coaching and professional learning.

The DECE Suggests:

- Network leadership teams connect with their staff in both group and individual formats on a regular basis. Allowing time for staff to connect and discuss their relationships in strengths-based ways provides an opportunity to reflect on and consider their approach and next steps.
- Coaches are expected to support affiliated providers in making connections between what they are learning during professional learning sessions and what is happening in their programs during coaching visits.
- Networks use FCCERS-3 or CLASS as a tool to develop shared goals with affiliated providers for coaching purposes.

Resource & Action Item :

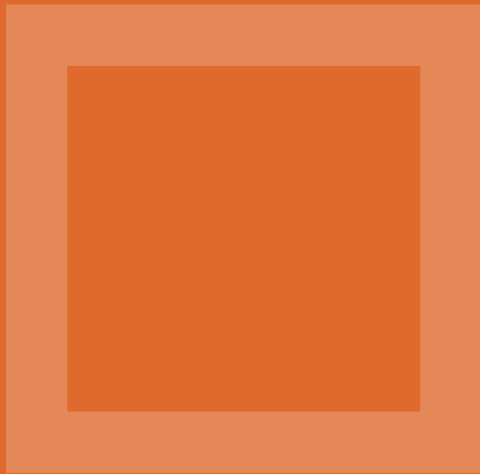
-  Document each coaching visit for reflection and follow-up
-  NYAEYC [Coaching Competencies](#)
-  Review guidance on [Practice-Based Coaching](#)
-  [Coaching Strategies](#) to consider using during coaching visits
-  The Family Child Care [Early Childhood Framework for Quality](#)



III. Professional Learning

Professional Learning for Network Staff

Training Topics Mandated by OCFS for
Affiliated Providers



Professional Learning

Ongoing professional learning is an opportunity to cultivate professional practice, leadership and improve the quality of instruction in individual family child care programs. The DECE will support all Network leaders, staff, and affiliated providers in meeting the expectations outlined in the FCC EFQ through a variety of professional learning opportunities.

Professional Learning for Network Staff


Family Child Care Network leaders and staff must attend and participate in ongoing professional learning provided by the DECE.

Network leaders and staff are expected to attend a minimum of four professional learning sessions offered annually either in-person or online by the DECE. Additional professional learning sessions may be offered in-person or online and facilitated by the DECE, Network leaders, an approved vendor, or by other regulating agencies. Network leaders and staff are expected to arrive on time and stay for the duration of the professional learning sessions.

The DECE Suggests:

- Network leaders participate in professional learning that supports the implementation of high quality practices as outlined by the FCC EFQ.
- Networks provide training to their staff that is either free of charge or fits within the allotted budget.

Resource & Action Item :

-  An annual staff professional learning calendar and outline must be submitted for approval to your assigned DECE FCCS Manager.

Training Topics Mandated by OCFS for Affiliated Providers

The Network is responsible for supporting and verifying that affiliated providers and their staff acquire the 30 hours of training every 24 months that are mandated by OCFS.

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

Please consult your FCCS Manager when considering how to best support affiliated provider staff with fulfilling their training requirements.

Professional Learning Days and Content for Affiliated Providers

The following chart summarizes the number of professional learning days required for affiliated providers based on each service model.

Service Model	Number of Service Days	Number of Professional Learning Days	Clerical Days
School day/year: 180 days	176	A minimum of 4 days	None
Extended day/ year: 225 days	A minimum of 217 days required	A minimum of 4 days (or 25 hours of professional learning activities) and a maximum of 8 professional learning days required	No minimum number required; Networks may schedule up to 4 clerical days
Extended day/ year: 260 days	A minimum of 238 days required	A minimum of 4 days (or 25 hours of professional learning activities) and a maximum of 12 professional learning days required	No minimum number required; Networks may schedule up to 8 clerical days

On professional learning days, affiliated providers including their assistants may participate in activities offered by the DECE, another City agency (e.g. DOHMH), or planned by the Network. DECE staff will work with Networks to determine the Network’s professional learning plan each year.

Networks may offer affiliated providers and their assistants an hourly equivalent of the four professional learning days if it is not feasible for the Network to offer a full day of professional learning activities. For Networks who select this option, a minimum of 25 hours of professional learning activities for every four professional learning days must be offered to affiliated providers and their assistants annually. These training hours should be aligned to the OCFS required training content. Training plans must be approved by DECE through the Network’s assigned FCCS Manager.

With DECE approval, Networks may opt to schedule some service days as clerical days. Appropriate activities on clerical days may include:


- 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

Networks and their affiliated providers are not required to provide care and education to children on professional learning days or clerical days, but may choose to offer care and education by providing qualified substitutes. Substitutes must have prior approval from OCFS.

The DECE Suggests:

- Network leaders and staff should attend and/or facilitate the professional learning sessions for their affiliated providers.
- Network coaches should help affiliated providers make connections between content of professional learning sessions and instructional practice and work toward meeting the expectations outlined in the FCC EFQ.
- Networks should work with their FCCS Manager to outline the topics they wish to cover through the required professional learning days for affiliated providers.
- The use of a data system to track affiliated provider information, including their participation in professional learning hours.

Resource & Action Item :

-  All professional learning days must be outlined in your annual calendar and submitted to your FCCS Manager.

IV. Program Oversight

Calendar and Hours of Operation

Enrollment and Eligibility

Attendance

Meals and CACFP Participation

Program Assessments

Data Management Systems and Child Privacy

Program Oversight

This section provides an overview of the policies that Networks 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

FCC Network Service Models

Networks must ensure that all affiliated providers meet the operational requirements of their program’s service model. Each Network is approved to operate as one of the following:

There are two service models:

- **3-K for All school day/year services:** This option is open to all families in designated 3-K for All districts and provides services aligned to the DOE school year calendar for three-year-olds.
- **Extended day/year services:** This option is open to all families who meet income and other eligibility requirements. Services are provided to eligible children birth to 3-year-old for 8 or 10 hours a day, 225 or 260 days per year.

Please note the age definitions below in relation to the contracted services:

Age Group	Definition
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 for All: 3-year-olds	Children who turn 3 by December 31 of the program year

Networks must ensure that affiliated providers provide programming aligned to the service model designated in their contract:

Service Model	Hours per Day	Days per Year	Ages Served	Other Requirements
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 hrs	225 days	All ages, 0-3	CCBG eligibility requirements for children in these slots*
	10 hrs	225 days	All ages, 0-3	CCBG eligibility requirements for children in these slots*
	8 hrs	260 days	All ages, 0-3	CCBG eligibility requirements for children in these slots*
	10 hrs	260 days	All ages, 0-3	CCBG eligibility requirements for children in these slots*

*See the enrollment section for more information.

Hours Per Day

The actual hours each program is open is dependent on the service model and Network expectations. Sample hours might be:

- 3-K for All school day/year services: 8:00 am - 2:20 pm
- Extended day/year services for 8 hours per day: 8:00 am - 4:00 pm
- Extended day/year services for 10 hours per day: 8:00 am - 6:00 pm

Depending on the needs of the families being served and/or the affiliated provider, these hours may be shifted. Hours of service must be consistent throughout the year, clearly communicated to families, and approved by the DECE.

The Network must ensure affiliated providers operate for the number of required hours, based on the approved service model: no less than eight (8) or ten (10) hours for extended day/year services, and no less than six (6) hours and twenty (20) minutes per day for 3-K school day/year services.

Annual Calendar

Networks must create and share a calendar to demonstrate the required days of operation for their affiliated providers and indicate the days the program is open and closed. If an affiliated provider would like to open or close on different days, a written statement of the proposed changes to the calendar must be submitted to the Network for approval before the start of the fiscal year. The Network will inform the affiliated provider of its approval or denial of the request after submitting the request to their DECE FCCS Manager.



All 3-K for All school day/year programs are recommended to follow the [DOE school day school year calendar](#) inclusive of the winter, mid-winter, and spring breaks.

Networks must support affiliated providers to make their calendar available in Arabic, Bengali, Chinese, English, Haitian Creole, Korean, Russian, Spanish and/or Urdu upon request by a participating family. The calendar shall be visibly accessible and made available upon request to all families of children enrolled in the program.

The DECE Suggests:

- Networks should ensure the calendar and hours of their affiliated providers meet the needs of the community being served.

Resource & Action Item :

-  Annual program calendars, including all holidays and breaks for each service model, must be submitted and approved by the DECE prior to the beginning of the fiscal year (July 1).
-  Networks may decide that affiliated providers may close on religious holidays. Please keep in mind that the contracted number of days per year must be met.

Enrollment and Eligibility

New York City offers infant, toddler and 3-year old children high quality early childhood services through the EarlyLearn (infants and toddlers) and 3-K for All programs. Family Child Care Network staff and affiliated providers are required to work in collaboration with the [Family Welcome Centers](#) to ensure a smooth enrollment and admission process for all families, including children with disabilities and children whose home language is a language other than English. Families may apply to the 3-K for All school day/year and/or extended day/year programs for birth to 3 year old children via the central admissions process operated by the Office of Student Enrollment (OSE). For 3-K eligible children, the central admissions process is housed on the [MySchools](#) site.

To participate in the extended day/year program, children must meet all applicable Federal and State, including New York State Child Care Block Grant (CCBG) and OCFS, eligibility guidelines.

For more information about eligibility, please contact EarlyLearn@schools.nyc.gov.

Network staff should be familiar with all aspects of the application, admissions, and enrollment processes outlined by [OSE](#) and assist families as necessary.

Outreach

There is no designated outreach period. In order to develop interest and maintain enrollment in your Network, you are responsible for continuously recruiting families and informing them of the services and features of your Network and affiliated providers. You are responsible for collaborating with the DOE Outreach Team, the DECE FCCS team, and OSE as necessary throughout your outreach efforts for support.

Network staff as well as affiliated providers are responsible for sharing information with families to help them with the enrollment process. Network staff should help families navigate [MySchools](#) and assist them in making enrollment decisions based on their preferences for such things as schedule, daily activities, languages spoken by the affiliated provider, and location.

All outreach practices must be objectively fair and transparent to families and 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 your Network's or affiliated providers' violation of these requirements will result in further investigation and could lead to contract termination.

The DECE Suggests:

- Increase visibility throughout your community (e.g. post 3-K for All and EarlyLearn FCC signs or banners outside affiliated providers' programs or your Network office)
- Develop and implement a recruitment, outreach, and marketing plan and strategy
- Offer opportunities for families to visit your Network or affiliated provider homes 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 sending Network staff to talk with families at local community events, connect with local organizations, etc.
- Utilize social media (e.g. create a website, post updates on Facebook, etc.)

School Day/Year Services: 3-K for All Enrollment and Eligibility

Networks provide free 3-K for All school day/year services to 3-year-old children, aligned to the DOE calendar. These services are for 180 days from September through June of each school year and are offered for 6 hours and 20 minutes a day.

3-K for All seats are based on birth year and in specific Community School Districts. Please see the [3-K Enrollment](#) website for additional information on eligible Districts.

School day/year services are subject to revision and approvals by and funding appropriation from City, State, and Federal entities including the New York State Education Department.

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

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

1. **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.
2. **Income:** There are no family income requirements.
3. **Family Share:** There are no family fees to participate in 3-K for All school day/year 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 3-K for All school day/year program. Networks and their affiliated providers may not require families to participate in any fee-based service as a condition of their child's enrollment in a 3-K for All school day/year program.

School Day/Year Application and Admission Process

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

Family Child Care Networks must be prepared to help families complete their 3-K for All application.

Networks providing 3-K for All services must participate in the centralized admissions process and welcome families who have received offers.

Families may apply in one of three ways:

- Online
- Over the phone
- In person

Eligibility and Offers for 3-K for All

The DOE offers 3-K for All school day/year seats based on birth year and in specific Community School Districts. Please see the [3-K Enrollment](#) website for additional information on eligible Districts.

Due to limited seat availability, not every family who submits a 3-K for All application for school day/year services will receive an offer. Families who do receive an offer will receive a single offer letter from the DOE.

- In some cases, no seats may be available at the sites listed on a family's application. Families may receive an offer for a site to which they did not apply.
- Networks must review the OSE list of children receiving an offer to your affiliated providers via [MySchools](#) and Pre-KIDS.

Note: If the DOE is unable to make a family an offer, the DOE will automatically place the family on the waitlist of the programs listed on their application.

Admissions Priorities

Children are considered for placement at each program on their application based on a priority order. Children who fall in the first priority group will be considered for placement first; children in the second priority group will be considered next; and so on, until all seats have been filled. If there are more applicants than seats available within a given priority group, seats will be assigned by random selection among applicants at the same priority level. If there are more current children applicants for a program than there are seats, all of the current children still have current child priority at that program however offers will be made first to current children in other priority order (i.e. current children with siblings first).

Networks are responsible for verifying the admissions priorities indicated by families at each affiliated provider they oversee (e.g. current child or sibling priority). Network staff must follow all requirements outlined by the OSE. Admissions priorities differ among program types. Please see schools.nyc.gov/3K for a list of admissions priorities.

Extended Day/Year Services: Birth - Age 3 Enrollment and Eligibility

Networks providing extended day/year services provide 8 or 10 hours of programming per day for 225 or 260 days per year to children under 2 years, 2 years old, and 3 years old who are eligible under Child Care Block Grant (CCBG) requirements.

Children must meet all applicable Federal and State eligibility requirements, including New York State CCBG and OCFS guidelines, to participate in the extended day/year service model.

Network staff are responsible for helping families utilize the DOE's enrollment system and with submitting eligibility documentation. Networks and affiliated providers must follow all processes and policies related to eligibility established by the DOE and other City agencies.

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

1. **Age:**
 - **Under 2 years:** Between the age of 6 weeks and 24 months.
 - **2-year-olds:** Over the age of 24 months, but not yet age-eligible to participate in 3-K for All at the beginning of the school year.
 - Extended day/year 3-K for All: Turn 3 by December 31 of the school year.
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 process 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 Homeless Education Assistance Act ("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 the 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). Networks may not charge families more than the established fee for services covered by the contract.

Networks are responsible for collecting fees from families on a weekly basis. Networks must use the fee schedule provided by the DECE, in accordance with Federal and State CCBG regulations, which will utilize a sliding scale of the family's gross income after subtracting the applicable SIS level. Fees will also vary depending on the type of care received, as outlined below:

- Families of participating children under 2-years and 2-year-olds will pay a full-time fee to cover all hours of service provided.
- Families of participating 3-year-old children will pay a part-time fee to cover the additional hours of care they receive through the extended day/year model (beyond the 180 days per year and 6 hours and 20 minutes per day of the school day/year service model). Note that this represents a change from existing policy.

Note: The following families **do not pay a fee**:

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

EarlyLearn and 3-K for All Extended Day/Year Admissions Process

Seats for EarlyLearn (infants and toddlers) and 3-K for All extended day/year children will continue to be filled through the CCBG eligibility and enrollment process. Families can apply directly with Networks, or through [Family Welcome Centers](#). Networks must drop off any applications they receive at their designated Family Welcome Center to be processed.

Applicants who meet the eligibility requirements and receive an offer can begin attending the programs as soon as registration is completed by the Network. Should your program have any open extended day/year seats at other points of the year, eligible families seeking immediate care can be enrolled. Families may submit their Child Care application anytime throughout the year directly to Networks, or through [Family Welcome Centers](#).

Registration

Networks are expected to contact all families who receive offer letters once they are distributed. Families should be invited to ask any questions they have and encouraged to accept the offer and register. Networks must hold a seat for any family that received an offer letter unless they expressly decline their offer or the registration deadline passes.

Families can accept their offer online, over the phone, or by contacting the Network directly.

Prior to the first day of attendance, families must submit the required registration documentation. For a list of all required documentation, please see schools.nyc.gov/3K.

Network staff are responsible for completing the registration process for children who have been offered a seat at one of their affiliated provider sites. This process is completed in Pre-KIDS and includes the entry of child biographical data and other information. Detailed information on the registration process will be provided by OSE before registration begins. If a family has concerns about providing any of the required information, please contact the DECE at EarlyChildhoodPolicy@schools.nyc.gov.

Children who apply to extended day/year programs must be deemed eligible by the Family Welcome Center in order to register.

Waitlist Management


Families are automatically placed on the waitlist for any program that they listed higher on their application than the program where they were offered a seat. Children are placed on each program's waitlist in order of priority group. Networks must make offers to families in the order of the waitlist in [MySchools](#) for each provider. [MySchools](#) is designed to support Networks in managing the enrollment process. Should you have a waitlist at one affiliated provider, and openings at another, you can call those families to see if they may be interested in a seat at another one of your affiliated providers.

Families who want to be on additional waitlists may add their children to waitlists through [MySchools](#), calling 718-935-2009, or contacting your Network directly to do so. A step-by-step guide to managing waitlists in [MySchools](#) will be shared in advance of waitlists being made available.

The DECE Suggests:

- Networks become familiar with the DOE application process to provide the necessary guidance to their affiliated providers and families.

Resource & Action Item :

-  Networks must make offers to families in the order of the waitlist in [MySchools](#) for each provider. [MySchools](#) is designed to support Networks in managing enrollment processes.

Attendance

To ensure children get the most out of your services, Networks and affiliated providers must stress the importance of regular attendance.

Overview

Children who attend regularly benefit the most from early childhood education services. Early childhood education is truly an irreplaceable time for children's 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 build this foundation to succeed in kindergarten and beyond, attendance is critical.

Networks must have clear attendance policies and communicate those policies effectively to families to ensure child attendance.

- Networks must inform affiliated providers about 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.
- Networks and affiliated providers' communications with families during orientation, family-provider conferences, and via written/online communications should clearly articulate the expectation that children attend on a full-time, daily basis.
- Networks and affiliated providers should work with families to understand reasons for low attendance (if applicable), discuss strategies to address those reasons and, where necessary, discuss the impact of low attendance on their children's experience.
- Networks must carefully monitor and support the attendance of children involved in child welfare cases.

Ongoing Responsibilities

Networks and their affiliated providers are responsible for following the DECE policies for tracking attendance, and conducting follow-up communication with families. All Network staff and affiliated providers should be trained and have a clear understanding of their role in ongoing tasks related to child attendance.

Attendance Expectations at the Beginning of the Year

Smooth transitions into the program lay the foundation for a successful year. The Network must support affiliated providers to assist children and families with their transition into the program. The DECE strongly encourages Networks to support affiliated providers to plan experiences for children and families that support the development of increasing familiarity with program routines and developing strong relationships with caregivers and peers.

Recording Time In and Time Out Attendance

Networks 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 captures the following information (per State regulation 18 NYCRR 415.12):

- Date of attendance
- Time of arrival and departure
- Notation of full day absence

To ensure attendance records are in compliance:

- Attendance records must be kept on file
- Daily attendance records may be inspected by 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 invoices.

Please contact your FCCS Manager or email fccsupportteam@schools.nyc.gov if you have additional questions.

Meals and CACFP Participation

Networks must ensure that all affiliated providers provide meals and snacks to children that meet their nutritional needs. 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, affiliated providers are required to follow the New York City Food Standards for all meals served.

CACFP Participation

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 affiliated providers are required to participate in CACFP.
- In most cases, the Network will act as the sponsoring agency for affiliated providers. To apply to be a sponsoring agency, please go [here](#).
- **Networks must receive a waiver from the DECE if they do not want to be the sponsoring agency for their affiliated providers.** If a Network receives a waiver from the DECE to not be the sponsoring agency for their affiliated providers, the Network is still responsible for ensuring all affiliated providers are connected to a sponsoring agency and have the resources and support they need to meet the requirements of the CACFP program.

Meal Requirements

The following meals are required under each service model:

- **School Day/Year:** Affiliated providers must follow the CACFP-sponsoring organization 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:** Affiliated providers must follow the CACFP-sponsoring organization 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.

For additional information on meals for infants and toddlers, see the Routine Care of Children section of the Health and Safety chapter.

Proof of CACFP participation must be maintained on site at the affiliated provider's home 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 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 fewer than the minimum meal pattern requirements being met for food components (i.e. no serving of grain/bread is provided).

Networks must ensure affiliated providers make reasonable modifications to the meal pattern for children with disabilities, on a case by case basis, when supported by a medical statement. 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 children with disabilities.

- 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. *In all cases, families may opt to provide meals for their child.*

Managing Food Allergies

Networks must have a process in place to identify any children with food allergies and ensure affiliated providers properly serve them. Upon being notified that a child has allergies, Networks and affiliated providers must 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. Staff collaboratively develop an [Allergy Response Plan](#) 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. Networks must ensure all affiliated provider staff receive training on prevention and response to allergic reactions. Staff must also be trained on the individualized Allergy Response Plan and emergency care procedures for any child who will be in their care. Information on child allergies must be made available to all staff that come in contact with the child, in a manner that respects the child’s privacy.

Menus

On a weekly or monthly basis, Networks must ensure affiliated providers share a menu with families to provide details about the daily meals and snacks to be served 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 level of detail to be helpful for families
 - **Example:** Instead of “fruit,” affiliated providers should include detail such as “sliced apples”
- Be distributed to families in advance and posted prominently in a place where families can easily see during pick-up and drop-off
 - **Example:** If the menu is prepared on a monthly basis, affiliated providers 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 whenever possible

Promoting Learning during Meal Time

Meal time is an opportunity for affiliated providers to promote children’s progress in approaches to learning, social-emotional development, healthy habits, fine motor skills, and language development. 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.

Food Safety and Sanitation Requirements

Networks must ensure affiliated providers adhere to the following food safety and sanitation policies in accordance with DOHMH policies and guidelines, and defined by the Family Child Care Environment Rating Scale (FCCERS-3). Failure to prepare, store, and serve food in a safe and sanitary manner may lead to harmful health consequences for children. The following requirements are applicable to all staff. Networks must assure affiliated providers 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-3, 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 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

The DECE strongly recommends that Networks ensure affiliated providers choosing to serve sweets/desserts at special occasions 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.

Networks must develop and share with affiliated providers a policy on whether families will be allowed to provide food for children on special occasions. If families are allowed to provide food, the policy must include the following:

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

- The child will be provided with a meal and/or snack from home
- 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.

The DECE Suggests:

- Education Specialists should aim to make at least 1 or 2 visits per month during a meal time (breakfast or lunch) in each provider's home. Visiting during this time will give you an opportunity to discuss meal planning, encourage healthy eating, and participate in family style meals.
- Networks should support affiliated providers in maintaining accurate CACFP required records.

Resource & Action Item :

-  Networks must ensure all affiliated provider staff receive training on prevention and response to allergic reactions.
-  Information on child allergies must be made available to all staff that come in contact with the child, in a manner that respects child privacy.
-  Menus must be distributed to families in advance and posted prominently in a place where families can easily see
-  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://www.fns.usda.gov/cacfp/child-and-adult-care-food-program>
-  NYC Food Standards: <https://www1.nyc.gov/site/doh/health/health-topics/healthy-workplaces.page>

Program Assessments

The Division of Early Childhood Education (DECE) utilizes nationally recognized, valid and reliable program assessment tools in conjunction with other information to monitor and understand program quality and inform various support efforts.

Networks are required to ensure that affiliated providers participate in quality assessments, such as CLASS (Classroom Assessment Scoring System) and ERS (Environmental Rating Scales), administered by Networks, DECE, DECE partners, and other city and state agencies. The DECE will utilize valid and reliable program assessment tools in conjunction with other data and information to measure the extent to which Networks and affiliated providers are successful at implementing the FCC EFQ and to inform various support efforts.

Data Management Systems and Child Privacy

Networks are responsible for ensuring affiliated providers maintain accurate and timely data utilizing the appropriate New York City Department of Education (DOE) data systems for pupil accounting and other purposes.

The Family Educational Rights and Privacy Act (FERPA)

Networks and affiliated providers must maintain all required child records to support learning and to ensure that staff have easily accessible information on child health and safety needs.

Additionally, Networks must comply with all applicable regulations and protect the privacy of children's records in accordance with the Family Educational Rights and Privacy Act (FERPA), including protecting the confidentiality of child records when they are maintained on site, discarded, or placed in storage.

Networks and affiliated providers 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 — see the DOE's [Chancellor's Regulation A-820](#) for an example of a consent form for families to release student records
- 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 additional guidance on FERPA, please see the DOE's [Chancellor's Regulation A-820](#).



V. **Health and Safety**

Affiliated Provider Licenses and Registrations

Affiliated Provider Program Facilities

Safety and Security: Plans and Procedures

Monitoring and Support

Incident Reporting

Staff and Child Health Requirements

Routine Care of Children

Child Abuse Prevention and Reporting



Health and Safety

Networks must support affiliated providers to ensure healthy and safe learning environments for children. Networks must ensure affiliated providers follow and meet all OCFS regulations and maintain the documentation necessary for operating a safe program.

Affiliated Provider Licenses and Registrations

In affiliating with a Network, providers must ensure they maintain a current Group Family Day Care (GFDC) or Family Day Care (FDC) license/registration issued by OCFS.

On behalf of their affiliated providers, Networks must submit all applicable newly issued or renewed licenses and/or registrations issued by OCFS within thirty (30) days preceding the expiration of the current license or registration to their designated DECE Budget Office. Failure to submit the necessary documents may result in suspension of all payments from the DOE.

Procedures to follow if your affiliated provider's license or registration is suspended

Under no circumstances may children receive services from an affiliated provider that does not have a valid OCFS license/registration for GFDC or FDC.

In the event of an emergency at an affiliated provider facility including, but not limited to, the denial, suspension, or revocation of an OCFS license or registration, or an emergency that requires an affiliated provider to relocate to a new facility for any reason, the Network must inform the DECE FCCS Manager and their designated DECE Budget Office within one (1) day.

- Enforcement actions which may be taken by OCFS: fines/stipulation, denial of renewals, revocation, and suspension of licenses.

Affiliated Provider Program Facilities

Networks must ensure affiliated providers' facilities are adequate and well-maintained to ensure high-quality instruction. Networks must support affiliated providers in understanding applicable facility requirements of [OCFS](#), fire and building codes, their DOE contract, and all other applicable city, state, and federal regulations.

The table below provides detailed information regarding facility requirements for FDCs and GFDCs. Networks must support affiliated providers with complying with all facility requirements per OCFS and other applicable regulations.

Facility Safety Requirements

Location with- in 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	Programs 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. 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. 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.
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 outdoor space where they can be physically active 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.

Affiliated providers 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;
- 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.

To ensure the health and safety of children, outdoor play areas must be maintained and in good condition.

If you have any questions about this requirement, contact your FCCS Manager.

Safety and Security: Plans and Procedures

Networks must ensure affiliated providers provide a safe learning environment for both children and staff by having comprehensive safety and security policies, procedures, and staff trainings as outlined in their OCFS-approved Health Care Plan.

Emergency Preparedness

Networks must support affiliated providers in developing and maintaining Emergency Plans and Evacuation Diagrams in accordance with DOE policy and OCFS emergency and evacuation requirements.

Emergency Plan

Networks must ensure that affiliated providers have a written Emergency Plan using the template provided by OCFS on file. 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 prohibits re-entry into the premises
- How the health, safety, and emotional needs of children will be met in the event it becomes necessary to evacuate to another location
- 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 families, the Network, and the DOE in the case of an emergency

Fire Safety

FDNY and NYPD Notification

Networks must ensure within 5 days of receiving initial and/or renewal of license from OCFS, affiliated providers contact and notify the local fire and police department (using OCFS form S-4939) of:

- The address of the family day care home
- The maximum capacity of the 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 Safety Plan

- Fire drills must be conducted at least once a month (using alternate exits) 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, during varied activities and from all exits.

- Multi-purpose fire extinguishers with gauges must show a full charge with 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.
- Affiliated providers must maintain a daily attendance record as required by OCFS.

See sample [DOHMH Attendance Sheet](#). All sign-in and -out sheets should include the child's name, health check, arrival time, departure time, and signature from someone listed on the Pick-Up Authorization form.

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 those instances in which the affiliated provider will administer medications, the Health Care Plan must also be approved by the affiliated provider's 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 repellent; 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 the affiliated provider is serving a child with a medical need, the affiliated provider must work together with the family and the child's health care provider to develop a reasonable [individualized health care](#) plan for the child while the child is in the program.
- The Network must ensure the affiliate provider complies with the provisions of the American's 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, the Network will ensure the program follows the steps required to have the program approved to administer medication.

Health Emergencies

- Networks must ensure that a copy of the written medical consent form is obtained from families and kept on file at the Group Family Day Care/Family Day Care home to authorize providers in obtaining and/or providing emergency health care.
- 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, affiliated providers must follow the procedures in the plan, including:
 - 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 FCCS Manager within 24 hours.

Emergency Communications

Affiliated providers must call 911 in any emergency situation where a child is in immediate danger.

- 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.
- Affiliated providers are required to call 911 immediately after the administration of epinephrine to a child in the home.
- Affiliated providers are required to call 911 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.

Networks must ensure affiliated providers submit copies of their Emergency, Evacuation, and Health Care Plans. Plans must be reviewed annually at a minimum and kept in an accessible location at the affiliated provider site where they may be referenced by affiliated provider staff and be available for inspection by the Network, DECE, DOHMH and OCFS.


Networks must ensure affiliated providers update their Emergency Plans 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.

DECE recommends that Networks have a copy of each affiliated provider’s required plans in an accessible location at their office.

The DECE Suggests:

- Networks review Health Care Plans every 6 months to ensure that all changes and updates are reflected within the plan.
- Networks support affiliated providers in maintaining an onsite log of illnesses, accidents, epinephrine auto-injector administrations, and injuries sustained by children in the program, in a form provided or approved by OCFS.

Resource & Action Item :

-  Refer to [OCFS Regulations](#) for additional procedures and guidance.

Monitoring and Support

It is the Network's responsibility to ensure the facilities of their affiliated providers are secure and foster a safe learning environment for children and staff. Networks must support affiliated providers in their compliance with the licensing and registration requirements of OCFS.

Network staff must complete a monitoring visit **once per month**.

Monthly monitoring visits should alternate between utilizing the [DECE Monitoring Checklist Part I: Environment](#) and [Part II: Health and Safety](#). Visits should be scheduled appropriately to observe a program.

Content of the Monitoring Checklist includes the following:

- Part I: Environment
 - A. Documents Available for Review
 - B. Indoor Environmental Safety
 - C. Fire Safety
 - D. Emergency Preparedness
 - E. Outdoor Play Safety
- Part II: Health & Safety
 - A. Health & Sanitizing Practices
 - B. Diapering & Toileting Health Practices
 - C. Napping & Resting Practices
 - D. Mealtime Nutritional Practices
 - E. Supervision

The "FCC Provider Profile" form, provided by DECE, must be completed and updated **every 6 months**, or more frequently as needed.

Network Required Documentation

Networks must complete the following forms with families upon enrollment. All forms must be organized and kept on file in the Network office, and shared with the affiliated provider program in which the child is enrolled.

- Medical form
- Immunization form, updated at the appropriate intervals
- Medical Consent
- Parent Agreement
- Sleeping Arrangement
- Feeding Agreement
- Ointment Agreement
- Emergency Contact
- Pick-Up Authorization
- Outdoor/Neighborhood Walk Consent

Affiliated Provider Required Documentation

Network staff will be making monthly monitoring visits to affiliated provider homes. Monitoring visits are opportunities for Network staff to observe individual affiliated provider homes, create a coaching plan for follow-up, and provide technical assistance to support affiliated providers in running a quality program.

Affiliated providers must maintain a file of the following documents at the program:

- 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)

Affiliated providers must maintain a file for each enrolled child in the GFDC/FDC. The following forms must be available for review:

- Medical form
- Immunization form, updated at the appropriate intervals
- Medical Authorization
- Parent Agreement
- Sleeping Arrangement
- Feeding Agreement
- Ointment Agreement
- Emergency Contact
- Pick-Up Authorization
- Outdoor/Neighborhood Walk Consent

The DECE Suggests:

- Networks keep a file for each affiliated provider that includes, but is not limited to the following documents:
 - Most recent OCFS license or registration
 - Signed Affiliation Agreement
 - Comprehensive Background Clearance approvals and approval letters for on-site provider
 - Emergency Plan
 - Program Hours of Operation
 - Program Daily Schedule
 - Health Care Plan
 - Affiliated Provider Policy Statements:
 - Admission and disenrollment
 - Notification of accidents, serious incidents and injuries
 - Behavior management
 - Evacuation Plan
 - Program activities
 - Documentation of provider training hours available in provider file.
 - 30 hours of infant and toddler training every year.
 - Affiliated providers and assistant(s) must have a minimum of 5 hours [OCFS approved training](#) each year.
 - Parent notification of accidents, incidents, and injuries
 - Medication Administration Training Certificate (if applicable)
- A list of all approved assistant(s), substitute(s), volunteer(s), and household members should be maintained onsite at the Network office.

Incident Reporting

All incidents (related to closures, facility and maintenance, DOHMH violations, safety and security, inadequate instructional materials, instructional quality & program management, religious instruction, allegations of discrimination in enrollment, enrollment & attendance, finance & administration, program ratios, abuse, supervision etc.) must be reported immediately to the DECE Family Child Care Support Team. Network staff must complete an [Occurrence Report](#) and submit to their FCCS Manager.

DOHMH must be alerted immediately for the following incidents:

Blocked or change of egress

Programs are out of ratio and/or lack proper supervision

Incidents of child abuse

If emergency program closure is requested, due to building repair or any other emergency reasons, Network staff must complete an [Emergency Site Closure Notification](#) form and submit it to their FCCS Manager.

Network staff must inform FCCS Managers and DOHMH if affiliated providers are absent for more than three consecutive days. Written record of the approved program staff in place of provider's absence must be shared with the Network. *OCFS-approved substitutes are permitted to work in place of the provider for up to a total of 30 cumulative days per year as per OCFS regulation.*

Staff and Child Health Requirements

Networks must ensure that Network staff, affiliated providers and their staff, and children have all the required immunizations and health checks to ensure programs are healthy and safe environments for children and staff.

Staff Health Overview

Networks must maintain all medical documents from Network staff and affiliated provider staff certifying that they have met the health requirements as required by OCFS.

Staff Health Requirements:

Prior to the start of the program year, Networks and affiliated providers must ensure that all staff, volunteers in the affiliated provider homes, and household members who regularly associate with children meet the applicable health requirements.

- All staff, volunteers 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 healthcare professional (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 healthcare professional may use an equivalent form as long as all required information is included.
- For all 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 staff only, the Medical Form 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

Networks must ensure their affiliated providers comply with all child health requirements of OCFS, the DOE Office of School Health, and the DECE.

Immunizations

All children must be immunized in accordance with the New York Public Health Law §2164 and OCFS regulations.

- 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 unless the provisions below are applicable. Networks must obtain documentation from families that is shared with affiliated providers showing that each EarlyLearn and 3-K for All 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. Other children at the affiliated provider’s program must have the same information in file at the program.

- Please note the current immunization requirements, which are subject to change. Networks should regularly review state and city guidance regarding immunization requirements. The DOE also provides information [here](#).

Immunization	Doses Required	Notes
DTaP (diphtheria-tetanus-acellular pertussis) OR DTP (diphtheria-tetanus-pertussis)	4 doses	
IPV (inactivated poliovirus) OR OPV (oral poliovirus)	3 doses	
MMR (measles-mumps-rubella)	1 dose	On or after 1st birthday
Hib (Haemophilus influenza type b)	1 to 4 doses	Number of doses depends on the child’s age at first dose
Hepatitis B	3 doses	
Varicella (VAR)	1 dose	On or after 1st birthday
Pneumococcal conjugate (PCV)	1 to 4 doses	Number of doses depends on the child’s age at first dose
Influenza Vaccine	1 dose	*Annual influenza vaccine is highly recommended for all children under 5, however it is not an OCFS requirements

Networks must collect immunization records at pre-registration. If the family is not able to provide the immunization records at pre-registration, you may collect the immunization records at another time prior to the child attending the affiliated provider program.

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

- A completed new Child and Adolescent Examination Form ([CH-205](#))
- 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 an affiliated provider's program 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](#)" schedule for the child to be considered "in process" and remain in attendance.
- Networks are responsible for ensuring that children in their affiliated providers' programs who have not yet received all required immunizations meet the [Provisional Immunization Requirements](#) and receive subsequent vaccines in accordance with the "[catch up](#)" schedule.
- Children who are not immunized in accordance with the [Provisional Immunization Requirements](#) must be excluded from affiliated providers programs 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.

Networks must ensure affiliated providers maintain documentation showing that each child in attendance has received each vaccination required or has received a medical exemption from such a requirement. If an affiliated provider does not have the required documentation on file, they may be subject to citations and/or fines by their licensing agency for each child not meeting such requirements.

Students in Temporary Housing

Children living in temporary housing have protections under the McKinney-Vento Act, including the right to be immediately enrolled even if unable to produce records normally required for enrollment, including immunization documents, and the right to be assisted in obtaining necessary immunization or immunization records. Networks must support affiliated providers in responding to immunization issues in compliance with the McKinney-Vento Act 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 are 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](#) 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](#) 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

Networks and affiliated providers must remain in compliance with the confidentiality requirements of OCFS and DOE's [Chancellor's Regulation A-820](#). As such, Networks and affiliated providers must ensure that children's medical records (paper or electronic) are:

- Secured, locked, and separate from children's program records.
- Are only made available for inspection or copying to family, persons who present a written authorization from the family, authorized OCFS staff, as needed to comply with a court order or subpoena, or for another lawful reason. Such documents may not otherwise be made available for inspection or copying.

Accommodations for Children with Disabilities: §504 and Accessibility Compliance

In accordance with your contract and consistent with DOE Chancellor's Regulation A-830, Networks shall provide, and must require affiliated providers to provide, equal opportunity to all qualified persons. Networks and affiliated providers may not discriminate for any reason because of actual or perceived, race, color, religion, creed, ethnicity, national origin, alienage, citizenship status, age, marital status, partnership status, disability, presence of a service animal, sexual orientation, gender, sex, gender identity or gender expression, military status, unemployment status, prior record of arrest or conviction (except as permitted by law), predisposing genetic characteristics, weight (children only), status as a victim of domestic violence, sexual offenses, or stalking, or any other class of individuals protected by applicable city, state, or federal laws, rules or regulations.

Providing equal opportunity to students with disabilities requires Networks and affiliated providers to ensure that children who qualify receive appropriate accommodations. Affiliated providers, with the support of their Networks, are expected to follow all applicable legal requirements as to students with disabilities, as well as any applicable regulations of their licensing agency.

An affiliated provider may not exclude children with disabilities from the program. Networks must ensure that affiliated providers make reasonable modifications to their home to integrate children with disabilities into the 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 design requirements of the Americans with Disabilities Act of 1990 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 does not meet all of the requirements of a fully accessible building.

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 from the Network or affiliated provider on whether or not a child's particular needs can be met, please contact the DECE at EarlyChildhoodPolicy@schools.nyc.gov. Under no circumstances may you refuse enrollment to any child with an offer to the affiliated provider program.

Medication Administration

Serving Children with Serious Health Conditions

Networks must be prepared to support affiliated providers serving children with serious health conditions, including asthma and severe allergies. Networks must ensure affiliated providers take the following steps to be ready 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.
- 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 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.

Networks must ensure that affiliated providers review the policies of OCFS regarding the administration of emergency medication. Affiliated providers, with support from the Network, must meet the child health and medication administration requirements as stated in the regulations of their respective licensing agency, as follows:

- 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

Networks must ensure affiliated providers obtain Medication Administration Training ("MAT") certification if a child in their program requires medication to be administered during the program hours as a reasonable accommodation for a disability. Networks must ensure affiliated providers maintain proof of MAT certification at the affiliated provider site 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, the Network must ensure that the affiliated provider immediately notifies the child's family. The affiliated provider must immediately notify DOHMH 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. The Network must also notify their FCCS Manager within 24 hours.

The Network must complete a DECE [Occurrence Report](#) to reflect that a call to 911 was made. The report should include:

- Date and time the call was made
- Name of the person who made the call
- Reason for the call
- Name of the child involved in the incident

First Aid and CPR Compliance

Pursuant to the OCFS regulations, all Networks must ensure affiliated providers 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. Networks must ensure that the CPR/FA training is in person for affiliated providers pursuing or maintaining a Child Development Associate (CDA) Credential.

Networks must ensure affiliated providers have and maintain a First Aid kit, 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 (unless authorized by a Physician and is part of a child's individualized health care plan).

Procedures for providing basic first aid must be included in the affiliated provider's Health Care Plan.

Networks are responsible for ensuring that affiliated providers and their staff, and other individuals providing emergency services are proficient in CPR and First Aid and receive all necessary training.

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. Networks should ensure affiliated providers 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. Staff must always provide adequate and competent supervision during meals to prevent choking hazards and support young children develop self-feeding skills. 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. Providers 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. Affiliated providers 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 infant's 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

Networks should ensure affiliated providers 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. Affiliated providers 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.

Affiliated providers 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

Networks must ensure affiliated providers provide safe and healthy learning environments that support 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.

Diapering Infants and Young Toddlers

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

Networks must ensure affiliated provider 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-3, 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 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. Networks should support affiliated providers with informing families about toileting policies and procedures prior to the beginning of the program year including:

- 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.

Affiliated providers should space children as far as possible from one another, at a minimum of 24 inches apart

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.

Nap and Rest for Infants

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, in accordance 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

Networks must ensure affiliated providers take steps to prevent child abuse and immediately report all cases of suspected abuse or maltreatment to the State Central Register (“SCR”) and to other agencies, as appropriate, within 24 hours of their report to SCR.

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, DOHMH 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, Networks must ensure affiliated providers communicate and coordinate with the DECE when 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.

Child Abuse Prevention

Networks must support affiliated providers in establishing a positive program culture and a written behavior management policy that complies with OCFS regulations. This policy must reflect that all acts of abuse and maltreatment are prohibited.

Networks are responsible for arranging, providing (if necessary), and verifying that applicable Network staff and its affiliated providers and their staff 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 your Network
- **Affiliated Provider Staff:** Owners, onsite providers, and any other employees of the affiliated provider, including affiliated provider assistants
- **Non-affiliated Individuals:** Individuals at the affiliated provider’s site who are not directly engaged in program services, including household members

Child Abuse Reporting Requirements

Family Day Cares (FDCs) and Group Family Day Cares (GFDCs)

- 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 of the affiliated provider 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** any time a report is made to SCR and/or SCI
 - **DOHMH** if a report is made to SCR
- If a **staff** member of the Network is the subject of the report, make a report to the:
 - **SCI** for suspected corporal punishment or verbal abuse as defined in Table I at the end of this chapter
 - **DECE** any time a report is made to SCI
- If a **household member** at the site of the affiliated provider 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
- If a **DOE staff** member is the subject of the report, make a report to the:
 - **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 SCI

Child Welfare Cases

The DOE requires more frequent touch points with children and families receiving child welfare services. These situations include:

- Children for whom the parent/legal guardian has been the subject of a report made by your program to SCR and the case remains open;
- Children for whom the parent/legal guardian has been the subject of a report made by your program to SCR and the case was substantiated; and
- Children in foster care.

Accordingly, your program must make a minimum of three attempts each day to contact the family. Teaching teams should proactively confirm expectations for remote interactions, define alternative emergency contacts as needed, and flag for the family's assigned Child Protective Services (CPS) worker if you are unable to establish contact.

If you don't know the family's assigned CPS worker, contact the ACS Office of Safety First at 718-KID-SAFE or via safety.first@acs.nyc.gov to request their name and contact information, as well as the information for the CPS supervisor.

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.

Affiliated providers are mandated reporters for child abuse and maltreatment and, as such, staff must immediately 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.

Networks should consult the New York Social Services Law to determine whether any of their staff members are also mandated reporters.

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.

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 **and** an incident occurrence report for the DECE, as described below.

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:

- On the same day the report is made, inform the affiliated provider and Network 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 below).
- Within 48 hours of making the report, complete and submit the [LDSS-2221A](#) 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](#).*
 - 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 your FCCS Manager.**
- The Network must ensure the affiliated provider informs 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 are required to submit an Occurrence report to the DECE within one program day of making the report. These reports should include the “Call I.D.” numbers from reports to SCR in addition to the required information.
- DOHMH inspection notes can be submitted to DECE subsequent to the Occurrence Report if they are not obtained within one program day of the SCR report.

Photographing Injuries When Child Abuse or Maltreatment is Suspected

Consistent with the New York Social Services Law and the DOE’s Chancellor’s Regulation A-750, once you become aware of suspected child abuse or maltreatment and a report has been made to SCR, you must immediately ensure that the affiliated provider directs a designated staff member at the program to take photographs of any visible injuries or signs of trauma. The designated staff member should be provided appropriate instruction about how to perform this task.

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 designated only for professional use and must be maintained as confidential documents. Photographs may not be taken with a personally owned device. No photographs may be taken and no examination may be conducted of a child’s genital, perineal, or breast areas.

- The designated staff member assigned to take the photograph, must send an email with the photographs attached to the borough-specific designated ACS email inbox indicated below, in accordance with procedures developed by the DOE.
 - 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: DOEPhotosQueens@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 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 device. No copies of such photographs shall be made or retained.

Please refer to the following DOE resources:

- [Online training](#)
- [Chancellor's Regulation A-750](#)

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. Allegations of corporal punishment and verbal abuse against Network staff members, or affiliated providers' staff members, must be reported to SCI.

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.

The Network must ensure the affiliated provider notifies 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 report to the DECE within one school day of making the report. These reports should include the "Call I.D." numbers from reports to SCI in addition to other required information (*see Reporting to the Division of Early Childhood Education below 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, the Network must submit an Occurrence Report detailing 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.

The Network **must** provide a written report of the allegation using the DECE Occurrence Report form, available on the [DOE infohub](#), and submit the form to the FCCS Manager. The information submitted on the DECE Occurrence Report should match the information provided in all other required reports. Please ensure you have completed the form to the fullest extent possible. As instructed by the Occurrence Report, please include a copy of the DOHMH inspection notes with your submission.

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. <i>For additional guidance on how to identify typical indicators of child abuse and neglect, please reference DOE Chancellor’s Regulation A-750.</i>

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	<p>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:</p> <ul style="list-style-type: none">• 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	<p>Language (written or oral) about or directed toward students that:</p> <ol style="list-style-type: none">1. Belittles, embarrasses or subjects students to ridicule; or2. 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; or3. Has or would have the effect of unreasonably and substantially interfering with a student's mental, emotional, or physical well-being; or4. Reasonably causes or would reasonably be expected to cause a student to fear for their physical safety; or5. Reasonably causes or would reasonably be expected to cause physical injury or emotional harm to a student.



VI. Special Education

Special Education Services



Special Education Services

Networks must provide information and support to families throughout the year about how to access services for children with developmental delays and disabilities. For children birth to 3 years old, families may receive services through the Early Intervention Program (EIP), and for children 3 to 5 years old, families may receive services through the Committee on Preschool Special Education (CPSE).

Special Education Services

The infant, toddler, and early childhood years are a time of incredible development and growth. Network's affiliated provider programs must be available to all children, including those **with and without developmental delays and disabilities**. The Network must ensure that affiliated providers maximize integration of children with disabilities with their typically developing peers, and 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.

Developmental screening with an evidence-based tool is a key part of a child's transition into an early childhood program. If a child scores below the referral cut-off of a developmental screening tool, the Network must ensure that the affiliated provider offers age-appropriate learning activities and opportunities across natural environments which include the home, childcare setting, and the community. If, after implementing strategies and/or supports with the child and their family, the affiliated provider still has concerns regarding a child's progress and believe that they may need additional support, children birth to 3 years old, should be referred with parental/guardian consent to the Early Intervention Program, or for children 3 to 5 years old, they can work with the parent/guardian to make a referral to the CPSE. Networks and their affiliated providers are expected to work in collaboration to support families during the process of securing special education services.

Every family with an offer must be welcomed and allowed to register at your affiliated provider programs regardless of whether the child has an IEP or IFSP. After enrolling the child, if programs have questions about their ability to serve a child, they should reach out to you, the Network. If you have questions about the affiliated provider's ability to serve a child, contact your FCCS manager or EarlyChildhoodPolicy@schools.nyc.gov.

Early Intervention (birth to 3 years old)

If a provider in your Network has a concern about a child's development when they are between the ages of birth and three, New York City's [Early Intervention Program](#) can help by providing a free evaluation to find out if the child is eligible for services. Networks should support affiliated providers with talking to families about any concerns they have about a child's development. The Network and affiliated provider should review the [Early Intervention process](#) with the family and support them through the process to secure services.

- Families, affiliated providers, and Networks can make a referral to Early Intervention (EI) by:
- Calling 311 and asking for Early Intervention; or

Completing the [Early Intervention Program Referral Form \(PDF\)](#) and faxing it to a [regional office](#) in the family's home borough.

The Network must ensure that it and its affiliated providers participate in EI reviews for both initial referrals and requested annual reviews.

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 be the Family Child Care setting, home, and across other environments where typically developing children are found. The Network must ensure that these services are being provided at the affiliated provider site.

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

Making a Referral

If an affiliated provider suspects that a child may have a disability that impacts their learning, the Network must support the affiliated provider to discuss the concerns with the child’s family and support them in making a referral for a preschool special education evaluation.

Prior to making a referral to the CPSE for a child between the ages of three and five, the Network and the affiliated provider must work with families to implement a variety of developmental and academic interventions to support the child. If a concern persists, the Network and the affiliated provider can talk to the child’s family about making a referral. All Networks and affiliated providers 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](#).

- For [children in foster care](#), the referral to the CPSE should be made by the birth or adoptive parent, unless the parents’ rights have been terminated, surrendered or limited. 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 include:

- A request for a preschool special education evaluation;
- The child’s full, legal name and date of birth;
- A description of any specific areas of concern about the child’s development;
- A list of any services the child received in the past;
- Full contact information to reach the family; and
- The family’s preferred language, if it is not English.

The Network must ensure that it and its affiliated providers participate in CPSE reviews for both initial referrals and requested annual reviews.

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 onsite 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; and
- 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 at 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.

CPSE meeting participants include the parent, a general education teacher whenever the child is or may be in general education, a special education teacher and/or provider (if applicable), the CPSE administrator, and others with knowledge about the child or special expertise (evaluator, doctor, additional parent member, etc.). At a CPSE meeting, teachers can share knowledge of the child and their development, curriculum and interventions used, and day-to-day workings of the classroom.

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 one of your Network’s affiliated providers and you do not provide the program recommended on the IEP, please welcome the family and contact OSE at ESEnrollment@schools.nyc.gov.

The CPSE must recommend services in the Least Restrictive Environment (LRE) appropriate, which means students with disabilities are educated alongside students without disabilities to the greatest extent possible. Inclusion classes are classes where children with and without disabilities learn together in the same classrooms. 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.

The Network must ensure that it and its affiliated provider accommodate, 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.

Networks and affiliated providers 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.

Networks must ensure affiliated providers:





- Fill out a Screening Alert form for any child that the affiliated provider has a developmental/behavioral concern about.
- Submit Screening Alert form to the Network Education Director during one of the bimonthly visits.
- Provide information about the child during the EI/CPSE evaluation process (see above).
- Collaborate and cooperate with service providers in the provision of IE/CPSE supports included in the child’s plan.

- Along with their teaching staff, differentiate instructional strategies, activities, and resources to meet the unique needs of children and their families, with the support and coaching of Network staff.
- 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.

The DECE Suggests:

- If an affiliated provider has a question or concern about a child’s development, they are required to contact the Network and the family to discuss those as well as any steps to support the child and the EI/CPSE referral process (see above).
- If a family is concerned about stigma, encourage the affiliated provider to listen to the family’s concerns and share resources (listed below) to help them learn more about EI and CPSE.
 - Share with families that EI and the CPSE are voluntary programs, and they can withdraw their consent at any time.
 - It can be helpful to talk about how EI is confidential, and the parent has the right not to disclose information about their child’s EI services to programs.
 - If found eligible, a child’s IEP is shared with the child’s program, but is otherwise confidential, and will not impact future applications to other DOE programs or schools.

Resource & Action Item :

-  Information about Early Intervention referrals for child care, health care and other providers is located on the [DOHMH Early Intervention: Information for Providers](#) page.
-  For more guidance on how to talk to families about referral to EI, review the [DOHMH Linking Infants and Toddlers in Child Care to Early Intervention Toolkit](#), and watch the video [DOHMH Observing Development in Child Care Settings, And Making Referrals to Early Intervention](#).
-  For more information about the Early Intervention process for families please refer to [Early Intervention Steps: A Parent’s Basic Guide to the Early Intervention Steps](#).
-  Families transitioning from Early Intervention to Preschool can refer to the [DOE Guide to the Early Intervention-to-Preschool Transition](#) for additional guidance on the CPSE process.

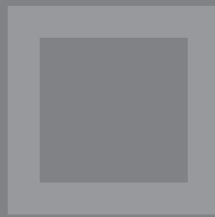


VII. Additional Support Services

Language Services

Immigrant Populations

Students in Temporary Housing



Additional Support Services

Networks are expected to ensure that affiliated providers 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

The Network must ensure that its and all of its affiliated providers' interactions and written communication with families demonstrate differentiation based on the language, availability and specific needs of the population of families served. Networks and their affiliated providers must also 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).

Networks must ensure the following:

- All program information must be shared with families prior to the start of the program year in the preferred language of each family in accordance with the terms of the Affiliation Agreement.
- Affiliated providers and program staff must differentiate instructional strategies, activities, and resources to meet the unique needs of children and their families, with the support and coaching of Network staff.

Resource & Action Item :

-  For additional guidance on serving children whose home language is a language other than English, please contact your FCCS Manager.

Immigrant Populations

The Network must ensure that all children continue to learn in a safe, nurturing environment regardless of immigration status.

Network staff and affiliated providers 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.

The DOE does not permit non-local law enforcement agents, including Immigration and Customs Enforcement Personnel, to enter DOE schools-except when absolutely required by law. Networks are encouraged to support affiliated providers in devising policies and appropriate plans to respond to visits from non-local law enforcement. The DOE's protocols may serve as a helpful tool, which are available online at: schools.nyc.gov/protectingimmigrantfamilies.

- Affiliated providers may want to consider taking the following steps in devising their policies:
 - Designating staff members who are authorized to speak with any immigration agent or authority;
 - Providing any needed instruction or training to staff members;
 - Identifying someone to provide legal guidance in the event of a visit from non-local law enforcement;
 - Determining how to communicate with families about any visits from non-local law enforcement; and
 - Deciding how to document any such visits.




- In addition, the following are general requirements and best practices. Affiliated providers should:
 - Update their written safety plans, as required by DECE and DOHMH;
 - Establish a process for maintaining confidential information about parents, children, and staff;
 - Implement procedures for receiving visitors to the program; and
 - Maintain current emergency contacts for each student and employee in an accessible location.

The Network and affiliated provider **may not release child information unless required to by law**. If an affiliated provider is unsure whether or not a request for child information is lawful, the provider should reach out to the Network immediately.

For additional support or questions regarding supporting affiliated providers, or families regardless of immigration status, please contact your FCCS manager or FCCsupportteam@schools.nyc.gov

The Network and affiliated provider 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.

Resource & Action Item :

-  If the family of a child enrolled at an affiliated program is seeking immigration legal services, you may refer them to ActionNYC. This is a New York City program that offers free, safe immigration legal help from trusted community organizations, in the family’s community and home language. Families can also refer to the [ActionNYC](https://www.actionnyc.org) website for more information.
-  Call 311 or visit nyc.gov/immigrants for more information from the Mayor’s Office of Immigrant Affairs. Additionally, resources are available on the DOE website.
-  **IDNYC** – IDNYC is the City’s identification card for all New Yorkers. IDNYC does not collect immigration status information. Individuals can make an appointment at www.nyc.gov/idnyc.

Students in Temporary Housing

The McKinney-Vento Homeless Assistance Act (“the McKinney-Vento 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:

- Sharing the housing of others due to loss of housing, economic hardship, or a similar reason (sometimes referred to as “doubled up”), or living in a motel, hotel, trailer park, or camping ground due to the lack of alternative adequate accommodations; or
- Living in an emergency or transitional shelter, including a subsidized publicly or privately operated shelter designed to provide temporary living accommodations (including commercial hotels, congregate shelters, residential programs for victims of domestic violence, and transitional housing for the mentally ill); or
- Abandoned in a hospital; or
- Living in a public or private place not designed for or ordinarily used as a regular sleeping accommodation.

- Living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.

Networks must support affiliated providers in complying with all applicable aspects of the McKinney-Vento Act. For example, children living in temporary housing have several important rights related to education including:

- A right to immediate enrollment in a program, even without all 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.




Networks must have information sheets available that detail the basic rights of families living in temporary housing.

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

Resource & Action Item :

-  For questions related to enrolling students in temporary housing, you can reach out to the DOE Outreach Team, Outreachtteam@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. Brochures and posters are available in both English and Spanish. [NYS-TEACHS](#) also carries posters in Arabic, Bengali, Chinese, Haitian Creole, Korean, Russian, and Urdu.
-  You can also contact the NYS-TEACHS hotline at (800) 388-2014 with any questions on the rights of students residing in temporary housing.

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.

Appendix



Appendix

Family Child Care Early Childhood Framework for Quality



The Division of Early Childhood Education (DECE) believes that high-quality Family Child Care (FCC) networks and programs...




- 1. respect and value differences.** Network leadership teams and network affiliated FCC teaching teams build trust by creating a community in which all children, families, and staff feel welcome and included, embracing diversity in many forms – including, but not limited to: race, ethnicity, socioeconomic status, home language, country of origin, immigration status, ability, special needs, religion, gender, gender expression, sexual orientation, housing status, and cultural background and experience. [{trust}](#)
- 2. create safe and positive environments.** Network leadership teams and network affiliated FCC teaching teams create healthy, nurturing, and predictable environments for all children, families, and staff. [{supportive environment}](#)
- 3. advance play-based learning and responsive caregiving.** Network leadership teams and network affiliated FCC teaching teams engage children in a variety of play-based and developmentally appropriate learning experiences, and ensure that instruction is based on children’s individual strengths, interests, and needs. [{rigorous instruction}](#)
- 4. promote families’ roles as primary caregivers, teachers, and advocates.** Network leadership teams and network affiliated FCC teaching teams build relationships with families and communities in order to provide meaningful opportunities and resources that support children’s development and the whole family’s well-being. [{strong family-community ties}](#)
- 5. work collaboratively towards continuous quality improvement.** Network leadership teams and network affiliated FCC teaching teams use data to improve network and program quality in partnership with families and communities. [{collaborative teachers}](#)
- 6. demonstrate strategic leadership.** Network leadership teams and network affiliated FCC teaching teams build and use organizational culture, structure, and resources to promote and execute a shared vision for quality. [{effective school leadership}](#)



1. High quality programs respect and value differences. Network leadership teams and network affiliated FCC teaching teams build trust by creating a community in which all children, families, and staff feel welcome and included, embracing diversity in many forms – including, but not limited to: race, ethnicity, socioeconomic status, home language, country of origin, immigration status, ability, special needs, religion, gender, gender expression, sexual orientation, housing status, and cultural background and experience. {trust}

<p>Network leadership teams... Examples: network directors, education directors, executive directors, board of directors, owners, instructional coaches, mental health professionals, family support staff.</p>	
<p>1.1</p> <p>1.2</p> <p>1.3</p> <p>1.4</p> <p>1.5</p> <p>1.6</p>	<p>foster a climate of trust, belonging, and collaboration in which all children, families, FCC teaching teams, and staff feel welcome and included in the program.</p> <p>provide training and resources to support culturally responsive instruction and family engagement, and ensure learning environments are equipped with culturally and linguistically diverse learning materials.</p> <p>model and support FCC teaching teams and staff in reflecting on and addressing the impacts of structural racism and implicit bias in the program and community.</p> <p>recruit children, families, FCC providers, and staff who reflect the identities and experiences of the communities they serve.</p> <p>allocate program resources to promote inclusive and equitable opportunities and outcomes for all children and families.</p> <p>work with NYCDOE, other agencies, and community partners to ensure all children and families have access to the services, resources, and support they need.</p>

<p>FCC teaching teams... Examples: on-site provider, assistants, other staff including but not limited to substitutes, volunteers, consultants, and interns</p>	
<p>1.7</p> <p>1.8</p> <p>1.9</p> <p>1.10</p> <p>1.11</p>	<p>foster a climate of trust, belonging, and collaboration in which all children, families, and other staff feel welcome and included in the learning environment.</p> <p>adopt culturally responsive instruction and family engagement practices, and encourage children to engage with culturally and linguistically diverse learning materials.</p> <p>continually reflect on and seek to address the impacts of structural racism and implicit bias in the learning environment.</p> <p>differentiate strategies and activities to meet the individualized needs of all children in the learning environment, and provide opportunities for children to demonstrate learning in multiple ways.</p> <p>collaborate with the program leadership team to connect all children and families to the services, resources, and support they need.</p>

- 
- 
- 
- 2. High quality programs create safe and positive environments.** Network leadership teams and network affiliated FCC teaching teams create healthy, nurturing, and predictable environments for all children, families, and staff. {supportive environment}

Network leadership teams...

Examples: network directors, education directors, executive directors, board of directors, owners, instructional coaches, mental health professionals, family support staff.

- 2.1 establish, model, and reinforce expectations for respectful interactions and trusting relationships among children, families, FCC teaching teams, and all staff.
- 2.2 ensure FCC teaching teams and all staff receive appropriate training, resources, and ongoing support to develop children’s social-emotional learning and promote positive behavior.
- 2.3 coordinate schedules to effectively meet the needs of children, families, and staff.
- 2.4 ensure all program spaces are safe and welcoming, and meet the needs of children, families, and staff.
- 2.5 ensure program spaces are equipped with the appropriate quantity of high quality materials.
- 2.6 ensure successful monitoring and management of children’s health, safety, and special education requirements in partnership with families.

FCC teaching teams...

Examples: on-site provider, assistants, other staff including but not limited to substitutes, volunteers, consultants, and interns

- 2.7 model and build trusting relationships among children, families, and all staff.
- 2.8 build a foundation for children’s social-emotional learning and use developmentally-appropriate strategies to promote positive behavior.
- 2.9 implement a consistent yet flexible schedule that meets young children’s needs.
- 2.10 intentionally use each part of the day to support safe and healthy habits.
- 2.11 arrange learning environment so that children have opportunities to interact with others and engage in independent activities.
- 2.12 partner with families and network staff to support monitoring and management of children’s health, safety, and special education requirements.

3. **High quality programs advance play-based learning and responsive caregiving.** Network leadership teams and network affiliated FCC teaching teams engage children in a variety of play-based and developmentally appropriate learning experiences, and ensure that care and instruction is based on children’s individual strengths, interests, and needs. {rigorous instruction}

Network leadership teams...

Examples: network directors, education directors, executive directors, board of directors, owners, instructional coaches, mental health professionals, family support staff.

- 3.1 establish, model, and reinforce a play-based approach to learning and inquiry.
- 3.2 provide staff and FCC teaching teams with appropriate training, resources, and ongoing support to implement research-based curricula appropriate for mixed-age settings.
- 3.3 ensure network staff and FCC teaching teams have appropriate training, materials, and time to implement valid and reliable screening and assessment tools to inform coaching and instruction.
- 3.4 support FCC teaching teams in a continuous cycle of collecting and analyzing data, including authentic assessment data, to inform practice.
- 3.5 ensure FCC teaching teams have consistent and intentional opportunities to reflect and plan collaboratively.

FCC teaching teams...

Examples: on-site provider, assistants, other staff including but not limited to substitutes, volunteers, consultants, and interns)

- 3.6 facilitate play-based learning and inquiry.
- 3.7 use an age-appropriate research-based curriculum to support children’s learning across all areas of development.
- 3.8 extend children’s thinking and communication skills through intentional interactions.
- 3.9 implement a continuous cycle of collecting, analyzing, and using data:
 - **collect data** about children’s knowledge, skills, and interests through observations of and interactions with children and families
 - **analyze data** to understand how children are developing and learning along a continuum, using a research-based authentic assessment system
 - **use data to inform** practice that supports all children’s growth along a continuum
- 3.10 regularly collaborate with other staff and FCC teaching teams within and across networks to reflect and plan for instruction.





4. High quality programs promote families’ roles as primary caregivers, teachers, and advocates. Network leadership teams and network affiliated FCC teaching teams build relationships with families and communities in order to provide meaningful opportunities and resources that support children’s development and the whole family’s well-being. [{strong family-community ties}](#)

Network leadership teams...	
Examples: network directors, education directors, executive directors, board of directors, owners, instructional coaches, mental health professionals, family support staff.	
4.1	provide all network staff and FCC teaching teams with relevant and culturally responsive training, resources, and ongoing support related to family engagement.
4.2	model and support ongoing, two-way communication with families about the strengths, needs, interests, and goals of families and their children, as well as families’ and children’s progress toward these goals.
4.3	develop relationships with community members and organizations that support families’ interests, needs, and goals.
4.4	provide opportunities for families to connect with other families in the network and community so that they can learn from and support each other.
4.5	create an environment that affirms and empowers families as partners, leaders and advocates in the network, and community.
4.6	support and coordinate services for children and families transitioning to and from different early care and educational settings.

FCC teaching teams...	
Examples: on-site provider, assistants, other staff including but not limited to substitutes, volunteers, consultants, and interns)	
4.7	engage in ongoing, two-way communication with families about the strengths, needs, interests, and goals of families and their children, as well as families’ and children’s progress toward these goals.
4.8	invite families to observe in their children’s learning environment and participate in their children’s everyday learning.
4.9	provide opportunities for families to build skills that support their children’s learning and development.
4.10	connect families to appropriate resources in support of their needs and goals for themselves and their children.
4.11	provide opportunities for families to serve as partners, leaders, and advocates in the learning environment and the network.
4.12	provide families with information and connections to support the transition to and from different educational settings.



5. High quality programs work collaboratively towards continuous quality improvement.

Network leadership teams and network affiliated FCC teaching teams use data to improve network and program quality in partnership with families and communities. {collaborative teachers}

Network leadership teams...

Examples: network directors, education directors, executive directors, board of directors, owners, instructional coaches, mental health professionals, family support staff.

- 5.1 actively solicit feedback from staff, FCC teaching teams, and families on programs' and networks' strengths and areas for growth.
- 5.2 model reflective practice, set professional goals, and engage in learning experiences with other leaders.
- 5.3 regularly provide staff and FCC teaching teams with formative, evidence-based feedback on individual strengths and areas for growth, with actionable next steps.
- 5.4 identify or provide differentiated opportunities for staff and providers professional learning that are aligned to individual staff/providers goals and the goals of the program and the network.
- 5.5 collaborate with the NYCDOE, other agencies, and community partners to improve program and network quality.
- 5.6 engage in a continuous cycle of collecting, analyzing, and using data about network quality, in collaboration with staff, providers, families, and communities:
 - **collect data** from a variety of sources and at multiple levels (child, teaching team, learning environment, family, community, program)
 - **analyze data** to identify program and network strengths and areas for growth
 - **use data to plan** network goals and inform continuous quality improvement

FCC teaching teams...

Examples: on-site provider, assistants, other staff including but not limited to substitutes, volunteers, consultants, and interns)

- 5.7 actively solicit feedback from families on program strengths and areas for growth.
- 5.8 regularly reflect on their own individual strengths and areas for growth in order to set professional goals and improve practice.
- 5.9 identify and engage in professional learning experiences that are aligned to their own goals and the goals of the program, and seek opportunities to learn from other early childhood professionals.
- 5.10 provide feedback to the program leadership team on strengths, challenges, and opportunities for quality improvement.
- 5.11 actively engage with support staff from the NYCDOE, other agencies, and community partners to improve program quality.
- 5.12 collaborate with the program and network leadership team, network staff, teaching team, families, and communities to set goals and inform continuous quality improvement.



6. High quality programs demonstrate strategic leadership.

Network leadership teams and network affiliated FCC teaching teams build and use organizational culture, structure, and resources to promote and execute a shared vision for quality. [{effective school leadership}](#)

Network leadership teams...

Examples: network directors, education directors, executive directors, board of directors, owners, instructional coaches, mental health professionals, family support staff.

- 6.1 create and communicate a compelling vision for long-term network and program quality in partnership with staff, FCC teaching teams, families, and communities.
- 6.2 recruit, hire, and retain qualified staff and FCC providers, and deliver meaningful leadership opportunities.
- 6.3 build and maintain an organizational culture that motivates network staff, FCC teaching teams, families, and communities to work toward a shared program vision.
- 6.4 establish and communicate clear roles and responsibilities within the network and FCC teaching teams, and adopt fair and consistent processes for accountability.
- 6.5 develop and implement systems that facilitate efficient and sustainable network and program operations.
- 6.6 use responsible budgeting and financial management practices to strategically align resources to the network and program vision.

FCC teaching teams...

Examples: on-site provider, assistants, other staff including but not limited to substitutes, volunteers, consultants, and interns)

- 6.7 collaborate with the network and program leadership team, families, and communities to create and communicate a shared program vision.
- 6.8 contribute to an organizational culture that supports the shared program vision.
- 6.9 build a community that reflects and drives forward the shared program vision.
- 6.10 adopt, refine, and implement systems to support all aspects of program quality.
- 6.11 proactively identify and communicate staffing and material needs, and effectively use resources to enhance their mixed age learning environment.



