

CHILD CARE SERVICE SAFETY PLAN
FOR THE
NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
BUREAU OF CHILD CARE

DATE SUBMITTED: _____

PROGRAM IDENTIFYING INFORMATION

(Please fill in the name of your child care service at the top of each page and the date this plan will be submitted at the bottom of each page.)

Program Name: _____

Permit Holder: _____

Legally Responsible Entity: _____

Director/Operator: _____

Address: _____

City: _____ Zip code: _____

Telephone #: _____

Fax #: _____

E-Mail Address: _____

Floor(s) of Operation: _____

Room(s): _____

Age Range of Children Served: from _____ yrs/months to _____ to yrs/months

Hours of Operation: _____

Do you operate a School age Child Care Program at your site address?: Yes No

- If Yes: Please identify the program name and registration number:

- Name: _____ Registration No.: _____

***Please attach an organizational chart that identifies, position and line of report for each of your program staff.**

PROGRAM OPERATION AND MAINTENANCE

Please provide the last inspection date for the following

Inspection Date

- Boiler/furnace/HVAC: _____
- Water Systems
(plumbing, pressure, protection of water supply) _____

- Lead Paint Survey (Annual Survey) _____
- Window Guards _____
- Indoor/outdoor equipment _____
- Review of injury prevention procedures (safe practice procedures) _____
- Vehicle Maintenance (if applicable) _____
- Exits and Fire Extinguishes _____

Please provide the maintenance schedule for the following:

Maintenance Schedule

- Boiler/furnace/HVAC: _____
- Water Systems (plumbing, pressure, protection of water supply) _____
- Lead Paint Survey _____
- Window Guards _____
- Indoor/outdoor equipment _____
- Review of injury prevention procedures (safe practice procedures) _____
- Vehicle Maintenance (if applicable) _____
- Exits and Fire Extinguishes _____

FOOD PROTECTION PROCEDURES DURING RECEIPT, STORAGE, AND PREPARATION

Please provide the following:

- Staff certified in food protection:

Name: _____ Title: _____

Food Protection Certificate # _____

Work Schedule: Monday: _____ Tuesday: _____

Wednesday _____ Thursday: _____

Friday: _____ Saturday: _____

Sunday: _____

- Sanitization schedule and procedures for food preparation area:

Please provide your programs sanitization process: _____

- Source of food:

Prepared on site on by child care service staff: Prepared on site by contracted service:

Prepared off site by contracted services and delivered:

If food service is contracted, please identify the food service company:

Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Phone No.: _____

FIRE SAFETY & EMERGENCY EVACUATION PLAN

Please provide the following information to establish your programs preparedness to respond to emergency situations:

- Evacuation Route

Describe your secondary means of egress: _____

Describe how children and staff will exit the building: _____

Identify the location of all exits and fire extinguishes, and identify an assemblage (safe) area where they will remain during the emergency (or attach a floor and site plan that identifies areas and locations):

- Evacuation of Infant Children

Please describe how your program will provide a staff to child ratio of 1:3 during an emergency evacuation. All available personnel, regardless of role or qualifications, can be used to meet the 1:3 ratio when evacuation is necessary. (An infant child is defined as a child who is less than 12 months of age): _____

- Supervision of children during an evacuation

Please describe your process of accounting for each child before and after reaching your safe area:

- Proof of notification of service's existence to your local fire department (attach copy of FD confirmation if available):

Notification Date: _____

Ladder Company Contacted: _____

Individual Contacted: _____

- Fire drill schedule (please provide your intended fire drill schedule):

- Process for notifying DOHMH and parents of emergency situations. Please include a description of process:

Means of communication: _____

Individual(s) responsible for communication: _____

Timeframes for notification: _____

HEALTH CARE POLICIES AND PROCEDURES

The program's health care plan must establish polices and procedures used to assure the following:

- Method for maintaining children's health records

Initial health screening: _____

Children's medical histories – include immunization tracking: _____

Process for addressing individual children's special needs and restrictions on activities: _____

- Daily health surveillance procedures

Staff responsible for observing child's health: _____

Documentation procedures for observed injuries: _____

- Procedures for supervision of ill and injured children

Assessment and evaluation of children: _____

Area of isolation: _____

Staff assignment schedule: _____

Parent notification procedure: _____

- Medication administration:

Is your program certified to administer medication: Yes No

If yes: Individual(s) certified and assigned to administer medication

Staff Member	Role	Assignment Schedule
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Procedure for administering medication: _____

- Procedures for providing basic first aid:

RN or LPN on staff: Yes No

If no, staff title and role of person responsible for administering first aid:

- Name: _____
- Title/Role: _____

Procedure: _____

- Identification of staff certified in first aid and CPR

Certified staff member(s):

Certification Date:

Certified staff member(s):	Certification Date:
_____	_____
_____	_____
_____	_____
_____	_____

- Procedures for handling and reporting medical emergencies and outbreaks: _____

- Availability of medical and nursing services: _____ \

- Procedural precautions for protecting against blood borne pathogens: _____

- Location and procedures for storage of medication and first aid supplies:

- Process for reporting staff illness and injuries:

- **Process for responding to child abuse/maltreatment allegations:**

Obtaining and documenting information regarding allegation: _____

Assessing if there is reasonable cause to suspect if the alleged incident occurred: _____

Reporting the alleged incident to the State Central Register and the DOHMH – Bureau of Child Care:

CORRECTIVE ACTION PLANS

All child care programs must submit a corrective action plan that identifies the steps taken to protect children in their care, in the event that a staff member: is alleged to have abused or maltreated a child, has a substantiated incident of child abuse or maltreatment, has an arrest or criminal conviction, has been involved in the death or serious injury of a child or at such time that the Department determines that corrective action is required. Corrective action plans must include the following:

- A general description of the alleged incident and the date it occurred.
- Age and gender of child/children involved.
- The staff member involved and their responsibilities related to child supervision or potential for unsupervised contact with children.
- Steps taken to protect the well being of children in your care while the alleged incident is under investigation

The Department will provide a separate guideline with more detailed information for the development, content, and submission of corrective action plans.

GENERAL SAFETY PROCEDURES:

A program's general safety procedures must provide a description of activity taken to eliminate safety hazards and provide for injury prevention. It shall also include staff schedules that allow the program to maintain supervision of children at all times and comply with the staff to child ratios required by Article 47. *The plan of supervision must address both on and off site activities and include:*

- Supervision during child development activities; both recreational and academic: _____

- Rest and sleep hours: _____

- Transportation of children: _____

- Handling and Storage of hazardous materials and other products: _____

- Fall Prevention Devices:

STAFF TRAINING

All program staff, volunteers, and other people who have, will have, or have the potential for substantial contact with children must be trained in Child Abuse/Maltreatment Identification and Prevention every 24 months. Infant/toddler and night staff must also receive Sudden Infant Death Syndrome (SIDS) and Shaken Baby training. All teachers must receive training in infection control and reporting infectious diseases. Additionally, all Assistant Teachers must receive a total of 15 hours of training in health and safety, and early childhood development every 24 months. Each program must provide a plan for how staff will meet the training requirements of Article 47. *The plan must include:*

- Schedule for staff training: _____

- The number of staff to be trained and their roles within the program: _____

- Process for monitoring staff's compliance with training requirements: _____

PARENT/CHILD SAFETY ORIENTATION

Please describe your process for informing parents of:

- Reporting and management of illnesses and injuries
- Emergency Evacuation plan
- Lost child plan
- Fire safety and fire drills
- Evacuation procedures
- Supervision during offsite activities

INSTRUCTIONAL SWIMMING AND AQUATIC ACTIVITIES

Aquatic activities for group child care services are limited to learn to swim or water safety programs that use the supervision protocol described in §47.57(i) of the New York City Health Code. Child care services shall obtain written approval from the Department of Health and Mental Hygiene's Bureau of Child Care prior to offering any aquatic activities. (Please note - Children less than 3 years of age are prohibited from participating in all swimming and aquatic activities)

If you plan to offer aquatic activities to children, please provide a written safety plan that incorporates the safety requirements and supervision procedures during swimming activities. You must provide the following in your safety plan:

An accountability system that establishes supervision and accounting for children, and shall include:

Staff to child ratios (please refer to Article 47 for the ratio requirements): _____

How the child care service will identify each child involved in an aquatic activities prior to water entry:

How the child care service will maintain a record of the dates and times of initiation and cessation of aquatic and swimming activities: _____

Accountability checks of children must be made at least every 15 minutes and the results recorded in an accountability log. Please describe your process for maintaining accountability for all children participating in aquatic activities.

Prior to each swimming and aquatic activity, the aquatics director shall meet with all staff and volunteers assigned to the activity and review emergency procedures, as well as their roles and duties, including the children to whom each adult is assigned. *Please specify the duties of all staff in case of swimming and aquatic activity emergencies, including but not limited to emergency procedures for distressed swimmer:*

Prior to every trip to an off-site swimming facility not owned by the child care service, the permittee shall obtain and maintain on file for each child a written consent from a parent or guardian. A consent form shall be incorporated in the written safety plan and shall include the child's name and age, the destination and type of activities authorized during the field trip, and the date of the trip. Please attach a copy of your child care service's consent form.