Early Intervention Program

Guidance Document

Health and Safety Standards For The Early Intervention Program And Frequently Asked Questions Revised – February 2010

New York State Department of Health
Bureau of Early Intervention

Health and Safety Standards
For The Early Intervention Program

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New York State Department of Health
Division of Family Health
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Purpose

The purpose of this document is to provide guidance to providers, which include agencies, individuals and municipalities, approved to participate in the New York State Department of Health (NYSDOH) Early Intervention Program (EIP), for the delivery of early intervention (EI) services in a manner that protects the health and safety of children receiving EI services. The standards are intended to ensure that all services delivered to children with disabilities and their families are of the highest quality with regard to health and safety. The standards are prevention-oriented and responsive to the needs of children and families receiving EI services. Compliance with these standards ensures that the health and safety of children are protected.

EI services can be delivered in a range of settings such as providers' facilities, as well as natural environments, including children's homes, child care sites, or other community settings. The location of services should be decided jointly by the family, providers and the early intervention official (EIO) as part of the Individualized Family Services Plan. The health and safety standards for EI providers described within this document address the general standards with which all providers must comply, as well as standards providers must follow in facility, community and home settings. Additionally, EI providers may deliver services to children in groups in a facility or community setting.

For purposes of this document, a *facility setting* is defined as a site that the provider owns, rents, or leases for the provision of EI services. For example, a provider's home office is considered a facility. A *community setting* is defined as a setting in which children under three years of age are typically found. Examples of community settings include libraries, YMCAs, or day care centers other than those located at the same premises as EI providers and family day care homes. A *home setting* is defined as the child's or caregiver's home. EI providers may provide EI services in one or more of these settings and must comply with the health and safety standards appropriate to the type of provider and to the service setting.

These standards are based upon the requirements in New York State Public Health Law (NYSPHL) and EI regulations related to health and safety, including:

- Section 2550 of the NYSPHL requires NYSDOH to establish standards for evaluators, service coordinators, and providers of early intervention services.

- 10 NYCRR 69-4.9(d), (e) and (f) state that providers of early intervention services shall maintain physical plants that comply with standards promulgated by the approving state early intervention service agency, meet all applicable health and safety codes (including local health and safety codes), and ensure a safe environment for eligible children, including when services are delivered in the providers' homes or offices. The providers shall also have policies to address health, safety, and sanitation issues submitted as part of the approval process and monitored by the approving agency. [1]

- 10 NYCRR 69-4.9(b)(1) states that if an EIO believes that the provider is not in compliance with health and safety standards or otherwise posing an imminent risk of danger to children, parents, or staff, the municipality shall take immediate action to ensure the health and safety of such persons (see Appendix B).

- 10 NYCRR 69-4.9(b)(2) states that if any such action is taken by the municipality, the EIO shall immediately notify the Department of Health, for purposes of the initiation by the Department of an investigation which may result in the disqualification of the early intervention service provider.

EI providers are required to adhere to New York State Social Services Law Section 424-a which requires that procedures are implemented to ensure that a State Central Register for Child Abuse and Maltreatment (SCR) database check is completed and submitted for newly hired or contracted providers prior to unsupervised contact with children.[2]

In addition to complying with EIP health and safety standards, it is the responsibility of EI providers to be aware of and comply with established regulations, policies, and directives of each federal, state, or local agency that governs their approval or practice. Facility-based EI providers also licensed by the New York State Office of Children and Family Services (OCFS)[3] or the New York City (NYC) Bureau of Day Care as day care providers must comply with the health and safety standards promulgated by their respective licensing agencies. For providers who deliver EI services at a facility or community-based site that is licensed by OCFS or the NYC Bureau of Day Care, compliance with health and safety standards imposed by those agencies meets many of the standards set forth in this document. Early Intervention monitoring reviews will focus on EI-related requirements and any other standards contained in this document that are not assessed by OCFS or the NYC Bureau of Day Care. If EI services are provided at a location not within the day care premises, all of the standards will be assessed, as appropriate to the service setting. If an EI provider observes instances of non-compliance with OCFS or NYC Bureau of Day Care standards, it is recommended that the provider report concerns related to health and safety to the respective agency.

Monitoring of Compliance with Health and Safety Standards

Providers must develop and comply with policies and procedures for addressing health and safety that are consistent with NYSDOH standards. Written health and safety policies and procedures are submitted to the NYSDOH for review as part of the EI provider approval and re-approval process. All providers, including employees and subcontractors, must be familiar with and comply with those policies and procedures. As part of its monitoring activities, NYSDOH will evaluate health and safety policies and procedures of EI providers to ensure that services provided in facility, community or home settings are provided in a manner that protects the health and safety of children who are receiving EI services. The NYS DOH may modify these standards as necessary, and notify EI providers of such modifications. EI providers will then be required to promptly modify their policies and procedures to reflect any modifications.

NYSDOH monitoring of health and safety standard compliance may vary by setting. In facility settings, evaluation of standards compliance will be accomplished by direct observation and inspection. For community service settings that an *EI provider identifies* as the desired service

location, it is *required* that the provider observe the general safety of those settings that are accessed on a regular basis, and those settings where the parent will not be present during service delivery. For community settings that the *parent identifies* as the desired service location, it is *recommended* that the provider observe the general safety of the setting that will be accessed on a regular basis for EI services. Examples of items and areas that should be observed are included in an attachment titled, "Community Health and Safety Items List," in Appendix A. The EI provider can be accompanied by a parent, if they are interested and available to observe the community site. If the provider observes circumstances that may pose potential health and safety hazards to a child receiving services at that location, the provider must report this to the EIO. The EIO, parent and provider must then confer to discuss other potential service locations. Additionally, for home settings, it is recommended that EI providers have procedures in place to address situations that potentially may be harmful to a child, for example, the presence of peeling lead paint in older homes, situations related to child abuse and neglect or other situations that pose danger to children.

NYSDOH monitoring procedures also address situations which present immediate threat or risk to children and require immediate remediation. When this occurs, NYSDOH will inform the municipality(ies) contracting with the provider, of the problem. The municipality(ies) must directly assess the seriousness and scope of the problem, and confirm that actions have been taken to resolve the issue as quickly as possible. NYSDOH will simultaneously issue written notice to the provider indicating that, due to the serious nature of the problem and potential risk of harm to children, immediate remediation must be taken, and a written plan of correction must be submitted to the NYSDOH within 10 business days. The provider will then be notified that failure to respond with corrective action may result in disqualification from the EIP; referral to the NYS Office of the Medicaid Inspector General and/or NYS Education Department's Office of Professions or Office of Teaching, as appropriate; sanctions under the county contract and NYSPHL Law which may include imposition of monetary penalties or requirement of repayment of funds; and/or that failure to respond will be taken into consideration upon the provider's application to the NYSDOH for re-approval.

If at any time the provider or EIO deems that serious health and safety problems are present in the service setting that pose an imminent danger to the safety of the child, procedures must be in place to assure that appropriate action is taken based upon the circumstances. These actions may include referral to the child abuse hotline, referral to OCFS, if the service setting is a licensed daycare center, contacting the EIO and the service coordinator to cease services and discuss alternate settings for service delivery for that session or subsequent sessions and providing parent education.

Appendix B provides a listing of possible actions that the EIO should consider when serious health and safety problems are reported.

I. GENERAL STANDARDS FOR ALL EI PROVIDERS

General Standard 1: All EI providers will develop, maintain and implement policies and procedures that comply with federal, state, and local standards and codes; that are appropriate for the type of provider and the setting(s) where services are delivered; and, are consistent with NYSDOH EI health and safety standards.

General Standard 2: All EI providers, including employees and subcontractors, must be informed of, and must comply with, NYSDOH EI health and safety standards.

2.1 All EI providers, including individual, municipal and agency providers, must develop and comply with health and safety policies and procedures that are consistent with NYSDOH EI health and safety standards. These policies and procedures will be appropriate for the type of service provider (agency or individual) and the setting(s) where the provider renders services (facility, home, community). These policies and procedures will be reviewed by the NYSDOH at the time of initial approval, at re-approval and during periodic provider monitoring, at which time these policies and procedures and related information must be available for review by the NYSDOH. In addition, as part of the provider approval/re-approval or provider monitoring process, the NYSDOH may conduct observations of the physical premises where EI services are delivered to ensure compliance with NYSDOH EI health and safety standards.

2.2 Municipality contracts with EI providers should require contracted providers, including the employees and subcontractors of those contracted providers, to develop and comply with health and safety policies and procedures that are consistent with NYSDOH EI health and safety standards.

2.3 Provider agencies that subcontract for the delivery of EI services, should, in their contracts, include language that requires subcontractors to comply with NYSDOH EI health and safety standards, and any modifications thereto, and agency health and safety policies and procedures that are consistent with NYSDOH EI health and safety standards.

2.4 Agencies must inform any employees delivering services on their behalf regarding NYSDOH health and safety standards and agency health and safety policies and procedures. This information should be provided prior to the employee providing services. Agency employees must be provided a copy of the agency health and safety policies and procedures, and must receive training on health and safety requirements. Employees should be notified on a timely basis when modifications to NYSDOH EI health and safety standards and agency health and safety policies and procedures are made. Documentation must be maintained in employee personnel files that these requirements have been met.

General Standard 3: EI providers must comply with NYSDOH standards related to qualified personnel and must be cleared through the State Central Register of Child Abuse and Maltreatment (SCR) as required by Social Services Law.

3.1 Municipalities must ensure that providers are approved providers under the EIP prior to entering into contracts with providers for EI service provision. Municipalities must provide documentation during auditing and/or monitoring visits demonstrating that their employees and contractors have current licensure or certification as appropriate, and are qualified to deliver EI services initially upon contracting and on an ongoing basis. Municipalities should include language in their contracts with EI agency providers requiring that agency providers ensure that all employees and/or subcontractors are qualified personnel who have been approved to provide services in the EIP.

3.2 Individual providers must document at the time of approval/re-approval and during auditing and/or monitoring visits that they have current licensure or certification, as appropriate, and are qualified to deliver EI services.

3.3 Agency providers must document at the time of approval/re-approval and during auditing and/or monitoring visits that their employees have current licensure or certification, as appropriate, and are qualified to deliver EI services. Agency providers must also document that agency subcontractors have current licensure or certification and are qualified to deliver EI services and have been approved to provide services in the EIP.

3.4 Agency providers maintain written policies/procedures that minimally require that prospective employees and subcontracted individuals who will have the potential for regular and substantial contact with children receiving EI services be screened through the SCR, as appropriate. Database checks through the SCR must be completed for employees, consultants, contractors, and volunteers who are being actively considered for employment or prospectively considered to provide goods or services and will have the potential for regular and substantial contact with children who receive early intervention services as of the effective date of the New York State Social Services Law Chapter 578 (September 17, 1997). Current employees, consultants, contractors and volunteers may be screened.

Agencies must review and maintain documentation of database checks completed. If notice is received from the SCR that a person is the subject of an indicated report of child abuse or maltreatment, the EIO or provider agency should seek appropriate counsel for making a determination as to whether to hire an applicant for employment; retain a current employee; enter or continue a contract; engage a volunteer; or, hire a consultant who will have the potential for regular and substantial contact with children receiving early intervention services. Guidelines for evaluating persons who are the subjects of indicated reports of child abuse and maltreatment have been developed for use by OCFS.[3]

3.5 Municipalities must conduct screening and maintain written policies/procedures that require that prospective employees and contracted individual providers who will have the potential for regular and substantial contact with children receiving EI services be screened through the SCR, as appropriate. Database checks through the SCR must be

completed for employees, consultants, and contractors who are being actively considered for employment or prospectively considered to provide goods or services and will have the potential for regular and substantial contact with children who receive early intervention services as of the effective date of New York State Social Services Law Chapter 578 (September 17, 1997). Current employees, consultants, contractors and volunteers may be screened. An employee or contractor can provide early intervention services prior to receipt of an acceptable response from the SCR, if the employee/contractor is supervised by an employee who is in the same physical location and within direct visual contact of the child receiving early intervention services.

Municipalities must review and maintain documentation of database checks completed. If notice is received from the SCR that a person is the subject of an indicated report of child abuse or maltreatment, the EIO should seek appropriate counsel for making a determination as to whether to hire an applicant for employment; retain a current employee; enter or continue a contract; engage a volunteer; or, hire a consultant who will have the potential for regular and substantial contact with children receiving early intervention services. Guidelines for evaluating persons who are the subjects of indicated reports of child abuse and maltreatment have been developed for use by OCFS.

3.6 Policies and procedures must demonstrate that individual providers, agency employees and subcontractors are aware of the requirements to report suspected child abuse and maltreatment or to cause a report to be made, including notification to the SCR according to Section 413 of the Social Services Law. If the individual provider, agency employee or subcontractor is not a mandated reporter, policies and procedures should address reporting the suspected abuse or maltreatment either directly to the SCR or to an appropriate authority. [1]

General Standard 4: Providers protect the health and safety of children receiving EI services with respect to infection control while EI services are provided.

4.1 All providers delivering services, including agency employees must demonstrate the following prior to rendering EI services:

- an annual statement from a health care provider which provides evidence that the individual has no diagnosed disorder that would preclude him/her from providing EI services.
- has received the following requirements:
  - measles, mumps, and rubella titer and/or vaccine;
  - annual Mantoux/PPD or chest X-ray with the exception of EI providers who are also licensed day care providers by the NYC Bureau of Day Care.
  - NYC Bureau of Day Care providers must demonstrate that upon commencement of work, a record of testing performed for tuberculosis infection, and further testing at any time, if required by the NYC Bureau of Day Care.

- has received the following recommended vaccines or has documented refusal:
  - Hepatitis B vaccine
  - Tetanus immunization within the past 10 years
  - Diphtheria
  - Pertussis
  - Varicella
  - Influenza

4.2 Hand-washing procedures are followed before providing services to children, before and after assisting children with eating, after diapering, and after handling animals.

4.3 Disposable gloves are available in the service area and are used when in contact with body fluids.

4.4 Standard precautions are utilized when handling body fluids, including adequate disposal of waste. A solution of 1 tablespoon of bleach in 1 quart of water prepared fresh each day (or an equivalent product to be used to disinfect) should be used when body fluids are present. Providers should ensure that any equivalent product utilized is stated in writing to be effective against HIV and Hepatitis, and is safe for use with children.

4.5 Standard precautions are utilized when cleaning and disinfecting soiled surfaces, including adequate disposal of waste. Minimally, this includes hand washing and regular cleaning of toys used during the provision of services using 1 teaspoon of bleach in 1 gallon of water. Other food contact surfaces should be cleaned with ¼ teaspoon of bleach in 1 quart of water made fresh daily.

4.6 Provider ensures that items such as hairbrushes, washcloths, toothbrushes, and combs, are not shared with other children in the course of EI service delivery.

General Standard 5: Providers protect the health and safety of children with respect to handling food while EI services are provided.

5.1 Disposable gloves are used in the provision of feeding therapy and other oral motor exercises.

5.2 Children do not share drinking cups, even among siblings in the home setting.

5.3 The provider's use of highchairs may only be used for feeding purposes or therapy and is consistent with the child's developmental status and cannot be used as a restraint.

5.4 Foods should be nutritious, non-toxic and should be based on the child's developmental abilities, and allergies are considered (e.g., avoid popcorn and peanuts).

5.5 Adaptive utensils used in the provision of services must be sanitized after each use.

General Standard 6: Providers protect the general health, safety, and welfare of children with respect to the direct supervision of and interaction with children, as appropriate to the setting where services are delivered while EI services are provided.

6.1 Children are clean and comfortable, and diapers are changed when wet or soiled.

6.2 Children do not have access to small or potentially harmful objects, plastic bags, or other choking hazards during the time services are delivered.

6.3 Corporal punishment and emotional or physical abuse or maltreatment is prohibited. The use of physical aversives or restraints of any form are strictly prohibited when providing EI services.

6.4 If the child is displaying self-injurious or aggressive behavior that threatens the well-being of the child, or others, the provider must intervene immediately to protect the child and the parent and the EIO must be notified immediately.

6.5 Delivering services while under the influence of alcohol or controlled substances is prohibited.

6.6 Smoking is prohibited during the delivery of EI services.

General Standard 7: Providers protect the general health and safety of children with respect to illness, injury, and emergencies, as appropriate to the setting where services are delivered while EI services are provided.

7.1 Providers have written procedures to address child illnesses, including:

- parent notification of onset of child illness;
- sick day policy stating that if fever, vomiting, or diarrhea are present, EI service is rescheduled according to municipal make-up policy;
- specific child allergy information is maintained;
- providers have written procedures to address emergency situations, including: responding to children with allergic reactions, and administration of first aid and CPR (if certified) or contacting appropriate medical personnel;
- provider illness, emergency, or other inability to provide services.

7.2 Providers have emergency contact numbers for medical assistance and transportation readily available and an available telephone to report emergency situations.

7**.3** Documentation demonstrates that records of all health- and safety-related incidents or injuries involving children while they are receiving services are maintained (see Appendix B).

7.4 Documentation demonstrates that policies are in place to ensure that all incid ents or injuries requiring medical treatment involving children while they ar e receiving services includes notification to the EIO as soon as possible.

General Standard 8: Providers protect the health and safety of children with respect to the equipment, materials, or other items used during the delivery of EI services.

8.1 Equipment, materials, and/or toys used by the provider are appropriate for the child's developmental age and skill level.

8.2 Equipment, materials, and/or toys used by the provider are in good condition, free of lead and are cleaned regularly and disinfected weekly.

II. STANDARDS FOR SERVICES DELIVERED WITHIN A FACILITY

Facility Standard 1: Providers ensure the physical environment is maintained in a manner that protects the health and safety of children receiving EI services with respect to location.

1.1 All provider sites are approved for the delivery of EI services.

1.2 All sites are in compliance with applicable federal, state and local building, fire and safety standards or codes.

1.3 Provider has documentation of the facility's Certificate of Occupancy/Certificate of Compliance or other proof of building code compliance, based on federal, state and local code requirements, for the purpose of providing services to children.

1.4 Provider maintains a record of any authority that has conducted an inspection of the facility, and corrections made in response to identified deficiencies, if any.

1.5 To the extent that water is not provided through a public water supply, recent well water inspection is conducted to verify that the well water is safe for human consumption and use.[5, 6]

1.6 Water temperature must not exceed 115° Fahrenheit in areas where children are present or have access.

1.7 Use of hot tubs, spas, or saunas is prohibited. Special purpose pools located at the provider's facilities that are used for the provision of EI services are permitted and must comply with 10 NYCRR Section 6.1. Swimming pools used for the provision of EI services must be constructed, maintained, staffed, and used in accordance with Chapter 1; Subpart 6-1 of the NY State Sanitary Code and in such a manner as will safeguard the lives and health of children. Safeguards in place must include the pool being inaccessible unless there is supervision, use of a locked gate or door is locked when the pool is not in use, and lifesaving equipment is readily available.[5, 6]

1.8 Radiators are insulated or covered to prevent burns.

1.9 In areas where EI services are delivered, electrical outlets are inaccessible to children and have outlet covers.

1.10 In areas where EI services are delivered, plaster and paint are not peeling, chipping, friable, or damaged.

1.11 Ceilings do not leak or have hanging electrical wires.

1.12 Hallways and/or exits are not obstructed and are free from clutter. Stairs are lighted.

1.13 Child access to building hazards is restricted.

1.14 Stairs, decks, walkways, ramps and/or porches are free of ice, snow and/or other hazards and have railings and/or barriers to prevent children from falling.

1.15 Clear glass panels are marked to avoid accidental impact. Glass in outside windows that are less than 32" above floor level is of safety grade or protected against accidental impact by barriers. All windows have locking devices, window guards, or other barriers to prevent children from falling out.

1.16 For areas accessible to children, closet doors allow children to open the door from the inside. Bathroom doors permit opening of the locked door from the outside. Exit doors open from the inside without using a key.

1.17 Playground equipment that is used in the provision of EI services to children is securely mounted, clean, safe, and appropriate for children's age and developmental skill level. There is a mechanism in place (physical or by supervision) to prevent children from wandering into unsafe areas.

1.18 There are adequate barriers to any water hazards, including swimming pools, drainage ditches, wells, ponds, or other bodies of open water located on or adjacent to the property.

1.19 Pesticide application, if any, is performed in accordance with applicable state and local requirements and includes notification to parents prior to such application.

1.20 Cleaning products and toxic materials are stored and locked up away from children to prevent access.

1.21 Pets on premises do not pose a potential threat to children and are restricted from food preparation and service delivery areas.

Facility Standard 2: Providers ensure the facility is maintained in a manner that protects the health and safety of children receiving EI services with respect to fire protection. Standards must meet municipal fire codes.

2.1 Provider must have documentation of a fire inspection report issued within the last three years without violations or a report with subsequent proof of corrections demonstrating the facility meets state or local municipal fire safety code requirements, in accordance with 19 NYCRR Part 1203: Uniform Code Enforcement and Administration.[4]

- Fire suppression systems (i.e., fire extinguishers and sprinkler systems) are tested and inspected by the appropriate officials in the time period required by local codes. Documentation of testing and inspections is maintained.

- Local government authorities (i.e., New York State Department of Education [for public schools], fire code enforcement agencies) have determined compliance with NYS Uniform Fire Prevention and Building Code.
- Fire alarm and detection systems are available in close proximity to where services are delivered and are checked according to manufacturer's requirements to ensure they are in working order.

2.2 All providers delivering services in the facility have a working knowledge of the use of fire extinguishers.

2.3 Providers have knowledge of a current emergency evacuation plan, accurate emergency telephone numbers, and evacuation routes. Such information is posted on the premises in the area of service delivery.

2.4 Evacuation drills are documented and conducted quarterly and at various times of the day.

2.5 Toxic and flammable materials are stored away from heat sources and locked up so they are not accessible to children.

2.6 When EI services are provided on the same floor as the furnace/boiler room, or if children receiving EI services have access to the floor where the furnace/boiler room is located, the furnace/boiler room is locked and clear of combustibles. There is no odor or holes in the walls or ceilings. The fresh air intake is not blocked in the furnace/boiler room.

2.7 Kitchen stove hood and exhaust fans are free of grease. Kitchen area is not accessible to children.

2.8 Storage areas do not contain flammable materials and are not accessible to children.

2.9 Dryer vents in laundry areas are properly connected, and gas dryers are vented to the exterior. Dryers are cleaned and cleared of lint after each use. Laundry areas are inaccessible to children.

2.10 Portable heaters are not used during the time that EI services are provided.

Facility Standard 3: Providers ensure the physical environment is maintained in a manner that protects the health and safety of children receiving EI services with respect to building security.

3.1 Areas where children are receiving EI services have entrances and exits that prevent children from wandering out of the immediate area.

3.2 There is a method for controlling visitor access to the facility. Visitors are required to sign in and identify their purpose for being in the facility.

3.3 The location of EI children in the facility is known at all times, and daily attendance and sign-out procedures are utilized.

3.4 Children are supervised at all times by direct visual contact, to ensure they remain in the vicinity of the location of services.

3.5 Children receiving EI services are released only to parents, caregivers, or adults given authorization by a parent/guardian.

Facility Standard 4: Providers ensure the physical environment is maintained in a manner that protects the health and safety of children receiving EI services with respect to sanitation.

4.1 Trash is covered and stored away from heat sources and areas where EI children are located and services are delivered.

4.2 Bathroom facilities are available, clean, and adequately supplied. Running water is available in bathroom facilities.

4.3 Toilets/sinks are appropriately positioned for children.

4.4 Potty chairs are emptied, cleaned, and sanitized after each use.

4.5 Diapering facilities are available and located near a sink not used for food preparation and include disposal containers. Diapering area is cleaned and sanitized after each use.

4.6 Linens, blankets, bedding, cribs and cots are cleaned when they are soiled and before use by other children, and washed weekly.

Facility Standard 5: Providers protect the health and safety of children with respect to handling medications and food.

5.1 Prescription and over-the-counter medications are stored and administered in a safe manner in accordance with law and applicable state standard.

5.2 Clean utensils and/or sanitary gloves are used to prepare and serve food. Waxed paper or napkins may also be used to serve food.

5.3 Food contact surfaces are clean and tableware is washed and rinsed after each use.

5.4 Any child that has a food allergy shall have a plan developed by the parent, primary care provider, EI provider and EIO, which includes identification and documentation of the allergy, prevention of exposure, and required plan to treat an allergic reaction.

Facility Standard 6: Providers protect the general health, safety, and welfare of children participating in the EIP with respect to the direct supervision of and interaction with children.

6.1 Children are directly supervised at all times, including during toileting, as applicable.

6.2 Children receiving services in groups are supervised by direct visual contact at all times to ensure they remain in the location of service delivery.

Facility Standard 7: Providers protect the general health, safety and welfare of children during transportation provided as part of the EIP.

7.1 Smoking is not permitted in vehicles during the transportation of children for purposes of EI service delivery, when the provider is responsible for such transportation.

7.2 Vehicles used for transporting children for purposes of EI service delivery, and their operators, shall meet the licensing requirements of New York State Vehicle and Traffic law and be insured for the type of transportation being provided.

7.3 Transportation operators are required to be cleared through the SCR, prior to transporting children.

7.4 Provider ensures that preventative maintenance of transportation vehicles is carried out in accordance with the manufacturers' specifications.

7.5 All providers, including employees and/or contractors of a municipality, who drive children directly and all drivers utilized by providers, including transportation monitors and assistants, utilize proper procedures in the following:

- use of developmentally appropriate safety restraints;
- proper placement of the child in the motor vehicle;
- handling of emergency situations, including medical conditions of children being transported and possession of child health summaries, and emergency parent contacts;
- child supervision during transport, including never leaving a child unattended in a vehicle; and
- appropriate child-to-staff ratio during transport.

Facility Standard 8: Providers protect the general health and safety of children participating in the EIP with respect to illness, injury, and emergencies, including allergic reactions.

8.1 Providers have the following:

- readily available, portable first aid kits that minimally include disposable gloves, soap, various sized bandages, non-allergic tape, sterile gauze, scissors, and thermometer;
- readily available working flashlights;
- posted or readily available Infant/Toddler Choking First Aid instructions;
- posted notice of specific allergy-free areas in food preparation and eating areas;
- posted or readily available emergency system contact numbers for medical assistance and transportation;
- readily available, up-to-date information for contacting parents in the event of an emergency;
- readily available, up-to-date emergency consents;
- an available telephone to report emergency situations;
- plan in case of natural disaster (fire, tornado, and earthquake) or other disasters (power failure, bomb threat, biological agent) which includes reporting the incident through the emergency system, to the EIO and the parent; evacuation procedures; and staff training plan;
- any child that has a food allergy shall have a plan worked out among the parent, primary care provider, EI provider and EIO, which includes identification and documentation of the allergy, prevention of exposure, and required plan to treat an allergic reaction. The treatment plan should include training of EI providers in administration of medications (e.g., epinephrine) that are provided by the child's parents and prescribed by the child's primary care provider.

Facility Standard 9: Providers deliver EI services in outdoor environments that are maintained in a manner that protects the health and safety of children while they are receiving EI services.

9.1 The site is free of obstacles that could cause injuries, such as overhanging tree branches, wires, tree stumps and/or roots, rocks, bricks/concrete.

9.2 Play equipment is clean and in good condition (no broken pieces, sharp edges, choking hazards, splinters, cracks, rusted areas, and screws.

9.3 Walkways should be clear of trash and clutter to prevent tripping.

9.4 Play areas are clear of debris and small or potentially harmful objects.

9.5 Play equipment is developmentally appropriate; securely anchored and has adequate protective surfacing under/around playground equipment to help absorb the shock if a child falls.

9.6 There are no openings in equipment that can trap a child's head or neck, such as openings in guardrails or ladders.

9.7 Elevated surfaces such as platforms and ramps have guardrails to prevent falls.

9.8 Slides have decks and hand rails at the top.

9.9 Merry-go-rounds have solid, flat riding surfaces, and handholds.

9.10 Sandbox is clean and free of organic, toxic or harmful material.

9.11 Public restrooms are available/accessible, clean, and adequately supplied.

9.12 There are no physical conditions that are potentially hazardous to children during the delivery of services.

III. STANDARDS FOR EI SERVICES DELIVERED IN THE COMMUNITY

Community Standard 1: Providers deliver EI services in physical environments that are maintained in a manner that protects the health and safety of children while they are receiving EI services.

1.1 Providers are required to observe all community-based sites that they identify as the desired setting for EI service delivery on a regular basis, to ensure there are no potential hazards to the health and safety of children during the provision of services. Providers are recommended to observe the site for health and safety hazards when the parent has identified the community site as the desired location for their child to receive EI services. Providers must have procedures in place to report to the parent, and EIO any concerns the provider has with such setting, and if necessary, discuss an alternate location for services. The areas listed in the Community Health and Safety Items List that is provided in Appendix A are suggested areas to observe for the community based service setting.

1.2 Use of hot tubs, spas, or saunas is prohibited. Only public swimming pools that are subject to the oversight of Chapter 1, Subpart 6-1 of NY State Sanitary Code may be used for the provision of EI services. When a public swimming pool is used, the provider should assess the conditions of the pool for each therapy session to ensure that the use of the pool would not pose a health or safety risk to the child.[5, 6]

1.3 If a provider is notified of, or observes a health and safety hazard that may pose a danger to the child receiving services at a community-based setting, the provider must report this to the EIO and the parent. The EIO, provider and parent must then discuss whether an alternate service location should be used.

Community Standard 2: Providers protect the general health, safety, and welfare of children with respect to the direct supervision of and interaction with children while receiving EI services.

2.1 Adequate staffing, procedures or physical controls such as fencing must ensure that children are maintained securely within the designated service areas and prevent children from wandering into unsafe areas.

2.2 The provider knows the location of EI children in the community setting at all times, and daily attendance and sign-out procedures are utilized.

2.3 Children receiving services in groups are supervised by direct visual contact at all times, to ensure they remain in the location of service delivery;

2.4 Children are directly supervised at all times, including during toileting, when parents are not present.

Community Standard 3: Providers protect the general health, safety and welfare of children during transportation provided as part of the EIP.

3.1 Smoking is not permitted in vehicles during the transportation of children for purposes of EI service delivery, when the provider is responsible for such transportation.

3.2 Vehicles used for transporting children for purposes of EI service delivery shall meet the licensing requirements of New York State Vehicle and Traffic law and be insured for the type of transportation being provided.

3.3 Provider ensures that preventative maintenance of transportation vehicles is carried out in accordance with the manufacturers' specifications.

3.4 All providers who drive children directly and all drivers utilized by providers, including transportation monitors and assistants, utilize proper procedures in the following:

- use of developmentally appropriate safety restraints;
- proper placement of children in motor vehicles;
- handling of emergency situations, including medical conditions of children being transported and possession of child health summary, and emergency parent contacts;
- child supervision during transport, including never leaving children unattended in vehicles;
- appropriate child-to-staff ratio during transport.

Community Standard 4: Providers protect the general health and safety of children with respect to illness, injury, and emergencies while receiving EI services.

4.1 Providers have the following:

- readily available, portable first aid kits that minimally include disposable gloves, soap, various sized bandages, non-allergic tape, sterile gauze, scissors, and thermometer;
- readily available working flashlights;
- readily available Infant/Toddler Choking First Aid instructions;
- readily available emergency system contact numbers for medical assistance and transportation;
- readily available, up-to-date information for contacting parents in the event of emergencies;
- readily available, up-to-date emergency consents;
- an available telephone to report emergency situations;
- plan in case of natural disaster (fire, tornado, and earthquake) or other disasters (power failure, bomb threat, biological agent) which includes reporting the incident to the EIO and the parent; evacuation procedures; and staff training plan;
- any child that has a food allergy shall have a plan worked out among the parent, primary care provider, EI provider and EIO, which includes identification and

documentation of the allergy, prevention of exposure, and required plan to treat an allergic reaction. The treatment plan should include training of EI providers in administration of medications (e.g., epinephrine) that are provided by the child's parents and prescribed by the child's primary care provider.

IV. STANDARDS FOR EI SERVICES DELIVERED IN THE HOME

Home Standard 1: Providers have policies and procedures in place to ensure the home environment is maintained in a manner that protects the health and safety of children during the provision of EI services.

1.1 Provider policies and procedures are in place to address unsafe conditions encountered in the home environment that would pose harm to children during service delivery (e.g., peeling or chipping paint, leaking ceilings, or hanging electrical wires). It is recommended that providers observe the specific area where EI services will be provided to ensure that safe conditions exist for each therapy session. If the provider determines the home setting may pose imminent danger to children, the provider should report this to the EIO and refer the parent to the EIO or the service coordinator to provide educational resources available in the county. The provider may recommend an alternate service location to the parent and EIO. For dangerous circumstances that may potentially constitute child abuse and maltreatment, the provider should if circumstances warrant, make a report to the child abuse hotline. Additionally, the provider should report the circumstances to the EIO and discuss alternate service locations for service provision

Examples of abuse and maltreatment, including neglect, which would require a report to the child abuse hotline include, but are not limited to the following:

- when a parent or other person legally responsible for care inflicts serious physical injury upon a child or commits a sex offense against a child;
- situations where a parent or other persons legally responsible knowingly allows someone else to inflict such harm on a child;
- failure to provide sufficient food, clothing or shelter;
- failure to provide proper supervision, guardianship or care;
- misusing alcohol or other drugs to the extent that the child is placed in imminent danger.

1.2 If children are exposed to secondhand smoke from individuals in their immediate environment during the delivery of EI services, the provider should consider referral to the EIO or the service coordinator to provide educational resources available in the county, to the parent or care giver regarding the consequences of secondhand smoke. The provider should consider collaborating with the service coordinator for referral of the parent or care giver to smoking cessation programs.

Health and Safety Standards

Frequently Asked Questions

Questions for General Standards

Standards Applicability

1. **Q. When are the new Health and Safety Standards effective?**
   A. The new Health and Safety Standards were effective May 2008.

2. **Q. Does the Health and Safety Standards document apply to service coordinators and evaluators?**
   A. The Standards apply to all providers. However, service coordinators and evaluators do not need to receive clearance through the SCR unless they have regular and substantial contact with children receiving EI services (Standard 3.4). Additionally, service coordinators are not required to maintain first aid kits.

3. **Q. Will the Health and Safety Standards supersede OMRDD regulations or Article 28 standards, especially in regard to medication administration?**
   A. The Health and Safety Standards do not supersede OMRDD, OCFS Daycare regulations or Article 28 standards. Providers are expected to comply with those regulations and/or standards. However, to the extent that the regulations and/or standards are silent as to an area addressed by the EI Health and Safety Standards, providers are expected to comply with the EI Health and Safety Standards.

4. **Q. What documentation does the NYSDOH expect to demonstrate that providers are qualified?**
   A. The NYSDOH requires evidence of current licensure, certification or registration and a current NYSDOH approval to provide EI services.

5. **Q. Who are mandated reporters in the EIP?**
   A. Physicians, registered physician assistants, optometrists, licensed psychologists, school psychologists, registered nurses, social workers, special education teachers and any qualified personnel, such as OTs, PTs and SLPs who are employees of a residential care facility, hospital program, or child day care center where children receive EI services. All qualified personnel are encouraged to report cases of suspected child abuse and maltreatment whether or not they are mandated reporters.

Monitoring

6. **Q. Will providers be made aware of any new indicators for health and safety that will be incorporated into the review tool used by IPRO?**
   A. Yes, when a provider is selected for a monitoring review and receives notice from IPRO, they receive a packet of information 30 days prior to the date of the review. This packet includes several self-assessment tools and information regarding the new indicators for health and safety. The Provider Monitoring Self Assessment Tool also is available to review on the IPRO website at: http://www.ipro.org/ei/

7. **Q. When will providers be monitored on these new standards?**
   A. Several health and safety indicators have already been included as part of the last two cycles of monitoring. The current monitoring cycle that started on August 4, 2008 includes additional health and safety indicators based on the new Standards.

Municipality Responsibility

8. **Q. Do municipalities have to comply with the Health and Safety Standards as well as provider agencies?**
   A. Yes.

9. **Q. Are municipalities responsible for maintaining documentation of completed SCR database checks for every employee of provider agencies?**
   A. No, municipalities must maintain documentation of completed SCR database checks for the owner/operators of provider agencies and any individual providers with whom they contract. Provider agencies must maintain documentation of completed SCR database checks for every employee and contractor who has regular and substantial contact with children.

10. **Q. Does the current model contract address all the new expectations that go along with these standards and will the NYSDOH be revising it?**
    A. SDOH will issue revisions to the Model Municipal Contract for the Early Intervention Program as soon as possible. Municipalities are encouraged to make modifications to their contracts to reflect changing program requirements.

Provider Responsibility

11. **Q. Does the provider have to send to the NYSDOH their health and safety policy ahead of the scheduled review or for provider reapproval?**
    A. Health and safety policies need to be available for review by IPRO at the next scheduled monitoring review, but do not need to be submitted to the NYSDOH until the reapproval of the provider.

12. **Q. Does the requirement for providers to have written policies reflecting the requirements of the Standards based on their EI approval apply, regardless of where the actual EI services are provided?**

A. Yes, providers need to have policies in place that are available for review by IPRO or the NYSDOH regardless of the location where services are provided.

13. **Q. If a provider works on feeding during mealtime in the home, how can he/she be responsible for the food choices made by the parent?**

A. If the provider provides the food for service delivery, the food should be developmentally appropriate. If the parent provides the food for service delivery, the provider should suggest that food selections are nutritious and developmentally appropriate for the child. The provider should not provide food to the child which would compromise their health and safety.

14. **Q. If the parent is present during service provision, what is the provider's responsibility if the child needs their diaper changed? What should a provider do if the parent does not comply?**

A. Anytime a parent is present in a EI service setting, it is appropriate for the provider to ask the parent to change the child's diaper . The provider should use their judgement as to whether or not it is feasible to continue the service session if the parent does not comply with such a request. If the provider chooses to discontinue the session, they must explain to the parent/guardian why they are doing so.

15. **Q. How can providers be held responsible for child access to small and potentially harmful objects during service delivery?**

A. Providers are expected to be sufficiently attentive to children throughout a service visit. For example, if, during service delivery, the provider sees a small object on the floor within the child's reach, the provider should instruct the parent on the dangers of small objects as a choking hazard and either remove the item or ask the parent or caregiver to remove the item.

16. **Q. Who is responsible for the care of a child who becomes seriously ill during the delivery of services in all service settings and when the parent is not present?**

A. If the parent is not present, the provider would need to use their procedures for emergency contact, which may include calling 911 depending on the severity of the illness. Please refer to General Standard 7.1 for additional items that the provider should have available. Additional contacts can be made after the emergency is addressed.

17. **Q. In Standard 7.2 where it says 'and transportation readily available' does that mean that a therapist may place the child (with parent) in their vehicle and drive them to an emergency room?**

A. No, therapists should not transport a child or parent to an emergency room. To comply with this standard, providers should have emergency numbers readily available to call for emergency transporation (Call 911).

18. **Q. Who is prohibited from smoking during EI services?**
    A. The provider is prohibited from smoking during the provision of EI services. Additionally, it is suggested that children not be exposed directly to second hand smoke from any other person during the provision of EI services. Providers who smoke should be aware that clothes they wear when they provide EI services are also a source of second hand smoke that children should not be exposed to. Providers may, but are not required to, discuss the specific risk factors that second hand smoke may have on a child's development with the parent, which include an increased risk for sudden infant death syndrome (SIDS), acute respiratory infections, ear problems and asthma.

Standard Precautions

19. **Q. What is the State's standard on the use of hand sanitizer?**
    A. The use of alcohol-based hand sanitizers should be limited to areas of child care facilities that are inaccessible to children. Containers of sanitizers should never be accessable to children. Alcohol-based sanitizers should only be used when there is no visible soil on the hands and sinks are not available. For visible soil on the hands, the use of soap and water is recommended.

20. **Q. Is a bleach solution made daily the only thing acceptable for the cleaning of toys? Are Clorox wipes acceptable for general cleaning when not for the purpose of disinfecting?**
    A. It is recommended that the solution used for sanitizing toys that have been mouthed is 1 teaspoon of bleach to 1 gallon of water made fresh daily. Toys should be rinsed and dried thoroughly to avoid children ingesting bleach. Clorox wipes are also acceptable for daily cleaning of toys.

21. **Q. How would a provider ensure that drinking cups, hair brushes and washcloths are not shared with other children, including siblings, during service provision?**
    A. The provider is responsible to ensure that items used by the therapist during the provision of EI services are only used by the child receiving the service during any particular session. It is not expected that providers intervene to prevent parents or caregivers from sharing these items among siblings, however, the provider should include in their family training why objects should not be shared because of the potential spread of germs that may cause illnesses.

Health Assessment

22. **Q. General Standard 4.1 requires an annual statement from a health care provider refers to "child care." Since EI service provision is not child care, does this requirement exclude individuals providing EI services?**
    A. This standard applies to ALL EI providers. This standard has been changed to state "…that would preclude him/her from providing EI services…"

23. **Q. Does the requirement for an annual statement from a health care provider extend to service coordinators who are employed by a municipality and to transportation**

providers who contract with a municipality?

A. Yes, this requirement is for **all EI providers** including contracted service coordinators and those employed by a municipality, as well as transportation providers who contract with a municipality.

24. Q. Are municipalities responsible for maintaining health statements on all providers, including agency employees/subcontractors and independent providers?

A. Municipalities are only responsible for maintaining health information for its direct employees and individual contractors. Provider agencies are responsible for maintaining health statements for their employees and independent contractors.

25. Q. Can the annual health statement be reviewed and signed by a nurse?

A. The annual health statements must be signed by a health care provider who is a either a physician, nurse practitioner, or a physician's assistant. A nurse midwife may sign the annual health assessment for a female provider.

Immunizations

26. Q. The Standards document states that an annual Mantoux/PPD or chest X-ray for providers is required. However, the Model Municipal EI contract states that the Mantoux/PPD skin test for tuberculosis is required prior to employment and, thereafter, at intervals not to exceed two years in the case of negative findings. Additionally, postive findings shall require appropriate clinical follow-up but no repeat skin tests. Which requirements should be included in the EI contracts?

A. Municipalities should use the requirement in the Health and Safety Standards document, which is consistent with the NYSDOH standard. NYSDOH requires that all health care workers be evaluated annually for tuberculosis using an approved test. An individual with positive findings must be referred to a health care provider for appropriate evaluation and clinical follow up. Positive findings should be documented in the individual's personnel file. A subsequent test is not necessary each year for an individual who has tested positive. A review of signs and symptoms should be done annually and documented in the record.

Providers who are employees of Article 28 facilities in New York State must comply with the requirements for Tuberculosis screening issued by the NYSDOH on January 8, 2009 to allow the use of interferon-gamma release assays for employee screening.

27. Q. Is a provider statement that they previously had measles and mumps enough, or do they really need have proof of a titer and/or vaccination?

A. No, a provider statement is not adequate. Documentation of a titer that demonstrates past exposure or vaccination is required and must be maintained in the provider's personnel record.

28. Q. Is there a new medical form for the staff that would include these new requirements for the vaccines?

A. A sample medical form that includes documentation of immunizations can be found on the NYSDOH website. This documentation can be obtained from the primary care provider who

administered the immunizations or performed the lab tests for titers. Documentation of immunizations and titers must be maintained in the provider's personnel record.

29. Q. Which vaccinations are required and which vaccines are recommended for providers?

A. MMR titer or vaccine, and an annual Mantoux or PPD are required, with the exception of NYC Bureau of Day Care providers. Staff that are providers of an agency certified by the NYC Bureau of Day Care should comply with the PPD standard set forth by the NYC Bureau of Day Care. All other providers are required to have a Mantoux or PPD annually.

Birth before 1957 is not considered evidence of immunity. All providers must have either laboratory evidence of rubella immunity (a titer) or documentation of administration of the vaccine. The only available rubella vaccine currently available is the combination MMR, therefore, the standard reflects that the MMR is required. The Standards document further states that Hepatitis B, DPT, Varicella, and Influenza immunizations are recommended .

30. Q. Does the new list of vaccines apply to all facility-based staff or only those providing EI services?

A. These immunizations apply just to those individuals providing EI services.

31. Q. Who is responsible for paying for all the required/recommended titers or vaccines? Is there a location that people could go for free vaccines?

A. Payment for required and recommended titers or vaccines is the responsibility of provider agencies and its employees, and independent contractors. You may consult with your local county health department for the availability of free vaccines for adults.

32. Q. How often, if at all, does a provider with a history of TB require a PPD or chest x-ray? Is documentation from their health care provider stating they are free from TB and other communicable disease sufficient?

A. A provider with a history of TB who is symptomatic should receive a chest xray. A PPD test is not required for an EI provider with a documented history of TB. Such individuals must be evaluated annually for active TB. All providers who have a history of TB must provide documentation from their health care provider stating that they are free from any health impairment that is of potential risk to the child or family or that may interfere with the performance of their job. This documentation must be maintained in the provider's personnel record.

33. Q. Who should prepare the documentation of refusal for recommended (not required) vaccinations, and does this documentaton need to be completed annually?

A. The individual who is refusing the recommended vaccinations needs to prepare and sign the documentation, which should be maintained in their personnel record. This documentation only needs to be completed once.

Behavioral Interventions

34. Q. Standard 5.3 states that highchairs cannot be used as a restraint, therefore, if a parent uses the highchair for "time out," are providers expected to intervene?

A. Standard 5.3 states that the provider shall use highchairs for therapeutic feeding purposes and cannot be used as a restraint during service delivery. The provider is not required to intervene on a parent's use of a high chair for time out unless the parent's use of the high chair negatively interferes with the provision of services. If a provider is concerned about the parent's use of the high chair for "time out," the provider may provide support, education and guidance to the parent regarding the use of appropriate disciplinary techniques during the provision of services.

35. Q. There are EI children in developmental groups because they display self-injurious or aggressive behavior (General Standard 6.4). Incidents defined as broadly as this standard defines them could result in hundreds of calls to a parent and the EIO. For these students, a Functional Behavioral Assessment is developed and appropriate supports put into place which may include staff training, a behavior therapist, alternate communications, sensory 'diets,' consistency and positive reinforcement. If these are not successful, a Behavior Intervention Plan is developed. Families are kept informed and involved at an appropriate level to meet the needs of their student and family. Issues are appropriately shared and discussed with the on-going service coordinator. Can you comment and further develop your definition and standards?

A. The procedures you currently utilize are acceptable; however, the use of aversive intervention in any form is strictly prohibited when providing EI services to an eligible child. Aversives are defined as an intervention that is intended to induce pain or discomfort for the purpose of eliminating or reducing maladaptive behaviors and include, but are not limited to: application of noxious, painful, intrusive stimuli or activities; any form of noxious, painful or intrusive spray, inhalant or tastes; denial or delay of the provision of meals or intentionally altering staple food or drink in order to make it distasteful; movement limitation used as punishment, including but not limited to helmets and mechanical restraint devices; or other stimuli or actions similar to the interventions described. Behavior management techniques can be used to prevent a child who is undergoing episodic behavioral or emotional disturbance from seriously injuring him/herself or others. Behavior management techniques to prevent or minimize injury shall only be used for as long as the duration of the incident. A behavior management plan must be developed and agreed upon by the IFSP team to address persistent, ongoing behavior which is injurious to the child or others. Additionally, the parent should consent to all techniques that may potentially be used to prevent or minimize injury to their child.

First Aid/Emergency Procedures

36. Q. Which EI providers can administer medication?

A. Providers can administer medication if they are appropriately licensed (e.g., a registered nurse) or are CMAT-certified. In addition, any provider may administer epinephrine for life threatening allergic reactions, when a nurse or other medical professional is not available, as long as they have first been trained on the emergency administration of medication by a nurse or other medical professional.

37. Q. What is the purpose of the emergency consent procedure?

A. The provider should have policy and procedures in place to address child emergencies, which include contacting 911. The provider should inform parents of the policy, and the actions the provider will take in the event of an emergency.

38. Q. Who will be doing the training to assist providers in developing an allergy plan? Who will train providers to administer first aid?

A. The NYSDOH, in collaboration with New York State Education Department and New York Statewide School Health Services Center, has developed a comprehensive document titled "Caring for Students with Life-Threatening Allergies." It is suggested that you review this document, which can be found at http://www.emsc.nysed.gov/sss/documents/AnaphylaxisFinal62508.pdf. Sample allergy plans are included in the document as well as specific guidance on what to include in an allergy plan. For training, a registered nurse may train providers in the administration of epinephrine for life threatening allergic reactions when a nurse is not available.

39. Q. When the parent is present, or the child is in a daycare situation, would the caregiver be responsible for first aid, emergency contacts, emergency consents, natural disaster plans, allergy treatments, etc.?

A. Yes. If the parent is present or the child is in a daycare setting, the parent or caregiver would be responsible.

40. Q. Please define "requiring medical treatment" in Standard 7.4. When do we notify the EIO?

A. Medical treatment is any injury or illness beyond the provision of simple care from a first aid kit that results in assessment and/or treatment by a health care professional. The EIO should not be notified of every instance of first aid for simple cuts, bumps or bruises, but rather an EIO should be notified of any incident or injury that results in assessment and/or treatment by a health care professional.

Questions for Facility-Based Standards

1. **Q. Does Facility Standard 1.7 preclude the use of wading pools for developmentally appropriate play, if cleaning and supervision standards are in place?**
   A. If the pool meets the standard as noted in Facility Standard 1.7, it is appropriate to use for EI services.

2. **Q. Does inaccessible in regard to child access to electrical outlets mean out of reach or is a protective cover sufficient?**
   A. A protective cover is sufficient as long as children are unable to remove the cover.

3. **Q. Does Facility Standards 2.7 and 2.9 preclude students being involved in developmentally appropriate cooking and self-help activities when appropriate policies and practices are in place to ensure the safety of students?**
   A. As long as the developmentally appropriate activities are part of the IFSP and children are directly supervised, their access to the kitchen and laundry areas would be allowable.

4. **Q. Are sanitary gloves required to serve food ?**
   A. The State Sanitary Code Subpart 14-1.80 states that convenient and suitable utensils and/or sanitary gloves are to be provided and used to prepare or serve food to eliminate bare hand contact and prevent contamination. Waxed paper, napkins or equivalent barriers to prevent hand contact can also be used to serve food. Food worker hands must be washed thoroughly and cleaned before wearing gloves. This is consistent with our Health and Safety Standards 4.2 and 5.2.

5. **Q. Is there a recommended child-to-staff ratio during transportation?**
   A. We recommend at least one bus monitor be present at all times, with additional monitors present, as necessary depending on the ages and functional status of children being transported.

6. **Q. Can Respite providers transport children?**
   A. No.

7. **Q. If a provider plans a field trip for children in a developmental group and uses the transportation vendor approved and contracted with by the county, can the provider assume that Facility Standard 7 in this section are met?**
   A. Yes, it is the responsibility of transportation providers to adhere to Facility Standard 7 and municipalities to assure the compliance of their contracted transportation providers to this standard.

Questions for Community-Based Standards

1. **Q. What is considered a "regular basis" for service provision?**
   A. Regular basis is defined as services that are provided in this setting for the majority of visits.

2. **Q. Is a private daycare in a person's home considered to be a community setting?**
   A. Yes.

3. **Q. Is a church where a parent/child group is held, and where the provider pays rent or leases the use of the room, a facility or community setting?**
   A. This would be considered a facility setting.

4. **Q. If the parent feels that a community site is appropriate for provision of EI services, but the provider observes that the site may pose harm to the child, how is the disagreement resolved?**
   A. The provider should explain his or her concerns with the provision of services at the site. If the parent does not agree, the parent and the provider should work with the IFSP team to resolve these concerns with the recommended setting. If the IFSP team believes that the site is inappropriate, the IFSP should be amended to state a new location for service delivery. The parent has due process rights if he or she continues to disagree. If the IFSP team believes services may be delivered at the site, the provider should make a notation in the child's session notes of their concerns.

5. **Q. Does Community Standard 1.2 apply to home pools?**
   A. If a home pool referred to is the child or caregiver's home, this would be considered a home based setting, and would not fall under the requirements of Community Standard 1.2, except if it is a community pool shared by members of a condominium association or an apartment complex.

6. **Q. Do standards 2.2-2.4 indicate that the provider is responsible for all children in a community setting, not just the child they are currently servicing?**
   A. The provider is responsible for only the child receiving EI services.

7. **Q. Regarding Community Standard 4, if services are provided in a park, library or playground, are providers expected to carry items listed?**
   A. The provider is responsible to have items noted in Community Standard 4 available at the community setting during service provision. If the items are already present at the community site and accessible to the provider, they do not need to carry each item.

8. **Q. In a home or community setting, would the provider be responsible to have emergency contact numbers available?**
   A. It is recommended that providers have emergency contact numbers and a working phone, if the parent is not present in the community setting or is unable to make the call for emergency care.

Questions for Community-Based Standards

9. Q. Is it acceptable to obtain a copy of a disaster plan if the community site has already developed one?

A. Yes, it is acceptable to obtain the disaster plan if the site has developed its own.

10. Q. Is there any instance whereby the therapist would provide transportation to a community site, as the definition for tranportation on page 29 implies?

A. In the glossary, under the definition of transportation, the term "service provider" refers to transportation service providers or an agency that has their own tranportation unit. It does not apply to an individual therapist transporting the child and the family.

Questions for Home-Based Standards

1. **Q. Home Standard 1 seems to violate the concepts of natural environments and family-centered services in the EIP. If the area where the child is treated does have peeling or chipped paint, leaking ceilings, or hanging electrical wires does this mean the provider does not treat the child until the issues are resolved?**

   A. Home Standard 1 does not require providers to inspect a child's home to determine whether it is an adequate location for the child to reside. In this example, peeling or chipped paint may pose a danger to a child if ingested. The provider may discuss this with the parent or with the EIO, but services should still be provided in an alternate location within the home or, if conditions appear to pose an imminent danger to a child, the provider should notify the EIO and explore alternate service locations for that session and/or subsequent sessions. Nothing in the concept of natural environments supports continuing to allow children to remain in imminent danger in their environment just because it is their natural environment. In addition, the EIO/D or service coordinator should discuss the importance of blood lead level testing with the parent and follow up with the parent to provide or arrange for the testing, when a child is exposed to peeling or chipped paint, or other items that may be known to contain lead.

2. **Q. What situations encountered in the child's home environment during service provision warrant a call to the child abuse hotline?**

   A. Page 21 of the Standards guidance document provides examples. Additional information can be found at the OCFS Web site at http://www.dfa.state.ny.us

3. **Q. Requirements 1.1 and 1.2 for the home setting appear to be beyond the scope of the EIP. Why would we provide parent education if it is not requested?**

   A. As per 10 NYCRR 69-4.9 (h)(1), providers are responsible for consulting with parents to ensure the effective provision of services. Parent education and guidance regarding situations that may pose a danger to the child and may therefore prevent a child from benefitting from the full extent of EI services should be provided. Providers have multiple options to address unsafe conditions, which include notification to the EIO, potential to recommend an alternate service location, provide parent education or, if the condition warrants, make a report to the child abuse hotline.

4. **Q. If the provider recommends an alternate site, whose responsibility is it to ensure the family has transportation to the alternate site? What if the alternate site that the family agrees to is a neighbor or grandparent and the same issues exist?**

   A. Transportation is an approved service that should be a part of the child's IFSP, as an amendment, if necessary. An alternate site should be agreed upon and written into the IFSP.

Questions for Home-Based Standards

5. **Q. If a provider is delivering services in the home and the child becomes ill, is it expected that the provider notify the parent that the child may be ill?**
   A. It is expected that the provider works with both the child and the parent in the home during the service session, therefore, the parent or caregiver will be aware of the child's illness. If the parent or caregiver steps out of the direct service area, it is expected that the provider notify the parent if a child becomes ill.

6. **Q. If the child falls and gets a bandaid in the home where the parent or caregiver is present and responsible is an injury report still required?**
   A. No, an injury report is not required for services delivered in homes when the parent or caregiver is present, but the EIO should be notified of any incident that results in treatment by a health care professional.

7. **Q. If there are rural homes/areas where EI services are provided that have no landline available or cell phone reception, does that indicate that services are prohibited in the home?**
   A. No, this does not prohibit the delivery of EI services in the child's home, if that is the location of service provision decided during the IFSP meeting.

8. **Q. Other than asking a parent to refrain from smoking during therapy, what are a provider's options and is it the expectation that a provider should offer the parent second hand smoke information.**
   A. Home Standard 1.2 states that the provider should consider making a referral to the service coordinator or EIO to provide educational resources to the parent/caregiver regarding the consequences of second hand smoke. The provider may also provide education to the parents directly.

9. **Q. If parents continue to smoke does this mean the provider does not treat the child?**
   A. No, services should not be discontinued, but may be provided in an alternate location, if the provider has health concerns about the presence of second hand smoke in the family home, due to pre-existing medical conditions such as asthma or allergies. There is no authority in law or regulations to prohibit a parent or caregiver from smoking in a home based setting. The provider may request that the parent or caregiver refrain from smoking while services are being delivered. If the parent refuses, the provider should explain why they cannot continue to provide services in the home and discuss an alternate service location.

Questions for Appendices

1. **Q. Does the NYSDOH really want a copy of the injury report with recommended preventive strategies to be given to a child's parent? This could lead to litigation against the provider.**

   A. Yes, each injury report must be given to a child's parent. This will ensure that parents are fully informed of the incident and are aware that steps will be taken to prevent the injury from recurring in the future. The requirement that an injury report with recommended preventive strategies be given to a child's parent is also a daycare requirement imposed by OCFS.

Appendix A

Community Health and Safety Items List
For Services Provided in the Community Setting

One of the primary goals of the EIP is to create opportunities for full participation of children with disabilities and their families in their communities by ensuring that services are delivered in natural environments to the maximum extent appropriate. While a child's home is usually considered to be their "natural environment," young children have other locations that are natural for them as well. Community-based settings may include play groups, library story hour, swim program, neighborhood playground, recreation programs, or other community activities. A natural environment must be safe and nurturing, encourage child development, and be accessible to the child and his/her family.

The Community Health and Safety Items List is an example of areas which may be observed by EI providers for community settings that are accessed on a regular basis for EI services. The observation of the setting is meant to determine whether the location that is used regularly, is suitable for the delivery of EI services. The provider must have procedures in place to report to the parent and EIO any concerns, and if necessary, discuss an alternate location for services.

In some cases, an observation of the area(s) where services are delivered can identify obvious signs of potential health and safety hazards. If the provider's observation of the site identifies hazards, the provider must discuss with the parent and EIO a recommendation of alternate locations for consideration for service delivery.

The lists that follow provide examples of areas that should be observed at the community site where EI services will be delivered on a regular basis.

Community Health and Safety Items List - Indoor Areas

The environment where EI services are provided is safe from chemicals, contaminants, toxic materials, and other hazards.

The environment is free of potential fire, construction, and other structural hazards.

Public restrooms are available/accessible, clean, and adequately supplied.

Hallways and/or exits are not obstructed and are free from clutter.

Stairs are lighted.

Stairs, walkways, porches, and ramps are free of ice, snow, and other hazards, and have railings or other barriers to prevent children from falling.

Pets on premises do not pose a potential threat to children.

Areas where EI children are receiving services have entrances and exits that prevent children from wandering out of the immediate area.

There are no other physical conditions that are potentially hazardous to children during the delivery of services.

Evacuation procedures and routes are prominently posted.

Providers are aware of the current emergency evacuation plan and evacuation routes in the community-based setting, location of telephones on premises and up-to-date emergency telephone numbers.

Public swimming pools used are only those subject to the oversight of Chapter 1, Subpart 6-1 of NY Sanitary Code and do not pose a health risk to children.

Community Health and Safety Items List - Outdoor Areas

Site is free of obstacles that could cause injuries such as overhanging tree branches, wires, tree stumps, and/or roots, rocks, bricks/concrete.

Play equipment is clean and in good condition (no broken pieces, sharp edges, choking hazards, splinters, cracks, rusted areas, screws, etc.).

Walkways should be clear of trash and clutter to prevent tripping.

Play areas are clear of debris and small or potentially harmful objects.

Play equipment is developmentally appropriate.

Play equipment is securely anchored.

There is adequate protective surfacing under/ around playground equipment to help absorb the shock if a child falls.

There are no openings in equipment that can trap a child's head or neck, such as openings in guardrails or ladders.

Elevated surfaces such as platforms and ramps have guardrails to prevent falls.

Slides have large decks and hand rails at the top.

Merry-go-rounds have solid, flat riding surfaces and handholds.

Sandboxes are clean and void of organic, toxic, or harmful material.

Public restrooms are available/accessible, clean, and are adequately supplied.

Public swimming pools used are only those subject to the oversight of Chapter 1, Subpart 6-1 of NY Sanitary Code and do not pose a health risk to children.

There are no other physical conditions that are potentially hazardous to children during the delivery of services.

Appendix B

EIO Responsibilities

Potential actions that the EIO should consider for when serious health and safety concerns exist may include the following:

- Meet with providers individually or as a group to ensure their understanding of the municipality's standards for health and safety.
- Conduct interviews with providers and other personnel responsible for the administration and provision of early intervention services.
- Visit the provider's site to observe whether a dangerous situation exists and remediation is required.
- Review internal quality assurance procedures of the provider.
- Review organizational structure and staffing patterns, including supervision of personnel and participation of personnel in training activities.
- Review provider's records to determine the provider's implementation of the requirement to screen new employees and contractors through the SCR.
- Review contracts with the provider to determine whether a requirement was violated.
- Review the status of a provider licensure, certification, or registration.
- Review the provider's corrective actions to address the unsafe condition and/or deficiency.
- Ensure the provider has initiated appropriate remediation, which includes immediate correction of a dangerous situation.
- Consider transferring children to another site or approved provider.
- Immediate notification to the NYSDOH for possible disqualification of the provider.
- Consider referral of the child for lead testing and to the lead program.
- Consider making a referral to the Healthy Neighborhoods Program for counties where this resource is available.
- Consider the referral to Local Department of Social Services for the removal of children from the home or care giver's residence.
- Consider a referral to OCFS for a complaint investigation for licensed daycare agencies.
- Discuss situations of health and safety concerns with parents.

Appendix C

Record of Injury

When an injury occurs in the service area that requires first aid or medical treatment for the child, the provider shall complete a report, using a form the provider has developed, that includes the following information:

a) Name, sex, and age of the injured person;

b) Date and time of injury;

c) Location where injury took place;

d) Description of how the injury occurred, including who (name, address, and telephone number) witnessed the incident and what they reported, as well as what was reported by the child;

e) Body parts(s) involved;

f) Description of any consumer product involved or used when injury occurred;

g) Name and location of provider responsible for supervising the child at the time of injury;

h) Actions taken on behalf of the injured child following the injury;

i) Recommendations of preventive strategies that could be taken to avoid future occurrences of this type of injury;

j) Name of person who completed the report;

k) Name, signature and address of the agency, individual, or subcontracted provider who was present or who was providing service.

Four copies of the injury report form shall be completed. One copy shall be given to the child's parent or legal guardian. The second copy shall be forwarded to the EIO of the county with which the agency or individual is contracted when the injury requires medical treatment. The third copy shall be kept in the child's record. The fourth copy shall be kept in an injury log that is periodically reviewed by a staff member for injury patterns. This fourth copy shall be retained by the agency or individual provider for the period required by the state's statute of limitations.

Endnotes

[1] **http://www.health.ny.gov/regulations/nycrr/title_10/**
New York State Department of Health
Bureau of Early Intervention
Corning Tower Building, Room 287
Empire State Plaza
Albany, New York 12237-0660
Phone: (518) 473-7016
Fax: (518) 486-1090
http://www.health.ny.gov/community/infants_children/early_intervention/index.htm

[2]**http://public.leginfo.state.ny.us/menugetf.cgi**
Public Health Law and Social Service Law

[3]**http://www.ocfs.state.ny.us/main/childcare/regs/418-1_CDCC_regs.asp#s10**
New York State Office of Children & Family Services
Capital View Office Park
52 Washington Street
Rensselaer, New York 12144-2796
Phone: (518) 473-7793
Fax: (518) 486-7550
http://www.ocfs.state.ny.us/main/

[4]**http://www.dos.ny.gov/dcea/**
New York State Department of State
Division of Code Enforcement and Administration
41 State Street
Albany, New York 12231
Phone: (518) 474-4073
Fax: (518) 486-4487
http://www.dos.ny.gov

[5]**http://www.health.ny.gov/regulations/nycrr/title_10/**
New York State Department of Health
Center for Environmental Health
Bureau of Community Sanitation and Food Protection
Flanigan Square, 547 River Street
Troy, New York 12180-2216
1-800-458-1158, extension 27600

[6]**http://www.dos.ny.gov/info**
New York State Department of State
Division of Administrative Rules
41 State Street
Albany, New York
Phone: (581) 474-6785
Fax: (518) 473-9055

Glossary

For the purposes of this document, the words set forth below are defined as follows:

Child	An eligible or a referred infant or toddler, as appropriate in the context, receiving early intervention services.
Early Intervention Services	Services designed to meet the needs of the family related to enhancing the child's development in accordance with the functional outcomes specified in the Individualized Family Service Plan. Professionals provide services under Title II-A of Article 25 of the New York State Public Health Law (NYS PHL). This includes service coordination, evaluation and general services.
Early Intervention Official Designee (EIO/D)	An appropriate municipal official (or designee) named by the chief executive officer of a municipality who is the responsible person for the Early Intervention Program in that municipality.
EIP	The Early Intervention Program.
Individualized Family Service Plan (IFSP)	A written plan for providing early intervention services to a child eligible for the Early Intervention Program and the child's family. This plan is developed under Section 2545 or Section 2546 of Article 25 of the New York State Public Health Law (NYS PHL).
Monitoring	A program review conducted by the county or New York Sate Department of Health or appropriate designee for determining regulatory compliance and areas for quality improvement.
Municipality	a) A county outside the City of New York or, b) The City of New York when referring to a county within the City of New York.
Natural Environments	Settings that are normal or natural for the child's age peers who have no disability, including the home, a relative's home when care is delivered by the relative, child care setting, or other community settings where children without disabilities are typically found.
NYSDOH or Department	The New York State Department of Health.
Parent	Parent or other person authorized to give parental consent under Article 25 of the NYS PHL or the Official Compilation of Codes, Rules, and Regulations of the State of New York (10 NYCRR) on behalf of an eligible or referred child, including parent by birth, adoption, or person in parental relation to the child. Person in parental relation means the child's legal guardian, standby guardian, custodian, or person acting in place of a parent who has legal responsibility for the child's welfare.

PHL	New York State Public Health Law.
Provider	An individual or agency, including municipalities, approved by NYSDOH to perform screenings, evaluations, service coordination, and/or early intervention services as required under Article 25 of the NYS PHL.
Qualified Personnel	Individuals approved to deliver services to the extent authorized by their licensure, certification, and registration as defined in the regulations, are approved under Article 25 of the NYS PHL and are under contract with a municipality for the provision of services to children in the EIP.
Regulations	The New York State Department of Health's regulations related to early intervention, found in Subpart 69-4 of Part 69 of Subchapter H of Chapter II of Title 10 of the Official Compilation of Codes, Rules, and Regulations of the State of New York (10 NYCRR).
Transportation	Travel provided by a taxi, carrier, or other means, including the service provider, necessary to enable an eligible child and the child's family to receive early intervention services.