



## Office of Children and Family Services

ANDREW M. CUOMO  
Governor

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Commissioner

### Hospital Emergency Child Care Guidance

For the duration of the COVID-19 emergency, hospitals have been asked to establish plans for child care for essential health workers.

The New York State Office of Children and Family Services (OCFS) recommends three pathways:

- 1) Hospitals can work with child care resource and referral agencies (CCR&Rs) in their region to find additional care for children in existing child care programs. CCR&R link here: <https://ocfs.ny.gov/main/childcare/referralagencies.asp>
- 2) Hospitals that have existing child care facilities should contact their regional office in regard to expanding their license for purposes including, but not limited to, adding capacity, expanding hours, and serving additional age groups. Link to regional offices: <https://ocfs.ny.gov/main/childcare/regionaloffices.asp>
- 3) For the duration of the emergency, hospitals can create pop-up drop-in child care programs. Drop-in child care programs are not subject to OCFS regulatory oversight. As these arrangements are temporary in nature, serving school-aged children, and are only serving children during school closures, they would not require an OCFS license or registration. OCFS oversight is not necessary because this is a drop-in program and drop-in programs do not serve an enrolled group of children, but rather serve the children that appear on the day that care is needed. The care is temporary in nature and is therefore not occurring on a regular basis<sup>1</sup>.

Hospitals located in counties outside of New York City that are interested in exercising drop-in care options should contact OCFS central office: (518) 486-7768. Hospitals located in New York City should contact New York City Department of Education at 718-935-2200 or 311.

#### Best Practices for Drop-in Care:

Please note: As drop-in care is not required to be licensed or registered, this guidance is best practice, not binding regulation.

#### Space

- Hospitals should identify possible space.
- When identifying space, drop-in space should have a separate entrance from the hospital, or be a separate location entirely.
- There should be separate rooms to have small groups.
- Programs should keep in mind being on lower floors, having 2 means of egress, having access to a recreational space.
- Please see inspection toolkit document for best practices when setting up center.

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<sup>1</sup> <https://ocfs.ny.gov/main/childcare/policies/16-1.pdf>

## Cost

- Some programs may choose to operate the programs as a service for their essential staff. However, some children who attend the program may be eligible for child care subsidies.
- Child care programs that expand capacity to respond to the needs of families during the COVID-19 outbreak will be eligible to serve families in receipt of child care subsidy. Your existing program may already be an enrolled subsidy provider, if not please submit a request for enrollment directly to OCFS or DOHMH.
- Pop-up programs that have been set up to meet the short-term child care needs of families will be considered subsidy eligible if they enroll with OCFS or DOHMH for NYC-based programs. Programs can submit a request for enrollment directly to OCFS or DOHMH.

## Staffing

- As a best practice, school-aged child care typically has a ratio of 1 staff member for every ten children.
- In addition, hospitals may choose to use non-essential staff to work in the child care programs.
- As a non-regulated program, drop-in child care programs may bring on additional staff who may not have child care qualifications or background checks.
- As a matter of best practice, programs may want to consider looking up potential staff on the NYS sex offender registry website and require a criminal history attestation.
- See Employee Background information in the toolkit.

## Other Considerations

- Parents should inform program of health concerns and background. See child history form in toolkit.
- Programs shall make plans for child meals.
- Programs can serve children whose parents do not work for the hospital. Programs should prioritize serving critical service workers such as hospital staff, emergency responders, and other essential services.
- Programs can serve children at any time 24 hours a day. Programs may wish to consider identifying how many consecutive hours a child should remain in care.
- If the COVID-19 emergency extends beyond April 1, 2020 programs should contact OCFS at (518) 486-7768.

For hospitals in counties outside of New York City - please return the attached responses to OCFS email by 3/19/20 at [hospitalchildcare@ocfs.ny.gov](mailto:hospitalchildcare@ocfs.ny.gov)

## EMERGENCY PROGRAM EVALUATION TOOL

**A. IDENTIFYING INFORMATION**

PROGRAM'S LEGAL NAME		COUNTY	
PROGRAM DBA, IF ANY		REGIONAL OFFICE	
SITE ADDRESS & SITE PHONE NUMBER		INSPECTED BY	
AGES SERVED <input type="checkbox"/> 0-2 years <input type="checkbox"/> 5-12 years <input type="checkbox"/> 3 years <input type="checkbox"/> 13+ years <input type="checkbox"/> 4 years <b>Total capacity:</b>	DATE /    /	ARRIVAL TIME : <input type="checkbox"/> AM <input type="checkbox"/> PM	DEPARTURE TIME : <input type="checkbox"/> AM <input type="checkbox"/> PM
REASON(S) FOR INSPECTION <input type="checkbox"/> Initial <input type="checkbox"/> Follow up <input type="checkbox"/> Complaint <input type="checkbox"/> Other (specify): <input type="checkbox"/> Enhanced requirements			

1) Observe all areas utilized by the child care program, including classrooms, playgrounds, gym, dining room, bathroom, etc. In the table below, identify each area observed and account for all caregiving staff who are present and all children present, by age group.

CLASSROOM NUMBER/ AREA	NAMES OF CAREGIVING STAFF	AGES	# OF CHILDREN

**EMERGENCY PROGRAM EVALUATION TOOL**

**Note:** *Violations of health and safety requirements are recorded in Group Health and Safety Checklist.*

2) Notes:

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**B. ATTENDANCE**

- 1) A provider must maintain daily attendance records. Such records must be kept current and accurate, be completed when a child arrives and departs and include:
  - a. The date of attendance
  - b. Arrival and departure times
  - c. Notation of full day absences

	YES	No
a) Are the attendance records maintained daily?	<input type="checkbox"/>	<input type="checkbox"/>
b) Are the attendance records current (up-to-date)?	<input type="checkbox"/>	<input type="checkbox"/>

**EMERGENCY PROGRAM EVALUATION TOOL**

**C. GROUP ENROLLMENT HEALTH AND SAFETY REQUIREMENTS**

For each item that is not in compliance, the inspector must record in the "observations" section what exactly the inspector observed that constitutes a violation and statements made by the on-site director regarding the violation.

REQUIREMENT	COMPLIANT?
There must be two separate and remote ways to escape in an emergency.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Rooms for children must be well-lit and well-ventilated. Heat, ventilating and lighting equipment must be adequate for the protection of the health of the children.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Adequate and safe water supply and sewage facilities must be provided and comply with State and local laws. Hot and cold running water must be available and accessible at all times.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Paint and plaster must be in good repair and there must be no danger of children putting paint or plaster chips in their mouths or of it getting into their food.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Stairs, railings, porches and balconies must be in good repair.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Buildings systems and equipment must be kept in good repair and operate as designed.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Evacuation drills must be conducted at least monthly with the children during the hours that the children are in care. The provider must maintain a written record of the evacuation drills on-site.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Operating carbon monoxide detectors and smoke alarms must be located and operating in accordance with New York State Uniform Fire Prevention and Building Code or other applicable fire prevention and building codes when the Uniform Code of New York State is not applicable.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Children must never be left unsupervised or in the care of persons who are not authorized to supervise the children.	Yes <input type="checkbox"/> No <input type="checkbox"/>
A director or person who is knowledgeable about the program's operation and policies and is designated to act on the behalf of the director must be present on-site at all times during the program's hours of operation.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Electronic monitoring devices may not be used as a substitute for supervision of children who are awake.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Electronic monitoring devices may be used to transmit images of children in common rooms, hallways and play areas only.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Bathrooms and changing areas must remain private and free of electronic monitoring devices.	Yes <input type="checkbox"/> No <input type="checkbox"/>
The child's caretaker and each employee and volunteer of the provider must be notified if electronic monitoring devices are used.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Suitable precautions must be taken to eliminate any conditions in areas accessible to children that pose a safety hazard.	Yes <input type="checkbox"/> No <input type="checkbox"/>
All potentially hazardous materials, which include but are not limited to, matches, lighters, medicine, drugs, alcohol, cleaning materials, detergents, aerosol cans and other poisonous or toxic materials must be inaccessible to children and stored in their original containers, and used in a way that they will not contaminate play surfaces, food or food preparation areas, or constitute a hazard to children.	Yes <input type="checkbox"/> No <input type="checkbox"/>

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Barriers must be used to restrict children from unsafe areas, which include, but are not limited to, swimming pools, bodies of water, open drainage ditches, wells, holes, wood and coal burning stoves, fireplaces and permanently installed gas space heaters.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Where child care is provided on floors above the first floor, windows on floors above the first floor must be protected by barriers or locking devices to prevent children from falling out of the windows.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Protective caps, covers or permanently installed obstructive devices must be used on all electrical outlets that are accessible to young children.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Firearms and ammunition must be securely stored and inaccessible to children while care is being provided.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
There must be either a working telephone or immediate access to one. Emergency telephone numbers for the fire department, local or State police or sheriff's department, poison control center and ambulance must be posted conspicuously or readily accessible.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The use of, or being under the influence of alcohol or drugs is prohibited while children are in care. Children must not be exposed to persons using drugs or alcohol while in care. The use of, or being under the influence of, a controlled substance is prohibited while children are in care unless the controlled substance is prescribed by a health care provider, is being taken as directed and does not interfere with the person's ability to provide child care services.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Smoking and vaping are prohibited in indoor areas while children are in care or in vehicles while children are being transported. Children must not be exposed to smoke or vapors from vaping in outdoor areas.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The child care site must be free of vermin.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Exposure or access to any materials that are developmentally inappropriate for the age of children in care is prohibited. Such materials include, but are not limited to, sexually and illicitly graphic materials, drug paraphernalia, and other printed or digital materials or content.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sleeping arrangements for infants through 12 months old require that the infant be placed flat on his or her back to sleep, unless medical information from the child's health care provider is presented by the caretaker that shows that arrangement is inappropriate for that child.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cribs, bassinets and other sleeping areas for infants through 12 months old must include an appropriately sized fitted sheet, and must not have bumper pads, toys, stuffed animals, blankets, pillows, wedges or infant positioners. Wedges or infant positioners will be permitted with medical documentation from the child's health care provider.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Providers and staff must take steps to prevent a child's exposure to the foods to which the child is allergic.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A child must never be left unattended in any motor vehicle or other form of transportation.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Each child must board or leave a vehicle from the curb side of the street.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
All children must be secured in child safety seats properly installed per manufacturer's recommendations, or with safety belts, appropriate for the age of the child in accordance with the requirements of the New York State Vehicle and Traffic Law.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Drivers transporting children must be 18 years old or older and hold a current valid license to drive the class of vehicle they are operating.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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Any motor vehicle, other than a public form of transportation, used to transport children must have a valid registration and inspection sticker.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Children in care may not be transported in a vehicle built to hold more than 10 passengers, including the driver, unless the vehicle: meets the National Highway Traffic Safety Administration definition of a school bus or a multifunction school activity bus; complies with the National Highway Traffic Safety Administration Federal Motor Vehicle Safety Standards applicable to a school bus or multifunction school activity bus; and is inspected per New York State Department of Transportation rules and regulations.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Safe, suitable care to children that is supportive to the children's physical, intellectual, emotional and social well-being must be provided.	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>Acceptable techniques and approaches must be used to discipline and to manage children's behavior.</p> <ul style="list-style-type: none"> <li>• The use of corporal punishment is prohibited. The term corporal punishment means punishment inflicted directly on the body including but not limited to, physical restraint, spanking, biting, shaking, slapping, twisting or squeezing; demanding excessive physical exercise, prolonged lack of movement or motion, or strenuous or bizarre postures; and compelling a child to eat or have in the child's mouth soap, hot spices, irritants, or the like.</li> <li>• Methods of discipline, interaction or toilet training that frighten, demean, or humiliate children are prohibited.</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>
A director of a child care program, employees, and volunteers must be physically fit to provide child care and free of any psychiatric and emotional disorder that would preclude such person from providing care.	Yes <input type="checkbox"/> No <input type="checkbox"/>
A director of a child care program, employees, and volunteers must be free of any communicable disease, unless the individual's health care provider has indicated that the presence of a communicable disease does not pose a risk to the health and safety of the children in care.	Yes <input type="checkbox"/> No <input type="checkbox"/>
The director must provide for themselves, and must obtain a medical statement from each employee and volunteer on forms furnished by the office. Such statement must be completed before the person begins providing care to children, must demonstrate that the person meets the requirements in clauses (a) and (b) of this subparagraph, and must be dated within 12 months preceding the date of application or hiring.	Yes <input type="checkbox"/> No <input type="checkbox"/>
With the exception of children enrolled in Kindergarten or a higher grade in public or private school, child care shall not be provided to any child unless the provider has been furnished with a statement signed by a physician or other authorized individual who specifies that the child has received age-appropriate immunizations in accordance with the requirements of New York Public Health Law. A provider may provide child care to any child not immunized provided the child's immunizations are in process and the caretaker gives the program specific appointment dates for required immunizations in accordance with the requirements of New York Public Health Law. Any child who is missing one or more of the required immunizations may be provided care if a physician licensed to practice medicine in New York State furnishes the program with a signed, completed medical exemption form issued by the New York State Department of Health or the New York City Department of Education. The medical exemption must be reissued annually.	Yes <input type="checkbox"/> No <input type="checkbox"/>

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A portable first aid kit must be accessible for emergency treatment. The first aid kit must be stocked to treat a broad range of injuries and situations and restocked as necessary. The first aid kit and any other first aid supplies are kept in a clean container or cabinet not accessible to children.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Safety precautions relating to blood and other bodily fluids must be observed.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
All providers must have procedures in place to reduce the risk of infection.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Each child must receive meals and snacks in accordance with the plan developed jointly by the child care provider and the child's caretaker.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Perishable food, milk and formula must be refrigerated.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Heating infant formula, breast milk and other food items for infants in a microwave oven is prohibited.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The child care provider must permit a child's caretaker to have: unlimited and on demand access to such child; the right to inspect, on demand and at any time during the hours of operation of the facility, all parts of such facility used for child care or which could present a hazard to the health or safety of a child; unlimited and on demand access to the provider(s) caring for such child whenever such child is in care and during normal hours of operation; and unlimited and on demand access to written records concerning such child, except where such access to such records is otherwise restricted by law.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Directors, employees and volunteers must be of good character and habits.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Each child care provider must have on site a variety of supplies including food, water, first aid and other safety equipment to allow for the protection of the health and safety of children in the event caretakers are unable to pick up their children due to a local disaster.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Each child care provider must have an emergency written plan that places primary emphasis on the safe and timely evacuation and relocation of children and meets the requirements set forth in clauses (a)-(i).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Two shelter-in-place drills must be conducted annually during which procedures and supplies are reviewed. The children's caretakers must be made aware of the drills in advance.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A record of each shelter-in-place and evacuation drill conducted, using forms provided by the Office or equivalents, must be maintained on site.	Yes <input type="checkbox"/>	No <input type="checkbox"/>



**EMERGENCY PROGRAM EVALUATION TOOL**

Observations:

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**EMERGENCY RESERVATION FORM**

Child's Full Name:	Date of Birth:        /        /	Gender:
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**Instructions**

- To be completed by parent/guardian prior to emergency reservation.
- A parent/guardian signature is required.

**The following questions must be answered:**

- Yes  No    Within the last 14 days, has your child traveled to a country that the federal Centers for Disease Control and Prevention said should be avoided for nonessential travel or where travelers should practice enhanced precautions? (China, Iran, Italy, South Korea, Japan)?
- Yes  No    Has your child had contact with any **person with known COVID-19 or person under Investigation for COVID-19?**
- Yes  No    Does your child have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, shortness of breath)?
- Yes  No    Are you or anyone in your home in active quarantine status?
- Yes  No    Is your child enrolled in a school or child care program?  
If yes, please provide the name(s) of your child's school and/or child care program:
- Yes  No    Is your child's school under mandatory closure due to a confirmed case of COVID-19?
- Yes  No    Is your child's current program under mandatory closure due to a confirmed case of COVID-19?

**Contact Information**

Child's Home Address:			
Parent's Name and Address (if different than child):			
Parent's phone contact (home, cell and work):			
EMERGENCY CONTACT NAMES/ADDRESSES	AUTHORIZED TO PICK UP CHILD	PRIMARY PHONE NUMBER (    )    -	OTHER PHONE NUMBER/EMAIL (    )    -
Primary Contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ok to text	<input type="checkbox"/> ok to text
Emergency Contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ok to text	<input type="checkbox"/> ok to text
Emergency Contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ok to text	<input type="checkbox"/> ok to text

**Health Specifics**

**Comments**

Does your child have any allergies? (Specify) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is medication regularly taken? (Specify diet and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a special diet required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any hearing, visual or dental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any medical or developmental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Child's Healthcare Provider Information**

Child's Primary Care Physician's Name/Group:	Phone )Number: (    )    -
Preferred Hospital:	Phone Number: (    )    -
Child's Dental Care:	Phone Number: (    )    -

**Agreements**

- I consent to emergency medical treatment for my child.  Yes  No
- My child is up to date with required immunizations.  Yes  No

**The above information regarding my child's health is true and accurate. To the best of my knowledge, my child is free from contagious and communicable disease and is able to participate in this program.**

**Parent/Guardian Signature:**

**Date:**        /        /

**Printed Name:**

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**EMERGENCY EMPLOYMENT ATTESTATION FOR ADULTS**  
Child Day Care Programs

**INSTRUCTIONS**

- A signature is required on this form.
- Please PRINT clearly.

Person's name:		Facility ID number:	
Program name:		Date of birth: / /	
Program site address:			
<b><u>Type of Program</u></b>	<b>Family Day Care, Group Family Day Care and Small Day Care Centers</b>	<b>Day Care Center and School-Age Child Care</b>	<b>All Programs</b>
<b><u>ROLE</u></b>	<input type="checkbox"/> Provider <input type="checkbox"/> Substitute <input type="checkbox"/> Assistant <input type="checkbox"/> Household Member (GFDC/FDC)	<input type="checkbox"/> Director <input type="checkbox"/> Volunteer <input type="checkbox"/> Group Teacher <input type="checkbox"/> Assistant Teacher	<input type="checkbox"/> Employee

**Typical Child Day Care Duties**

- Lifting and carrying children
- Close contact with children
- Direct supervision of children
- Driver of vehicle
- Food preparation
- Desk work
- Facility maintenance
- Evacuation of children in an emergency

**Following to be completed by Individual applicant ONLY**

**Medical Status**

I am <b>not</b> currently exhibiting signs of a communicable disease that would pose a risk to the health and safety of children in care.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I do <b>not</b> have a diagnosed psychiatric or emotional disorder that would pose a risk to the health and safety of children in care.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I do <b>not</b> have a physical condition that would prevent me from providing typical child day care duties as described above.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I do <b>not</b> have any symptoms of a respiratory infection (e.g. , cough, sore throat, fever or shortness of breath).	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I have <b>not</b> traveled to a country for which the CDC has issued a <b>Level 2 or 3 travel designation</b> within the last 14 days.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I have <b>not</b> had any contact with any persons under investigation (PUIs) for COVID-19 within the last 14 days or with anyone with known COVID-19.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**CRIMINAL HISTORY CERTIFICATION**

I certify that to the best of my knowledge and belief:

I HAVE     I HAVE NOT    been convicted of a crime in New York State or other jurisdiction.

(A crime is a misdemeanor or felony only; this does not include violations. You do not need to disclose crimes that the court designated with a "Youthful Offender" status.)

To the best of my knowledge the information provided is true and accurate. I understand that my failure to truthfully and accurately state the below information may constitute grounds for dismissal or denial of employment, or suspension, limitation or revocation of the license or registration to provide child care.

Signature (Individual)	Title/Role
Name (Please Print Clearly)	Date of Signature