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Priority 3: Invitational Priority – Innovations for Improving Early Learning Outcomes (not scored)

The Secretary is particularly interested in applications that include practices, strategies, or programs to improve educational outcomes for high-need students who are young children (prekindergarten through third grade) by enhancing the quality of preschool programs. Of particular interest are proposals that support practices that (i) improve school readiness (including social, emotional, and cognitive); and (ii) improve the transition between preschool and kindergarten.

The State is invited to provide a discussion of this priority in the text box below, but such description is optional. Any supporting evidence the State believes will be helpful must be described and, where relevant, included in the Appendix. For attachments included in the Appendix, note in the narrative the location where the attachments can be found.

Recommended maximum response length, if any: Two pages

New York State has made a strong commitment to early learning. In 2007-08 there was a 50 percent increase in funding for prekindergarten programs, which increased the total investment to \$435 million. During the past five years, there has been a 135 percent increase in districts implementing prekindergarten programs (450 out of 677 districts) and 96 percent of districts now offer full day kindergarten. Having increased access to programs, New York State will move forward to ensure high quality programs regardless of settings. The service delivery system for early learning is diverse and extremely varied in New York. New York State will address school readiness and transitions between preschool and kindergarten by building on current initiatives and policies. The goal of the following initiatives is to ensure that transitions to school are focused on school readiness for young children (ages 4 – 6) and preparing a strong foundation for academic success.

- New York State will assume a leadership role in establishing world class internationally benchmarked early learning standards for prekindergarten and kindergarten to improve school readiness:
 - Engage content area experts to review standards for alignment with the Common Core K– 3 ELA and math standards.
 - Benchmark prekindergarten standards to international standards.

- Ensure that 21st century skills are embedded in prekindergarten standards.
- Develop a comprehensive assessment protocol and data system for PreK –3.
 - Develop an appropriate assessment system consisting of screening, on-going progress monitoring (formative) and outcome assessment for prekindergarten and kindergarten across all settings, with a particular focus on early literacy and mathematical reasoning skills.
 - Phase in an assessment system for grade 1-2 within three years.
 - Develop a data system for prekindergarten, linked to the P–16 data system to include community based organizations. The data system will include information on individual student’s developmental progress.
- Develop early childhood professional development and technical assistance initiative.
 - Develop an on-line early childhood component for the current on-line literacy academy developed under Reading First.
 - Develop an early childhood self-assessment tool for districts to assess the effectiveness of their prekindergarten to kindergarten transitions. Components of the self assessment would include:
 - A quantitative and qualitative analysis of the feeder system used by families prior to entering prekindergarten or kindergarten.
 - Analysis of shared professional development for early childhood staffs of school districts and community organizations to determine if they are receiving knowledge that is helping them provide appropriate instruction to students.
 - Analysis of how data is used for instructional improvement in prekindergarten and kindergarten classes.
- A public report card for each district and school developed by the NYSED. An early childhood component will be added to this document.

- New data could include attendance in prekindergarten and kindergarten and other school readiness indicators.
- Development of a tool for parents' use in identifying high quality settings in prekindergarten.

TO: EMSC-VESID Committee

FROM: James A. Kadamus

Rebecca H. Cort

SUBJECT: Draft Regents Policy Statement on Early Education for Student
Achievement in a Global Community

DATE: November 21, 2005

STRATEGIC GOAL: Goals 1 and 2

AUTHORIZATION(S):

SUMMARY

Issue for Discussion

Should the Board of Regents approve the early childhood policy that has been revised based on results from public discussion forums and initial recommendations from members of the Board of Regents?

Reason(s) for Consideration

Review of policy.

Proposed Handling

This question will be before the EMSC-VESID Committee on December 8, 2005.

Procedural History

In July 2005, the Board of Regents discussed the proposed policy revisions and directed staff to conduct a series of public discussion forums. Ten regional forums were held during the latter part of September 2005 and a summary of comments was presented to the Board in November 2005. The attached early childhood policy reflects revision based upon the results of the Department's engagement with individuals, organizations and recommendations made by Board members at the November meeting. Attachment A provides a summary of the revisions made based on public comment and suggestions by Board members. Attachment B provides an overview of states with a compulsory school age of 5 and addresses parental exemption.

Background Information

The current Board of Regents early childhood policy was adopted in 1992. Subsequently, a substantial amount of brain, reading and other research has resulted in the implementation of major federal and State initiatives focused on the development and education of young children. The revised early childhood policy is grounded in research, consistent with the current practice and is fully aligned with the Regent's strategic goals.

Recommendation

It is recommended that the Board of Regents reach consensus on the revised policy prior to approval in January 2006.

Attachment

**Early Education for Student Achievement
in a Global Community**

There is broad-based support for expanding and improving early childhood education opportunities for all children. Students who have quality prekindergarten and kindergarten educational experiences benefit in terms of reading achievement in later grades. We also know that students who fall behind in the early grades have great difficulty catching up to their peers.

All of this makes it urgent for the Regents and the educational system to take steps needed to ensure that all students get a good start in school and are proficient in reading by grade 2. Research and data support this urgency for restructuring early education. Brain research shows the rapid rate of brain development from birth through age 10. Children's reading skills in first grade are reliable predictors of how they read by the end of grade 3. High percentages of young children are in full-day care prior to kindergarten. Research points to the economic benefits of investing in the early years as opposed to the increased educational and societal costs associated with students who fall behind.

High quality early childhood education must ensure that children are prepared for their future. It is therefore the policy of the Board of Regents that:

Early childhood education, for all children from birth through grade four, is an integrated system that ensures each child receives a healthy start and attains the knowledge and social/emotional skills needed for successful learning. Components of the system are programs that start early and are high quality and developmentally appropriate; standards-based; staffed by highly qualified teachers and administrators; and embracing of the multicultural and diverse communities that they serve. It is a system that promotes coordination of comprehensive services and successful partnerships among families, community-based organizations and schools.

Eleven Components for Implementing the Early Childhood Education Policy

The Regents policy for strengthening early childhood education can be accomplished through implementation of the following eleven components:

Component 1 – Services for children birth through age 2

High quality prenatal care, health services, and educational programs must be available to children prior to their entering school to ensure that their needs are met. Effective school districts understand that healthier children with high quality experiences are better prepared for school. School districts work within their communities to ensure that families have access to needed services. However, expanded outreach and coordination is needed statewide to ensure earlier intervention with children from families at or below poverty level. The type of outreach and services provided must also include effective communication to families with children who are bilingual, have limited English proficiency or have disabilities.

Action Needed:

- ◆ No legislative or regulatory action needed at this time.
- ◆ Programmatic action(s) to be included in the Implementation Plan.

Component 2 - Statewide Prekindergarten

A statewide prekindergarten program for three- and four-year-olds must be available in all school districts. New York State has effective prekindergarten programs; however, programs are not available in all school districts. Implementation of the universal prekindergarten program has demonstrated the importance of school district and community-based collaborations. The collaborations have been successful in improving coordinated services and raising the quality of instruction across settings. Instructional programs must be designed to accommodate the developmental needs of each child and ensure attainment of pre-academic and social/emotional skills. Particular attention must be paid to meeting the diverse needs of children with limited English proficiency, from diverse cultures and with special learning needs. Increased attention to program quality, explicit instruction and stable funding sources must occur to expand upon initial implementation successes.

Action Needed:

- ◆ Legislative outreach.
- ◆ Advocacy for funding needed to expand prekindergarten programs in the 2006-07 school year.
- ◆ Amend Section 3602-e of Education Law to include eligibility for three-year-olds by 2008.

Component 3 - Compulsory School Age From Six to Five

Most young children attend some type of care or educational program before they reach age five. Research shows unequivocally that earlier access to high quality programs enhances successful academic preparedness and takes advantage of rapid brain development in the early years. Currently, attendance in schools is not required until age six. In a standards-based environment, it is important that students receive purposeful and explicit instruction, beginning in the early years. Attendance is equally

important. Lowering the compulsory age to five would both require districts to provide instruction and parents to ensure that children regularly attend. Parents seeking exemption from this requirement would be able to apply through a process established by the Commissioner.

Action Needed:

- ◆ Legislative outreach.
- ◆ Amend Section 3202 of Education Law.
- ◆ Programmatic action(s) to be included in the Implementation Plan.

Component 4 – Full-Day Kindergarten

Research findings indicate that children in full-day kindergarten programs make greater gains in reading and math achievement scores than their peers who attend half-day programs or who are not enrolled in kindergarten. Full-day kindergarten provides more one-to-one instruction, less large group learning and greater time on learning activities than half-day programs. Kindergarten remains a non-mandated program in New York State, although the majority of public school districts provide full-day programs. In conjunction with lowering the compulsory school age to five, New York State needs to ensure that children are enrolled in full-day kindergarten programs, in all school districts, to strengthen educational beginnings. Funding should include costs for start-up and increases to cover instructional, operational and capital expenses.

Action Needed:

- ◆ Legislative outreach.
- ◆ Amend Section 3602 of Education Law to require districts to provide full-day kindergarten programs.
- ◆ Advocacy to propose increased funding for expanding half-day programs, hiring additional teachers, and building additional classrooms.

Component 5 - Strengthened Prekindergarten – Grade 4 Programs

The increased number of prekindergarten and full-day kindergarten programs has impacted the current early childhood education system. The starting point for learning has shifted and instructional changes must also occur. The alignment among State standards, curriculum, instruction and assessment must be consistent. Scientifically-based research must be used to develop instructional programs and classroom practice. Including instruction in areas such as second language, technology and cultural understanding must be examined to ensure that early education adequately prepares students to become global participants.

Strengthened programs must include assessment protocols that inform instruction and improve alignment between standards and curriculum. Screening tools must be revised to include components that accurately screen for health needs, literacy, language, numeracy and competence in age-appropriate developmental domains. A

system for ongoing progress monitoring and use of outcome assessments must be in place to inform and enable teachers to differentiate classroom instruction.

The Department's individual student tracking system must also be expanded to include children ages three and four. Currently, statewide data on four-years-olds is minimal and when available is provided by individual LEAs or programs. Specific data regarding placements in community-based programs is needed as well.

Action Needed:

- ◆ No legislative or regulatory action needed at this time.
- ◆ Programmatic consideration(s) to be included in the Implementation Plan.

Component 6 - Integrated Programs and Services

Research provides strong evidence that children with disabilities receive significant social, emotional, physical, and cognitive benefits when they are integrated in instructional settings with their non-disabled peers. Preliminary results of VESID's Preschool Longitudinal Study strongly suggest that the academic and social achievement of young children with disabilities in elementary school is more consistent with expectations for their non-disabled peers when their special education programs and related services are provided in less restrictive, integrated settings. School districts must assure that the individualized education programs (IEPs) of preschool students with disabilities are developed collaboratively between early childhood and preschool special education staff to reflect students' expected achievement of the State's learning standards. The need for well-planned integrated programs increases in importance as our young children enter such programs with wide ranges in languages and cultural backgrounds.

Action Needed:

- ◆ No legislative or regulatory action needed.
- ◆ Programmatic action(s) to be included in the Implementation Plan.

Component 7 – Family Partnerships

Local educational agencies, in strong collaboration with their University of the State of New York (USNY) partners, businesses, health providers, and community-based organizations, must ensure that information to parents and caregivers is provided in their primary language and that prekindergarten–grade 4 programs develop strategies to foster high levels of parent/family participation.

Curriculum-based training for parents and caregivers must be developed and implemented to help them become full partners in educating their children and to increase their understanding of expectations of student performance and ways to support them. In order to close the achievement gap, parents and caregivers must be

able to become active coaches in their child's education. School districts must provide more productive opportunities for parents and caregivers to be involved in supporting young students' learning. Strengthened outreach to those living in non-traditional settings (homeless shelters, hospitals, and correctional facilities) and from wide ranges of cultures must be made.

Action Needed:

- ◆ Ensure alignment between the Board of Regents Family Partnerships and Early Childhood Education policies.
- ◆ Programmatic action(s) to be included in the Implementation Plan.

Component 8 – Interagency Collaboration

Many agencies and organizations at the State and local levels impact the lives of children from birth through grade 4. In order to close the achievement gap, there must be more focused commitment from each partner to use their resources to develop an understandable and effective system of early care and education. A recent statewide blueprint for a coherent system of early care and education entitled New York Action Plan for Young Families and Children, developed under the guidance of the Schuyler Center for Advocacy and Analysis and Child Care Inc., and work undertaken by the Department of Health are excellent examples of accomplishments in this area. Expanded collaborative efforts are needed to embed essential elements of quality early education programs (pre-academic skills, higher quality settings and expanded services such as health, nutrition and housing) across all settings.

Action Needed:

- ◆ Amend Part 117 of the Regulations of the Commissioner of Education.
- ◆ Programmatic action(s) to be included in the Implementation Plan.

Component 9 - Professional Preparation

Pre-service

In 1999, the Regents adopted higher standards for teacher education programs, requiring more research-based, hands-on preparation of teachers. Candidates began graduating from updated programs in May 2004, so the full effects of the higher standards have not yet become evident. Completion of an appropriate registered program can result in a college recommendation for certification in early childhood education, (birth – grade 2). A key element of the higher standards is the requirement that candidates complete at least 100 clock hours of field experience prior to student teaching and two student teaching experiences of at least 20 days each at the pre-kindergarten, kindergarten, and grades 1 and 2 levels. These experiences involve cooperation between teacher education program and provider faculty members. Another element of the higher standards is a focus on teaching the literacy skills of

listening, speaking, reading, and writing to both native English speakers and students who are English language learners, including methods of reading enrichment and remediation. All early childhood teacher education programs include basic language acquisition and literacy development instruction, as well as an additional 6 semester hours of literacy education focused at the early childhood level. Additionally, use of instructional and assistive technology, methods of student assessment, and means to update professional knowledge and skills are among the required topics. Through the required accreditation of teacher education programs, the Department continually assesses whether institutions of higher education are utilizing scientific research in early childhood education to prepare highly effective practitioners.

In-service

Teachers, teaching assistants, administrators, support staff, and all those working with young children, prekindergarten—grade 4, need ongoing opportunities for professional growth. These ongoing opportunities are required in Part 100 of the Commissioner's Regulations as the professional development requirement for holders of professional certificates. Expanded collaborations among districts, USNY partners and community-based organizations will result in more effective use of resources for in-service opportunities. Increased access to the New York State Virtual Learning System will help to ensure that scientifically-based reading research strategies are used to enhance in-service opportunities.

Action Needed:

- ◆ No legislative or regulatory action needed.
- ◆ Programmatic action(s) to be included in the Implementation Plan.

Component 10 - Resources of USNY

The University of the State of New York (USNY) is a critical resource that is available to support implementation of the revised early childhood education policy. The USNY Summit in November 2005 focused on the capacity of USNY members to become actively engaged in closing the achievement gap. USNY resources are available to enrich the learning of those who are challenged by disability, language, poverty, and other barriers to learning and development. However, in order to empower families, particularly those in high-need categories, to access available programs and services, expanded community outreach must become a priority. A few examples of USNY programs and services that lay the foundation for learning are:

- • Public television provides the pre-literacy experiences young children need in home-based as well as center-based child care programs;
- • Libraries have collections of literature and other forms of media that are used to introduce and reinforce conceptual learning that stimulates emergent reading behaviors; and

- • Museums offer hands-on materials and experiences to enrich children's literacy and numeracy skills while building vocabulary, socialization, listening, problem-solving and manipulative skills.

Action Needed:

- ◆ No legislative or regulatory action needed.
- ◆ Programmatic action(s) to be included in the Implementation Plan.

Component 11: Fiscal Support

A financial mechanism that supports stable funding for prekindergarten and full-day kindergarten is essential. A stable approach to funding that recognizes that prekindergarten and full-day kindergarten are integral parts of a prekindergarten—grade 12 educational system is needed. For prekindergarten programs, every district should receive funds, use the funds specifically for these programs and expand collaborations with community-based organizations. For the 2006-07 school year, an immediate funding increase to jumpstart the expansion of statewide prekindergarten programs must occur. In subsequent years, a State aid approach must be developed to stabilize funding. This approach should examine both the State and local expenditures, as well as additional sources of funding.

For full-day kindergarten, a three-year implementation process should be established. Funding should include costs for start-up and increases to cover instructional, operational and capital expenses.

Action Needed:

- ◆ Budgetary language to merge State-funded prekindergarten programs.
- ◆ Legislative outreach.
- ◆ Amend Education Finance Law to provide a funding formula that allows all school districts to offer statewide prekindergarten.

Conclusion and Next Steps

Today's young children will have new opportunities and face new challenges in a rapidly evolving world. Technology, information, and world cultures will be highly accessible and integrated differently. It is imperative that our youngest children are prepared and that each child is considered too valuable to be shortchanged in any way. A strengthened early education system can make a difference in the world of our children so that they can grow up to make a difference in their future.

***Summary of Revisions Made Based on Public
Forums and Recommendations Made by the Board of Regents***

Goal Statement

- Revised wording to add through grade 4
- Added wording to include social and emotional domains

Component 1:

- - Added wording to emphasize “prenatal care”
- - Added wording to ensure outreach to children who are bilingual or limited English proficient

Component 2:

- - Added wording to ensure that prekindergarten programs meet the needs of bilingual or limited English proficient children

Component 3:

- - Added wording to allow a parental exemption option

Component 4:

- - No revisions made

Component 5:

- - Added wording to include “through grade 4”
- - Eliminated previous wording “direct instruction;” replaced with “explicit and purposeful instruction”

Component 6:

- - Changed heading from “Integral Settings” to Integrated Program and Services to underscore that special education is not a setting but rather a continuum of educational services

Component 7:

- - Added wording to expand needed outreach to stress the needs of families in non-traditional settings and from wide ranges of cultures

Component 8:

- - No substantial revisions

Component 9:

- - Combined with Component 5

Component 10: (renumbered as 9)

- - Separated this component into two segments (Pre-service and In-service) to acknowledge differences in the two types of service delivery systems
- - Strengthened wording for ensuring coordination with institutions of higher education

Component 11: (renumbered as 10)

- - Wording added to clarify the potential of USNY

Component 12: (renumbered as 11)

- - Added wording to ensure that funding examines local and State contributions
- - Added wording to include start-up costs for districts moving to full-day kindergarten

Overview of States with Compulsory School Age of 5 and Allowable Exemptions

State	Kindergarten Entrance Age	Exemptions Allowed	Comments
Arkansas	September 15	Yes, based upon readiness and parental request	Local district decision to approve parental request to delay child's entrance. Parent may also petition to have child skip kindergarten and go directly to 1 st grade through an assessment process.
Connecticut	January 1	Yes, based upon parental request	Local district decision to approve parental request to delay child entrance. Parents must go to local school and fill out form.
Delaware	August 31	Yes, based upon parental request	Local district decision to approve parental request to delay child entrance. Parents must petition school directly. Moving to all full day kindergarten in '08.
District of Columbia	December 31	Not specified	No information available.
Maryland	November 30	Yes, based upon readiness and parental request	Local district decision to approve parental request to delay child entrance. Parent must write a letter to the County

State	Kindergarten Entrance Age	Exemptions Allowed	Comments
			Superintendent for level of maturity waiver. Delayed entrance automatically granted.
New Mexico	September 1	Yes, based upon parental request	Local district decision to approve parental request to delay child's entrance.
Puerto Rico	August 31	Not specified	No information available.
South Carolina	September 1	Yes, based upon parental request	Local district decision to approve parental request to delay child's entrance.
Virgin Islands	December 31	Not specified	Superintendent's Office and Registration Office both confirmed that they have never had a request to delay entrance.
Virginia	September 30	Yes, based upon parental request	Local district decision to approve parental request to delay child's entrance. Local school boards decide on exemptions.



Administration for Children's Services
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JOHN B. MATTINGLY, Ph.D., M.S.W.
Commissioner

April 2, 2010

Concept Paper for EarlyLearn NYC: New York City's Early Care and Education Services

This concept paper is being offered to New York City's private provider community and the general public in order to help frame and give purpose to the Request for Proposals ("RFP") which the City of New York's ("City") Administration for Children's Services ("ACS") expects to release in 2010, for implementation of services to children and families in 2011.

I. Background information

ACS was formed in 1996 with the mission of ensuring the safety and well-being of New York City's approximately two million children, who live in the five counties/boroughs that comprise New York City's roughly 300 square miles. To fulfill this mission, ACS operates the majority of the City's publicly funded Early Care and Education ("ECE") system, including Child Care and Head Start programs, and the City's child welfare system comprised of protective, foster, and preventive services. ACS also oversees detention and alternative to detention programs for juvenile delinquents.

ACS ECE system, henceforth to be known as EarlyLearn NYC, is the largest publicly funded ECE system in the United States. It serves approximately 100,000 low-income children through center-based child care, home-based care, and legally-exempt care, using both contracts and voucher systems. ACS also serves as a Head Start grantee, overseeing one of the largest Head Start grants, which serves approximately 19,000 children.

ACS works in concert with the Department of Education and the Department of Youth and Community Development to create the City's comprehensive ECE system. The Department of Education provides public Kindergarten throughout the City and manages New York State's Universal Pre-Kindergarten ("UPK") program, which is provided through public schools and contracted ECE providers. The Department of Youth and Community Development offers "Out-of-School-Time" programs for kindergarten students.

ECE, as a city-wide system, has seen many changes over the past years. Now ACS seeks to advance the system, as whole, to the next level of service and positive child outcomes through the upcoming Request for Proposal ("RFP") process. The RFP will refer to the portion of EarlyLearn NYC that involves contracted care, for both center- and home-based care, as well as for UPK within ACS contracted care.

Through this RFP, ACS will invest resources devoted to classroom quality and family support, and increased quality standards set for early childhood education programs. **EarlyLearn NYC** will focus on elements of program quality proven to produce positive outcomes for children and families. Specifically,



EarlyLearn NYC will devote resources to program elements including: improved teacher-child ratios to ensure that children receive optimal levels of adult supervision to support their learning and growth; developmentally-appropriate, research-validated curricula that provide rich and varied learning experiences to support children's growth across all of the developmental domains; opportunities for high-quality, meaningful professional development that encourage teachers to consistently reflect and improve their practices; and collaborative relationships with parents, fostered through improved accessibility to both early education opportunities for their children, and comprehensive family support services.

EarlyLearn NYC will also utilize holistic and developmentally-appropriate screening and child assessment systems that inform teachers' professional development and instructional practices to best support children's development. Finally, in recognition of the importance of leadership and management in quality services, **EarlyLearn NYC** will strengthen program administration by investing in administrative staff, and will ensure that administrators have the tools necessary to utilize programmatic and fiscal resources effectively.

II. EarlyLearn NYC's Guiding Principles and the purpose of the RFP

ACS' Division of Child Care and Head Start ("CCHS") mission is to provide a high-quality learning experience for New York City children. ACS recognizes that early childhood programs play a critical role in supporting young children's development and learning and in preparing children for both school and life success. ECE programs need to foster children's healthy and positive cognitive, physical, social and emotional development. CCHS is committed to ensuring that New York City's young children have positive early learning experiences. **EarlyLearn NYC** will set high standards that will give every child tools to succeed and meet his or her full potential.

Towards that end, ACS CCHS is committed to five guiding principles:

1. **EarlyLearn NYC** will implement and support the highest program standards and ensure programs are developmentally focused
2. **EarlyLearn NYC** will emphasize positive educational and social outcomes for children and provide families with needed and comprehensive supports
3. **EarlyLearn NYC** will align early care resources with high need communities
4. **EarlyLearn NYC** will maximize resources from all early care and education funding sources that are available for young children
5. **EarlyLearn NYC** will ensure financial accountability and sustainability of the early care system

To successfully make these principles real, **EarlyLearn NYC** will expect the following characteristics of its programs:

- **Developmentally focused:** EarlyLearn NYC programs will foster children's development, placing great emphasis on improving educational and social outcomes of children
- **Align resources:** EarlyLearn NYC programs will be located in communities based on the concentration of eligible children and need for early care services
- **Accessibility:** EarlyLearn NYC programs must provide parents and caregivers with comprehensive information on services available and pre-screen for eligibility of subsidized care
- **Accountability:** EarlyLearn NYC programmatic decisions will be made by informed and engaged management using reliable data

The upcoming RFP will seek appropriately qualified providers to support the City in its fulfillment of these important goals by providing quality early childhood educational services in centers and home-based settings. The RFP will focus on the development of three EarlyLearn NYC models, utilizing multiple funding sources to provide the highest quality of care. The EarlyLearn NYC models are explained in detail in Section VI. Program Approach.

III. Initiatives and Objectives for ACS' EarlyLearn NYC

Proposers should be aware of ACS' objectives and strategic initiatives to improve early care and education services in the City and, if awarded a contract, proposers will be responsible for implementing those objectives and strategic initiatives. The objectives and initiatives are designed to help exemplify the five guiding principles stated above. This set of initiatives and strategies includes the following:

- The underlying principle of **EarlyLearn NYC** is to ensure all children, regardless of income, have access to quality early care and education, fostering an environment where all children can thrive. Program standards are being elevated to ensure early care and education program goals lead to positive child outcomes. Standards relate to the learning environment, leadership and management, health and safety, and qualifications and credentials. To strengthen the quality of care and better address the needs of the community, the programs and, ultimately, every child, ACS is investing in the classroom and in program administration. EarlyLearn NYC is committed to offering children the social, emotional, and academic skills to promote success in all aspects of their future.
- A **Unified Assessment System** is being developed among ACS Child Care and Head Start division, the Department of Education, and Department of Health and Mental Hygiene. This assessment system will hold all programs accountable to the same quality standards. Once implemented, ACS will use the results to direct training and technical assistance resources.
- Providers are responsible for **Community Based Enrollment and Pre-screening** for subsidized child care to facilitate enrollment and increase family access, thereby efficiently meeting the families' needs in their communities. Parents must go directly to the providers in the community and begin their child's enrollment process. Parents and programs may also use the **ACS Eligibility Wizard**, a web-based tool, to pre-screen eligibility and further facilitate a child's enrollment. Additionally, providers use the **Web-Based Enrollment and Attendance** system, designed to improve the efficiency of reporting enrollment and attendance – granting providers 'real-time' information on children determined eligible for and enrolled in care.
- The **Project Full Enrollment** initiative is targeted to ensure all early care resources are used efficiently and achieve system-wide financial stability by maintaining maximum enrollment in programs. Utilizing a rate-based system, providers will be reimbursed based on the number of children enrolled. A series of regular financial management reports will offer data and guidance for providers to financially plan and programmatically strategize.
- ACS supports **Innovative Strategies** to better serve children and ensure the economic sustainability of the system. To be reflective of the community served, providers will be encouraged to develop a mixed-financing model, including private-pay families and other government grants and foundations. Additionally, operational and business models are

encouraged which rethink management and administration and organizational staffing roles and responsibilities to promote fiscal and programmatic efficiencies.

- **ACS' Community Partnership Program** is creating easier and faster access to needed services for children and families. The basic premise of the community partnerships is that children and families experience better outcomes when service providers from the communities where the families reside, work actively together to meet families' overall needs in the neighborhoods where they live. ACS works directly with key members of the local communities such as child welfare agencies; local child care providers; community-based preventive services; and neighborhood clergy leaders to build coalitions to provide integrated services that will strengthen the community's ability to keep children safe. As part of this initiative, EarlyLearn NYC programs will be informed about and integrated into networks of local community support.

IV. Services to be Procured through this RFP

Research demonstrates that children are better served and benefit from integrated program models where providers have combined multiple ECE services focused on early learning. ACS, therefore, is procuring services to promote and establish EarlyLearn NYC to provide young children with enriched, nurturing environments and learning experiences that support children's development and creativity. These services, supported by funding from City Tax Levy, Child Care and Development Block Grant (CCDBG), Head Start and Universal Pre-Kindergarten, will promote children's social, emotional, physical, and cognitive development and help children develop competencies that will support each child's potential for success in school and in life.

Within the EarlyLearn NYC vision, children 6 weeks through 4 years old will be able to benefit from services located in center-based settings. (UPK will be required for all 4-year old children served in center-based programs.) Children, ages 6 weeks through 3 years old also may be served in home-based settings, administered through Family Child Care Networks. A significant difference in the up-coming RFP is that ACS is promoting an integrated model to provide all the services through a combination of program settings and funding streams. Within this integrated program model, ACS also encourages the maximization of collaboration at the level of the individual child slot.

In order to make available these services a provider will need to:

- Comply with federal, state, and City laws and regulations, including, but not limited to, contract terms, Article 47 of the City Health Code, and should the provider accept any funding from Head Start grant, the Head Start Act and Program Performance Standards
- Maintain a licensed program facility and/or registered home-based care providers
- Maintain full enrollment
- Provide a learning environment and varied experiences that will help children develop socially, intellectually, physically, and emotionally in a manner appropriate to their age and stage of development
- Ensure a healthy and safe environment for children, providing proper supervision of all children at all times and developing constructive methods for maintaining group control and handling individual behavior
- Conduct pre-determination eligibility screenings to increase parental access through community-based eligibility
- Recruit children, including a percentage of children with special needs
- Meet the UPK requirements for any 4-year-old served within a center-based setting

- Adhere to the highest standard/program requirement, if applicable or to the extent possible. ACS acknowledges that across current ECE settings (center and home based) and current ECE programs (Child Care, Head Start, and UPK), there are varying program requirements reflecting varying program standards and regulations, yet the primary goal of EarlyLearn NYC is to offer high quality care regardless of setting and program model
- Comply with ACS reporting and monitoring mandates, including, but not limited to, enrollment data systems, performance measurement system, and child developmental screenings and assessments
- Adhere to responsible fiscal and administrative practices, including allocation of all costs fairly and accurately across programs and funding streams
- Gather and maintain knowledge of the socio-economic composition and needs of the community that they serve
- Contribute to the cost of providing services. A combination of cash and in-kind contributions will be required to meet a set percentage of the cost of care. A provider contribution for cash could include but is not limited to revenue generated from fundraisings, a private-pay program, and other government grants
- Consider serving subsidized children along with children whose families pay privately for care to promote socio-economic diversity and to ensure populations served are reflective of the community
- Consider serving children across the age continuum of 6 weeks through age 4. Serving multiple ages promotes the continuity of care, serves the needs of families with children of varying ages, and leverages fiscal resources. As the most underserved population, ACS is also promoting the provision of infant and toddler care, particularly in home-based care settings

V. Procurement Information

1. Planned method of evaluating proposals

Upon receipt, all proposals will be reviewed for responsiveness. ACS will evaluate all responsive proposals based on the following criteria:

- Program Approach
- Organizational Capability; including financial feasibility of model
- Experience

2. Proposed term of the contract

It is anticipated that the term of the contracts awarded from the RFP will be for an initial period of four (4) years from July 1, 2011 through June 30, 2015. The Department reserves the right, prior to contract award, to determine the length of the initial contract term and each option to renew, if any.

3. Procurement timeline

It is anticipated that the RFP will be released in the summer of 2010. A pre-proposal conference will be held approximately two weeks after the release of the RFP. Proposals will be due approximately six weeks after the pre-proposal conference. It is anticipated that the contractor(s) will be selected by late November to early December 2010.

4. Total funding available for the request for proposal

The available annual funding for the contracts awarded from this RFP is approximately five hundred fourteen million, nine hundred thousand (\$514,900,000) dollars. The amount to be allocated will be determined by the actual need as determined by ACS at the time of award.

5. Anticipated Number of Contracts

ACS anticipates funding approximately 350 contracts.

6. Sources of funding

It is anticipated that EarlyLearn NYC centers will be funded through a blending of federal, state and City dollars. The Child Care Block Grant (CCBG) and City tax levy will comprise approximately two hundred thirty five million, six hundred thousand (\$235,600,000) dollars and the federal Head Start grant is an estimated one hundred eighty five million, five hundred thousand (\$185,500,000) dollars. An additional sixty two million, nine hundred thousand (\$62,900,000) dollars in revenues will come from UPK since providers serving 4-year-olds will be participating in the UPK program. A provider contribution will also be required as noted above equating to approximately thirty million, nine hundred thousand (\$30,900,000) dollars. All EarlyLearn NYC programs will be required to participate in the Child and Adult Food Care Program ("CACFP").

7. Anticipated capacity and funding ranges

The RFP will prescribe a range for funding based upon classroom-related (direct) and administrative (indirect) costs. The anticipated minimum will be set at 20 slots for center-based models and Family Child Care Network models serving at least 200 children. The anticipated maximum will be set at 2,000 center-based slots and 1,500 children served by a Family Child Care Network. The estimated annual funding is one hundred seventy five thousand (\$175,000) dollars to twenty million (\$20,000,000) dollars for center-based models and one million, four hundred eighty nine thousand (\$1,489,000) dollars to fourteen million, eight hundred ninety thousand (\$14,890,000) dollars for Family Child Care Networks.

8. Funding match requirements

Contractors are required to contribute to the cost of care through a combination of cash and in-kind contributions such as private pay, foundation grants, donated space, and cost allocation of other program grants (e.g. Early Intervention, Special Education) in support of the proposed program. ACS is currently finalizing the percentage of contribution which will be included in the upcoming RFP.

VI. Program approach and Programmatic Information

1. Program Approach:

Contractors will offer children a solid foundation for healthy development and education through a curriculum which is age-appropriate and addresses children's developmental needs. Greater consideration will be given to an integrated program approach. ACS envisions EarlyLearn NYC centers as meeting a variety of family needs and supportive services. EarlyLearn NYC services may be provided in center- and/or family-based settings. Below are program-specific parameters and requirements, including details regarding the service settings followed by EarlyLearn NYC model descriptions.

Proposers may submit proposals for more than one EarlyLearn NYC model, although individual sites may only have one model in operation.

Service Settings: The following three EarlyLearn NYC models can offer services in either center- or home-based settings.

- **Center-based Care** services are provided in a center-based setting. Centers must maintain NYC's DOHMH permits, including teacher qualifications and staff-to-student ratios. Centers

may serve children from 6 weeks through 4 years of age (up-to the age eligible for public school kindergarten). The preferred minimum classroom-equivalent capacity for center-based models will be the equivalent of three (3) classrooms. Awards will not be given for less than 20 slots in a center-based setting. Depending on EarlyLearn NYC model, center-based programs may utilize several funding sources including City Tax Levy, Child Care block grant, Head Start grant and State UPK funding). All center-based programs shall offer Universal Pre-Kindergarten services to all 4-year olds and abide by the rules and regulations of the Universal Pre-Kindergarten program.

- **Family Child Care Networks** provide services in a home-based setting. Family Child Care providers are managed through Family Child Care Networks. ACS intends to contract with organizations proposing to serve as a Family Child Care Network, not individual providers. Family Child Care can be provided in either a Group Family Child Care setting or a Family Child Care setting, dependent on the number of children served as defined by City Health Code (Article 47). Family Child Care Networks offer services for children from 6 weeks through 3 years of age.

Family Child Care Networks provide effective leadership to ensure implementation of program policies and practices that support responsible planning, fiscal management, program evaluation, administration, and supervision including ongoing professional development. Family Child Care Networks utilizes funding sources including City Tax Levy and Child Care block grant. To be awarded a Home-Based Care network contract, the proposer must also be offering services in a center-based setting.

EarlyLearn NYC Model 1

This model serves subsidized and non-subsidized children in an integrated model. Proposers are encouraged to develop a program model which incorporates and offers services in all settings (center and home based) and accepts payment through a contract with ACS that blends several funding sources (including City Tax Levy, Child Care block grant, Head Start grant and State UPK funding). Families are eligible for ACS-subsidized care if they have a reason for care and meet certain income guidelines. Typically, these families are either on cash assistance, receiving child welfare preventive services or are caring for children in protective custody. Further, these programs must comply with all Head Start laws and regulations, including governance structure and family involvement. Contractors will be responsible for recruiting children that meet income guidelines and reasons for care, including a certain percentage of children who are dually eligible. It is expected that programs operate year round, Monday through Friday. Traditional hours of service are 8:00 am to 6:00 pm with services available for a minimum of 10 hours per day. Proposers may wish to propose alternative hours of service; the proposal should include the proposed hours of operation.

A proposal for EarlyLearn NYC Model 1 services can be provided in either center- or home-based settings, or a combination of both settings.

EarlyLearn NYC Model 2

EarlyLearn NYC Model 2 serves subsidized and non-subsidized children utilizing Head Start and UPK funding. Proposers seeking to provide Model 2 services shall serve families with children between the ages of 3 and 4 who meet the Head Start income eligibility criteria. These programs must comply with all Head Start laws and regulations, including governance structure and family involvement. Programs must be scheduled for full-day, 8 hours a day, Monday through Friday, and shall run for at least 11 months/48 weeks of the year. Services may be provided in a center-based model, home-based model or combination option model.

A proposal for EarlyLearn NYC Model 2 services can be provided in either center- or home-based settings, or a combination of both settings. In addition to center-based and home-based settings, EarlyLearn NYC Model 2 services can be provided in a “Combination Option”. Services are provided in a home-based setting provided that each child’s hours of service are split between home visits and time in the classroom, pursuant to the Head Start Performance Standards. Contracts will not be awarded for stand-alone home-based model. To be awarded a Combination Option model contract, the proposer must also be providing services in a center based setting.

EarlyLearn NYC Model 3:

EarlyLearn NYC Model 3 serves subsidized and non-subsidized children utilizing City Tax Levy, Child Care block grant, and State UPK as funding sources. It is expected that proposers within this model recruit an economically integrated population reflective of the community they serve. Proposers seeking to provide Model 3 services shall serve families with children between the ages of 6 weeks to 4 years (up-to the age eligible for public school kindergarten) who are eligible for subsidized child care. It is expected that proposers will meet the UPK requirements for any 4-year-old served. It is expected that all programs operate year round, Monday through Friday. Traditional hours of service are 8:00am to 6:00pm with services available for a minimum of 10 hours per day. Proposers may wish to propose alternative hours of service; their proposal should include the proposed hours of operation.

A proposal for EarlyLearn NYC Model 3 services can be provided in either center- or home-based settings, or a combination of both settings.

Summary of Program Approach Models

Models	Funding Sources	Settings & Ages Served	Hours & Months of Operation	Notes
EarlyLearn Model 1	CTL CCBG FHSG UPK	Center-Based for 6 wks – 4 yr-olds and/or FCC Networks for 6 wks – 3 yr-olds	10 hours/day 12 months/year	Percentage of dually eligible children to be served; HS Performance standards must be met UPK expected for all 4-year-olds served
EarlyLearn Model 2	CTL FHSG UPK	Center-based or combined option for 3yr-olds - 4yr-olds FCC Network for 6 wks – 3 yr-olds	8 hours/day minimum of 11 months/year	HS Performance standards must be met for center and combined option UPK expected for all 4-year-olds served
EarlyLearn Model 3	CTL CCBG UPK	Center-Based for 6 wks – 4 yr-olds and/or FCC Networks for 6 wks – 3 yr-olds	10 hours/day 12 months/year	UPK expected for all 4-year-olds served
HS = Federally-funded Head Start program CTL = City Tax Levy CCBG = Child Care Block Grant FHSG = Federal Head Start Grant UPK = NY State Universal Pre-Kindergarten Funding (available for 4-year-olds only) FCC = Family Child Care Networks of home-based providers; must be with center-based program				

2. Licensing:

Regardless of proposed model, all proposers must have a Permit (center-based) or become licensed or registered (home-based), according to the NYC Health Code (Article 47) administered by New York City's Department of Health and Mental Hygiene ("DOHMH"), within 90 days of contract award.

3. Age of population(s) to be served

Programs within EarlyLearn NYC Model 1 or EarlyLearn NYC Model 3 may propose to serve different age categories. For purposes of the upcoming RFP age categories will be defined as:

- Infant - a child from birth through 12 months in age
- Toddler - a child from 13 to 35 months in age
- Preschooler - a child between the ages of three and four years
- Mixed ages - placing children who are at least one year apart in age into the same child care group

EarlyLearn NYC Model 2 programs may propose to serve 3- and 4-year-olds in centers and up to 3-year-olds within a Family Child Care Network.

4. Location of population(s) to be served

Proposers may propose to locate service programs (center- or family-based) at sites they own or lease, or at City leased sites, which will be designated in the RFP. The program site must be located within the neighborhood to be served.

Greater consideration will be given to proposers that target designated service areas and/or populations, to ensure that the alignment of EarlyLearn NYC services reflects community need. As such, ACS will give greater consideration to proposers who offer services in high-need communities. ACS will designate high-need communities in the RFP based on analysis of estimated eligible population, concentration of other ECE services, poverty and low-income rates, and other factors measuring neighborhood condition.

Proposers must identify the neighborhood(s) they propose to serve, indicate the number of children they have the capacity to serve, and demonstrate such capacity.

5. Participant minimums and/or maximums

Contractors will be required to comply with NYC City Health Code (Article 47), Administration for Children & Families' (ACF) Head Start law and regulations (for Models 1 and 2), including staff qualifications and staff-to-participant ratios. It is expected that contractors will also be able to meet the early learning standards outlined by the National Association for the Education of Young Children.

Proposers must demonstrate experience working with the population and community in which programs sites are/will be located. In addition, proposers must demonstrate that program staff will be qualified to provide the proposed services to the identified target population.

VII. Proposed vendor performance reporting requirements

As part of the City Procurement Policy Board ("PPB") Rules, all City-contracts must be evaluated, at a minimum, on an annual basis. This evaluation takes into account aspects of program quality, regulatory compliance, and their financial systems and structure. ACS is responsible for the monitoring and

evaluating the fiscal, administrative, and programmatic operations of the program. Contractors will be required to submit needed documentation, comply with site visits, and maintain records accordingly.

Comments regarding this concept report must be received no later than May 21, 2010. Please send comments in writing via e-mail to:

Office of Procurement
NYC's Administration for Children's Services
150 William Street, 9th floor
New York, NY 10038

Email: **EarlyLearningCP@dfa.state.ny.us**



STATE OF NEW YORK
EXECUTIVE CHAMBER
ALBANY 12224

DAVID A. PATERSON
GOVERNOR

June 1, 2010

The Honorable Kathleen Sebelius
Secretary
U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Secretary Sebelius:

Please accept this as my designation of the New York State Council on Children and Families as the lead agency responsible for managing the New York State Early Childhood Advisory Council. Accordingly, I am hereby authorizing the Council on Children and Families, which is within the Office of Children and Families, to apply for the American Recovery and Reinvestment Act funds available to support State Advisory Councils on Early Childhood Education and Care. Robert G. Frawley, Deputy Directory of the Council on Children and Families, will be the designated individual charged with coordinating the activities of the Early Childhood Advisory Council.

I am pleased that these resources are being made available to support the crucial work of ensuring that all of New York's children get a great start in life.

Very truly yours,

A handwritten signature in black ink that reads "David A. Paterson". The signature is written in a cursive, flowing style.

David A. Paterson
Governor

(b)(6)

The Children's Mental Health Act of 2006 required the development of a statewide Children's Plan containing among other things, short-term and long-term recommendations to provide comprehensive, coordinated mental health prevention, early intervention, and treatment services for children through age 18.

Engaging All New Yorkers

The Office of Mental Health presents this Plan to showcase an understanding that family engagement, support and youth voice play essential roles in developing the emotional well-being of children. The federal Child and Adolescent Service System Program (CASSP) principles were also embraced to ensure that every aspect of this Plan is built from a foundation of strengthening and supporting families. In recognition of this commitment, the symbol chosen to represent the New York State Children's Plan is ENGAGE.

(b)(6)

Child and Adolescent Service System Program (CASSP) Values

CASSP values have substantial influence on services and supports provided to children, youth and families. The values reflect an important regard for services that are:

Child-centered: Services are planned to meet the individual needs of the child, rather than to fit the child into an existing service. Services consider the child's family and community contexts, are developmentally appropriate and child-specific, and build on the strengths of the child and family to meet the mental health, social and physical needs of the child.

Family-focused: The family is the primary support system for the child and it is important to help empower the family to advocate for themselves. The family participates as a full partner in all stages of the decision-making and treatment planning

process including implementation, monitoring and evaluation. A family may include biological, adoptive and foster parents, siblings, grandparents, other relatives, and other adults who are committed to the child. The development of mental health policy at state and local levels includes family representation.

Community-based: Whenever possible, services are delivered in the child's home community, drawing on formal and informal resources to promote the child's successful participation in the community. Community resources include not only mental health professionals and provider agencies, but also social, religious, cultural organizations and other natural community support networks.

Multi-system: Services are planned in collaboration with all the child-serving systems involved in the child's life. Representatives from all these systems and the family col-

laborate to define the goals for the child, develop a service plan, develop the necessary resources to implement the plan, provide appropriate support to the child and family, and evaluate progress.

Culturally competent: Culture determines our world view and provides a general design for living and patterns for interpreting reality that are reflected in our behavior. Therefore, services that are culturally competent are provided by individuals who have the skills to recognize and respect the behavior, ideas, attitudes, values, beliefs, customs, language, rituals, ceremonies and practices characteristic of a particular group of people.

Least restrictive/least intrusive: Services take place in settings that are the most appropriate and natural for the child and family and are the least restrictive and intrusive available to meet the needs of the child and family.

Children's Plan Development

The development of this Plan occurred in four phases:

Phase 1: During the spring of 2007, a workgroup was established within the Office of Mental Health to seek input from stakeholders on a process for developing the Final Plan. In carrying out its work, the group reviewed local, state, federal, advocacy and policy reports and plans pertaining to the needs of children and families, and incorporated diverse feedback into a draft Preliminary Plan. This was written to serve as a baseline for the development of the Children's Plan. Feedback was sought widely from advisory groups within the Office of Mental Health; the Statewide Plan hearings and briefings and People First forums; and analytic reviews of county-determined mental health priorities and the current literature.

Phase 2: Phase 2 started in the fall of 2007 when the Office of Mental Health convened a Steering Committee-the Children's Subcommittee of the Mental Health Planning Advisory Committee-and then four workgroups, which were established to conduct environmental scans in specific areas designated under the Children's Mental Health Act and to develop recommendations for promoting mental health and the emotional well-being of children, youth and families. Over 125 individuals representing all major interest groups and agencies participated. An ad hoc workgroup for youth who had been recipients of services was created as well. An initial meeting of all workgroups took place in December 2007. Between then and mid-April, each workgroup-Social and Emotional Development; Family Engagement and Support, Early Identification and Evidence-Based Treatment; Accountability and System Integration; Workforce; and Youth Advisory has endeavored to complete its work with thought and care. Each workgroup conducted literature reviews; systematically documented key areas of need relying upon the current base of knowledge, and individual experience and expertise; consulted State and national experts to deepen their understanding of challenges and opportunities for improvement; and drafted a report that provides a set of recommendations and possible strategies to address them. Individual workgroup reports are available at: <http://www.omh.state.ny.us/omhweb/engage/workgroup/>

Phase 3: Phase 3 included the development of a summary document that reflected workgroup contributions and recommendations, and provided context for moving ahead with planning. This document was shared with nearly 1,000 stakeholders during a series of Forums and Dialogues of the Statewide Plan for Mental Health Services in May 2008 as well as various meetings with stakeholder groups, including groups of young people.

Phase 4: The rich feedback that was received in Phase 3 and the unprecedented involvement of families, youth and leadership from child serving agencies led to the crafting of the Children's Plan.

(b)(6)



C) Data Systems to Support Instruction (47 total points)

(C)(1) Fully implementing a statewide longitudinal data system (24 points – 2 points per America COMPETES element)

The extent to which the State has a statewide longitudinal data system that includes all of the America COMPETES Act elements (as defined in this notice).

In the text box below, the State shall describe which elements of the America COMPETES Act (as defined in this notice) are currently included in its statewide longitudinal data system.

Evidence:

- Documentation for each of the America COMPETES Act elements (as defined in this notice) that is included in the State’s statewide longitudinal data system.

Recommended maximum response length: Two pages

SECTION (C) OVERVIEW

Over the past several years, the State of New York has developed a P–16 data system that meets all requirements of the America COMPETES Act. This system includes longitudinal student data from pre-kindergarten through grade 12 (P–12) and is currently able to connect with the state’s public systems of higher education data repositories so that student transitions from high school to college, among other things, can be monitored and analyzed. The state envisions a fully-developed P–20 longitudinal data system to be the key resource upon which all other educational reform proposals will rely. This data system will provide information to educators and others that will allow them to make better instructional decisions—from teacher training to student-specific interventions—so that all students are able to reach their academic potential. To reach this vision, New York will complete the following milestone activities:

- Further refine and adopt an updated statewide data governance structure (C)(2).

- Build an Education Data Portal that provides customized (“dashboard”) information so that diverse stakeholders can access and analyze materials and information, make decisions, and take actions to improve outcomes for New York’s students (C)(2).
- Create a statewide Comprehensive Instructional Reporting and Improvement System that will be accessed through the Education Data Portal so that educators and key partners can drive instructional improvement in all schools statewide, with a targeted focus on low-achieving schools and the achievement gap (C)(3).
- Provide integrated, ongoing professional development to educators on the use of data and information through a statewide network (C)(3).
- Make the data from the Comprehensive Instructional Reporting and Improvement System and the longitudinal data system fully accessible electronically to researchers while simultaneously promoting a wide-ranging research agenda to engage educators and researchers in the identification and replication of best practices (C)(3).

SECTION (C)(1) OVERVIEW

Through an aggressive and accelerating plan of data collection, the New York State Education Department (NYSED) has been able to expand its data system dramatically and now collects all 12 data elements required in the America COMPETES Act. This growth in the data system was mandated by the Board of Regents and follows Regents policy developed in 2005.

NYSED established a statewide longitudinal data system (LDS) and a unique statewide student identifier system in the 2005–06 school year to collect and report student-level data for grades pre-kindergarten through 8. The LDS—or the Student Information Repository System (SIRS)—included demographic, enrollment and exit outcomes, program participation, and assessment information.

In 2006–07, the LDS was expanded to include these data for grades 9–12, as well as data from college readiness tests (e.g., SAT, Advanced Placement) that are approved alternatives to high school Regents examinations; that collection expanded this spring with a full agreement between the College Board and NYSED to exchange data and engage in joint research projects. In 2007–08, NYSED

began collecting additional data elements, including data for preschool students with disabilities, to assist with accountability reporting for the Individuals with Disabilities Education Act (IDEA).

In a state as large and diverse as New York, we have found that complex data initiatives are best introduced in phases. Such an approach allows for the voluntary participation of early leaders, the gathering of feedback and the implementation of improvements and feature enhancements prior to launch at scale, and decreased frustration and increased stakeholder buy-in. Building on work that began as early as the 2005--06 school year, NYSED established pilot projects this past fall with selected school districts and created a new system to collect teacher- and student-level transcript information. That system has now been expanded statewide, with unique statewide teacher and course codes for all schools and districts and procedures to include teacher and course data in the LDS.

In 2008, the Board of Regents developed a memorandum of understanding with the State's two public systems of higher education—the State University of New York (SUNY) and the City University of New York (CUNY)—to work toward a P–16 data system with an exchange of data. That agreement has resulted this spring in an extensive exchange of data among the NYSED, SUNY, and CUNY systems that enables the analysis of student transition from high school to college, as well as remediation and retention in college.

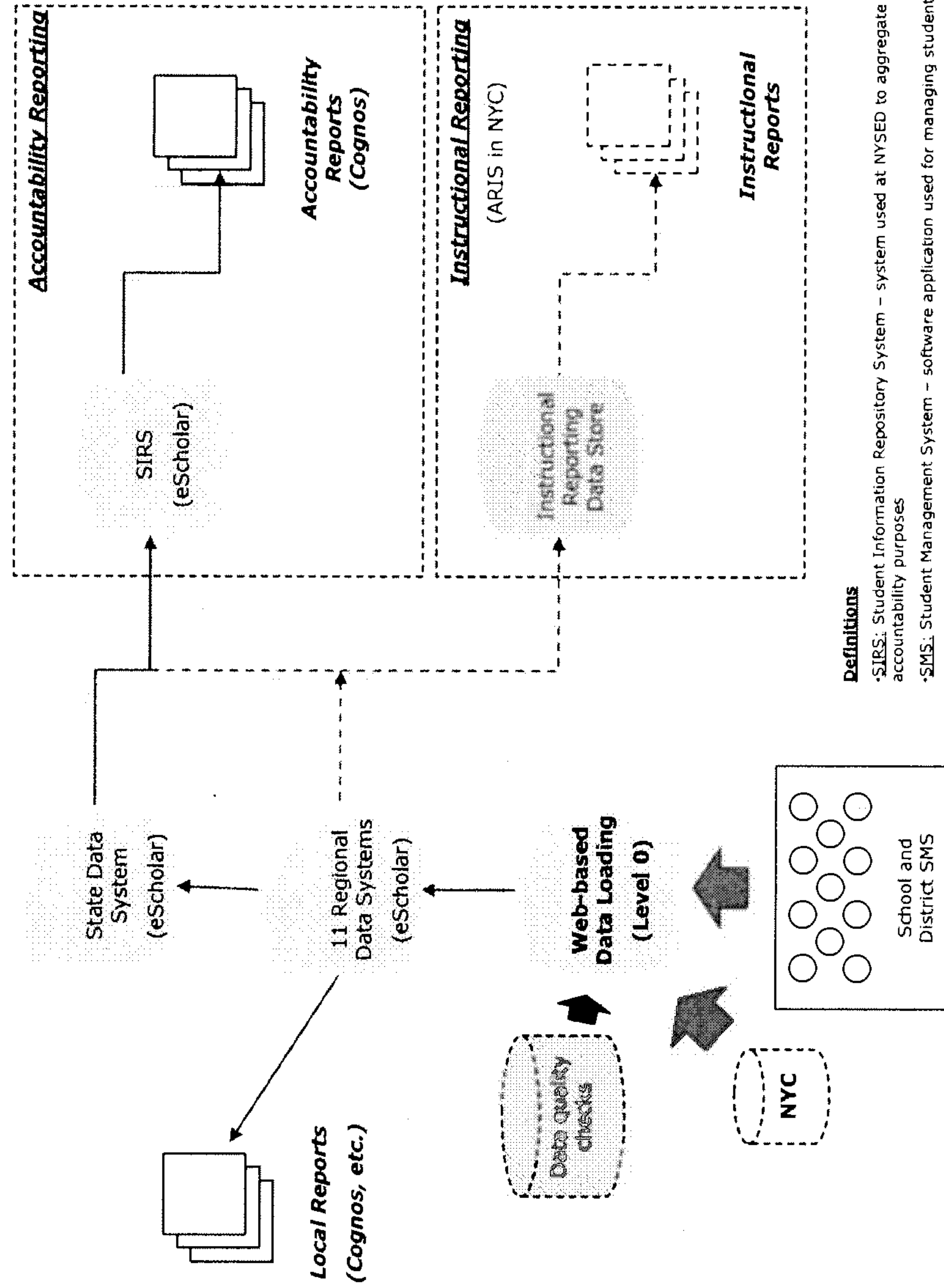
New York's P–16 statewide data model is now collecting data on student demographics, assigned teachers, student enrollments and exit outcomes, course information, program services, assessments, and transition to and success in higher education. (See Appendices C_1_1 through C_1_14 for more information and documentation.)

Current Status of the P–16 Longitudinal Data System

Beyond meeting each of the America COMPETES data elements, New York's LDS is distinctive in its design. The State's work is based on the collaboration that occurs among NYSED, our diverse schools and districts, and the statewide network of 11 regional data centers. These data centers include New York City, Yonkers City School District, and nine of the State's 12 Regional Information Centers (RICs). Both the regional data centers and the statewide LDS are built upon a standardized data model (eScholar Complete

Data Warehouse®) and a standardized reporting tool (Cognos Business Intelligence). The data collection and reporting activities of the State's LDS and the networks of regional data centers are coordinated through project and technical management teams that communicate weekly via teleconference and meet once a month for extended collaboration meetings in person and via video conference. The schematic below depicts the P-12 portion of New York's data system.

P-12 Data System with Instructional Reporting



Definitions

- SIRS: Student Information Repository System – system used at NYSED to aggregate and report student data for accountability purposes
- SMS: Student Management System – software application used for managing student data for a school or district
- State/Regional Data System: Data system hosted at the regional data centers and NYSED that stores aggregated educational data from all districts within the region or state
- ARIS: Achievement Reporting and Innovation System – system similar to SIRS but used for instructional reporting
- Level 0: Web-based student data collection tool, used to upload data from districts

Many of the current features of the LDS had their origins in regional services that arose to meet the needs of local school districts. This dynamic has produced innovations that have matured into a statewide standard data model, a statewide standard data verification tool, and protocols for collecting data that link teacher, course, and student performance data. The State is now on the cusp of integrating and standardizing our statewide instructional reporting and professional development platform based on the regional best practices that have emerged over the past few years (see Section (C)(3)).

New Funding for Dramatic Improvements in the Data System

New York's data system will be even further enhanced and expanded through the receipt of two grants totaling \$40.1 million that were just awarded. The first grant came in the form of a special recognition by the federal government. In the competition for federal American Recovery and Reinvestment Act longitudinal data system grants, New York's application was ranked first among the 53 states and possessions that applied. As a result, NYSED was awarded a \$19.7 million federal grant, the largest amount awarded, from the Institute of Education Sciences (IES). Despite New York State's extraordinarily difficult financial situation, the Governor and State legislature also recognized the importance of education data by awarding the second grant, for \$20.4 million (see Appendix C_1_16). The State plans to leverage all of this funding to help expand the longitudinal data system and create the Education Data Portal and Comprehensive Instructional Reporting and Improvement System, which are described in the following subsections.

It will be in this last initiative that New York's regional data networks will return their richest dividends. The State has a store of best practices and regional experiences to help it manage the complex set of relationships that will be necessary to fully integrate its data system into an integrated network of ongoing instructional improvement and professional development.

THE REGENTS EDUCATION REFORM PLAN AND NEW YORK STATE'S RACE TO THE TOP (RTTT) APPLICATION

At the center of the Regents' plan is their belief that students should graduate from high school ready for postsecondary education and employment. Our Race to the Top (RTTT) application reflects the Board's commitment to pursue strategies that will transform this belief into reality for all our students. The initiatives in the application work together to create a comprehensive systemic approach to improve teaching and learning. This system consists of well-designed learning standards and aligned curricula that are measured by meaningful, performance-based assessments. The core instruction (standards, curricula and assessments) is delivered by well-prepared teachers and school leaders who have received relevant professional development based on student growth data. The analysis of these data then informs improvements in instruction that will result in the academic progress of students.

While the RTTT grant competition supports many of these elements, the Regents' reform agenda supports them all. Race to the Top then, is one of many avenues that New York State is pursuing that will allow us to carry out the Regents' agenda. It is, in other words, a means to our mutually desired ends. RTTT was designed to reward states that are creating conditions for education innovation and reform and are achieving significant improvement in student outcomes. New York is on the right path.

The Race to the Top
An unprecedented competitive federal grant program, the largest ever offered by the U.S. Department of Education. New York is one of only eleven states to win the competition and along with Florida received the largest award (\$700 million). 50% of the funds will be sent directly to school districts and charter schools that have chosen to participate in the state's education reform plans described in our application. The remaining 50% of the state's award will be used to implement state-level initiatives to benefit all districts.

To qualify for RTTT funding, states were required to advance reforms around four specific areas commonly referred to as the *Four Assurances*:

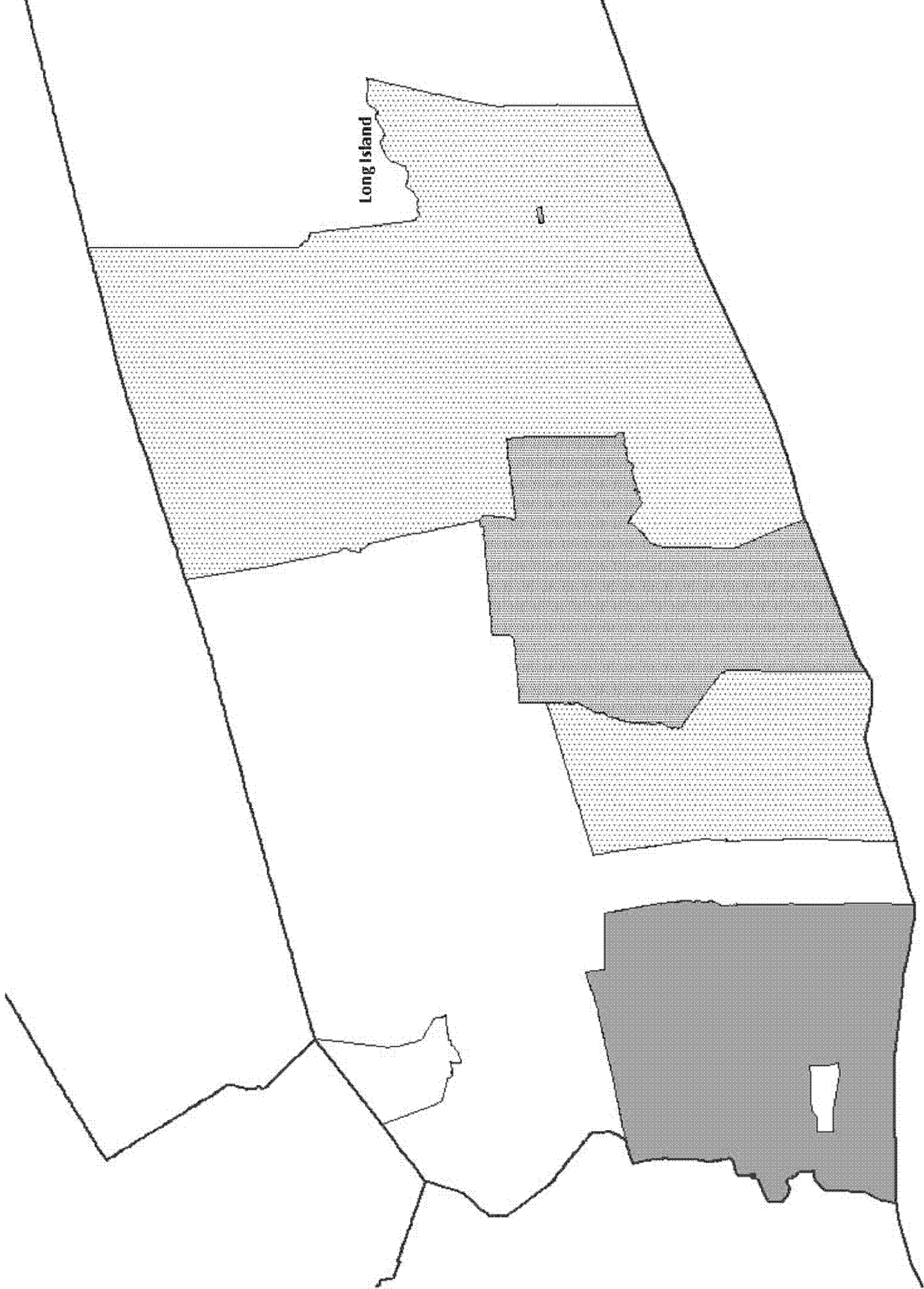
- *Adopting internationally-benchmarked standards and assessments that prepare students for success in college and the workplace*
- *Recruiting, developing, retaining, and rewarding effective teachers and principals*
- *Building instructional data systems that measure student success and inform teachers and principals how they can improve their practices*
- *Turning around the lowest-performing schools*

Ninety-one percent of New York's public school districts submitted a Memorandum of Understanding (MOU) confirming their support for, and their intent to participate fully in, New York's RTTT plan. Choosing to participate in the State's plan represents a commitment by districts and public charter schools to join the Regents in pursuing an ambitious education reform plan embodied in State law and Commissioner's regulations, including the newly enacted Teacher and Principal Evaluation Law. The breadth of support for the State plan was an important factor in helping New York win the RTTT grant award.

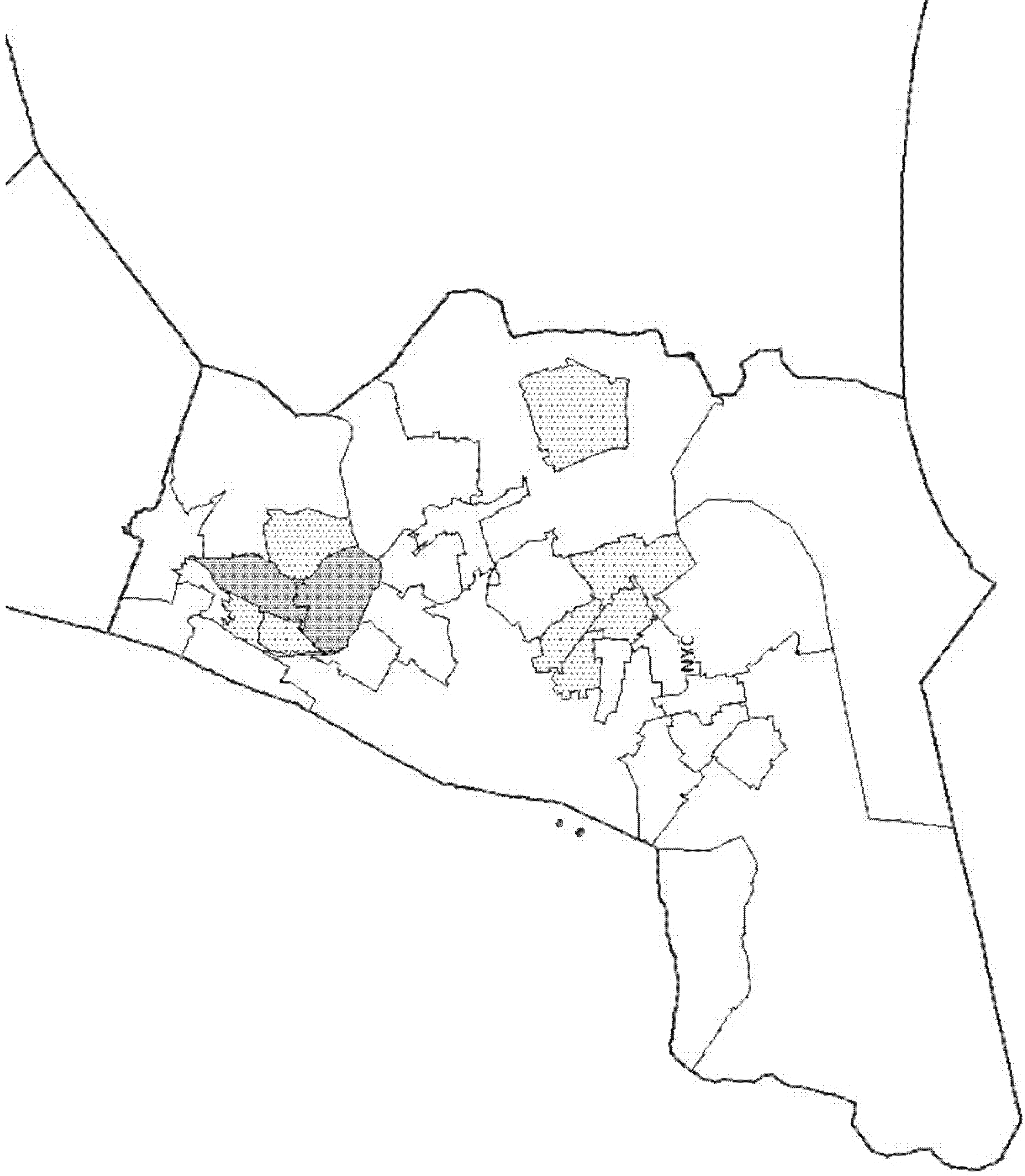
New York's RTTT application incorporates reforms enabled by legislation passed May 28, 2010 and signed into law by the Governor. The legislation (1) establishes a new teacher and principal evaluation system that makes student achievement a substantial component of how educators are assessed and supported, (2) raises New York's charter school cap from 200 to 460 and enhances charter school accountability and transparency, (3) enables school districts to enter into contracts with educational partnership organizations for the management of their persistently lowest-achieving schools, and (4) appropriates \$20.4 million in capital funds to the State Education Department to implement its longitudinal data system.

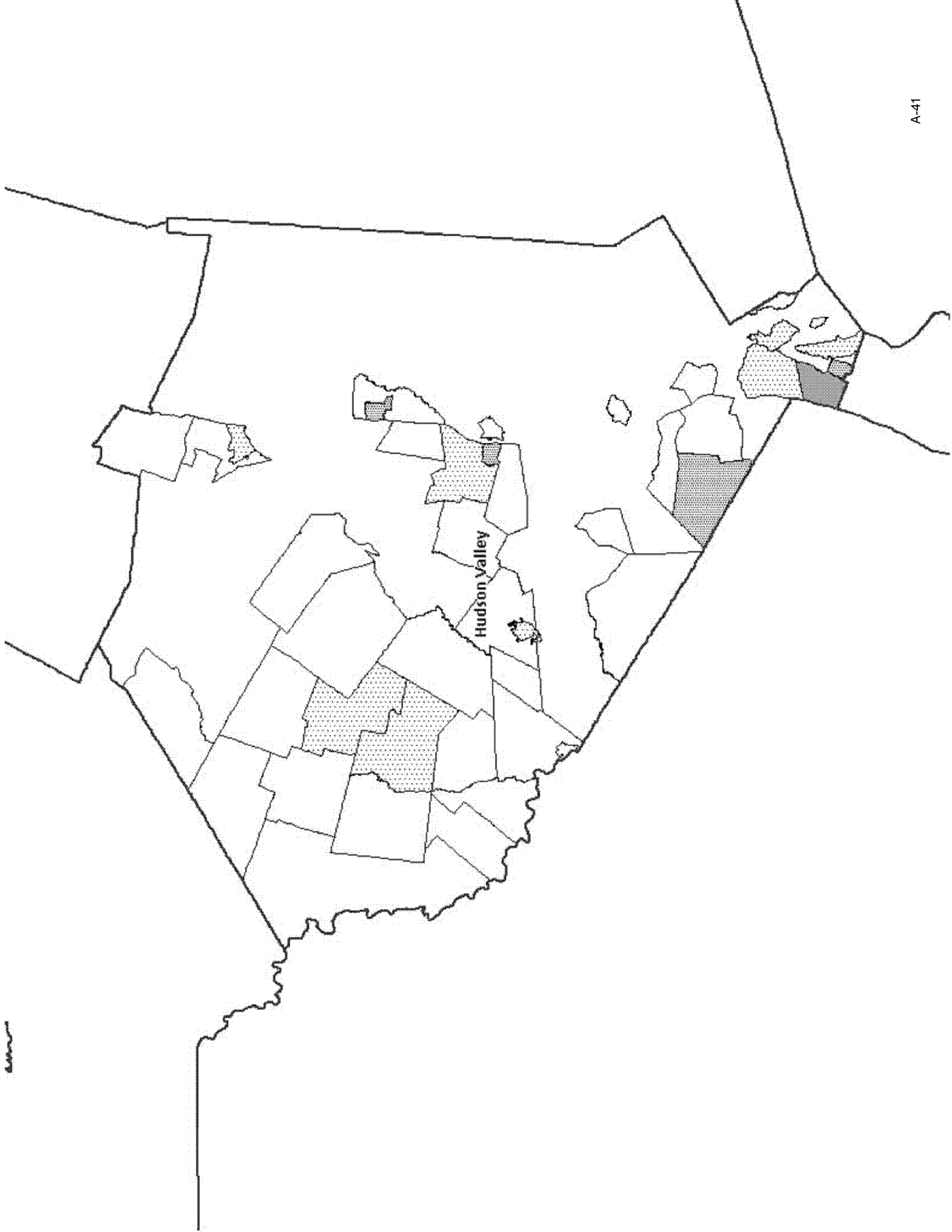
MAJOR COMPONENTS OF THE NEW YORK STATE RACE TO THE TOP PHASE 2 APPLICATION

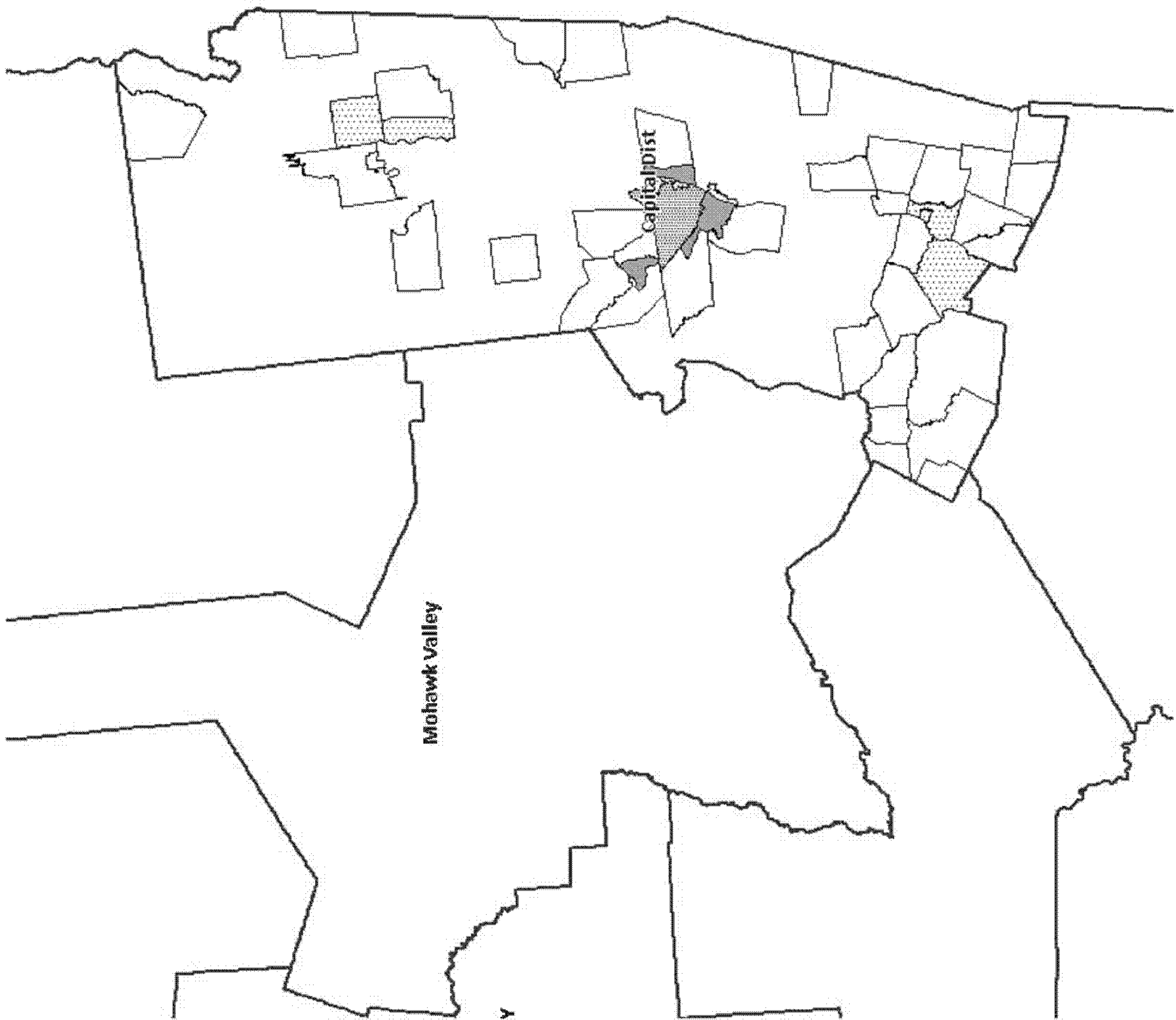
ASSURANCE AREA	Standards and Assessment
PLAN SUMMARY	<ul style="list-style-type: none"> ▶ Adopt Common Core State Standards in English language arts and math with 15% State supplement; revise science and social studies standards; create/revise standards in arts, technology, and economics; establish statewide curriculum models. ▶ Align high school graduation requirements with college and career success. ▶ Redesign the NYS Assessment Program, in alignment with the Common Core Standards, to incorporate formative and interim assessments, increase rigor, make the assessments more performance-based, and expand into 21st century competencies (e.g., technology, economics and the arts). ▶ Promote virtual learning; launch a virtual high school.
PARTICIPATING LEA COMMITMENTS	<ul style="list-style-type: none"> ● Adopt enhanced learning standards as required by the State. ● Implement new, high-quality assessments as required by the State.
ASSURANCE AREA	Data Systems to Support Instruction
PLAN SUMMARY	<ul style="list-style-type: none"> ▶ Complete New York's P-20 longitudinal education data system; build a Data Portal through which educators can access information on student achievement, school climate, and best practices, enabling them to analyze student needs, identify problems, determine interventions, differentiate instruction, and evaluate results. ▶ Create an early warning system to identify and intervene to help students at risk of falling behind and dropping out.
PARTICIPATING LEA COMMITMENTS	<ul style="list-style-type: none"> ● Use data to improve instruction, which will entail collecting data as required by the State, providing professional development to staff in how to use the data to improve instruction, and making the data available to researchers, consistent with federal and state privacy rules and regulations.
ASSURANCE AREA	Great Teachers and Leaders
PLAN SUMMARY	<ul style="list-style-type: none"> ▶ Redesign teacher and school leader preparation programs through clinically-rich instruction, performance-based assessments and alternative pathways. Prepare teachers to meet the instructional needs of students in the performance gap in high-need schools. ▶ Implement a comprehensive teacher and principal evaluation system, pursuant to State law, based on multiple measures of effectiveness—including student achievement measures, which would comprise 40% of teacher and principal evaluations and ratings. ▶ Create incentives for highly effective teachers in the STEM fields (science, technology, engineering, and math), teachers of English language learners, and teachers of students with disabilities, to take assignments in our high-need schools.
PARTICIPATING LEA COMMITMENTS	<ul style="list-style-type: none"> ● Conduct annual evaluations using the new statewide evaluation system, then use the results of these evaluations to inform promotion, retention, tenure determination, termination and supplemental compensation (consistent with the new State law on teacher and principal evaluation). ● Use the results of the new annual evaluation system and student performance data to tailor high-quality professional development and other effective supports to teachers and principals (consistent with the new State law on teacher and principal evaluation).
ASSURANCE AREA	Turning Around Struggling Schools
PLAN SUMMARY	<ul style="list-style-type: none"> ▶ Identify the State's lowest performing schools; focus resources – including federal School Improvement Grants (1003g funds) – where they are needed most and will provide the greatest benefit; and assist districts in successfully developing and implementing effective closure, turnaround, restart, or transformation efforts. ▶ Target resources to support new school models, including schools and programs for overage and under-credited students, STEM schools, arts-focused schools, etc.
PARTICIPATING LEA COMMITMENTS	<ul style="list-style-type: none"> ● For those participating districts that have school(s) identified by the State Education Department as persistently lowest-achieving, adopt one of four school turnaround models: turnaround, restart, transformation, or closure.

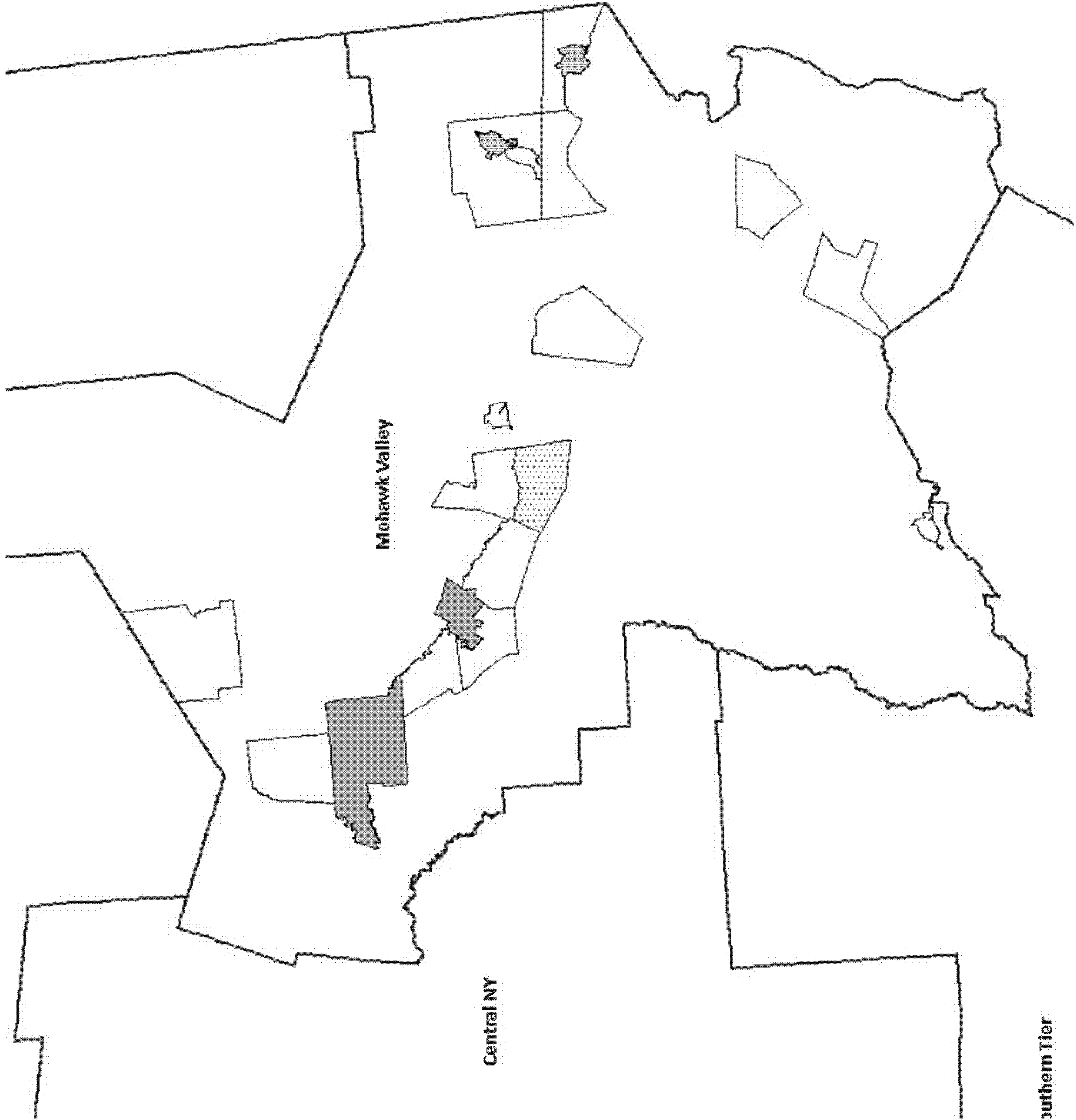


Long Island







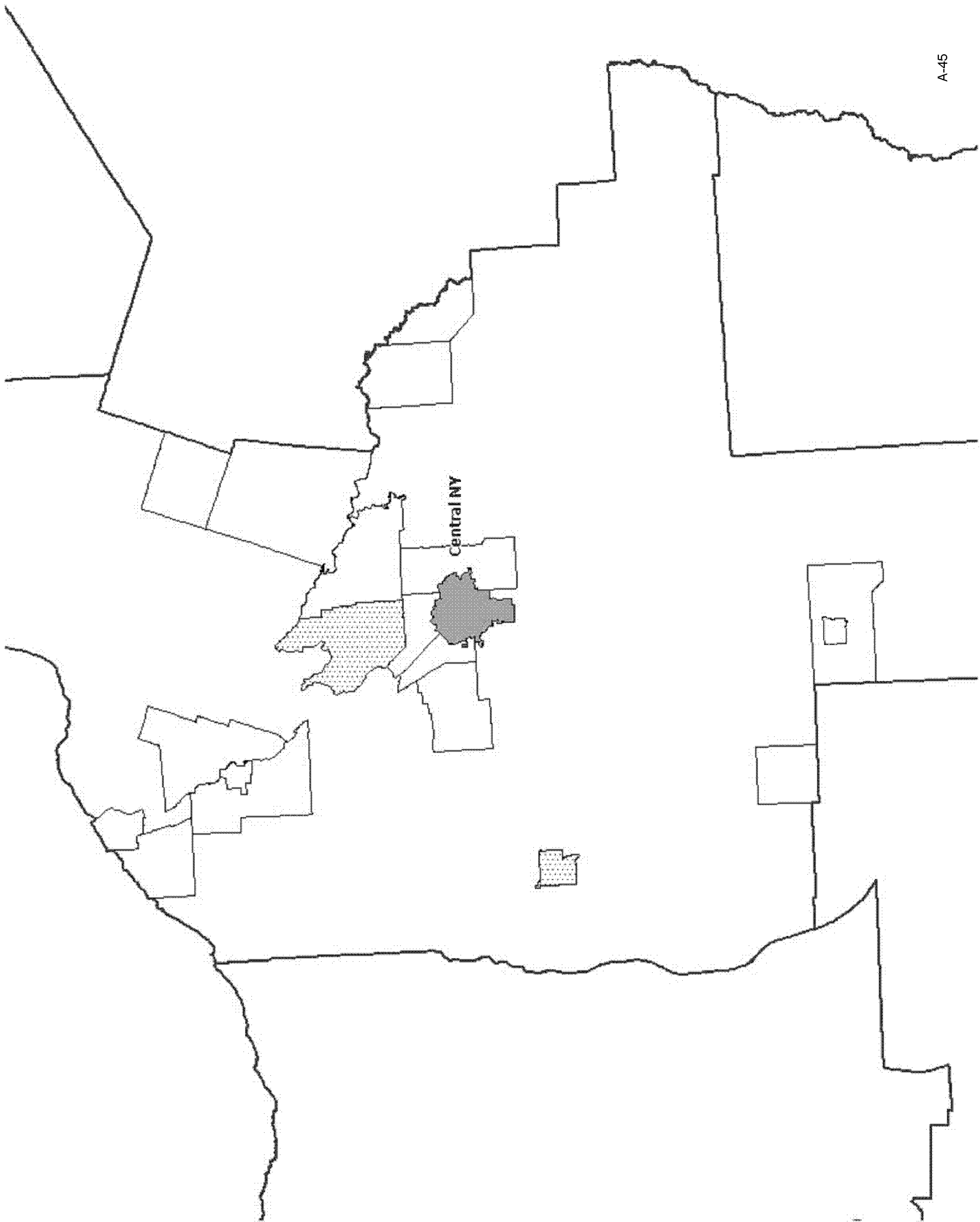


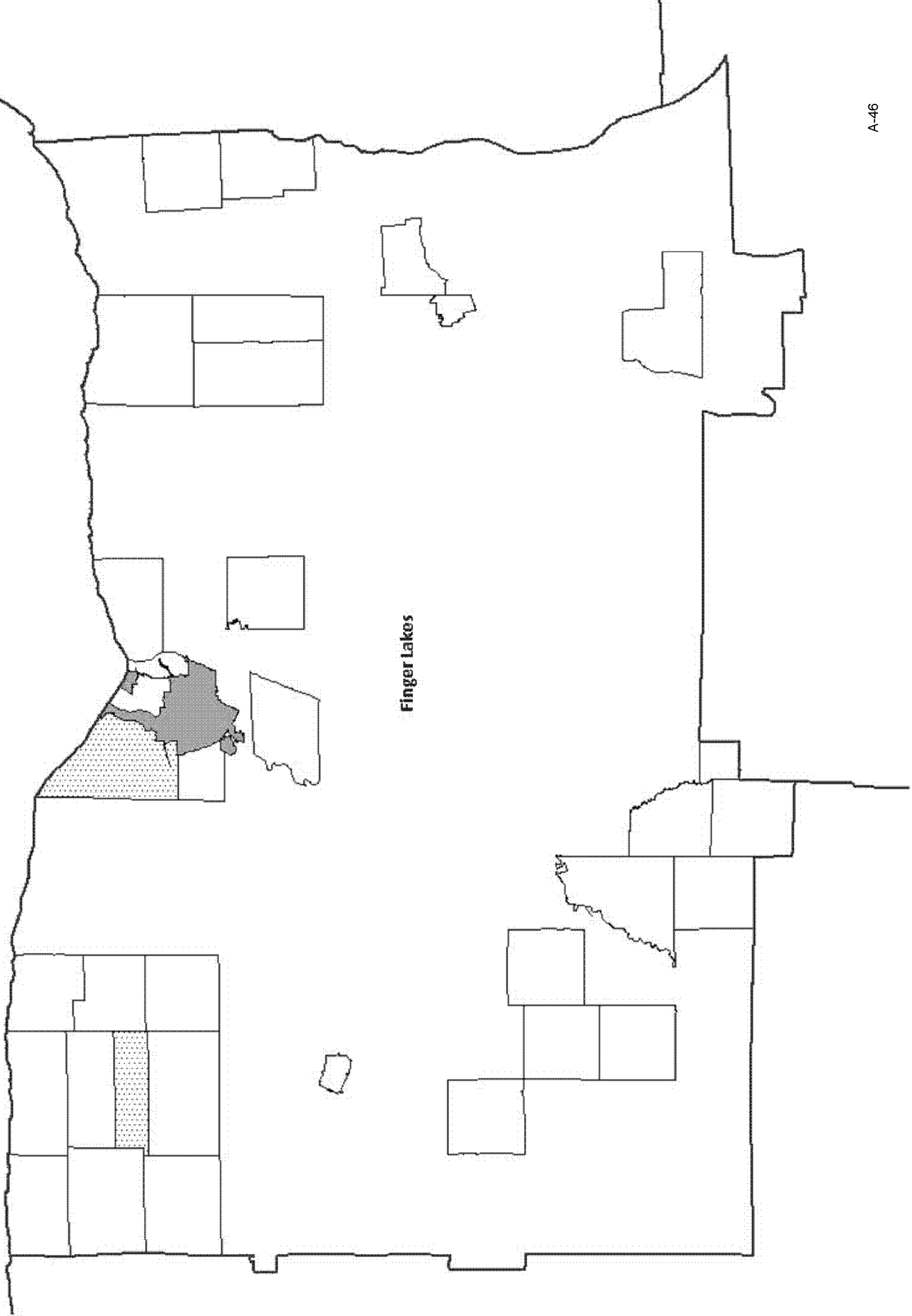
Mohawk Valley

Central NY

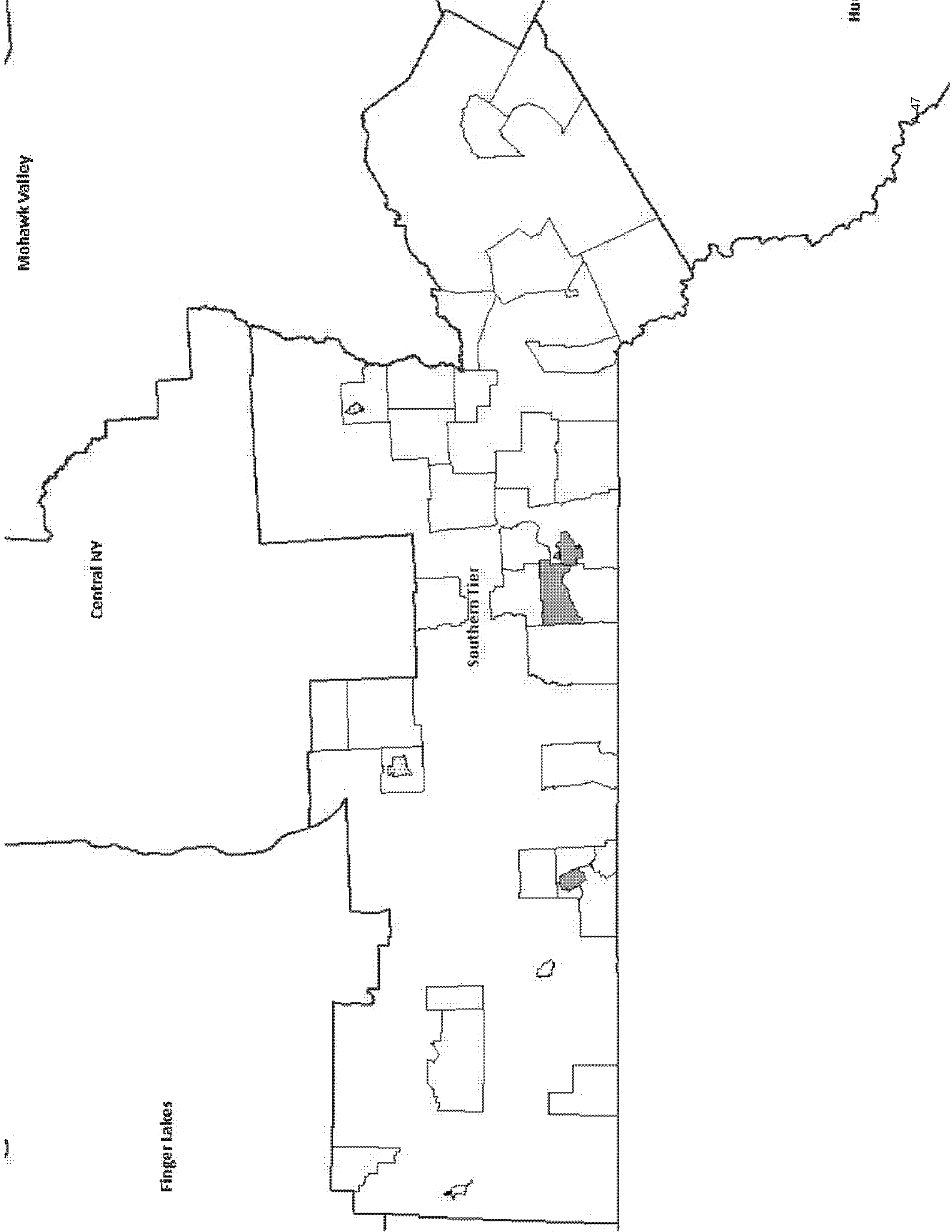
Capital Dist







Finger Lakes



Mohawk Valley

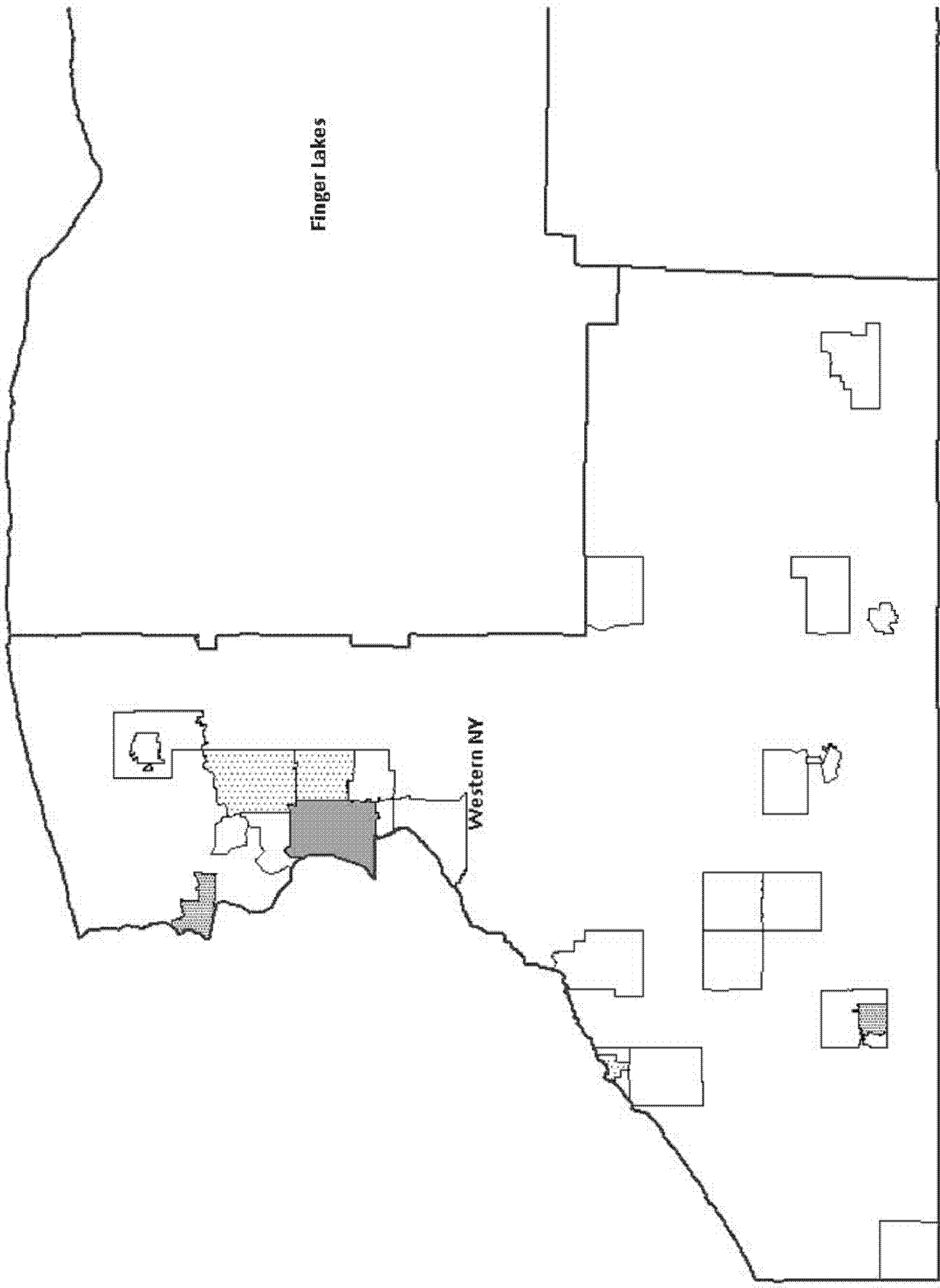
Central NY

Finger Lakes

Southern Tier

47

HUI



Finger Lakes

Western NY

Impact on Child Development		
Risk Factors		
Child	Infants weighting less than 2,500 grams at birth	Low birthweight is a major cause of infant mortality and increases an infant's chances for dying in infancy. Low birthweight infants, especially infants born to teen mothers, are at risk for health problems such as blindness, deafness, mental retardation, mental illness, and cerebral palsy. As the birthweight decreases, children have a greater likelihood of these outcomes (Hack, Klein, & Taylor, 1995). Ten percent of all health care costs for children can be attributed to low birthweight
	Infants born with less than 37 weeks gestation	Low birthweight infants, especially infants born to teen mothers, are at risk for health problems such as blindness, deafness, mental retardation, mental illness, and cerebral palsy. As the birthweight decreases, children have a greater likelihood of these outcomes. Ten percent of all health care costs for children can be attributed to low birthweight. Preterm delivery underlies most low birthweight births. While the etiology of preterm birth remains unknown, several factors are associated with preterm and low birthweight births. Lifestyle behaviors - such as cigarette smoking, insufficient weight gain or nutritional intake during pregnancy and use of other drugs - are known risk factors. Socioeconomic disadvantage is also closely related to low birthweight. Mothers who are young, have less than a high school education and are not married are at the greatest risk of low socioeconomic status and delivering low birthweight babies.
	Children ages birth through 5 years with a diagnosed condition with a high probability of resulting in developmental delay or have not attained developmental milestones in accordance with state definition	It is important to identify children diagnosed with developmental delays during their early stages of development so that clinical staff, in conjunction with parents, can provide appropriate services that can reduce the impact on children's development
	Children ages 3 to 4 years enrolled in preschool special education programs	Preschool special education is one of the services provided to children with developmental delay.
	Births where mother received pregnancy-related health care in the last three months of pregnancy or not at all	Receiving late or no prenatal care during a pregnancy can result in negative health outcomes for both the mother and the child. Women who receive late or no prenatal care are at a much higher risk of bearing a child who is of low birthweight, stillborn, or who dies within the first year of life. Teenagers are especially at risk.
	Children ages birth through 5 years in households below the 200% federal poverty level	Children's healthy development—their successful attainment of physical, social-emotional, and cognitive skills—is essential to their ability to succeed in a dynamic society. Yet, children who experience poverty are disproportionately at-risk of being exposed to factors that can compromise their development. Furthermore, their reduced likelihood of meeting traditional childhood milestones can translate to adulthood outcomes that pose challenges to them throughout their entire life. The negative effect of poverty begins before birth with the quality of pregnant mothers' nutrition and prenatal care. Its early detrimental impact is further compounded by the nature of parent-child interactions in homes, the instructional quality of schools, and the environmentally unsafe housing and neighborhoods where children live. The emotional strain that poverty places on children and families also is well-established as debilitating to children's healthy development.
	Children ages birth through 5 living in female headed households	Children in female headed households are more likely to live poverty than children in other household types. This difference remains even after accounting for benefits and supports available from anti-poverty programs.
	Children ages birth through 5 years living in families that are homeless	Homeless children are at greater risk for health problems including asthma, exposure to lead poisoning and poor nutrition. Homeless children also are more likely to have poorer cognitive development and lower academic performance than their housed peers. They are more likely to score poorly on tests and are more likely to be held back a year in school.
	Children ages birth through 5 years in households receiving benefits from the supplemental nutrition assistance program (food stamps)	The number and percent of children receiving food stamps measures the extent to which children live in families that require governmental assistance to purchase a minimally adequate diet. Children living in households where there is limited or uncertain availability of food (i.e., food insecurity) are two-thirds more likely than peers from households with adequate food to experience developmental risks that include poorer gross and fine motor skills, language skills, and social-emotional development. Food insecurity also is often linked with an increased risk for undernutrition and being overweight among children in low-income families, with both conditions having negative health consequences
	Children ages birth through 5 years in indicated reports of abuse or neglect	Child abuse and maltreatment represent an impairment or imminent danger of impairment of a child's physical, mental or emotional condition due to the failure of a parent, guardian or other person legally responsible for the child to exercise a minimum degree of care toward the child. This can involve the failure to provide a minimum degree of care regarding a child's basic needs, such as food, clothing, shelter, medical care, education, or proper supervision or guardianship. It can also involve the parent or other legally responsible person's use of excessive corporal punishment, the abuse or misuse of drugs or alcohol, and abandonment of a child (U.S. DHHS, 2006)
Children ages birth through 5 in foster	Children are placed into foster care for a wide variety of reasons including: safety issues, their families are at least temporarily unable to care for them,	

Family

Risk Factors		Impact on Child Development
care	specialized care or treatment is needed or behavioral problems have lead to a placement. Since children in foster care make up a majority of those in out-of-home care in New York State, this measure also provides insight into the extent to which children are removed from their homes and placed in out-of-home care in New York State.	
Children ages birth through 5 years living in migrant families	The continual movement among migrant families influences children's ability to build peer relationships and develop academic continuity.	
Children with limited English proficiency	Exposure to multiple languages, especially at a young age can have many advantages. In particular, children are more readily able to become bilingual. However, this can be detrimental if children live in language isolated households and are not able to speak or understand English when they are ready for school. This represents school age children who have limited English language proficiency and require support.	
Teen pregnancies	Assuming the responsibilities of parenting before one is financially, socially or emotionally prepared carries increased risks of later difficulties for the parent, the child, and the community. Adolescent mothers are less likely than their non-parenting peers to complete high school and marry. They are more likely to have large families and live in poverty. Their children are at greater risk of infant mortality, poor health, lower cognitive development, worse educational outcomes, higher rates of behavior problems, and higher rates of adolescent childbearing themselves.	
Students enrolled in a school identified by New York SED as "persistently low achieving."	The quality of one's education is impacted by the quality of the school available. This indicator identifies the portion of children within a district who attend a school the State Education Department has identified as "persistently low achieving."	
Students who do not graduate in four years with a regular high school diploma	The attainment of a high school diploma impacts one's opportunities for employment and potential life long earnings. Lack of this degree places youth at a considerable disadvantage.	
Kindergarten through grade 12 public school students receiving free or reduced-price lunch	The percentage of students participating in the School Lunch Program is an indicator of student poverty and its concentration in public schools. Research has documented that children from low-income families are more likely than others to go without necessary food; less likely to be in good preschool programs; more likely to be retained in grade; and more likely to drop out of school.	
Grade 4 students who do not meet reading proficiency level	Children must learn to read by grade 3 so they are able to use their reading skills to learn in all academic areas.	
Individuals ages 16 years and older who were not employed but were able, available and actively looking for work	The degree of unemployment reflects employment opportunities within the community.	
Children ages birth through 5 years tested for elevated blood levels for the first time that have confirmed elevated blood levels	Lead is neurotoxic and particularly harmful to the developing nervous systems of fetuses and young children. Lead poisoning can affect nearly every system in the body and extremely high blood lead levels can cause severe neurologic problems, effecting children's learning and behavior.	
Schools		
Community		

Highest Need Localities by OSNY Region

Capital District	Albany city	Mohawk Valley	Utica city
	Schenectady city		Rome city
	Troy city		Amsterdam city
Central NY	Syracuse city	North Country	Watertown city
	Auburn city		Le Ray town
	Clay town		Malone town*
Finger Lakes	Rochester city	NYC	Massena town*
	Greece town		Mott Haven/Melrose/Hunts Pt/Longwood
	Albion town		Morrisania/Crotona/E. Tremont/Belmont
Hudson Valley	Yonkers city	Southern Tier	Soundview/ Parkchester/Castle Hill/ Clason Pt
	Ramapo town		Binghamton city
	Mount Vernon city		Union town
Long Island	Poospatuck Reservation	Western NY	Elmira city
	Hempstead town		Buffalo city
	Islip town		Niagara Falls city
			Jamestown city

*same third place score

Intermediary Organizations

Child Care Resource
&
Referral Agencies



Child Care Council of Nassau, Inc.

"Every Day Counts in the Life of a Child"

Jan Barbieri
Executive Director

October 7, 2011

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The Honorable Governor Andrew Cuomo
Governor of New York
Executive Chamber
Albany, New York 12224

Dear Governor Cuomo:

The Child Care Council of Nassau, Inc. (the "Council") applauds your decision to submit a proposal for the New York State's Early Learning Challenge Grant. This is an incredible opportunity for New York State to make strategic advances in imbedding a high quality and coordinated early childhood system into a more comprehensive statewide education system, aligning standards and addressing current disparities.

Child Care Council of Nassau, Inc., a private, not-for profit agency incorporated in 1972, is the central coordinating and planning agency for child care in Nassau County. The Council works as a catalyst to promote affordable quality child care, enhance services for families, offer options that strengthen parents in the work environment and provide expertise to the diverse communities of our county. As the premier resource in Nassau County, we empower families to access and professionals to provide quality child care and early learning experiences. All services of the Child Care Council of Nassau are offered in both English and Spanish.

Participation in local, state and national collaborations and organizations has enhanced our ability to be in the forefront of many initiatives, including the beginning framework for New York State's Quality Rating and Improvement System, QUALITYstarsNY. As a lead agency for one of the largest field test sites of QUALITYstarsNY we were intricately involved with the New York State Early Childhood Advisory Council from the implementation phase of many of the strategies to the final evaluation report. Since the field test, the Council has continued to offer a comprehensive range of professional development opportunities to meet the needs of programs interested in preparing for the QUALITYstarsNY rollout and implementation phase. This includes familiarizing the early childhood field with learning and development standards, educating them on the importance of and proper use of environmental rating scales to improve program quality, learning how to better support parents and engaging them in their child's

early learning experiences, to mention a few. Our Resource and Referral contract with the Office of Children and Family Services allows much of our training and technical assistance to the provider community to be offered either at low or no cost. In addition, active membership in Winning Beginning NY, a broad based coalition of more than 200 members statewide enables us to make our voices heard regarding the importance of investing in sound, accountable, quality early learning programs that yield lifelong lasting effects on learning and life skills.

In June of 2008 **Child Care Council of Nassau, Inc.** attained Child Care Aware® Quality Assurance, a national recognition for its high-quality family services. The Child Care Council of Nassau has just completed the last phase of a Quality Assurance process from the National Association of Child Care Resource & Referral Agencies (NACCRRA), once again demonstrating the agency's commitment to delivering high quality services to families, children and the early learning community.

We are most grateful for your extraordinary commitment to our youngest citizens, recognizing that cost-effective investments in early learning will provide both short and long term educational, social and economic benefits. We look forward to continued work with your Administration.

Sincerely,

(b)(6)

Jan Barbieri
Executive Director



A CACFP Sponsoring Agency

October 4, 2011

The Honorable Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo:

Child Care Resource Network clearly supports New York State's application for the Race to the Top – Early Learning Challenge Grant to support the development of New York's early care and education system. The funding from the Early Learning Challenge Grant is critical to New York's youngest citizens and will enable New York to increase access for children to high quality early childhood programs and services; implement QUALITYstarsNY, a quality rating and improvement system; and address the health, behavioral and development needs of all children.

As one of the field test communities in New York State we understand that the implementation of QUALITYstarsNY is integral to a strong, systematic approach to serving young children and families. Child Care Resource Network is a child care resource and referral agency in Erie County. Our mission is to support families, providers and the community by advancing and developing high quality, accessible and affordable early care and education for all children. We believe strongly in the need for a systematic approach by New York State to improve accessibility, affordability and availability of programs for young children. QUALITYstarsNY is the system which provides parents with viable information and guidance when choosing child care and child care providers with incentives and supports to build the best quality programs possible.

There are a number of reasons why New York State should implement QUALITYstarsNY. First, research has verified the important role that high quality programs play in the development of young children who experience 75% of their brain growth before they enter kindergarten. Second, research supports the key role that child care plays in the economic development of our community. Lastly, the economic return on funding for early care and education programs is conservatively estimated at a return of 7 dollars for every 1 invested. A quality rating and improvement system contributes to school-ready children, economic development at the local level, and a wise, long-term strategy to ensure the long term success of our youth. These are just a few of the strong arguments that favor the development and implementation QUALITYstarsNY.

Child Care Resource Network fully supports New York State's application for the Race to the Top – Early Learning Challenge Grant and looks forward to the opportunities this funding will provide to develop QUALITYstarsNY and for our young children to be successful in school and in life.

Sincerely yours,

(b)(6)

SUSAN E. BLOCK, Executive Director



CHILD CARE COUNCIL OF SUFFOLK, INC.

October 5, 2011

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Janet Walerstein

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The Honorable Governor Andrew Cuomo
Governor of New York
Executive Chamber
Albany, New York 12224

Dear Governor Cuomo:

The Child Care Council of Suffolk, Inc. (the "Council") would like to express strong support for New York State's Early Learning Challenge Grant proposal. Quality early learning childhood systems are important to the future success of our children and the economic recovery of our state. Increasing access to quality child care for all children, implementing QUALITYstarsNY, a quality rating and improvement system, and a comprehensive statewide approach will strengthen New York's position as a national leader in the early care and learning field.

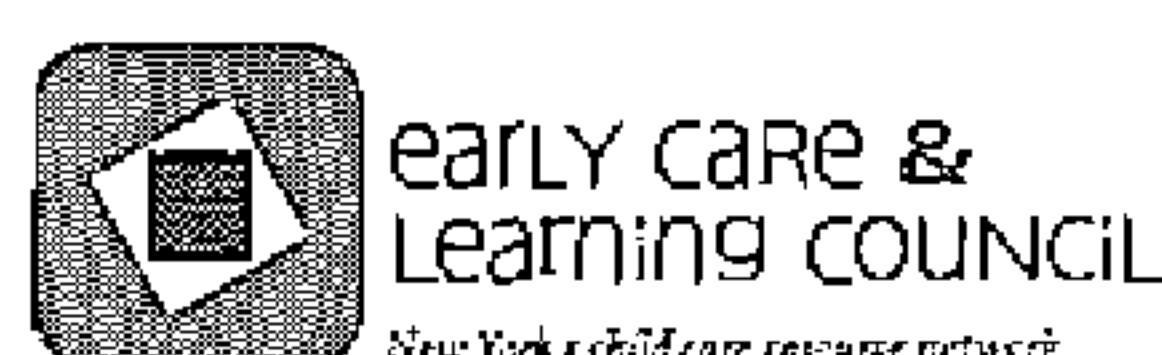
The Child Care Council of Suffolk is the not-for-profit planning and coordinating agency dedicated to making child care work for all of Suffolk County's diverse communities. Through advocacy, education, and resource and referral, the Council takes a leadership role in supporting children, families, providers, employers and the public to ensure that quality child care takes its place as an integral part of society.

The Council is a member of many national and state organizations that support the development of quality initiatives for children, families and child care providers. We have completed the Quality Assurance process from the National Association of Child Care Resource & Referral Agencies (NACCRRA), a designation that shows our commitment to delivering high quality services to parents, families and child care providers. The Council is also a member of the Early Care & Learning Council, a statewide network of Child Care Resource & Referral agencies, and Winning Beginning New York, a statewide coalition that advances strategies and concepts to improve early care and learning for all.

As a Lead Agency for the field test of QUALITYstarsNY, the Council has been intimately involved in the rolling out of this important rating and improvement system. Our Education Department recruited child care providers for the field test, provided technical assistance during the process and collaborated with the Early Childhood Advisory Council to detail the findings from the field test.

With funding from our Child Care Resource & Referral contract with the New York State Office of Children and Family Services (NYSOCFS) we have created

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EMAIL: INFO@CHILDCARESUFFOLK.ORG WEBSITE: WWW.CHILDCARESUFFOLK.ORG



Letter to Governor Cuomo
October 5, 2011
Page 2

scholarship opportunities for child care providers to improve their curriculum and become aligned with QUALITYstarsNY standards. These efforts have been made to inform and educate child care providers of this quality rating and improvement system that we believe will have an impact on raising the quality of child care statewide.

The Council provides bi-lingual (English-Spanish) services to parents and child care providers. Parents from all economic, ethnic and cultural backgrounds receive referrals for child care after a consultation with a Parent Counselor to determine which modality of care is best suited for their needs, the location required and the services available at the child care program. This process helps parents become a better educated consumer of child care. The Council prides itself on always assisting parents to find help, whatever the need may be. QUALITYstarsNY will create a wide ranging system that will further strengthen parents understanding of what quality child care looks like and what type of care best suits their needs.

The Child Care Council of Suffolk, Inc. believes that all families should have access to high quality child care. Helping brains develop in young children is critical in the early years. High quality child care can make that impact. Infants, toddlers and preschoolers will have a chance to realize their full potential and we will all become members of a society that helps create caring communities.

We thank you again for showing the strong leadership that is so necessary to improve early care and learning for all children in New York State. We stand ready to support New York State's Early Learning Challenge Grant proposal and look forward to working with your administration in the future.

Sincerely,

(b)(6)

Janet Walerstein
Executive Director



Early Care and Education...where our future begins

October 5, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo:

The Child Care Council of Westchester, Inc. (the Council) enthusiastically supports New York State's Early Learning Challenge (ELC) grant application.

The Council is a proud member of New York's CCR&R network. We support Westchester's regulated child care industry comprised of 750 regulated child care businesses with licensed capacity for over 31,000 children. An important revenue-generating sector of the Westchester economy in its own right, our child care businesses also make it possible for parents to work and prepare the next generation for school and occupational success.

The Council was delighted to function as the Lead Agency in Westchester for the QUALITYstarsNY field test, because: we understand the clear link between a high quality early care and education system and a vibrant economy and the ability of a fully implemented QUALITYstarsNY to strengthen the quality of our existing programs and providers. We expanded our own intensive technical assistance services several years ago with our local child care programs and witnessed dramatic improvements in programmatic quality and management practices, so we eagerly await the implementation of QUALITYstarsNY.

As a member of the state CCR&R network, we are poised to deliver:


- Parent outreach and orientation to QUALITYstarsNY and consumer referrals to QSNY-rated programs.
- Program and provider outreach, recruitment and orientation to QUALITYstarsNY.
- Training, technical assistance and mentoring to help QUALITYstarsNY participants implement quality improvement plans and reach progressively higher levels of quality.
- Localized management of grants and stipends that serve as QUALITYstarsNY incentives.
- On-going engagement of community stakeholders, including parents and business leaders, in support of a high quality system of early care and learning.

We believe that the Early Learning Challenge funding is critically needed to expand services to the youngest and most at risk children in our state. We are grateful to the Governor's office for its leadership on this issue and pursuit of additional resources that will have tremendous impact throughout our state.

Sincerely,

(b)(6)


Jason Chapin
President, Board of Directors


Kathleen Halas
Executive Director



6724 Thompson Road Syracuse NY 13211

Connecting Families With Child Care

October 3, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary of Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo:

I am writing as the Executive Director of Child Care Solutions to express my whole-hearted support for New York State's Early Learning Challenge Grant proposal. My organization and the other Child Care Resource & Referral agencies that serve families and providers in New York State are ready and able to provide support for the initiatives contained in the proposal.

Child Care Solutions has provided Child Care Resource & Referral Services in Central New York since 1975. I've been with the agency as a Board member and then a staff member during that entire period. Based on my experiences working with parents and early care and learning programs in the communities we serve, I believe that New York's Early Learning Challenge Grant proposal is right on target in prioritizing initiatives which will help build a strong, coordinated, high quality and accessible early care and learning delivery system in our state.

The central component of the proposal is implementation of QUALITYstarsNY. I've been working for over six years with the Early Care & Learning Council and then the Quality Improvement Sub-Committee of the NYS Early Childhood Advisory Council to develop QualitystarsNY. Child Care Solutions was the lead agency coordinating the QSNY field test in Syracuse in 2010, so I had the opportunity to see the program in action and the impact on the local child care centers, Prekindergarten programs and family child care homes that participated. I believe that QualitystarsNY can provide an engine to drive quality improvement and better outcomes for young children. I believe that QualitystarsNY can provide a state-wide infrastructure that will integrate all of the other initiatives included in the Early Learning Challenge Grant proposal.

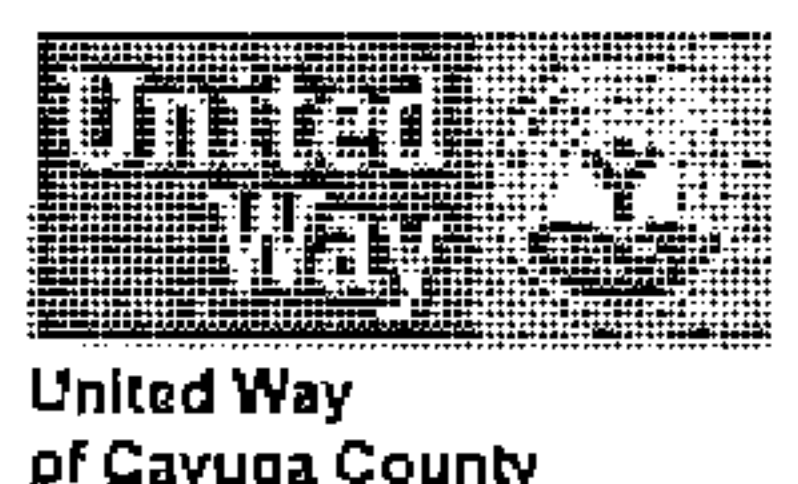
As the Executive Director of a Child Care Resource & Referral (CCR&R) agency, I can address the roles that New York's CCR&R Network can play in supporting the activities outlined in the Early Learning Challenge Grant proposal.

- CCR&Rs can play a pivotal role in educating parents about QSNY and increasing their understanding of the components that define quality in early care and learning programs. We are strategically positioned to help parents use QSNY as a tool to inform and guide their decisions as service consumers.
- CCR&Rs have the experience and capacity to support participating QSNY programs in implementing their quality improvement plans and improving program quality and outcomes for children across the state. We have a long history of providing effective assessment, consultation and mentoring for local early care and learning programs of all modalities.



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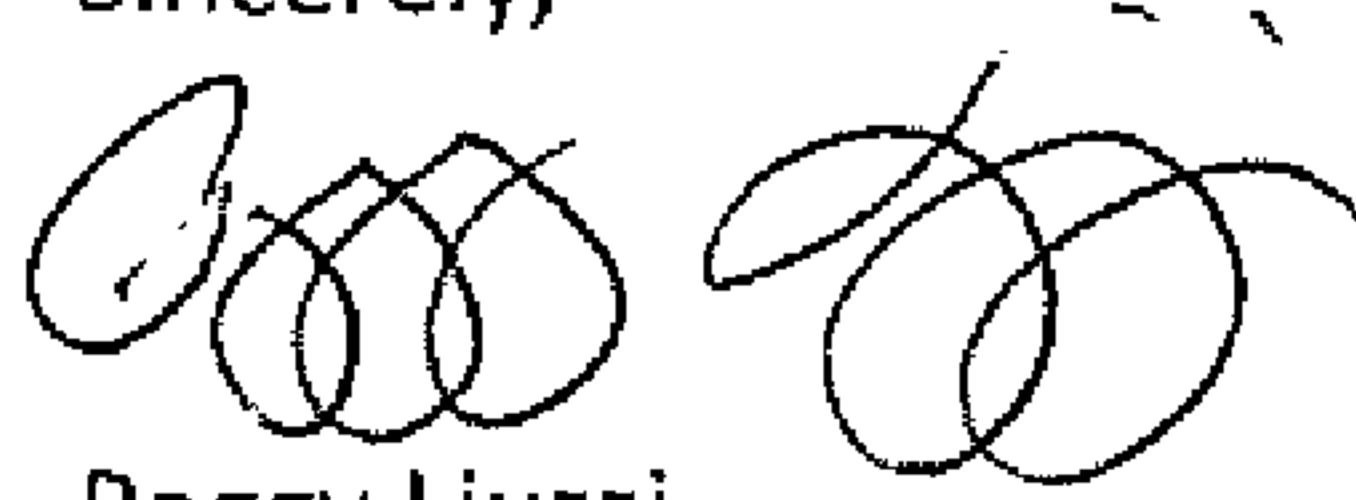
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October 3, 2011

- CCR&Rs can support QSNY by helping to develop the skills and abilities of NY State's early childhood workforce. CCR&Rs are a primary training and technical assistance resource for the child care workforce in our state. We also implement NY State's regional Infant/ Toddler Network which provides a specific array of services and supports for programs that work with New York's youngest children and families. In addition to working with child care programs and providers, many CCR&Rs, like Child Care Solutions, also provide training and collaborate on training initiatives for practitioners who work in school district Pre-kindergartens, nursery schools and Head Start.
- CCR&Rs collect data on the local supply of early care and learning programs and on the services we provide to them. We also collect data from the parents for whom we provide consultation and referrals. We look forward to integrating the data we collect into the comprehensive data system to be developed through the Early learning Challenge Grant. Data is important because it will drive decision making and ensure that early childhood resources will be used effectively and in ways that enhance and benefit young children's development and learning outcomes, especially those children with the highest needs.

The Early Learning Challenge Grant and the resources it would bring to New York State represent an enormous opportunity to take the next steps in developing our state-wide early childhood system. I look forward to working with other partners in my region and across the State to implement this critical work.

Sincerely,



Peggy Liuzzi
Executive Director
Child Care Solutions, Syracuse, NY



JANE BROWN
Executive Director

October 5, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo,

Child Care Resources of Rockland, Inc. (CCRR) is one of New York's child care resource and referral agencies. In that role our agency supports children, their families and their teachers. Our mission is to promote, support and enhance the healthy development of all children. We provide resource and referral services for families seeking accessible, affordable, quality early childhood and school age care and education. We offer training, support and resources to the early care and education workforce, as well as public and private schools. Our agency connects with business leaders and public officials to emphasize the value of quality child care and its contribution to the economic vitality of Rockland County. CCRR advocates for increased investment in quality child care and education. We collaborate with strategic partners to enhance our collective abilities to address the needs of the community now and in the future.

To that end we have acted as the overseeing agency for the QUALITYstarsNY field test since Rockland County is one of the 13 field test communities. CCRR continues to support early childhood programs as they strive to improve the quality of their classrooms and teaching of children. Our agency supports and will be actively involved in the QUALITYstarsNY initiative.

Seven of the eight school districts in Rockland County contract with CCRR to oversee their Universal Pre-Kindergarten programs. Our agency has been in the forefront of the UPK initiative and will continue to support and advance the quality of early childhood programs as they serve the four year old children in our county.

Staff members at CCRR have been involved in the development of the early learning and development standards and will continue to integrate these standards into the work of the county early childhood programs. Using these standards we will continue to address the health, behavioral and developmental needs of all children.

Our staff members and board members are passionate about our work for children. We strongly support your decision to apply for the Race to the Top: Early Learning Challenge. New York State has many agencies, businesses and individuals who are willing and able to ensure our youngest citizens have the highest quality programs possible.

Sincerely,


Jane Brown
Executive Director

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www.childcarerockland.org
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early care &
learning COUNCIL
for the state of New York





**Capital District
Child Care
Council**

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fax 518 426-9649

www.cdcccc.org

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September 29, 2011

Governor Andrew Cuomo
c/o Katie Campos
Assistant Secretary for Education
Executive Chamber
State Capital Albany, NY

Dear Governor Cuomo,

The Capital District Child Care Council is in full support of New York's application to the Federal Departments of Education and Health and Human Services for the Race to the Top: Early Learning Challenge, a grant that would greatly benefit New York's youngest citizens and their families.

The Council has already contributed greatly to one of the components of the grant, the successful field test for the implementation of QUALITYstarsNY. In November 2009, the Albany community nominated the Capital District Child Care Council to serve as the lead agency for the QUALITYstarsNY field test. The Council was honored to be nominated and brought some unique qualities that helped to make the QUALITYstarsNY field test successful in our area. As the local child care resource and referral agency for Albany, Fulton, Montgomery, Saratoga, Schenectady, and Rensselaer counties, the Council is committed to enhancing the quality of child care in the area by providing resources to the community. The Council offers supports for child care providers; health care consultant services, social emotional development support, the Food Program, registration services, start-up support, training, conferences, and dietician services, among others. The Council also helps parents, free of charge, identify and find high quality care, by providing them with the information they need to make the best choice of care for their child. In addition, the Council provides technical assistance to all other area individuals and agencies interested in the care and education of children. The mission of the Capital District Child Care Council for the past 31 years has been to promote high quality early care and education in the region and to help others recognize that an investment in the education of our youngest children is an investment in our future.

The Capital District Child Care Council was very successful in delivering services as the lead agency for the QUALITYstarsNY field test in Albany County, and it is our intent support all activities of this grant if awarded. Specifically, the Council would be able to help support the full implementation of QUALITYstarsNY by these methods:

1. Marketing QUALITYstarsNY in the community and providing information on the field test to providers and programs.

LEADING THE WAY TO QUALITY CARE

The Council maintains a complete updated database of all registered and licensed providers. The Council makes information available to parents and child care providers through many different means of communication, such as the Council's newsletter (distribution of 1,500), community fairs, the web-site www.cdcccc.org, e-news, Facebook, advertising and general mailings.

2. Providing and/or identifying quality improvement supports in the community that will be available to programs to help improve their quality. The Council provides training and Intensive Technical Assistance to all providers and programs. The Council also collaborates with all of the various community partners in the community, such as the Red Cross of NENY, Capital Region BOCES, NYSAEYC, Albany County DSS and the NYS Council on Children and Families for additional supports.

3. Organizing community orientation sessions with programs and providers to familiarize them with QUALITYstarsNY. The Council has experience with conducting orientation sessions, and familiarizing providers with a quality assessment process, having been the lead agency that conducted Cornell University's successful Albany pilot child program rating project "Child Care Programs of Excellence," 2001-2003.

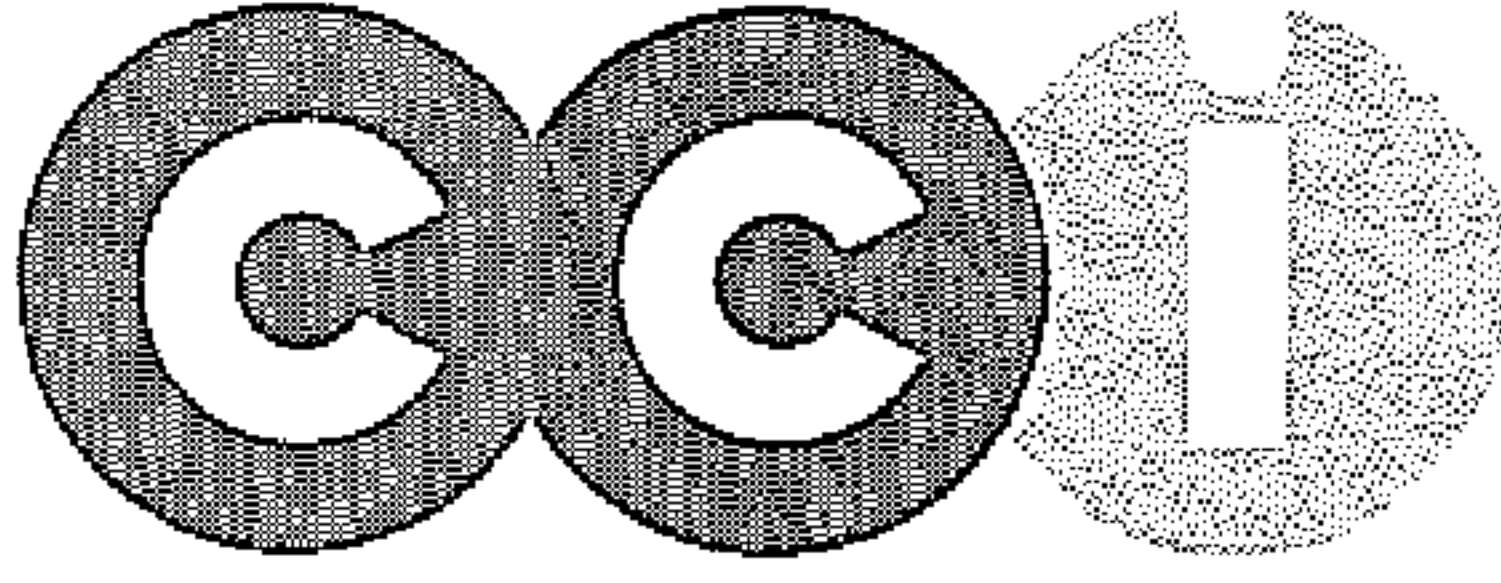
4. Engaging with providers to help them prepare for the independent assessment and with completing their star-rating applications. All of the Council's Education Department staff are trained in and regularly use various program assessment tools, including the ITERS-R, ECERS-R, FCCERS-R Environmental Rating scales, as well as the PAS. The Council has a complete, accessible training facility, with laptop computers that can be made available to providers for their use. The Council will also provide any on-site technical assistance that is necessary to assist the program. In addition, the Council has a strong partnership with Literacy NY, and would be able to engage their resources for providers who need additional literacy supports.

The Council believes that the receipt of the Early Learning Challenge grant will make a huge difference in the future of New York's youngest citizens.

Sincerely,

(b)(6)

*Patricia A. Skinner
Executive Director*



Center for Children's Initiatives

October 4, 2011

The Honorable Governor Andrew Cuomo
c/o Karen Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo:

The Center for Children's Initiatives (CCI) is very pleased to submit a letter of strong support for New York's application for the Race to the Top Early Learning Challenge Grant. Our state has a long-standing commitment to young children and the funding from the Challenge Grant will allow New York State to continue to expand access for children to high quality early childhood programs and services. We applaud your leadership in pulling together a strong team of cross system experts to take full advantage of the opportunities presented by the Early Learning Challenge Grant.

The Center for Children's Initiatives champions the right of all children to start life with the best possible foundation of learning, care and health. Founded in 1982 CCI has close to 30 years of experience providing consultation, mentoring and training to the early childhood field. CCI is a resource to families helping them to be more effective consumers of early care and learning services. CCI supports effective public investment that will expand the opportunities for all children to benefit from a high quality early learning experience preparing each child for school and for life. We have actively promoted opportunities to build a more coherent and effective statewide system that is designed to support young children through out their early years.

CCI has had a leading role in promoting new investments in early childhood services. We embraced the launch and expansion of Universal Pre-K in New York State as a dynamic opportunity to greatly expand early education in schools and early childhood programs. Pre-K funding is another important pillar and a significant investment in early education. The attention to Pre-K as an education investment provided a special opportunity to build linkages across a spectrum of service providers in New York State and to build bridges across the state with public schools. It provided a framework for the beginning work on developing Pre-K educational standards linked to the Common Core Curriculum. New York City is focusing attention on building the linkages between the Common Core Curriculum and early childhood education. New York City has numerous strong examples of the benefit of integrating child care, Head Start and Pre-K resources expanding early learning opportunities.

Building Bright Futures for Children

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www.centerforchildrensinitiatives.org
info@www.centerforchildrensinitiatives.org

CCI is a founding member of and co convener of Winningbeginning NY, New York State's early care and learning coalition. In addition I serve on the Early Childhood Advisory Council and serve as the Co-chair of the Finance Workgroup. The Finance Workgroup has taken major steps to develop a coherent system for codifying dedicated funding sources in multiple agencies to early childhood services, and developing a systematic strategy for determining what the funding is buying. That information will be captured on a web based system that will allow state officials and others to make intelligent resource allocation decisions and policy tradeoffs. New York is only one of a couple of states that will have this system in place and we are pleased to be working with the developers to shape the software package specifically to fir New York's needs. The system is being designed with participation from the data work group that is focused on statewide data collection systems. We want to ensure that both the data warehouse and our financing model work in tandem to provide New York State with the most effective tools for decision making.

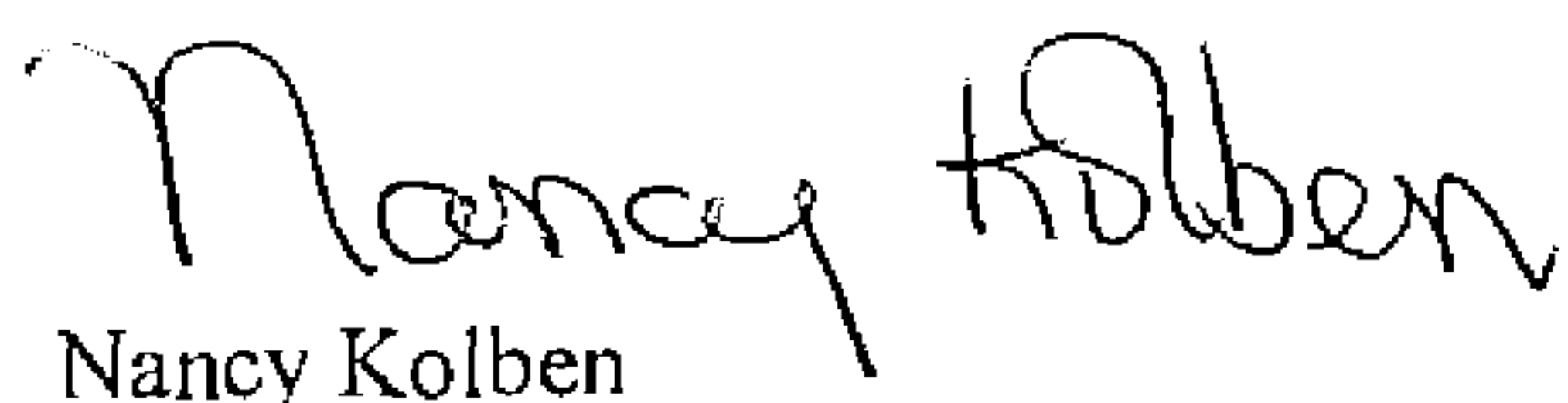
CCI also is actively engaged in the design and implementation of a Quality Rating and Improvement System. I have also served on the Quality Improvement Work Group of the ECAC. CCI participated in the field test design and its implementation in New York City and has worked to engage partners in New York City in support of a Quality Rating and Improvement System. New York has been thoughtful, inclusive and responsive in the design of QUALITYstarsNY and we are eager to support the next step of implementation. We applaud New York's effort to design a system that is embedded in research based standards and can be implemented statewide and recognizes the multiple venues for delivery of early childhood services.

CCI has strengthened its own capacity to offer effective mentoring and coaching to programs and providers as they move through the QSNY process. We have been strong proponents of NAEYC accreditation and were partners in one of the largest accreditation facilitation projects in the country. As a child care resource and referral agency we speak to parents on a daily basis. We recognize as well how critical this information will be to parents. This past year CCI completed a case study with the support of Cornell University to learn more about families eligible for a child care subsidy and their child care preferences and choices. We are extremely pleased to learn that parent's rate quality as a priority in their decisions about childcare and that quality rates as high as cost and accessibility. Parents are eager for more information that can help guide their choices.

CCI is committed to continue all aspects of its work in New York City and statewide. We will continue in our dual roles as advocates for the best possible opportunities for children and as collaborators in public/private partnership within the City and statewide to support a shared vision for New York State's children and families.

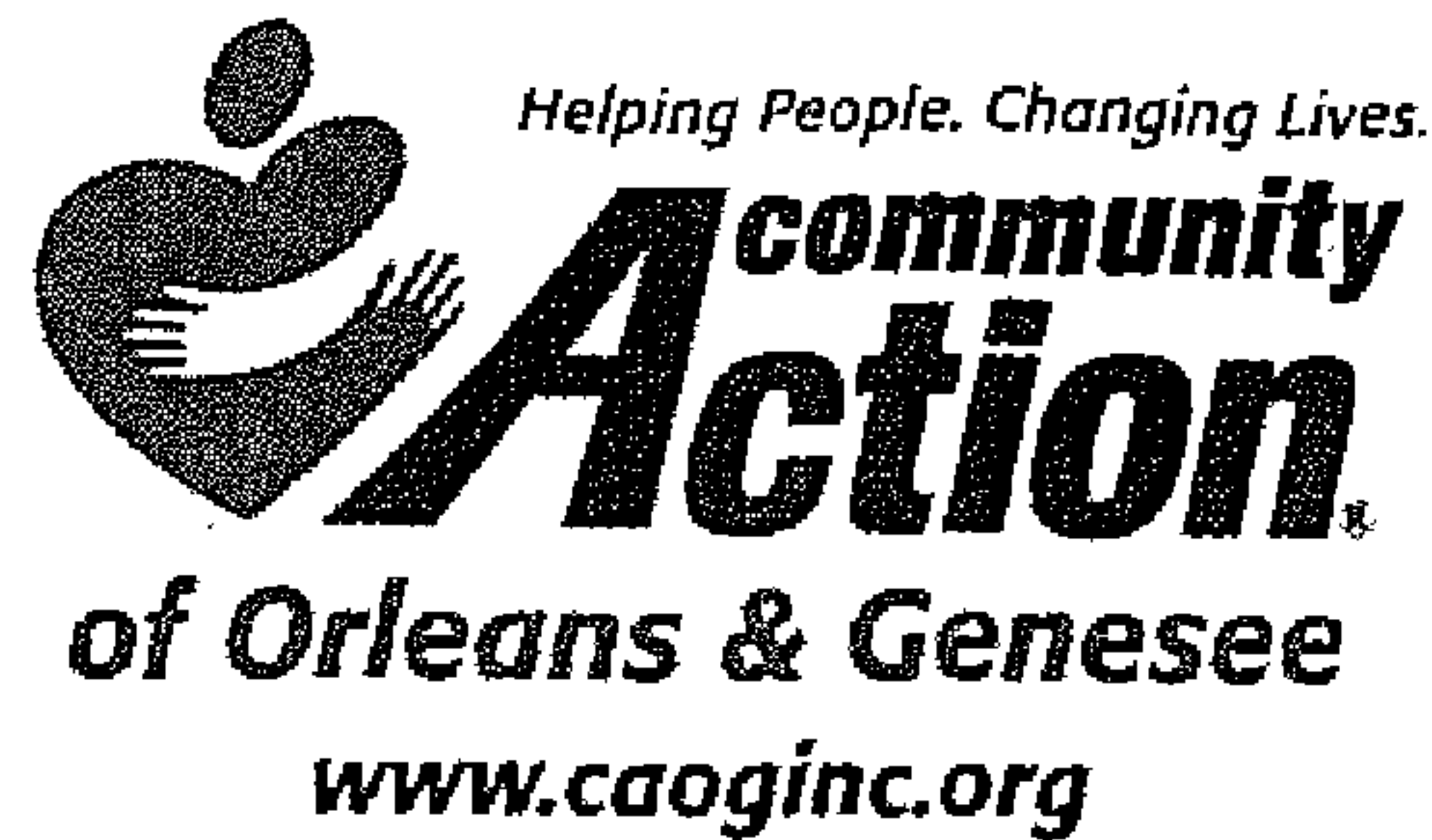
Thank you again for the opportunity to submit a letter of support.

Sincerely,



Nancy Kolben
Executive Director

409 East State Street
Albion, NY 14411
Phone: 585.589.5605
Fax: 585.589.9015



5073 Clinton Street Road
Batavia, NY 14020
Phone: 585.343.7798
Fax: 585.343.4063

October 7, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber, State Capitol
Albany, New York 12224

• ACT

Dear Governor Cuomo:

• CATS

This letter is being written on behalf of Community Action of Orleans & Genesee, Inc. in support of the New York State application for the *Race to the Top: Early Learning Challenge* grant, to increase access for children to high quality, early childhood programs and services.

• Child Care
Resource & Referral

Community Action of Orleans & Genesee has served children and families in Genesee and Orleans Counties since 1967 as a Head Start grantee. Over the years, we have added and expanded our services and now provide services from birth to age 5 for children, assuring comprehensive services and individualized learning to provide the optimum opportunities for growth while in the program. We provide primary caregiving for children from birth through 3 and whenever possible have the same staff work with children for both years of the pre-school program. The families we serve are very vulnerable, especially in the current fiscal climate. We have routinely had up to 20% of the children we serve in Head Start receive services due to disabilities. We also have UPK collaborations with 2 of our school districts, therefore providing excellent pre-school opportunities for the most vulnerable children in those districts.

• Community Action
Angels

• Eastern Orleans
Community Center

• Emergency Services/
Family Development

Community Action is also the Child Care Resources and Referral (CCR&R) agency for both Orleans & Genesee counties. As such, we provide parents and businesses with education and referrals about child care, including what to look for to determine quality. CCR&R also provides education, training and assistance to providers promoting high quality care at all levels. We are actively involved with NACCRRRA and the Early Care and Learning Council and strongly support QUALITYstarsNY. During the past year we have worked with some childcare providers to assist them in preparing for the QUALITYstarsNY standards.

• Food Stamp
Outreach

• Head Start

As a Community Action agency we have a long history of providing services that meet our mission: **Helping People, Changing Lives.** Our commitment to early childhood education and development is strong, knowing that the younger we begin to educate children, the greater the opportunity for success in life, no matter the path taken. We regularly provide parent supports and education, as we know that *the parent is the child's first and most important teacher.* We continually collaborate with local businesses and agencies, as well as state and national groups to provide the best services possible. The addition of the *Race to the Top: Early Learning Challenge* grant for New York state and all children in our communities would mean additional resources to help us carry out our mission even more fully in the years to come!

• HEAP/
Energy Packaging

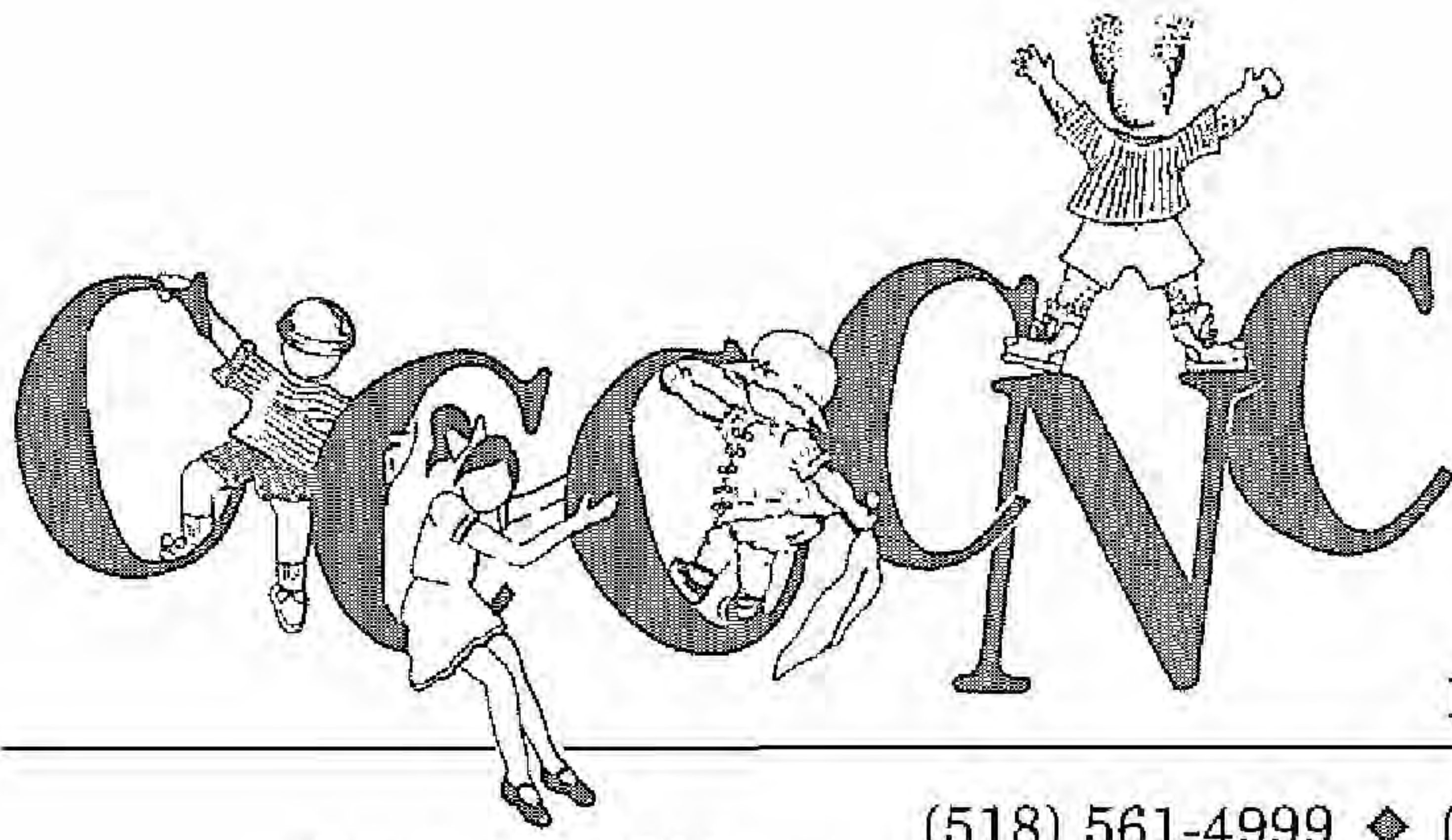
• The Main Street
Store

Sincerely,

Bonnie B. Malakie, Director of Children & Youth Services

• Weatherization/
NYSERDA

CC: Edward F. Fancher, Executive Director; Lisa Friesen, CCR&R Coordinator



*Child
Care
Coordinating
Council
of the North Country, Inc.*

194 US Oval ♦ P.O. Box 2640 ♦ Plattsburgh, NY 12901

(518) 561-4999 ♦ (518) 566-7517 ♦ 1-800-540-2273 ♦ Fax (518) 561-6956

October 7, 2011
Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany NY 12224

Dear Governor Cuomo,

On behalf of the Child Care Coordinating Council of the North Country, Inc., I wholeheartedly support the Race to the Top: Early Learning Challenge. We serve 500 early childhood professionals in the North Country Adirondack Region with our Child Care Resource and Referral Services as well as over 1000 families who are raising young children with our Adirondack Family Resource Center Network. We are well aware of the challenges both child care professionals and families face raising youngsters today.

We are one of the QUALITYstarsNY Field Test sites and our state must fully implement this quality rating and improvement program so that early childhood professionals can have real data to measure the quality of their programs and financial incentives to make meaningful improvements.

We must start paying more attention to children's growth and development, especially their social and emotional health. Research informs us that the first 3 years of a child's life are critical in all aspects of growth and development and especially so with regard to bonding, attachment, trust, initiative, and prosocial skill development. With this in mind, our state must do more to support parents raising young children. Too often, they face a multitude of complex challenges that impinge on their ability to raise well-adjusted, healthy children.

The 1000 families we work with each year participate in The Incredible Years parenting classes, Parents Anonymous® support groups, parent-child play and social programs and developmental screenings. Each community in our state needs a family resource center where these vital services are offered. Build them and they will come! Our parents, child care professionals and children will thank you.

Our mission is to support and strengthen parents and child care professionals who endeavor to raise healthy, well educated children. With this in mind,

Sincerely,

(b)(6)

Jamie L. Basiliere
Executive Director

The only future our society has is the next generation.



Child Care Council of Dutchess and Putnam, Inc.

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Fax (845) 473-4161
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Putnam Office
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Mailing Address: P.O. 1029
Carmel, NY 10512
Telephone (845) 808-1659
Fax (845) 225-1279

October 4, 2011

The Honorable Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo:

I am writing in strong support of New York State's proposal for the Early Learning Challenge Grant. As the Executive Director of the Child Care Council of Dutchess and Putnam Counties, I am aware of the challenges parents and children face in accessing quality early care and education programs. Parents want children to be in the best settings to ensure a solid foundation for long term development; all children deserve to be in environments that prepare them for success in school.

Parents contact the Child Care Council everyday looking for child care that is safe and developmentally appropriate, but often do not know what to look for. QUALITYstarsNY, New York State's quality rating and improvement system, will provide a guide for parents to make informed decisions for their children's future. It will also give child care providers guidance, support and encouragement to improve their programs.

As a professional in the field of early care and education, I am pleased that the New York State Department of Education has adopted prekindergarten learning standards that address the five domains of child development. These standards not only address the importance of quality early education, they promote the alignment between early and elementary education.

New York State provides supports for children and families, but there is much more to be done. The Early Learning Challenge Grant will make it possible for New York State to make the necessary investment to strengthen and expand its early education system.

Sincerely,

(b)(6)

Jeanne Wagner
Executive Director



Advisory Committee
to Dutchess County



The Committee for Hispanic Children and Families, Inc.

110 William Street, Suite 1802, New York, NY 10038 T: 212-206-1090 F: 212-206-8093 www.chcfinc.org

October 7, 2011

Elba I. Montalvo
Founder & President/CEO

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Governor Andrew Cuomo
c/o Ms. Katie Campos
Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo:

Thank you for your commitment to promoting high quality services for children and families. I write on behalf of CHCF (The Committee for Hispanic Children and Families) and as part of the Early Childhood Advisory Council (ECAC) and NYS Early Care and Learning Council network. In this capacity, I fully support New York State's application for a Race to the Top: Early Learning Challenge Grant.

Since 1982, CHCF has been dedicated to combining education and advocacy to expand opportunities for children and families, and strengthen the voice of the Latino community. Believing that the most effective way to support Latino families is by building upon their existing strengths and fostering self-sufficiency, CHCF provides a number of programs and services to the community through Youth Development programs and an Early Care & Education Institute. Our policy work, grounded in our direct services, amplifies the voice of our communities on the local, state, and national policy levels around issues of child welfare, early care, education, juvenile justice, and the well-being of Latino children.

Latinos and the Spanish-speaking communities account for the vast majority of the children served in early care and education settings since 80% of community-based teachers and 68% of those who are school-based reported Spanish as the first language spoken by their children. Through our Early Care and Education Institute, we strive to build a culturally-competent workforce and services by providing professional development, training and technical assistance related to meeting the needs of English-language learners (ELLs) and culturally and linguistically diverse children.

Furthermore, as part of the design team and field test site for QUALITYstarsNY, CHCF fully understands the importance and all the intricacies related to deploying a state-wide Quality Rating and Improvement System (QRIS) for Early Care and Education. We continue to work hard to ensure that NYS has a culturally-proficient, comprehensive, and tiered education system. We are committed to data collection, research, and technical assistance to assist State agencies and other partners in implementing QUALITYstarsNY and in including measures related to cultural competency.

We applaud the steps NYS has already taken to improve its early education system and we wholeheartedly endorse this application because we believe it will further advance the education of NYS's children.

Sincerely,

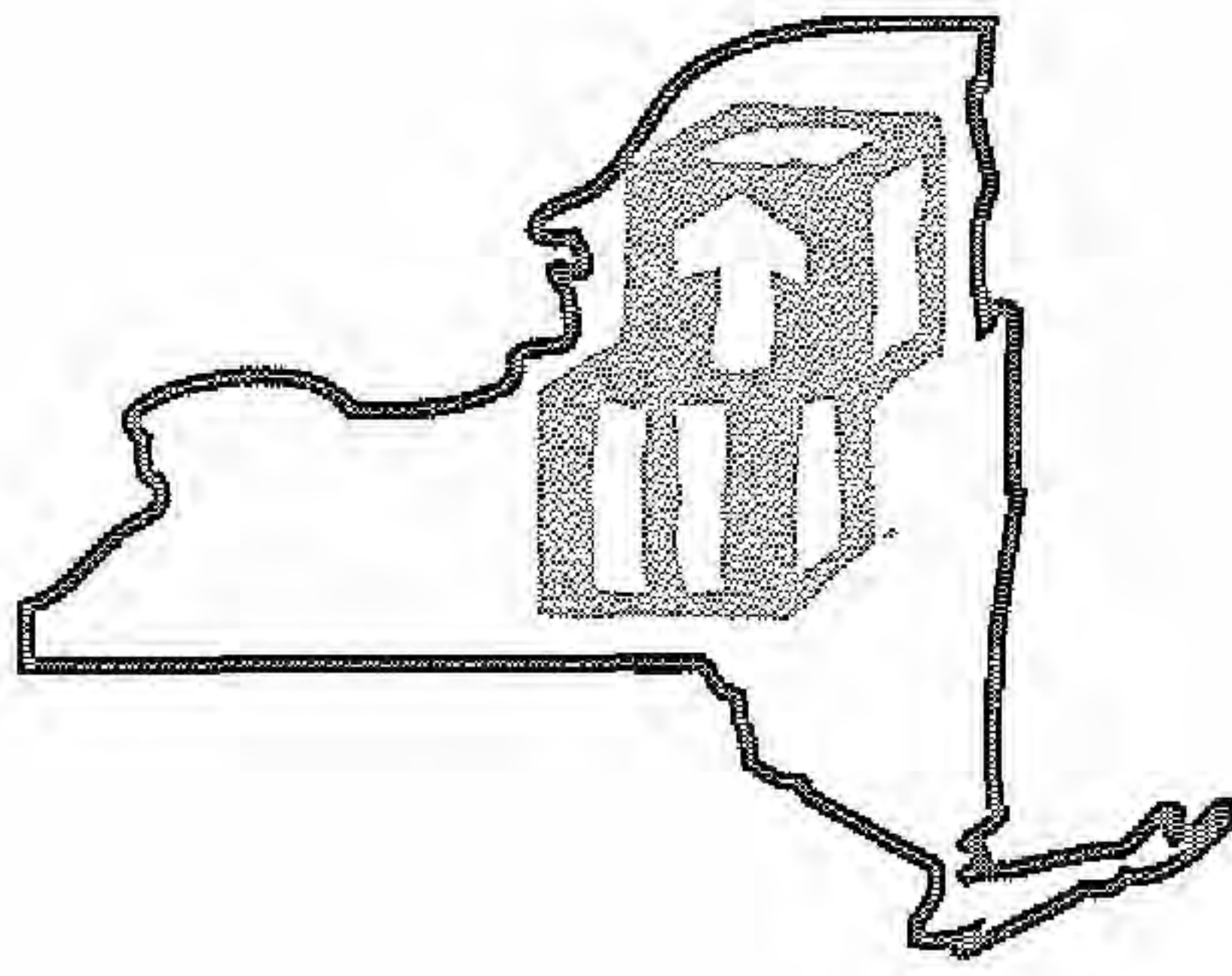
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Elba Montalvo
President & CEO

30th
anniversary

1982-2012

Other Intermediary Organizations



NEW YORK STATE HEAD START ASSOCIATION

September 27, 2011

Governor Andrew Cuomo
C/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, New York 12224

Dear Governor Cuomo;

On behalf of the New York State Head Start Association, representing over 63,000 children and families served by Head Start and Early Head Start Programs across the State of New York, and the Board of Directors composed of Head Start Program Directors, Head Start Staff, Head Start Parents as well as Friends of Head Start, we applaud your initiative to apply for the Race to the Top: Early Learning Challenge Grant. The early childhood community in New York State, in our opinion, is among the best in the country. They have been working tirelessly for years to improve learning opportunities for children. With this grant the collaboration and cooperation of the New York State Early Childhood Advisory Council should exceed all of the benchmarks they have set: implementing Quality Stars NY, developing standards and using effective comprehensive assessment systems for children Birth to Five. The engagement of parents in their child's education will also be included in their strategies along with the child's health and developmental progress.

These are also the beliefs and philosophy of all Head Start Programs and the New York State Head Start Association. The grant is an opportunity for seamless services for all children from birth to five by strengthening collaborations among all early childhood organizations and associations. We enthusiastically support your efforts to secure these funds.

Sincerely,

(b)(6)

Mary E. Farmer

President, NYSHS Assoc.

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EMAIL: nyshsa@capital.net • WEBSITE: nyheadstart.org

A-73

New York Zero-to-Three Network

Infancy Leadership Circles: Building Cross System Partnerships

September 28, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo,

The Erie County Infancy Leadership Circle unequivocally supports New York State's application for the Race to the Top – Early Learning Challenge Grant to support the development of New York's early childhood system. The funding from the Early Learning Challenge Grant is critical to New York's youngest citizens and will enable New York to increase access for children to high quality early childhood programs and services; implement QUALITYstarsNY, a quality rating and improvement system; and address the health, behavioral and development needs of all children.

The Erie County Infancy Leadership Circle is part of a network of New York State Infancy Leadership Circles (8) sponsored by the New York Zero-to-Three Network. The Erie County Infancy Leadership Circle is a collaboration of approximately thirty community groups who serve babies and their families. This collaborative has identified community strengths and areas of need that will guide our work of developing comprehensive infant and toddler services for Erie County families. The Erie County Infancy Leadership Circle activities will support New York's Early Learning Challenge Grant priorities, specifically in the areas of addressing the health, behavioral and developmental needs of young children; engaging and supporting families; implementation of QUALITYstarsNY; and support of a competency-based framework to increase the skill, knowledge and ability in the early childhood workforce.

Additionally, the award of the Early Learning Challenge Grant to New York State will assist the Erie County Infancy Leadership Circle in meeting our goals. The Early Learning Challenge Grant will enable New York State to build an early learning data system, implement a common state-wide kindergarten entry assessment and develop and use high quality early learning and development standards. These initiatives will enable the Erie Infancy Leadership Circle to be more successful in helping young children during the most important time of their development.

The Erie County Infancy Leadership Circle fully supports New York State's application for the Race to the Top – Early Learning Challenge Grant and look forward to the opportunities this funding will provide for our young children to be successful in school and in life.

Sincerely,
[Redacted Signature]

Jackie Jones ✓

Submitted on-behalf of Infancy Leadership Circle/Erie Members

Co-Director of NYS Infancy Leadership Circles
Project of New York Zero to Three Network

List of participating agencies/programs include:

Child Care Resource Network
Early Childhood Direction Center
EPIC – Every Person Influences Children
Empire State College
Journey’s End Refugee Services
Catholic Charities – WIC Program
Westminster Early Childhood Program
Early Childhood Connections Program/Help Me Grow
Bornhava
Niagara University
Early Head Start
Head Start
Buffalo West Even Start
Buffalo State College
Edukids
Success By Six
United Way
Community Health Foundation
Westminster Early Childhood Program
Erie Community College
Niagara Day Care
HSBC Family Center
Jewish Community Center
The Belle Center
Catholic Charities Early Childhood Program
Children’s Place
University of Buffalo
Homespace
Catalyst Research
Early Childhood Advocates



Family Child Care Association of New York State, Inc.

P.O. Box 5486 Albany, New York 12205
518-463-4794
www.fccanys.org

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

October 5, 2011

Dear Governor Andrew Cuomo,

We are writing to show intent for the Race to the Top: Early Learning Challenge. FCCANYS understands that this initiative is designed to support NYS in developing early childhood systems that will give children access to high quality early childhood programs and services.

The mission of the Family Child Care Association of New York State, Inc. is to act as a united voice to promote and strengthen the professionalism of providers thereby improving the quality of family child care. FCCANYS is a non-profit, professional statewide organization dedicated in supporting NYS family child care providers and local family child care associations.

Continual training and education is critical in providing quality child care. FCCANYS has offered an annual conference to NYS providers since 1991. We take great pride in seeking high caliber keynotes and presenters who are educated professionals in the early childhood field. These professionals captivate, motivate, educate and inspire child care providers. Training opportunities include; QUALITYstarsNY, CACFP, National Accreditation and issues addressing children's health, behavior, and developmental needs. These trainings positively affect the children of NYS.

FCCANYS, Inc., founded in 1975, is run by dedicated volunteers who are passionate about the profession of family child care and increasing the quality of child care in NYS. Our board members are involved in numerous organizations, statewide, nationally and internationally, including but not limited to:

- QUALITYstarsNY
- Early Childhood Advisory Council
- Career Development Initiative
- National Association for Family Child Care
- International Family Day Care Organisation
- New York State Association for the Education of Young Children
- Family Child Care Credential
- Winning Beginnings

FCCANYS supports the Race to the Top: Early Learning Challenge. This funding will provide essential foundations for the children of New York State.

Sincerely,
Heather Schwegler
FCCANYS Vice-President

The mission of the Family Child Care Association of New York State, Inc. is to act as a united voice to promote and strengthen the professionalism of providers thereby improving the quality of family child care.

New York Zero-to-Three Network

Infancy Leadership Circles

To Honorable Governor Andrew Cuomo
Governor of New York

October 5, 2011

Dear Governor Cuomo,

I am writing to you in support of New York State's application for a Race to the Top: Early Learning Challenge Grant. As co-director of the Infancy Leadership Circles movement in the state, I have had the privilege of bringing together professionals who work with infants and toddlers in disparate counties, listening to their concerns, and brainstorming together what we can do locally and on the state level to better prepare young children for school and life.

Issues that come up again and again include:

- Lack of public awareness of the importance of the early years and specific issues such as breast feeding
- Need for parenting education and knowledge of resources
- Limited focus on strengthening the parent-child relationship
- Significant gaps in the continuum of services to families with infants and toddlers (within and across counties), including lack of quality child care
- Weaknesses in recruitment, retention, and promotion within the professions, including incentives for improving quality
- Missed opportunities for inclusion of professionals in related fields and parents
- Administrative challenges for programs and services such as travel distances between clients, decline in reimbursement rates for service, cuts in funding, and difficulty in merging resources

I believe New York State's Early Learning Challenge Grant addresses many of these issues and deserves to be funded at this time. New York has made critical efforts through its Early Childhood Advisory Council to draft a comprehensive plan that will include structures to address these issues, such as the QUALITYstarsNY for improving quality of child care, comprehensive assessment of children at kindergarten entry, New York Works for Children, and early learning data collection.

The mission of the Infancy Leadership Circles is to be the communication pipeline for the infancy movement in New York State. This pipeline moves local issues to the state level and takes state issues and initiatives directly to communities to advance comprehensive services for babies and their families. The professionals in our Infancy Leadership Circles want to cooperate and coordinate services across systems to address health, behavioral health, and developmental needs of infants and toddlers. They have each set specific short-term goals to help in this process

within their counties. At the same time, the circles are eager to learn about activities on the state level and help with overall implementation of the projects described in the Early Learning Challenge Grant. A copy of our *Six-Month Performance Report* is at www.nyzerotothree.org.

The evidence is mounting that experiences in the infant and toddler years are vitally important for so many aspects of healthy development and a productive life. I hereby heartily endorse New York's Early Childhood Challenge proposal and will work with the Infancy Leadership Circles to implement it.

Sincerely,

(b)(6)

Carole Oshinsky

Co-director, Infancy Leadership Circles

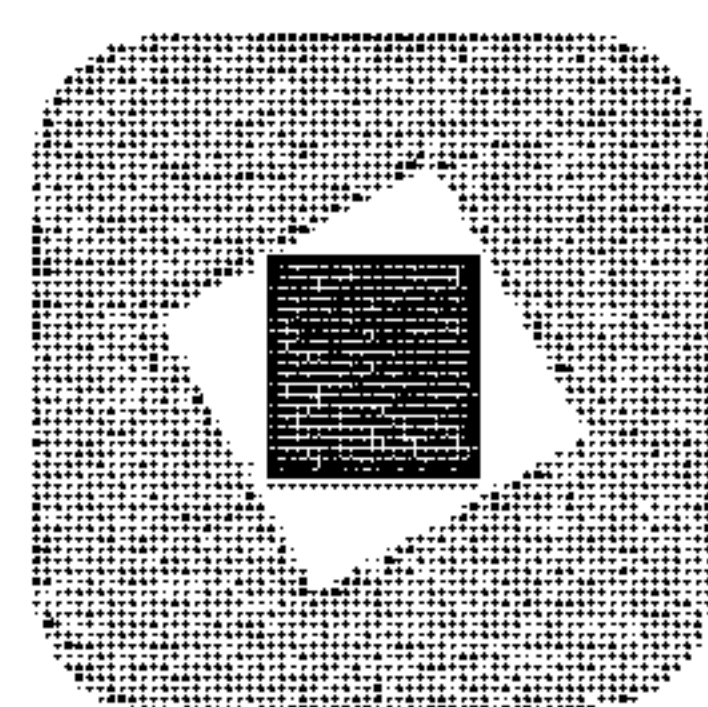
A Project of New York Zero-to-Three Network

180 Riverside Drive #6B,

New York, NY 10024

Email: coshinsky@nyzerotothree.org

www.nyzerotothree.org



early care &
Learning COUNCIL

New York's child care resource network

October 5, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo:

The Early Care & Learning Council (ECLC) and New York State's Child Care Resource and Referral (CCR&R) agencies wholeheartedly support New York State's Early Learning Challenge (ELC) grant application. As the network hub for NYS CCR&R agencies, we provide a variety of services that will support the high quality system components included in the ELC grant including coordination, technical support and training, mentoring and coaching to the CCR&R network that provides a framework for joint problem solving and program expansion.

CCR&Rs are organized by county or multi-county regions, many of which include a mix of urban and rural communities. This important network provides information about early care and education to parents, public officials, the media, civic leaders and the public. All perform annual needs assessments, and are active in community collaborations to improve the quality and availability of early care and learning services. All of New York State's CCR&R agencies and the ECLC are engaged in the process of meeting national accreditation standards for CCR&R practice developed by the National Association of Child Care Resource & Referral Agencies, NACCRRA. This will ensure high quality standard service delivery across the state.

CCR&R agencies have the unique ability to provide the links to parents, child care providers, community agencies, local governments and employers. Each CCR&R agency provides families of all incomes with information, consultation and referrals to child care and early learning options. Each year, CCR&Rs connect via phone, e-mail, internet and in-person with thousands of parents in every part of the state and participate in community efforts to improve the quality and availability of early care and education services.

The Early Learning Challenge funding is critical in expanding services to the youngest and most at risk children in our state. We commend the Governor's office for the role it has taken in convening statewide partners to develop an application that will work to meet the needs of at-risk families and prepare our children for success in school and in life. The development of this grant application is the culmination of larger efforts in New York State to develop a Quality Rating and Improvement System (QUALITYstarsNY) and align various early learning standards and guidelines. The CCR&R network had a central role in the development of the QRIS system and will continue to provide leadership and services as the system is expanded.

The Early Care & Learning Council is well-positioned to provide state-level coordination to the CCR&R network agencies supporting QUALITYstarsNY implementation throughout the state. This will include technical assistance, training and curriculum development to ensure consistent service provision; participation in statewide planning efforts; coordination of data collection and reporting; evaluation of services and providing quality assurance for CCR&R network services.

The ECLC and our network of CCR&R agencies will support the successful implementation of QUALITYstarsNY in their communities whether directly or through partnering relationships in multiple ways. Highlights of our work to support NYS's efforts will include:

- Parent and community outreach and orientation to the QUALITYstarsNY system and standards.
- Consumer referrals to QSNY-rated programs in their area (the existing CCR&R database software is already programmed to provide and track these referrals).
- Program and provider outreach, recruitment and orientation to QUALITYstarsNY.
- Assisting QUALITYstarsNY participants with the development of program improvement plans based on assessments.
- On-site Technical Assistance and mentoring designed to implement quality improvement plans and advance programs along the quality continuum.
- Specialized Technical Assistance provided by Infant/Toddler Specialists and Child Care Health Consultants.
- Localized application and management of grants and stipends that serve as QUALITYstarsNY incentives.
- Providing a continuum of learning opportunities in many formats, schedules and locations.

We enthusiastically support the New York State application for the Early Learning Challenge grants. Together we will establish a high quality system of early care and education that meets the needs of our youngest New Yorkers and moves our state forward.

Sincerely,

(b)(6)

MARINA BASIOE, EXECUTIVE DIRECTOR
Early Care & Learning Council

(b)(6)

Kathy Halas, Board Chair
Early Care & Learning Council

We submit this letter on behalf of the Early Care & Learning Council and the network of CCR&R agencies across New York State. Our network of agencies is in full support of the grant application and is listed below.

Susan Belmont, Child Care Services Director
ACCORD Corporation

Patricia Skinner, Executive Director
Capital District Child Care Council, Inc.

Alan Jones, Executive Director
Adirondack Community Action Programs, Inc.

Nancy Kolben, Executive Director
Center for Children's Initiatives

Christy Houck, Program Director
Catholic Charities of Delaware & Otsego

Bonnie Scott-Sleight, CCR&R Director
Chautauqua Child Care Council

Ruth Krusen, Executive Director
Chemung County Child Care Council, Inc.

Donna Adams, Executive Director
Chenango County Child Care Coordinating Council

Barry Cheung, Acting Director
Chinese American Planning Council, Inc.

Jamie L. Basiliere, Executive Director
Child Care Coordinating Council of the North
Country, Inc.

Elizabeth Kuriplach, Executive Director
Child Care Council of Orange County, Inc.

Lorraine Kinney-Kitchen, CCR&R Director
Child Care Council of Oneida County, Cornell
Cooperative Ext.

Jeanne Wagner, Executive Director
Child Care Council of Dutchess & Putnam, Inc.

Barbara-Ann Mattle, CEO
Child Care Council, Inc.

Jan Barbieri, Executive Director
Child Care Council of Nassau, Inc.

Janet Walerstein, Executive Director
Child Care Council of Suffolk, Inc.

Kathleen Halas, Executive Director
Child Care Council of Westchester, Inc.

Sue Dale-Hall, Executive Director
Child Care Development

Christina Wilson, Executive Director
Child Care & Development Council of Oswego

Susan Block, Executive Director
Child Care Resource Network

Jane Brown, Executive Director
Child Care Resources of Rockland, Inc.

Peggy Liuzzi, Executive Director
Child Care Solutions

Anita Franklin, Child Care Services Director
Child Development Support Corporation

Julie McCoy, Executive Director
Child & Family Resources, Inc.

Ms. Elba Montalvo, Executive Director
Committee for Hispanic Children & Families, Inc.

Lisa M. Friesen, CCR&R Coordinator
Community Action of Orleans & Genesee

Angela Conde-Burns, Program Director
Community Child Care Clearinghouse of Niagara

Anne Withers, Executive Director
Cortland Area Child Care Council

Andrea Anthony, Executive Director
Day Care Council of New York, Inc.

Ms. Janelle Montgomery, CCR&R Director
Delaware Opportunities, Inc.

Jennifer Perney, CCR&R Director
Family Enrichment Network, Inc.

Carroll Sisco, Project Director
Family of Woodstock, Inc.

Catherine Brodeur, Project Director
Jefferson-Lewis Child Care Project

Meg Parsons, Program Coordinator
Schoharie County Community Action Program, Inc.

Debbie MacDonald, Executive Director
Schuyler County Child Care Coordinating Council, Inc.

Lynn Sickles, Executive Director
Southern Adirondack Child Care Network, Inc.

Carla Hibbard, Project Director
Steuben Child Care Project

Bruce Stewart, Director
St. Lawrence Child Care Council

Donna Willi, Executive Director
Sullivan County Child Care Council, Inc.

Honorable Andrew Cuomo
Governor of New York
Executive Chamber
Albany, New York 12224

October 7, 2011

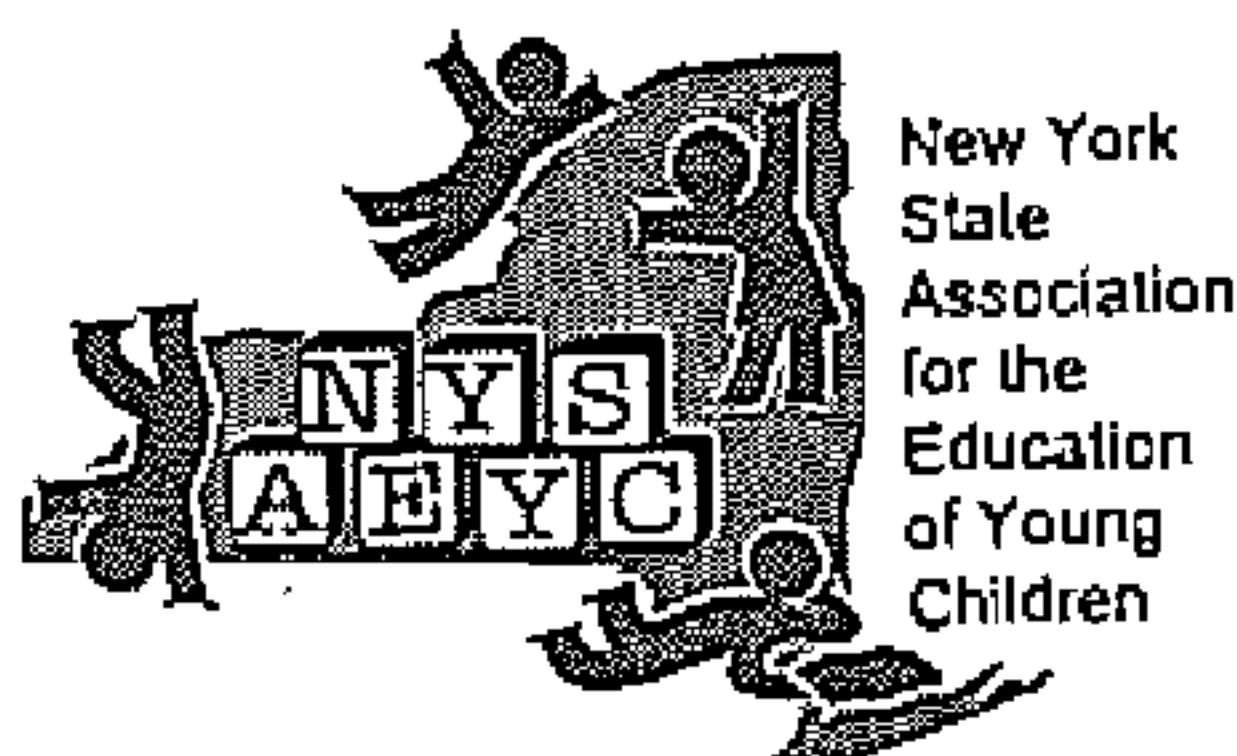
Dear Governor Cuomo:

On behalf of the New York State Association for the Education of Young Children (NYSAEYC), we would like to express our ardent support for New York State's Race to the Top - Early Learning Challenge application. NYSAEYC is a professional association for early childhood educators with more than 5,000 members in New York. Our members represent all aspects of the early care and education field including educators, administrators, teacher educators, researchers and policy makers. We are committed to promoting excellence in early care and education and ensuring that all New York's children have access to high quality programs with well prepared and effective teachers.

The Race to the Top – Early Learning Challenge recognizes the success of quality program improvement efforts and improved outcomes for children must be linked to a system that prepares excellent early childhood administrators and educators. The experience and education of early childhood professionals in New York is as diverse as our early learning and development programs and the children and families they serve. Therefore, we need a system of professional preparation and ongoing professional development that meets the needs of individuals in our field and ensures each possesses the knowledge, skills and dispositions to be excellent educators.

NYSAEYC and our members have played an integral role in many of the current initiatives designed to improve the quality of early learning and development programs with a particular focus on the professional preparation and development of the early childhood workforce. NYSAEYC has participated in the development of the standards for QUALITYstarsNY, the Early Learning Guidelines, the Pre-k Standards, and; serves as the co-chair of the Early Childhood Advisory Council workforce development workgroup which is charged with overseeing the development and implementation of our comprehensive workforce development system, New York Works for Children.

NYSAEYC's work has always focused on programs and services that support early childhood professionals in deepening their knowledge and competencies. We have consistently aligned our professional development work the Core Body of Knowledge, New York's knowledge and competency framework. We currently administer four credit-bearing credentials. The NYS Infant Toddler Credential, NYS Family Child Care Credential and the NYS Program Administrators' Credential are designed to provide educators and administrators with the



New York State Association for the Education of Young Children
230 Washington Avenue Extension, Albany, New York 12203
518-867-3517/ Fax 518-867-3520
nysaeyc@capital.net / www.nysaeyc.org

specialized knowledge and competencies they need. The NYS Early Learning Trainer credential was developed to evaluate the qualifications, experience and competencies of those providing professional development. Each of these is a critical component of a comprehensive workforce development system.

We thank you for your commitment to young children and leadership on The Race to the Top – Early Learning Challenge application. This affords New York an unprecedented opportunity to implement a comprehensive and coordinated high quality early learning system that supports program quality improvement, increased efficacy of early childhood educators and a robust data system that will continually inform our work. NYSAEYC stands ready to contribute to these efforts and looks forward to working with the state to ensure all New York's children are ready to succeed in school and life.

Sincerely,

(b)(6)

Kristen Kerr, Executive Director
NYS Association for the Education
of Young Children

(b)(6)

Carol Rogers, President
NYS Association for the Education
of Young Children



New York State Early Childhood Advisory Council

Robert G. Frawley, Co-Chair
NYS Council on Children & Families

Sherry Cleary, Co-Chair
NYC Early Childhood Professional
Development Institute

October 12, 2011

Governor Andrew Cuomo
Executive Chamber
State Capital
Albany, NY 12224

Dear Honorable Governor Cuomo,

It is with great enthusiasm that the New York State Early Childhood Advisory Council wholeheartedly endorses New York State's application for the Race to the Top Early Learning Challenge Grant. The Early Childhood Advisory Council (ECAC), established in 2009, serves as the state's coordinating body for promoting our early childhood agenda and includes representatives of state agencies and public and private individuals and organizations that are committed to the vision that: All New York's young children are healthy, learning and thriving in families that are fully engaged in their child's education and supported by high quality early learning and development programs and the additional supports and services needed to ensure school readiness.

The ECAC has been instrumental in advancing, especially in high-needs areas where many vulnerable children and families reside, the key priorities addressed in the proposal, including:

- QUALITYstarsNY, a tiered quality rating and improvement system, that has been extensively tested throughout the state;
- *New York Works for Children*, a system of early childhood workforce and professional development;
- Social-emotional development consultation for early learning and development programs;
- Developmental screening system that includes appropriate referrals and strong community and parental support;
- Comprehensive child assessment; and
- A comprehensive data system that supports a high quality system of early learning and development programs.

The ECAC is committed to continue working with the Office of Children and Family Services, as well as other state agencies and intermediary organizations throughout the state, to implement the Early Learning Challenge Grant priorities. The ECAC is well-positioned to promote and advance the priorities in the Early Learning Challenge through its extensive networks at the state, regional and local levels. We greatly appreciate your enthusiastic support and leadership in promoting early childhood through this proposal. Together we will establish a high-quality,

52 Washington Street
West Building, Suite 99
Rensselaer, New York 12144

Supported in part by the BUILD Initiative

comprehensive system of early learning and development that meets the needs of our youngest New Yorkers and moves our state forward.

Sincerely,

(b)(6)

Bob Frawley, Co-chair
Director . NYS Head Start
Collaboration Project

Sherry Cleary, Co-Chair
Executive Director, NYC Early
Childhood Professional Development
Institute

ECAC Members:

Ingrid Allard
Albany Medical College

Denise Dowell
CSEA – Early Learning & Care Programs

Stacy Alvord
New York Public Welfare Association

Recy Dunn
NYC Department of Education
Early Childhood Services

Evelyn Blanck
New York Center for Child Development

Andre Eaton
Parent Child Home Program

Phil Cleary
NYS United Teachers

Maggie Evans
Agri-Business Child Development

Pedro Cordero
Council of School Supervisors &
Administrators

Dana Friedman
The Early Years Insitute

Nancy Cupolo
ACCESS (Associate Degree Early Childhood
Teacher Educators)

Daris Fromberg
NYS Association of Early Childhood
Teacher Educators

Rachel de Long
NYS Department of Health,
Bureau of Maternal & Child Health

Denise Harlaw
NYS Community Action Association

Chris Deyss
Prevent Child Abuse New York

Melanie Hartzog
NYC Administrator for Children's Services,
Division of Child Care and Head Start

Liz Hood

NYS Education Department
Office of Cultural Education

Mark Jasinski

NYS Prekindergarten Administrators
Association

Jackie Jones

Infant/Toddler Specialist and Early Head
Start

Ira Katzenstein

NYS Head Start Association

Kristen Kerr

NYS Association for the Education of Young
Children

Debby King

1199 SEIU and NY Union Child Care
Coalition

Karen Kissenger

NYS Office of Children and Family Services
Division of Child Welfare & Community
Services

Nancy Kolben

Center for Children's Initiatives

Lee Kreader

National Center for Children in Poverty

Linda Landsman

Rauch Foundation

James Langford

Children's Aid Society

Patti Lieberman

A.L. Mailman Family Foundation

Dina Lieser

Docs for Tots NY

Karen McGraw

NYS Council of School Superintendents

Jim McGuirk

Astor Services for Children and Families

Mary McHugh

NYS Office of Mental Health
Division of Children and Family Services

Meg McNiff

NYS Education Department
Office of Early Learning

Anne Mitchell

Early Childhood Policy Research

Janice Molnar

NYS Office of Children and Family Services
Division of Child Care Services

Elba Montalvo

Committee for Hispanic Children and
Families

Donna Noyes

NYS Department of Health
Early Intervention Program

Gwen O'Shea

Health and Welfare Council of Long Island

Monique Rabideau

NYS Office of Temporary & Disability
Assistance
Division of Child Support Enforcement

Sandy Rybaltowski
NYS Education Department
Vocational & Educational Services for
Individuals
With Disabilities

Carol Saginaw
Child Advocate

Maryanne Schretzman
NYC Office of the Deputy Mayor for Health
and Human Services

Mary Shaheen
United Way of New York State

Lynda Weismantel
Family Child Care Association of
New York State

Meredith Wiley
Fight Crime: Invest in KIDS NY

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Sherry M. Cleary
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Secretary

Doris P. Fronberg
Member, At-Large

October 12, 2011

The Honorable Andrew M. Cuomo
Governor of New York State
Executive Chamber - State Capitol
Albany, NY 12224

Dear Governor Cuomo:

It is my pleasure to support New York State's application for the Race to the Top Early Learning Challenge. The New York State Association of Early Childhood Teacher Educators represents the faculty in higher education responsible for preparing the next generation of teachers and leaders serving children from birth to age eight. Our focus is to:

- To promote the professional growth of our membership
- To advocate for improvements in early childhood teacher education
- Provide a forum for consideration of issues and concerns of interest to educators of early childhood teacher educators
- Provide a communication network for early childhood teacher educators
- Facilitate the interchange of information and ideas about research and practice
- Use, as vehicles, the Journal of Early Childhood Teacher Education, conferences, resolutions, position papers, and other publications
- Cooperate with other national and international organizations concerned with the study and education of young children.

Several of our members participated on teams that helped to develop both the new competency-based Core Body of Knowledge and the Early Learning Guidelines. We will work to ensure that these essential tools, critical to the success of the Early Learning Challenge, will be integrated into our coursework, yielding a more effective early childhood workforce.

We endorse the change in requirements for teachers who seek to earn an early childhood extension; additional coursework and practical experience in child development will help teachers meet the needs of all young children, especially those presenting the highest need. New York's children deserve nothing less.

Sincerely,

(b)(6)

Sherry M. Cleary
President

Unions

Since 1910



Local 1000 AFSCME, AFL-CIO

Danny Donohue
President

Denise Berkley
Secretary

Mary E. Sullivan
Executive Vice President

Joe McMullen
Treasurer



Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo,

I write to support New York's Race to the Top: Early Childhood Challenge Grant proposal.

CSEA brings together and represents almost 300,000 public and private sector employees in New York. We represent more than 10,000 registered, licensed group, and legally-exempt enrolled family child care providers serving non-related children (outside NYC). CSEA is an appointed member of the Early Childhood Advisory Council.

The Early Childhood Challenge Grant will enable New York to implement QUALITYstarsNY, a tiered quality rating and improvement system designed to improve the quality of New York's early childhood programs to improve outcomes for children. QUALITYstarsNY, when implemented with sufficient resources to support the participation of family child care providers, will go a long way toward ensuring that more low income children are enrolled in high quality early learning and care programs.

CSEA's Early Learning and Care Program initiatives are laying a foundation for family child care providers across the state to participate and be successful in QUALITYstarsNY. Last year, more than 2,000 regulated family child care providers received \$500 Child Care Quality Grants enabling them to begin to meet QUALITYstarsNY Standards. This coming year, in addition to continuing to administer Quality Child Care Grants, CSEA will develop and deliver six on-line learning modules designed to enable providers to fulfill "Management and Leadership" standards. Classroom training designed for and delivered to legally-exempt enrolled family child care providers serving non-related children provides an avenue for these providers to engage in professional development and consider registering with the state to establish a family child care business. We are working now to establish a family child care business support and call center for our members. As we answer hundreds of phone calls daily and speak face-to-face with thousands of providers every year, we are uniquely positioned to encourage and support family child care providers to participate in QUALITYstarsNY, greatly enhancing the value of resources contributed by New York State and the Early Childhood Challenge Grant.

Family child care is often the only option for working families residing in rural areas and for those working jobs with non-traditional hour shifts. Parents choose family child care because it offers small group sizes, continuity of care, and a nurturing, home environment that functions like extended family and is more flexible and affordable. More than 50% of children eligible for and receiving child care subsidies outside New York City are currently enrolled in family child care.

This grant will support New York to establish essential infrastructure and tools needed to promote school readiness for all children, a fundamental cornerstone of the economic stability and growth of our state now and in the future.

Sincerely,

Danny Donohue, CSEA President

CSEA, Inc. • 143 Washington Avenue, Albany, NY 12110 • 518-257-1000 • 1-800-342-4146
www.csealocal1000.org



New York Union Child Care Coalition

(A Committee of the New York City Central Labor Council & New York State AFL-CIO)

Telephone: (212) 494-0524 Facsimile: (212) 239-4364 website: www.nyunionchildcarecoalition.org

October 13, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo,

I am writing to enthusiastically support New York's Race to the Top: Early Learning Challenge initiative because it will improve the quality of child care for our most at risk children.

The New York Union Child Care Coalition formed in 1994 with the primary goal of addressing the urgent need to change the workplace to reflect the reality of the needs of today's working families and increase their access to quality child care. As a result of the Facilitated Enrollment Projects over \$70 million has been distributed across New York State to various projects in New York City, Monroe County, Oneida County and the Capitol Region to ease the burden that families bear due to the increasingly staggering costs of child care

Thousands of union and non-union families and their children up to thirteen years of age have received the benefit afforded by child care subsidies since the project's inception in 2002. A variety of unions including District Council 37, UFT, UNITE-HERE, Teamsters Local 237, CWA, 1199 SEIU United Healthcare Workers East, and TWU have been active participants and had their members receive the opportunity to upgrade the quality of care for their children, reduce their absences and lateness due to unreliable child care arrangements and free up some dollars out of a limited income for other life necessities (better food, safer apartment, etc).

Accessible, affordable, and quality care for infants, toddlers, preschoolers, and school-age children is essential to both society and a productive work force. Without subsidized child care, parents are forced to place their children in the care, which may mean a comprised level of safety and a learning experience that falls far short of high-quality, developmentally appropriate care. Additionally an inability to pay for quality child care has resulted in the underemployment of many workers and also contributes to increased rates of turnover, absenteeism, and their consequent impact on earnings and employment stability.

In closing, I'd like to thank you for your leadership on this initiative that will provide a vital service for New York's working parents.

Sincerely,

(b)(6)

Deborah King
Chair



C/O P.O. BOX 1010, NEW YORK, NY 10108-1010



Richard C. Iannuzzi, *President*
Andrew Pallotta, *Executive Vice President*
Maria Nelra, *Vice President*
Kathleen M. Donahue, *Vice President*
Lee Cutler, *Secretary-Treasurer*

October 12, 2011

The Honorable Andrew M. Cuomo
Governor of New York State
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo:

On behalf of the more than 600,000 members of New York State United Teachers, I am writing to express our support for New York State's application for a federal Race to the Top (RttT) Early Learning Challenge grant. Our union's longstanding advocacy for quality early learning initiatives in New York State is predicated on two fundamental principles:

- Children, particularly those who live in poverty, benefit significantly from well-designed early learning programs, experiencing notable gains in educational attainment, less need for special education, and higher lifetime earnings. Research shows concomitant gains for society in reduced crime rates and a more productive citizenry. *Educator's Voice*, NYSUT's journal of research-based best practice, further has documented from the perspective of New York State's classroom educators how early literacy, "the foundation of all learning," is advanced through quality early learning opportunities. (*Educator's Voice*, 2008)
- Significant gaps in funding between high-poverty and low-poverty school districts sharply and unfairly limit quality early learning opportunities for our children most in need and exacerbate student achievement gaps — gaps that can be closed through investments in quality early learning opportunities.

NYSUT's ground-breaking symposium, "Ending the Gap," which convened educators, parents and policymakers to address issues of education and equity, documented strong support for expanding access to quality early learning programs in New York State, yet districts have struggled to fund and sustain such programs despite their established benefits for children and communities. For example, Yonkers, a high poverty, high need district, was forced this year to curtail its well-regarded pre-K program, denying access to thousands of students in a scenario that regrettably has been repeated in districts across our state. A Race to the Top Early Learning Challenge grant would be an important step forward in remedying the disparities in educational equity that disadvantage our students most in need.

In our collaboration in the development of state Common Core Learning Standards for preschool, in our active engagement in the work of the Early Childhood Advisory Council (ECAC), and in our support for *QUALITYstarsNY*'s efforts to expand access to quality early learning, NYSUT

New York State United Teachers
Affiliated with • AFT • NEA • AFL-CIO



steadfastly reaffirms the necessity of equity in educational opportunity — in particular, for students from low-income backgrounds in urban, rural and suburban districts; English language learners; and students with disabilities. The initiative proposed for RTTP support would move New York State forward in helping high-risk students, along with their families, to gain access to quality early learning services.

As a statewide union dedicated to ending the achievement gap, NYSUT pledges our continued commitment and support for New York state's efforts to secure a federal Race to the Top (RttT) Early Learning Challenge grant. We look forward to ongoing collaboration in shaping early learning opportunities that will be research-based, dedicated to best practice, and accessible to our students most in need.

Sincerely,

(b)(6)

Maria Neira
Vice President

MN/MP-mc-86562

Copy: NYSUT Officers
Hon. Merryl H. Tisch
Commissioner King
Deputy Commissioner Ken Slentz
Robert Frawley, co-chair, NYS ECAC
Sherry Cleary, co-chair, NYS ECAC



Council of School Supervisors & Administrators, New York City

New York State Federation of School Administrators
Local 1 American Federation of School Administrators, AFL-CIO

October 11, 2011

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Governor Andrew M. Cuomo
Executive Chamber
State Capitol

Albany, New York 12224

ATTENTION: Ms. Katie Campos, Assistant Secretary to the Governor for Education

Dear Governor Cuomo:

On behalf of the members of the Council of School Supervisors and Administrators (CSA), I am writing today to express our support of the primary components of New York State's application for the United States Department of Education's Race to the Top: Early Learning Challenge (RTT-ELC) funding.

As you know, CSA represents 6,100 Principals, Assistant Principals, Supervisors and Education Administrators who work in the New York City public schools, Directors and Assistant Directors who work in city-funded Day Care Centers, and nearly 9,000 retired school supervisors. CSA is a strong supporter of early childhood education. We believe that quality programs and services are absolutely essential in order to adequately prepare our youth to succeed in the kindergarten classroom and beyond.

Not only does New York State's RTT-ELC proposal outline a vision for early learning which provides quality, accessible education for our most at-risk youth, but the proposal also includes a plan to implement *New York Works for Children* which will further develop knowledge, skills, and resources for our early childhood education workforce. At CSA, we believe that great schools begin with great leaders; just as we continue to provide our members with professional development opportunities via the *Executive Leadership Institute*, we are delighted to see early childhood education workforce development as a key component of New York State's proposal. Hopefully, New York State's application will respect the expertise and experience of certified staff working in programs serving high needs children.

While CSA is supportive of the primary components of New York's application, we are eager to discuss the details of the plan and how

New York City's vision for city-funded Day Care works within the State framework.

Please do not hesitate to contact me directly if CSA can be of any assistance with the RTT-ELC application, and as always, I look forward to collaborating with you on future projects.

Sincerely,

(b)(6)

Ernest A. Logan
President



United Federation of Teachers
A Union of Professionals

October 14, 2011

Governor Andrew M. Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
New York State Capitol
Albany, NY 12224

Dear Governor Cuomo:

I am writing in support of New York's application for the Race to the Top Early Learning Challenge Grant.

The United Federation of Teachers represents more than 20,000 registered, licensed and legally-exempt enrolled family child care providers serving non-related children in New York City. Family child care is often the only option for families seeking care especially those working non-traditional hours. In New York City, 50 percent of families receiving child care subsidies are enrolled in family child care. Studies of the city's child care system indicate that the quality of family child care remains a concern. We appreciate that New York is committed to including family child care in its quality rating and improvement system and several of our members participated in the Field Test conducted in 2010.

The Early Learning Challenge Grant represents a significant opportunity to strengthen the quality of these services and improve outcomes for children, particularly those of high need in the city of New York. Through implementation of QUALITYstarsNY, New York's quality rating and improvement system, and by developing new opportunities for professional development, New York can take important strides to ensure that high needs children have access to high quality child care. The UFT has already been working with your Office of Children and Family Services to use the quality grants that were negotiated in the first agreement between the State and the UFT Child Care Providers Chapter to increase home child care providers' ability to educate the children in their care and enhance their chance to succeed educationally. This Challenge grant would allow us to greatly expand that effort.

The American Federation of Teachers stands ready to support New York State in the implementation of this initiative. Together we can increase the quality of child care and promote school readiness for all of New York's children.

Sincerely,

Michael Mulgrew
President

Other Organizations

Advocacy

2 Prospect Drive South
Huntington Station, NY 11746
October 1, 2011

The Honorable Andrew M. Cuomo
Governor of New York
c/o Katie Campos, Asst Secretary of Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo:

As a member of Generations United's New York Seniors4Kids, I am writing to express support for the State of New York's application to the Race to the Top Early Learning Challenge Fund. We view this application as an unprecedented opportunity to develop a continuum of care and education that truly begins at birth, lasts a lifetime, and reaps benefits for all generations.

Decades of research shows that investing in high-quality early care and education nets high returns for taxpayers of all ages. Some of the benefits include: greater academic achievement; fewer referrals for remedial classes or special education; lower rates of teen pregnancy; higher high school graduation rates; better earnings and employment rates.

Unfortunately, far too many of New York's children cannot access quality early care and education. We envision that this grant could provide the essential infrastructure and tools required to promote school readiness for all New York children, especially those with high needs.

With our support for expanding access to early care and education programs, seniors hope to position children-and New York- for greater success. Thank you for your time and consideration.

Sincerely,

(b)(6)

Kathleen Williams-Ging
Member/Seniors4Kids



Generations United's New York Seniors4Kids
75 Wind Watch Drive
Hauppauge, NY 11788

September 29, 2011

The Honorable Andrew M. Cuomo
Governor of New York
c/o Katie Campos, Asst Secretary of Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo:

As the State Coordinator of Generations United's New York Seniors4Kids, I am writing to express support for the State of New York's application to the Race to the Top Early Learning Challenge Fund. We view this application as an unprecedented opportunity to develop a continuum of care and education that truly begins at birth, lasts a lifetime, and reaps benefits for all generations.

New York Seniors4Kids (www.seniors4kids.com) raises the voices of older adults on behalf of policies benefitting children and youth. Currently, our statewide network of adults age 50 and older works to increase access to quality early care and education. As grandparents and engaged family members, many older adults in New York care deeply about leaving the world a better place for future generations.

Decades of rigorous research shows that investing in high-quality early care and education nets high returns for taxpayers of all ages. Just some of the intergenerational benefits of quality early care and education include: greater academic achievement; fewer referrals for remedial classes or special education; lower rates of teen pregnancy; higher high-school graduation rates, GED completion, and post-secondary enrollment; and better earnings and employment rates contributing to fiscal balance.

Unfortunately, far too many of New York's children cannot access quality early care and education. We envision that this grant could provide the essential infrastructure and tools required to promote school readiness for all New York children, especially those with high needs. Specifically, the Race to the Top: Early Learning Challenge Fund could help New York:

- implement QUALITYstarsNY, our tiered quality rating and improvement system
- develop and use high quality early learning and development standards
- support the effective use of comprehensive assessment systems, including the administration of a common state-wide kindergarten entry assessment so teachers will know how best to address the individual needs and skills of all children
- address health, behavioral, and developmental needs of children, including early identification of needs and referral to services on a timely basis
- engage and support families within early care and learning programs

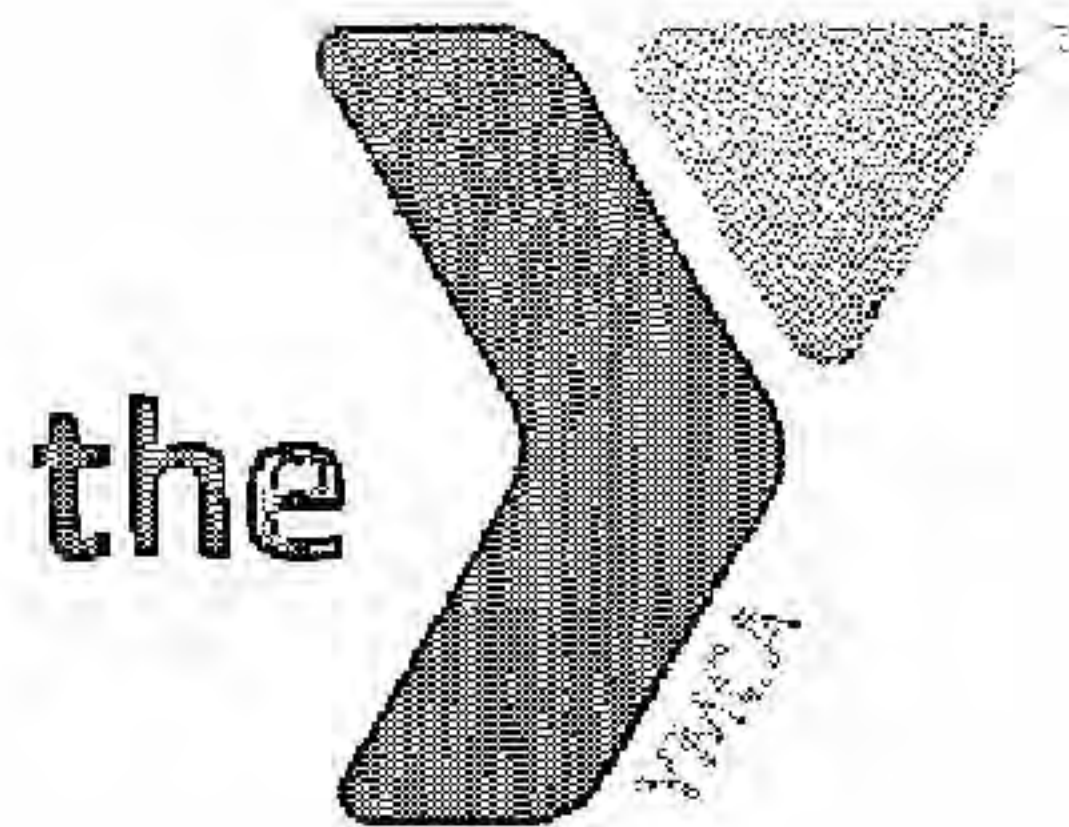
- implement *New York Works for Children*, which includes a common statewide competency-based knowledge framework and addresses a range of approaches to develop skill, knowledge and ability in the early childhood workforce.
- build an early learning data system

With our support for expanding access to these early care and education programs, seniors hope to position children- and New York- for greater success. We thank you for your time and appreciate your consideration.

Sincerely,

(b)(6)

Paul Arfin
State Coordinator,
Generations United's New York Seniors4Kids



FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

September 28th, 2011

Governor Andrew Cuomo
c/o Katie Campos, Assistant Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo:

The Alliance of New York State YMCAs would like to offer our support for Race to the Top-Early Learning Challenge funding for New York State. The Y is among the state's largest child care providers with more than 700 child care and youth development programs. The goal of YMCA Early Childcare is to provide the highest level of Early Learning to children of all races, backgrounds, faiths and abilities. We hope to work with you as a community partner toward creating a seamless, high-quality early childhood experience for every young child.

Community-based organizations such as the Y bring added value to advancing education initiatives. We are on the ground, understand a community's needs and have gained the trust of residents and local leaders. We see ourselves as an integral part of this work. Several YMCA early learning programs have joined the QUALITYstarsNY rating system as part of an ongoing effort to continuously improve the quality of our child care programs.

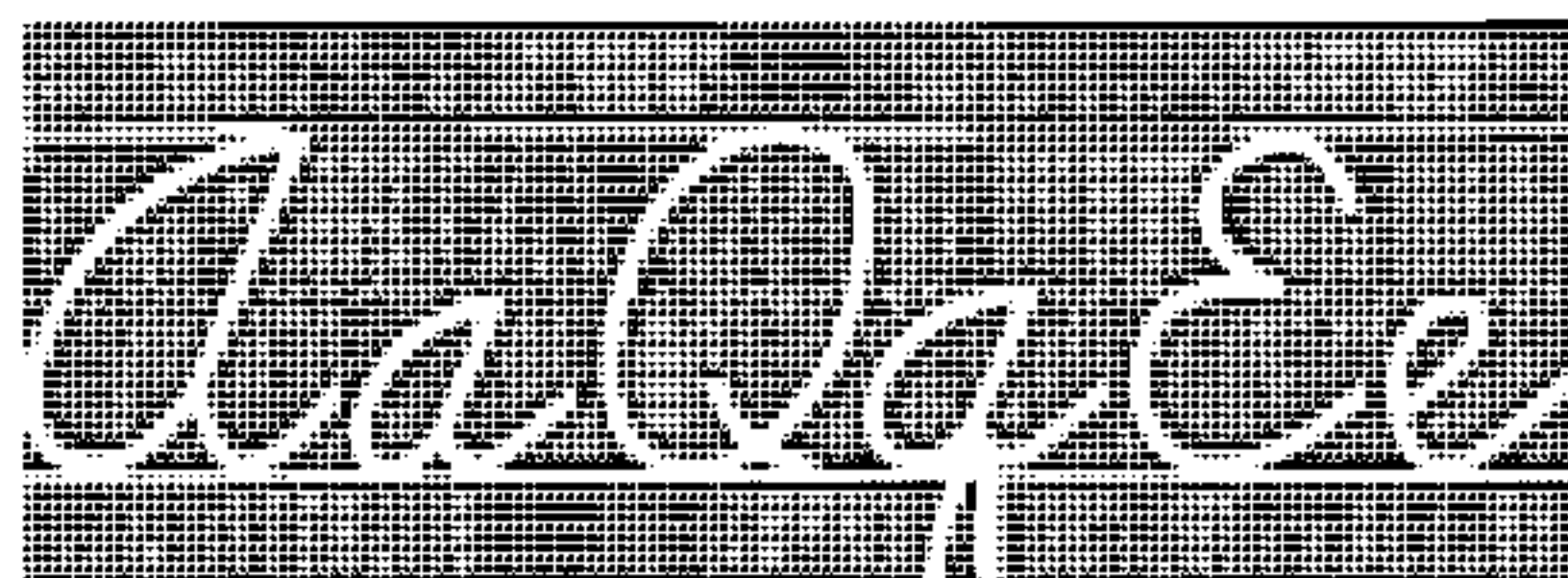
The mission of the YMCA to promote youth development, healthy living and social responsibility aligns well with the goal of the Race to the Top-Early Learning Challenge to improve statewide early learning. At the Y, we believe in nurturing the potential of every child. We understand that every dollar invested in high quality early child care boosts economic growth and has an enormous impact on child development. We are committed to pursuing this opportunity and eager to discuss ways to collaborate with you to achieve the best possible outcome for New Yorkers.

Again, we support your decision to bring Race to the Top-Early Learning Challenge funding to New York State and offer our assistance to achieve your goals. Please feel free to contact the Alliance of New York State YMCAs at (518) 462-8241 for more information.

Best regards,

(b)(6)

Kyle A. Stewart
Executive Director, Alliance of New York State YMCAs, Inc.



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September 29, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Re: Support for New York's application to the Race to the Top: Early Learning Challenge

Dear Governor Cuomo:

The Alliance for Quality Education (AQE) is writing to express its utmost support for our state's Race to the Top: Early Learning Challenge application. We are pleased to see that your administration is committed to making early care and education a priority of its agenda.

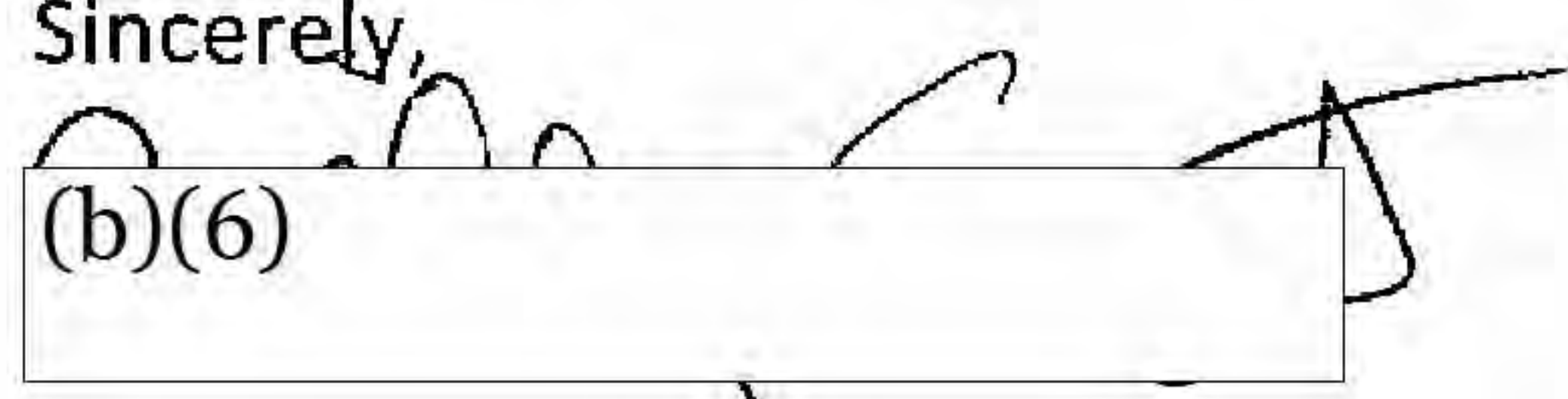
AQE is a statewide grassroots organization representing parents, students, teachers, and community members in our quest for adequate and equitable financing of our public schools invested in practices proven to work so that all students have the opportunity to learn and be college and career ready. Part of our vision for a quality education is high quality early care and learning. Our work includes collaboration with the Winning Beginning (WBNY) coalition, the state's early care and learning coalition. Prior to working with WBNY, we worked with the Pre-K Now coalition which was integral in establishing Universal Pre-Kindergarten. We were also instrumental in the 2007 Education Reform legislation which included investing more funding in expanding half day pre-k and kindergarten to full day.

As research shows, high quality early care and learning is the most effective way of ensuring that children are college and career ready. One of the most effective ways of ensuring that existing and new early care and learning programs are of high quality is to establish a quality rating and improvement system such as QUALITYstarsNY, as well learning standards aligned from birth to college. For the last year, we have been working in collaboration with WBNY to raise awareness in communities and among families about QUALITYstarsNY. We held press conferences and training sessions across the state to bring more publicity on the

importance of this system for families. Parents and guardians are going to be armed with important information about the quality of each program in their area and will be empowered to make decisions regarding their child's enrollment. We are committed to continuing our work throughout the state to ensure that all stakeholders are adequately informed about QUALITYstarsNY.

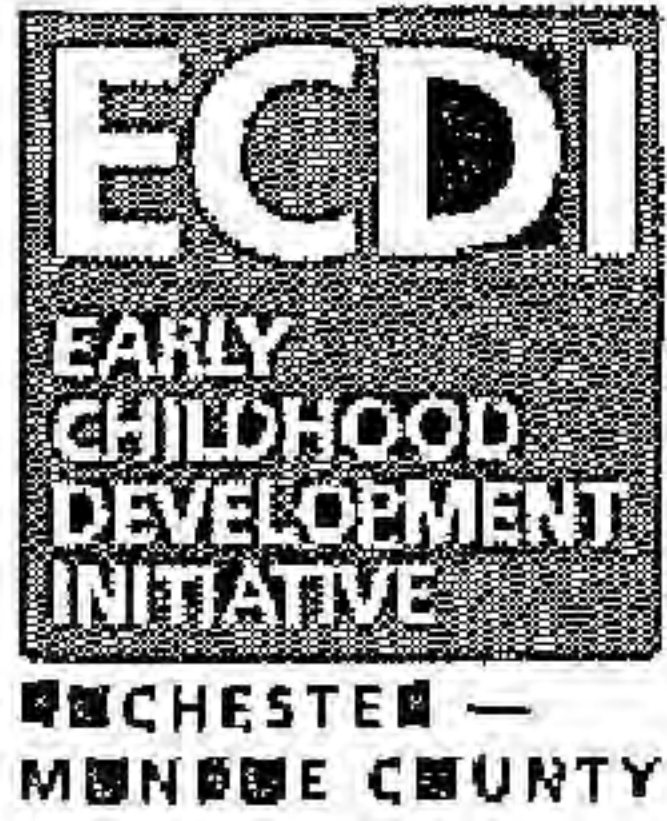
In closing, we would like to express our deepest support for our state's application and we are committing ourselves to continuous hard work on high quality early care and learning, as this is the cornerstone of sound education system and the best way to ensure that our students are ready for kindergarten and college.

Sincerely,



(b)(6)

Billy Easton
Executive Director



October 4, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol Albany, NY 12224

Dear Governor Cuomo,

On behalf of the Early Childhood Development Initiative in Rochester, New York, thank you for initiating our state's application for a Race to the Top: Early Learning Challenge grant. This is a vital opportunity that for New York to develop a continuum of education that truly begins at birth and lasts a lifetime. Specifically, this grant will provide the essential infrastructure and tools to promote school readiness for all children, especially those with high needs.

The Early Childhood Development Initiative's (ECDI) mission is that 'Every child in Greater Rochester has the foundation to succeed in school and in life'. To this end, ECDI

- mobilizes the community to expand and improve developmentally appropriate early care and education;
- serves as a catalyst for change by promoting significant, broad-based and steadfast community commitment to improving the quantity and accessibility of quality early care and education; and
- engages public and private stakeholders and advocates for public policies that support and encourage those services.

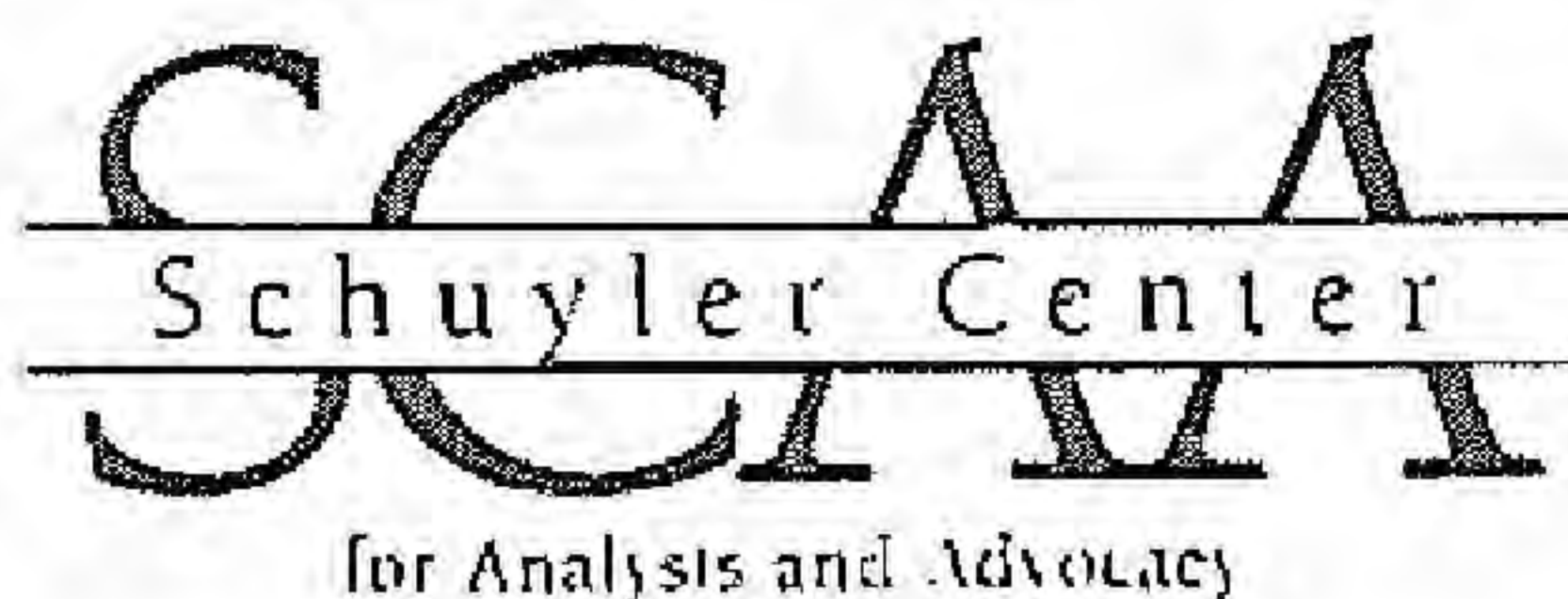
We are involved and invested in the current state-wide dialogue to develop the highest standards of care for children in order to ensure that children get and stay on the right track, making them school-ready and more likely to graduate from college and be productive, successful citizens.

Thank you sincerely for your commitment to the healthy development of young children in the communities throughout the state and for submitting the RTT Early Learning Challenge Fund Grant Application. We strongly support New York State's application.

Sincerely,

(b)(6)

Carolyn Lee-Davis, Co-Chair
Early Childhood Development Initiative



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Albany, New York 12207

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Fax 518-463-3364

www.scaany.org

Kate Breslin
President and CEO

October 5, 2011

Governor Andrew M. Cuomo
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo:

On behalf of the Schuyler Center for Analysis and Advocacy (SCAA), I would like to express my organization's support for New York State's Early Learning Challenge Grant proposal. This federal opportunity is critically important for the future of our State, since strengthening early care and education is crucial. Your Administration's commitment to crafting a comprehensive plan for both short- and long-term transformation is greatly appreciated.

For nearly 140 years, SCAA has worked to shape public policy and advocate for the rights of vulnerable populations, including low-income and at-risk children and families. Our issue areas -- health care (including mental and dental), child welfare, education and income security -- are interconnected and reflect a dedication to the child as a whole being, influenced and impacted by the world around him/her. In this time of fiscal uncertainty, it is imperative that communities strengthen families with services that sustain them and prepare our children for school and for life.

SCAA is one of the conveners of *Winning Beginning NY (WBNY)*, the state's early care and learning coalition. As such, we fully support WBNY's priorities: prenatal, postpartum, and early childhood home visiting; child care; Pre-K and Kindergarten; QUALITYstarsNY; Early Intervention; afterschool programs; and the early childhood workforce. SCAA and WBNY are pleased that a number of our priority issues will be addressed by this grant, including implementation of QUALITYstarsNY, development of a comprehensive early learning data system, and implementation of *New York Works for Children*.

We also convene the New York State Home Visiting Coalition, which promotes a universal, model-neutral system of services for prenatal and postpartum women and their families. In addition, SCAA is partnering with the Community Service Society, Children's Defense Fund New York and others working to ensure that the unique needs of children, youth and families are addressed as New York implements health care reform. Again, SCAA is pleased to see the health and social-emotional needs of children addressed in the grant.

SCAA provides staff support to the Early Childhood Advisory Council and is happy to have been a part of this process. Thank you for your leadership in moving New York State forward on early care and education. We look forward to working with the Administration and with all of our partners in advancing the vision set forth in the State's proposal.

Sincerely,

(b)(6)

Kate
President & CEO



October 5, 2011

Honorable Andrew Cuomo
Governor of New York
Executive Chamber
Albany, New York 12224

Dear Governor Cuomo:

On behalf of *Winning Beginning NY (WBNY)*, the state's early care and learning coalition, we wish to express our strong support for New York State's Early Learning Challenge Grant proposal. The coalition recognizes that a well-functioning system of high-quality services is essential to reducing the achievement gap and ensuring that children enter kindergarten ready to succeed.

WBNY is a broad based and growing coalition with more than 200 members from across the state. Our members include children's advocates, early childhood professionals, and higher education, as well as non-traditional allies such as organizations like local United Ways and trade unions. The coalition continues to build and expand its work in local communities as well as statewide and is recognized as a strong and consistent voice for wise investments in early childhood services. Our agenda includes prenatal, postpartum, and early childhood home visiting; child care; Pre-K and Kindergarten; QUALITYstarsNY; Early Intervention; and afterschool programs.

WBNY is actively engaged in national initiatives to support the development of the highest quality services with attention to quality and outcomes for children. The coalition advocated strongly for the formation of the Early Childhood Advisory Council (ECAC) to develop a coherent strategy and build a comprehensive system that embraces early care and learning, family support and healthy development. A number of coalition members serve on the ECAC and look forward to supporting the State's efforts in that capacity as well.

WBNY embarked this past year on a new partnership with the Public Policy and Education Fund of New York (Citizen Action and the Alliance for Quality Education). Our collaborative efforts seek to embed the early years with K-12 education. Our focus is on increasing access to high-quality programs, with particular attention on QUALITYstarsNY as a strategy to guide investment and promote quality. The two groups are working to broaden the base of support for investments in early education as a core foundation of improving educational opportunities for young children.

To that end, we are extremely pleased that New York State is investing current Race to the Top Funds in expanding QUALITYstarsNY, recognizing that the long-term improvements in educational opportunity have to begin before kindergarten. Early childhood programs are critical to that success.

Substantial background work undertaken by advocates and the ECAC has begun to improve accountability by developing sufficient data and data systems to assess student progress and program quality. We now have the opportunity to build that system and break down the traditional silos that have existed for far too long. The resources from the federal grant will give New York State the opportunity to significantly address that need.

Finally, early education programs rely on and are guided by the staff, particularly the staff in the classrooms with children. The Early Learning Challenge Grant funds will help New York build a coherent system of supports for pre-service and in-service education for the early childhood workforce. The effective integration of learning standards requires a well-prepared workforce.

Thank you again for your strong leadership on the Early Learning Challenge Grant proposal. We look forward to future work with your Administration to ensure that New York State continues to strengthen and expand its supports for children and families and makes the wisest possible use of resources. It represents an opportunity to ensure much-needed investments in the early education system.

Sincerely,

(b)(6)

Kate Breslin
President and CEO
Schuyler Center for Analysis and Advocacy

Marsha Basloe
Marsha Basloe
Executive Director
Early Care and Learning Council

(b)(6)

Nancy Kober
Nancy Kober
Executive Director
NYS Association for the Education
of Young Children

Nancy Kober
Nancy Kober
Executive Director
Center for Children's Initiatives

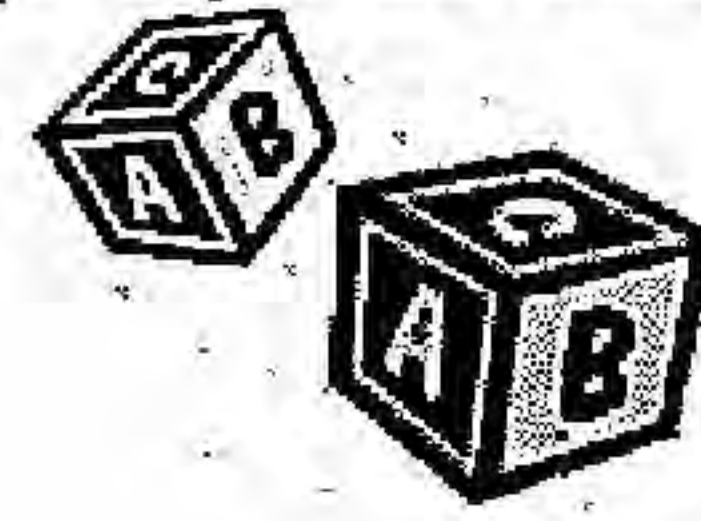
cc: Katie Campos

New York State Association of Directors of Not-For-Profit Child Day Care Centers, Inc.

90 South Highland Avenue

Ossining, NY 10562

(914) 941-0230



October 4, 2011

Honorable Andrew Cuomo
Governor of New York
Executive Chamber
Albany, New York 12224

Dear Governor Cuomo:

On behalf of The New York State Association of Directors of Not-For-Profit Child Day Care Centers Inc., we wish to offer our support for New York State's Early Learning Challenge Grant proposal. The association believes that an effective system of high-quality childcare significantly enhances children's success in school.

The New York State Association of Directors of Not-for Profit Child Day Care Centers Inc. is an organization made up of program directors of not-for-profit day care centers located throughout New York State. The majority of our members are situated throughout the Lower Hudson Valley. The Association is recognized as a strong advocate for increased access to subsidized childcare and quality improvements in all aspects of day care services. Our goals include advancing educational standards and training for teaching staff and program directors as well as assisting in the development of uniform and coherent child care policies that are consistent with sound educational practices.

We are pleased that New York State recognizes that the long-term improvements in educational opportunity have to begin before kindergarten. The resources from the federal grant will give New York State the ability to expand Quality Stars NY, a childcare rating system, and to improve accountability by developing sufficient data and data systems to assess pre-school progress and program quality.

Finally, early education programs rely on classroom staff. The Early Learning Challenge Grant funds will help New York build a coherent system of supports for pre-service and in-service education for the early childhood workforce.

Thank you again for applying for the Early Learning Challenge Grant. We look forward to working with your administration to ensure that New York State continues to strengthen and expand its supports for children and families and makes the wisest possible use of resources. The grant represents an opportunity to ensure much-needed investments in the early education system.

Sincerely,

(b)(6)

Howard Milbert
Co-Chair

The New York State Association of Directors of Not-for Profit Child Day Care Centers Inc.



October 4, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol Albany, NY 12224

Dear Governor Cuomo,

On behalf of the The Children's Agenda in Rochester, New York, thank you for initiating our state's application for a Race to the Top: Early Learning Challenge grant. This is a vital opportunity that for New York to develop a continuum of education that truly begins at birth and lasts a lifetime.

The Children's Agenda advocates for local, state and federal policies to achieve evidence-based solutions that improve the health, education and success of our community's children and youth, especially the most vulnerable. Basing our advocacy role on best science rather than best intentions, we combine expertise in *what works* with dogged advocacy around *what's best* for kids. We are a unique voice in the greater Rochester area: the only organization to strictly advocate for those children's programs proven to work, across the entire "cradle-to-career" continuum of children's needs and our community's services.

We bring this viewpoint of what works best, based on the evidence available, and a "cradle to career" approach, to the current statewide dialogue to develop the highest standards of care for children. From being a part of this statewide dialogue, we know how important the work being outlined in the RTT Early Learning Challenge Fund Grant Application is and we strongly support New York State's application. We know, from the evidence, that this will help ensure that children get and stay on the right track, making them school-ready and more likely to graduate from college and be productive, successful citizens.

Thank you sincerely for your commitment to the healthy development of young children in the communities throughout the state and for submitting the RTT Early Learning Challenge Fund Grant Application.

Sincerely,

(b)(6)

Jeff Kaczorowski, M.D., Executive Director
The Children's Agenda

TONI H. LIEBMAN **EARLY CHILDHOOD CONSULTANT**
25 Glenwood Lane, Roslyn Hts., NY 11577
(516) 621-0378 **toelieb@aol.com**

Oct. 4, 2011

Dear Governor Cuomo,

I am writing you as an Early Education specialist with over 40 years of experience in the field to voice my support of New York's State involvement in the Early Learning Challenge Grant.

As a former Cooperative Nursery School director and college educator, and current staff developer, consultant and parent educator, I am keenly aware of the critical role of high quality early childhood education as the foundation of academic excellence in our state.

Most recently, I have served as a program observer and rater for the field-testing initiative of Quality StarsNY and, as such, recognize the desperate need for improvement in all varieties of Early Childhood Programs. A wealth of research and experience exists among members of our field to ensure that standards of high quality are achievable, however in many instances, school districts, public and private programs at all levels, do not have sufficient funds to provide sufficient education and training to all staff members: Teachers, Assistant Teachers and Aides.

I applaud the Quality StarsNY concept that regardless of the funding source (DSS Day Care, State PreK, or Federal Head Start) the criteria of high quality must be the same and, therefore, the use of a single rating tool is most appropriate. But the time consuming, therefore costly, rating process is only one aspect of the approach, for it must be followed up with concerted efforts to improve the entire system by staff training and financial support for materials and equipment.

It is because of my belief in the importance of high quality training that I have completed the arduous task of applying for the NY State Early Learning Trainer Credential and have been awarded the credential as a Level 3 trainer. I believe that parents, as well as educators, must also be involved in learning more about the field so that they will become educated consumers and demand high quality. Quality StarsNY will need a great deal of PR to make that happen, and that, too, requires funding..

From all I have read, I believe that you recognize the importance of Early Childhood Education, and so I urge you to throw your full support behind the ELCG proposal.

Sincerely,

(b)(6)

Toni H. Liebman



ADVOCATES FOR CHILDREN

Helping children succeed in school

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October 6, 2011

Honorable Andrew Cuomo
Governor of New York
Executive Chamber
Albany, New York 12224

Dear Governor Cuomo:

On behalf of Advocates for Children of New York (AFC), we are writing to express our support for New York State's Early Learning Challenge Grant proposal. For 40 years, AFC has worked to promote the best education New York can provide for all students, especially students of color and students from low-income backgrounds. Three years ago, AFC expanded our work in the area of early learning because early childhood education is essential for school readiness and school success.

AFC's Early Childhood Education Project uses several strategies to improve access to early childhood education for low-income children at risk of academic difficulties in New York City. First, we provide individual case assistance to families of infants, toddlers, and preschooler to help them access appropriate services and preschool programs. When families with young children with special needs require additional assistance, we provide in-depth advocacy to help families obtain appropriate Early Intervention and preschool special education services. Second, we provide outreach and training to educate parents and professionals about Early Intervention, preschool special education, the transition to kindergarten, and other early childhood education programs. The professionals we have trained include Head Start directors and disability coordinators, child protective workers, and medical professionals. Third, we provide policy advocacy to strengthen investments in quality early childhood education programs for low-income children.

In our direct case work, we have encountered families who have had difficulty determining the quality of different preschool options for their children. These families would benefit from the implementation of QUALITYstarsNY and the development of high quality early learning standards. We are also pleased that the state's proposal includes components to engage and support families and to address the health, behavioral, and developmental needs of children.

Thank you for your leadership on the Early Learning Challenge Grant proposal. We look forward to working with you to strengthen high quality early childhood education programs that prepare children to succeed in school.

Sincerely yours,

(b)(6)

Kim Sweet
Executive Director

Board of Directors

- Jamie A. Levitt, President
- Haniel Chan King, Secretary
- Paul D. Becker, Treasurer
- Frances Blvens
- Lauren Hammar Breslow
- Kevin J. Cumin
- Jessica Davis
- Robin L. French
- Eric Grossman
- Roderick Jenkins
- Jeffrey E. LaGueux
- Maura K. Monaghan
- Mala B. Thakur
- Lysa Vanble

Executive Director
Kim Sweet

Deputy Director
Matthew Lenaghan



October 6, 2011

Honorable Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Re: Race to the Top: Early Learning Challenge - Letter of Support

Dear Governor Cuomo,

Brooklyn Kindergarten Society (BKS) is pleased to support the grant application of New York State for federal funding through Race to the Top-Early Learning Challenge (RTT-ELC). We at Brooklyn Kindergarten Society have been working for over 120 years to help prepare the most at-risk children in New York City for school success. The BKS preschool program is strategically designed to provide academic and social enrichment that is rooted in best practices and are the hallmarks of high-quality preschools nationally. Professional teachers, developmentally appropriate curricula, strong parental involvement, and links to the public schools the children will later attend, are all essential components in making a true difference. The BKS program has a profound and tangible effect on the at-risk children it serves. While two-thirds of children entering BKS centers exhibit signs of developmental and language delays—91% complete the BKS program, on par with or better than their peers who are not poor. This Race to the Top grant will allow programs like BKS to continue to thrive and provide opportunities for expansion throughout the state to ensure all of our children are receiving the full complement of high quality services.

Improving high-quality early childhood education must be a top priority. The critical time to make a difference is in the first four years of life when the brain is growing at an unbelievable speed creating trillions of pathways for learning and development. In order to make a critical difference, mediocrity cannot be tolerated. BKS is excited to be working with so many fellow New Yorkers to support the implementation of quality ratings like QUALITYstarsNY and to support a comprehensive early childhood program which address a strong curriculum while addressing the health, behavioral and developmental needs of children and supporting and engaging families.

We at Brooklyn Kindergarten Society know that New York education leaders are prepared to execute a comprehensive approach to developing a high quality learning system outlined in the Race for the Top application! Race to the Top funding would provide New York with critical resources to ensure that hundreds of thousands of children, especially those at highest risk (20% of all New York State children are living in poverty), will enter school ready and able to succeed. The children, parents, volunteers, staff and Board of BKS greatly appreciate your careful consideration of New York's Race to the Top application.

Sincerely,

(b)(6)

Michael [redacted]
VP Finance and Development

Brooklyn Kindergarten Society • 57 Willoughby Street, 4th Floor • Brooklyn, New York 11201
Tel: 718 623-9803 • Fax: 718 623-8609 • www.bksny.org

Kevin M. & Jackie L. Bryans

*116 Everingham Road
Syracuse, New York 13205
(315) 469 - 3001*

September 29, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

RE: Early Learning Challenge Grant Support

Dear Governor Cuomo:

As a lifetime New Yorker, I urge you and your staff to apply on behalf of New York State to the Federal Departments of Education and Health and Human Services for the Race to the Top: Early Learning Challenge. I have previously served on the Board of Directors of Child Care Solutions, Inc. (f/k/a Onondaga County Child Care Council) and for the past twenty (20) years on the Board of Directors of County North Children's Center (CNCC) in Liverpool, New York. CNCC is a Not for Profit Organization, accredited by the NAEYC that provided early childhood education while serving families' from Onondaga and Oswego Counties.

CNCC has used program funding in order to provide continued development and education of CNCC's staff, in addition to acquiring the most advanced early child care educational materials. CNCC is committed to providing excellence in their education of their children, but as a Not for Profit Organization funding such as this critical to its ability to achieve this excellence and deliver it when relevant and timely.

We appreciated your support of this program and the lasting impact it has on CNCC and the youth of New York State. If you have any questions please do not hesitate to contact me.

Very truly yours,

(b)(6)

Kevin M. Bryans



Empire Justice Center

Making the law work for all New Yorkers

Albany ♦ Rochester ♦ White Plains ♦ Long Island

October 7, 2011

Honorable Andrew Cuomo
c/o Katie Campos, Asst. Secretary of Education
Governor of New York
Executive Chamber
Albany, New York 12224

Dear Governor Cuomo:

The Empire Justice Center, a support center for legal aid and legal services organizations across New York State, and a member of *Winning Beginning NY (WBNY)*, the state's early care and learning coalition, strongly supports for New York State's Early Learning Challenge Grant proposal. As an organization that works directly with low income families as well as with legal aid offices and community groups, we are well aware of the barriers that face low income families that desire high quality child care while they work.

The Empire Justice Center is a support center for legal aid and legal services organizations across the state. We have offices in Rochester, Albany, White Plains and Central Islip. We provide training, litigation support and policy analysis to 20 legal aid offices across the state, from Long Island to Chautauqua. In addition, we assist hundreds of community groups that serve low income clients, and also represent low income clients who are referred to us. Our work includes a focus on a wide variety of public benefits, including child care subsidies for low income working families.

We have spent the last 20 years analyzing the state of child care in New York and have periodically issued studies with recommendations for improvement. We have created informational materials to make parents aware of expanded eligibility for food stamps for parents with dependent care costs. We regularly assist parents and community groups that are coping with the lack of affordable high quality care for children in their communities. We are hearted by the absolute priority goal of the project to "increase the number of High-Need Children in high-quality Early Learning and Development programs."

This funding would allow New York State to enhance its focus on quality for subsidized slots and to strengthen standards for legally exempt providers that receive child care funds, which would benefit at risk children in New York State. Studies of at-risk children who received early child care found that, by the age of 40, children who had received high quality early child care experienced fewer arrests, less drug abuse, and less public welfare use, along with higher earnings, more home ownership and greater educational achievement than a control group of similarly situated children who did not receive high quality early care.¹

Thank you again for your strong leadership on behalf of low income working families and the Early Learning Challenge Grant proposal. We look forward to working with your Administration to ensure that New York State continues to strengthen and expand its supports for children and families and makes the wisest possible use of resources. This grant represents an opportunity to ensure much-needed investments in the early education system.

Very truly yours,

(b)(6)

Susan C. Antos
Senior Staff Attorney

¹. L.J. Schweinhart,, J. Montie, Z. Xiang, W.S. Barnett, C.R. Belfield, & M. Nores, Lifetime Effects: The High/Scope Perry Preschool Study Through Age 40, High/Scope Press: 2005. General information available at <http://www.highscope.org/Content.asp?ContentId=219>

THE COALITION

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October 5, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo,

On behalf of The Coalition of Behavioral Health Agencies, Inc. I am writing to lend my support to New York State's proposal for the *Race to the Top: Early Learning Challenge*.

The Coalition of Behavioral Health Agencies, Inc. is the umbrella nonprofit, (501)(c)(3), association and public policy advocacy organization of New York's behavioral health providers, representing over 120 non-profit community based behavioral health agencies. Taken together, these agencies serve more than 350,000 adults and children and deliver the entire continuum of behavioral health care in every neighborhood of a diverse metropolitan New York City and its environs. The Coalition's mission is to coordinate the efforts of government and the private sector toward efficient delivery of quality behavioral health services to children, adults and families. The Coalition promotes policies and practices that support the development and provision of community based housing, treatment, rehabilitation, and support services to all people with mental illness and addictions disorders.

The Coalition of Behavioral Health Agencies, Inc. has been a strong advocate of initiatives that promote the healthy development, including health, behavioral health and learning needs, of children. We strongly support *New York City's Children Under Five Mental Health Initiative*. This program provides funding for providers throughout New York City to identify and evaluate children who may be exhibiting social and behavioral difficulties during the first few years of their life. Providers offer relationship-based assessments, interventions, treatment and referrals. They deliver innovative and cutting-edge treatment modalities, including art, dance and movement therapy. When these issues are identified as early as possible, and children and their families receive preventive services, we not only help them, but avoid the need for more expensive treatments in the future.

The Coalition of Behavioral Health Agencies, Inc. has an established relationship with the NYC Department of Health and Mental Hygiene and NYS Office of Mental Health to address the behavioral health needs of children and their families. We are active participants in city and state-wide committees and initiatives that work toward supporting the social and emotional well-being of children and their families. We have a Children, Youth and Families' Committee that develops The Coalition's children's advocacy agenda and works with Government and policy makers to improve the children's behavioral health system.

The number of children who are removed from nursery school and kindergarten classes has risen dramatically due to behavioral problems. Therefore, it is essential that New York State build on our current programs and increase access for children, to high quality early childhood programs and services. By enhancing the capacity to assist children with special needs, including social and emotional difficulties, or those at risk, New York State can provide more comprehensive care and improve the collective outcome of children.

In closing, I wish to reiterate my support for NYS's request for funding. This grant will support NYS's current early childhood systems and provide the essential infrastructure and tools to promote school readiness for all children, especially those with high needs.

Sincerely,

(b)(6)

Phillip A. Saperia
Chief Executive Officer



The Honorable Governor Andrew Cuomo
c/o Katie Campos
Asst. Secretary for Education
Executive Chamber State Capitol
Albany, NY 12224

Oct 3, 2011

Dear Governor Cuomo,

As Head Start Dental Home Initiative Leaders for New York, we write to thank you for keeping early childhood programs and services a priority in your education agenda and to express our full support for New York State's application to "the Race to the Top: Early Learning Challenge".

With our mission to create a statewide network of dentists that can link the over 50,000 families enrolled in Head Start each year with comprehensive pediatric dental services, we recognize the importance of establishing a system which successfully integrates child assessment and data systems with early development and health services, including oral health.

The New York Head Start Dental Home Initiative has been grateful for its partnership with the Early Childhood Advisory Council. We have been encouraged by their enthusiasm and support to ensure that every Head Start child has a place where oral health care is delivered in a comprehensive, ongoing, accessible, coordinated, and family-centered way.

We envision this grant as a tremendous opportunity to develop the skills, knowledge, and abilities in New York's early childhood workforce and wish you success in this worthwhile endeavor.

Sincerely,

(b)(6)

Courtney H. Chinn, DDS, MPH
NY DHI State Leader
Assistant Professor, Division of Community Health
Columbia University College of Dental Medicine

Ann M. Moursi, DDS, PhD
NY DHI State Leader
Chairman, Dept. of Pediatric Dentistry
New York University, College of Dentistry

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Governor Cuomo,

When I first become involved in child care, I didn't know what quality child care was. Now that I am very familiar with what a quality program looks like for my children, I see how important it is to have something like QUALITYStarsNY to not only help parents choose quality for their children, but to also hold caregivers to a higher standard. Once they can see that parents will choose those programs with a higher star rating, they will be forced either out of business or be forced to work at earning more stars. That being said, as a former provider, it is important that there be funding available in the form of grants or loans so providers can take the time and effort to improve their program without having to take money away from their family.

I am in a unique position of having many different experiences in child care. I have worked in child care centers in Florida and in New York both as a teacher and in a supervisory role. I have also been a registered Family Child Care here in New York. Those experiences alone have given me a good picture of what quality child care is. I am also a parent of three young children, and have used center-based care, family child care, and informal care over the last six years.

I urge New York to put money in to QUALITYStarsNY to hold caregivers to a higher standard, and help them see they are professionals and play an important role in the lives of the children they care for.

Sincerely,
Nicole Dillon

Marlene Selig

21 Mitchell Road Port Washington, NY 11050 516-767-0762 mnselig@verizon.net

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

October 6, 2011

Dear Governor Cuomo,

I am delighted that the state of New York is applying for the Race to the Top: Early Learning Challenge grant. As an advocate for the well being of children and families, and a member of the early childhood profession, I know how vital it is for each child to receive a high quality early education to get him/her started on the road to success as a responsible, productive member of society. In order for that to be achieved, systems must be developed that promote research based best practices in all modalities that nurture and educate young children, while strengthening the health and well being of their families. These modalities include child care centers, family based child care, nursery schools, school district sponsored universal pre kindergartens, and Head Start programs.

QUALITYstarsNY will be a key component of such a system throughout our state. By having a tiered quality rating and improvement system in place, there will be a statewide consensus of what best practices entail, with more and more programs striving to meet them. In my work as a Quality Improvement Plan Specialist, in the QUALITYstarsNY field test, I have seen first-hand that administrators, staff members, and family providers are eager for, and responsive to, professional development opportunities that enhance their abilities to meet the needs of children and families.

Locally, we have established the Port Washington Childcare Partnership. Our association has been working to educate the community, especially families, government leaders, business leaders, school district leaders, and child care and public school teaching staff, about both the importance and key factors of having a sound start during the early years of life. I hope that we will be able to proudly inform all that the children and families in New York State will soon benefit from the Race to the Top: Early Learning Challenge funding.

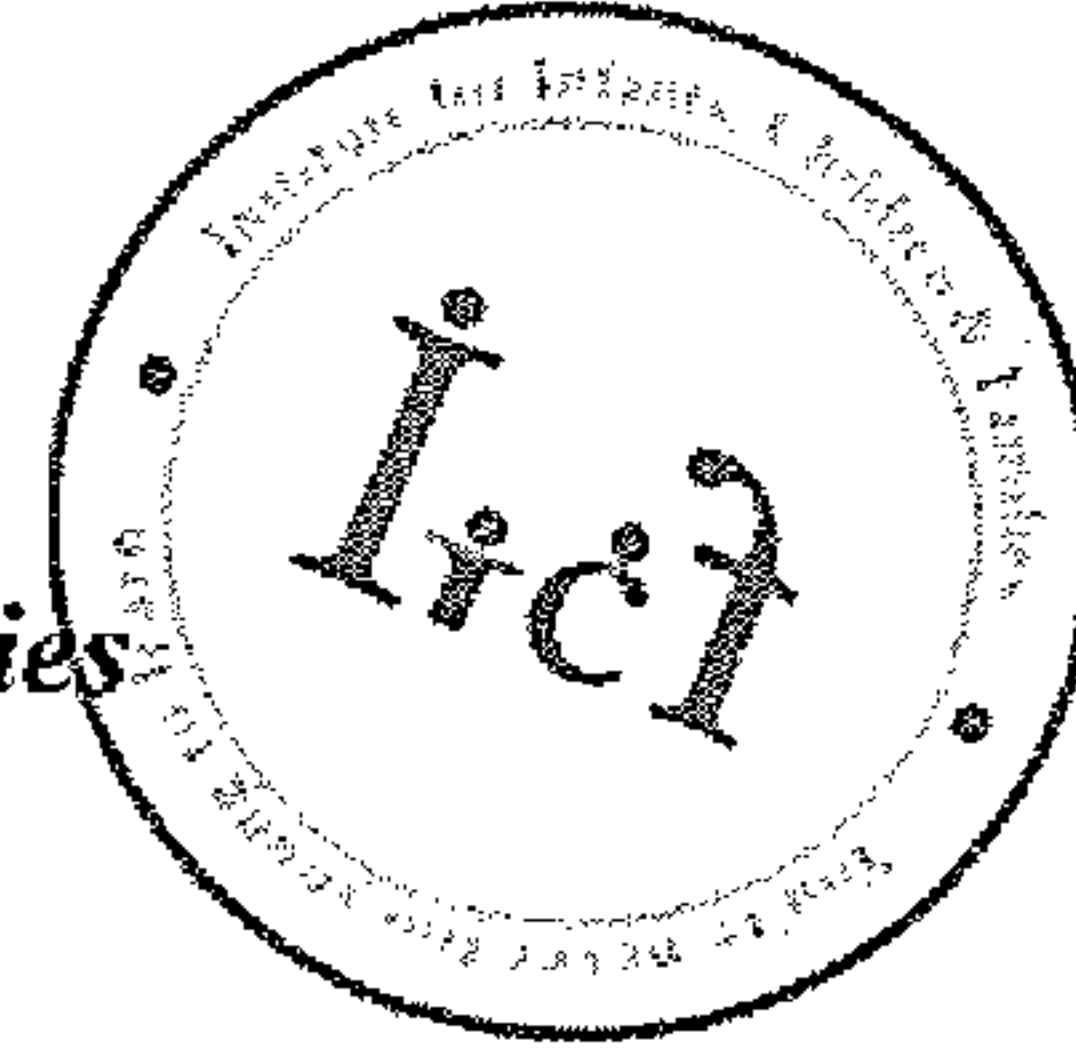
Sincerely,

Marlene Selig, MA Early Childhood Education
Chair, Port Washington Child Care Partnership



In New York, we all belong.

Institute for Infants, Children & Families



Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber State Capitol
Albany, NY 12224

7 October, 2011

re: Support for New York State's Early Learning Challenge Grant

Dear Governor Cuomo and Assistant Secretary Campos,

As founding director of the Institute for Infants, Children & Families, a three-decade member of Zero to Three's board of directors, the founder and past co-president of the New York Zero-to-Three Network, member of New York City's Early Childhood Mental Health Strategic Work Group and as a concerned citizen, I am writing with enthusiastic support for New York State's Early Learning Challenge Grant Application. I write from the perspective of someone who has worked in and around community-based services of all systems, especially daycare and Head Start, and as a professional with degrees and experience in early childhood education, social work, clinical psychology and extensive specialized training.

This much-needed, precious grant opportunity is long-awaited. My letter emphasizes the mental health of the very young as well as workforce development, both of which will benefit from the comprehensive nature of infrastructure and services in early childhood that the Early Learning Challenge Grant provides.

Mental health problems in young children are far more common than most people know and usually go untreated. Furthermore, for most children both good quality day-to-day care, as well as mental health services if needed, are unavailable. Prevalence rates of mental health problems in children ages birth through five range from 16 to 21% (Egger & Angold, 2006; Lavigne et al., 1996). Although 8-10% of preschool children have a diagnosable mental health disorder (Roberts, Attkisson & Rosenblatt, 1998), only 6% of preschool children who are in need of these services actually receive them (Kataoka, Zhang, & Wells, 2002). The vast majority of preschool children with mental health problems in United States do not receive the service they need. What were little children's problems become those of society within a short decade and a-half.

Further, it is estimated that approximately 0.7% of preschool children in the United States (more than 5,000 children between the ages three and five) are expelled from preschools due to behavioral problems every year and this number continues to grow (Gilliam, 2005). This rate is three times higher than that of their older peers in kindergarten through 12th grade, indicating that the preschool years are an especially risky period for young children in the very beginning of their academic lives. *Importantly, the risk of expulsion increases significantly for those children whose preschool setting does not provide access to on-site mental health services, usually meaning mental health consultation* (Gilliam, 2005).

Extensive evidence indicates that early childhood mental health problems, parental abuse and neglect constitute significant risk factors for later psychopathology, if not treated or prevented effectively (for a review see Kagan & Zentner, 1996). Studies show that it is significantly less likely that a child will receive mental health services if he or she is coming from a low SES and ethnic minority background and has no public insurance (Holm-Hansen, 2006; Kataoka et al., 2002).

Society relies heavily on the adults who care for young children in a variety of early care settings to provide the consistency and loving regard that children not only deserve but fully need in order to become contributing citizens. A well-prepared workforce is among the essential elements that the current grant application is designed to build.

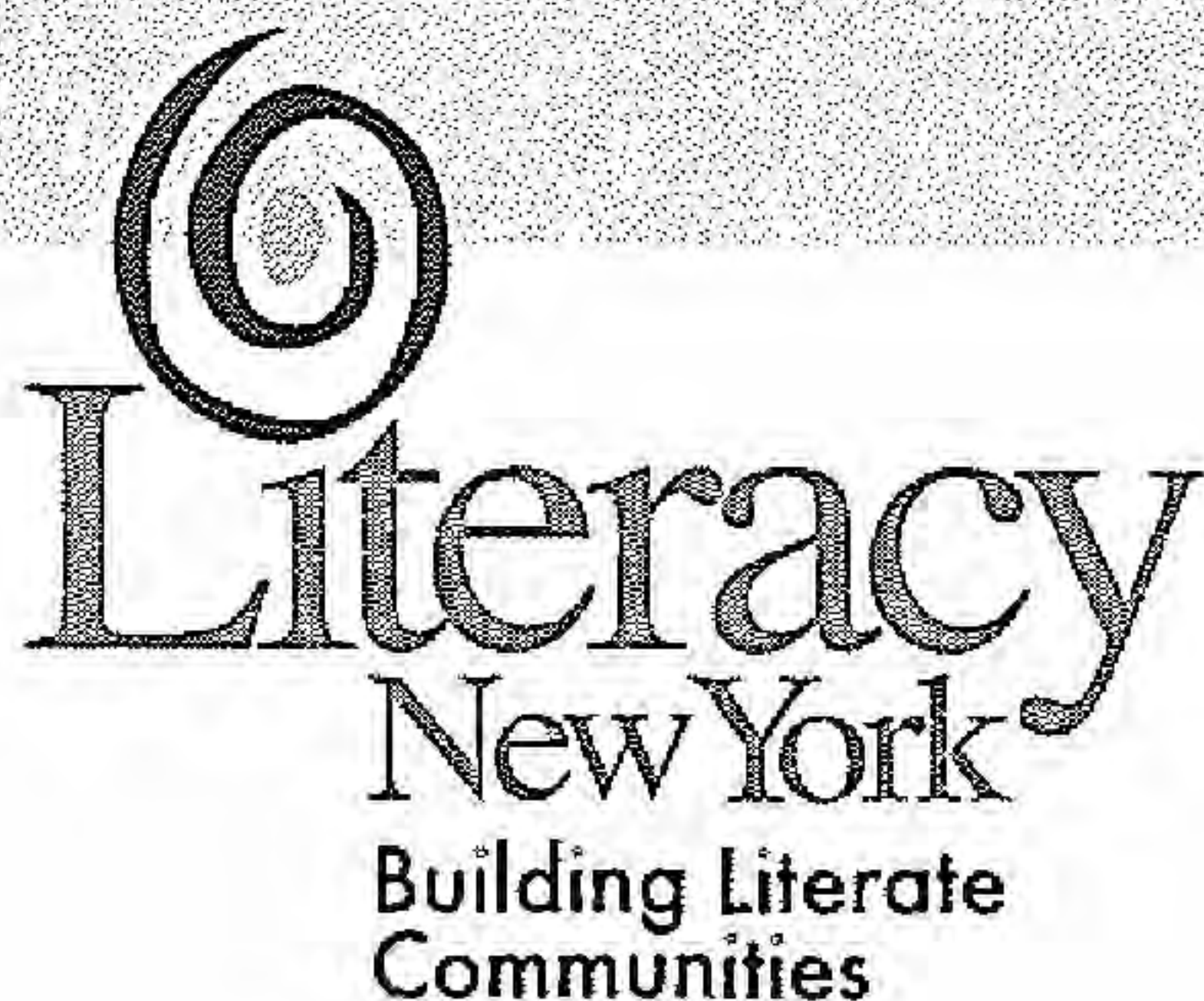
We here at the Institute for Infants, Children & Families, JBFCS, look forward to the chance to connect more closely with the larger body of pre-service and in-service training institutions in our great City and State as well as in prevention, assessment and community-centered intervention. Having trained leaders and practitioners from all disciplines who work with very young children and their parents since 1976 in enhancing their work to support robust growth among all children, we stand ready to join the statewide effort that the attainment of *New York State's Early Learning Challenge Grant* will enable. Our developmental and relational expertise in ages pregnancy through 5, as well as our leadership in prevention and treatment of child and parental trauma, our achievements in delivering mental health services to children and families in their community-based settings and our long-standing success in reaching the hardest-to-reach parents --- 98% of families accept our services --- will enable us to support the grant's initiatives from a variety of angles.

With much appreciation for your leadership in supporting young children's development through the Early Learning Challenge Grant, I am

Yours most sincerely,

(b)(6)

Rebecca Shahmoon-Shanok, LCSW, PhD
Founding Director
Institute for Infants, Children & Families



149 Central Ave.
Lancaster, New York 14086
ph: 716/651.0465
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www.literacynewyork.org

October 5, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, New York 12224

Governor Cuomo:

Literacy New York (LNY), representing a network of 36 volunteer-based literacy affiliates in 54 New York State counties – strongly endorses the New York State *Race To The Top: Early Learning Challenge* application.

For nearly 40 years LNY has recruited, trained and supported thousands of volunteers in helping individuals and families improve their basic literacy and English Language learning skills. In that role, we have covered the full continuum of education: from providing books to parents leaving hospitals with their newborns, to adults seeking to improve their skills, whether to pass the GED, get or keep employment, or help children or grandchildren with homework.

LNY fully recognizes that school readiness for all, particularly for those with high needs, is crucial for success in school and in life. And we know how important it is to come to kindergarten prepared for the learning ahead. Whether children arrive at school ill-equipped because they themselves have specific learning challenges, or whether their parents are sufficiently challenged so as not to be able to help them – LNY affiliates have seen the problems first hand. And we believe in the context of this project, LNY can be in a unique position to play an important role positioning families and children for success upon entering school.

LNY and affiliates could connect and contribute to the success of this very important effort by placing well trained and well supported volunteers in working with the adults (whether parents, grandparents or child care providers), identify and address individual needs, thereby playing crucial roles in preparing children for school success. Our nature enables us to be flexible – whether working with adults individually, or families, or even children – LNY could, therefore, contribute to preparing families to promote school readiness in a variety of individual ways. The learning needs of all families are different and diverse – and LNY affiliates again, are in a unique position to address these learning concerns and issues.

Awarding this grant to New York State could play an invaluable role in helping families and children succeed. Approximately 2.7 million New Yorkers are in need of basic skills assistance, and that number continues to grow. We believe volunteers are the untapped sector – and can play a critical role in this important project ultimately benefitting New York children and families.

Sincerely,

(b)(6)

Janice Cuddahee,
Executive Director
Literacy New York
149 Central Avenue
Lancaster, NY 14086

October 5, 2011

Lorraine Kinney-Kitchen
CCRR Director
121 Second St
Oriskany NY 13424

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol Albany, NY 12224

Dear Governor Cuomo:

I am writing as a lifelong advocate for children, having held a position as a preschool teacher for 12 years, a director of a perinatal network and a director of a child care council in upstate New York.

As a young girl, I had the inherent desire to care for and about children. As an adult, I have invested my entire career promoting the fundamental right of each and every child to live and learn in a safe, healthy and stimulating environment so that they may thrive and grow to potential. My lifelong dream is a nation that recognizes and fully supports families and children; recognizes that it does take a village and where we all benefit from children having the best possible start in life.

While my colleagues and I share a similar vision for children, it is difficult to accomplish lofty goals in the current fragmented system that we call early care and education. When I read about the opportunity for New York State to apply for the Early Learning Challenge Grant, I was inspired by the realization that we could potentially invest \$10 million in this field I care so deeply about. I strongly urge the approval of the NYS proposal that would enable us to create and strategically plan a more deliberate, consistent and comprehensive system, a system of standards by which all programs are assessed and resources are available to improve those in need. With the advent of this funding, I envision a future where all programs have the potential to provide quality care and learning for our children and parents are engaged, educated and unwilling to accept mediocrity. This grant will allow policy makers, educators and parents to intentionally utilize their strengths to collaboratively develop consistent kindergarten readiness standards and bridge the gap between early care and learning programs and the K-12 educational system. Since research on brain development demonstrates that learning in the first 5 years of life is crucial to lifelong learning, we must work towards the development and implementation of a seamless system to eliminate the chasm between early care and learning and K-12 systems. Consistent standards and elevated qualifications and education of those in my field will contribute to such a vision. The reality is that the salary and benefits of anyone in the child care field is vastly different from that of an elementary school teacher. Often when a person from our field does invest in expensive higher education, we lose them to the school districts or other positions in the helping profession. We need to recruit and retain the brightest and best professionals and we can do this by providing the supports needed to develop and keep them.

I strongly support this proposal and anxiously await a successful outcome.

Most Sincerely,

Lorraine Kinney-Kitchen, CCRR Director

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Governor Cuomo,

As a Child Care Advocate, former Child Care Center Director and current employee of the Child Care Council at Cornell Cooperative Extension; I am very much aware of what determines and measures quality child care. I understand the importance of having a program like QUALITYStarsNY, and feel that this will greatly help parents in finding high quality programs as well as educate them in how to make choices that are best for their children and family. I think that child care providers should be held to the highest standard possible and QUALITYStarsNY is the higher standard. Once they can see that parents will choose those programs with a higher star rating, providers will be forced either out of business or to work at earning more stars. That being said, as an employee of the Child Care Council, it is important that there be funding available in the form of grants or loans so providers can take the time and effort to improve their program without having to take money away from their family.

I am in a unique position of having many different experiences in child care, and have worked in both New York and California as a teacher and a Director of a center program. These experiences have given me a clear look of what quality child care should be.

I support New York State for providing funding to QUALITYStarsNY to hold child care providers to the highest standards of quality care and to help them view themselves as professionals that hold an important position, the care of our children.

Sincerely,
Tammy Ablang

October 3, 2011

To

The Honorable Governor Andrew Cuomo

I am writing this letter in support of the application of New York State for federal funding to further early care and education through the Early Learning Challenge grant. As you know, if awarded, this grant would provide New York State with \$100 million over a period of four years

As a nationally known professional in the field of Early Childhood Education and Development (see attached brief biography) I firmly believe that there is no wiser investment for the future for our nation and for our state than to create excellence in delivery of services for young children! Many fine national research programs, in North Carolina, in Ypsilanti, and in Chicago, have shown the dollar value of quality early childhood education. The savings accrue years later when graduates of high quality Early Childhood programs **show lower dropout rates from High school, lower rates of assignment to Special Education classes, more months worked during the year, (and thus more taxes paid), fewer years on Welfare, and lower Incarceration rates.**

In Syracuse, our own Family Development Research Program (the longest federally funded omnibus program of its kind, for which I served as Program Director and Dr. Lally was the Project Director),enrolled low-income, high-school dropout, single mothers, beginning prior to the birth of their babies. Families (until 1978, when the program closed) were served with a full complement of services (nutrition, health, safety, human services resources, and education) through weekly home visitation plus high-quality group care (begun at 6 months) until the children graduated at age 5 years, from our Children's Center child care program.

Longitudinal follow-up research ten years after the children had graduated, showed the impressive economic benefits of this high-quality program.

Education benefits accrued mostly for girls ten years later: 14% of program teenage girls compared with 50% of control group females had 20 or more school absences for that year. Teacher ratings showed that program girls functioned better than control girls in the areas of self-esteem, positive feelings toward others, control of aggression toward others, and achievement in school related skills. More program parents expected that their youngsters would continue on in education whereas more control group mothers felt that they had dropped out of school and their children might also.

The rates and costs for convictions for juvenile delinquency were most impressive. Only 6 % of program youth in the follow-up sample, compared with 22% of control youth were processed as probation cases by the County Probation Department. Of the 54 control group youth followed up, 12 had convictions of juvenile delinquency and 5 of these were **chronic offenders**. Of the 65 program youth, 4 had juvenile delinquency offenses but three of these were for being "ungovernable" at home. The offenses of the control youth were far more serious, involving burglary, larceny, robbery, sexual abuse, assault, and

criminal mischief. For the Program Group youth, the estimated cost per child was \$186 and for the Control Group, the estimated cost per child was \$1,985 for the delinquency convictions.

If New York State can gain the funds sought, then this grant will enable implementation of QUALITY stars NY, our state's tiered program quality rating and improvement system which is crucial for the education and training of excellence in caregiving for young children. This is a serious need. The difficulty in recruiting highly trained new hires, and the high turnover rate in many centers make it crucial that funds are obtained for caregiver training, in order to ensure quality care for the littlest children in New York State.

The funds will also permit support of effective use of a comprehensive assessment system including entry assessment for kindergarten. Health, behavioral, and developmental needs of the children will be monitored and services supplied when needs are identified.

The grant will implement *New York works for Children*, which includes a common statewide competency-based knowledge framework that will be required of the early childhood personnel serving preschoolers. IN our FDRP program we trained staff every single week. Training and support of Early Childhood staff is critical to the success of programs.

As well, an early learning data system will be able to be built.

We applaud your efforts to boost the quality of early education for New York State and your efforts to win the New York State Early Learning Challenge grant.

I deeply encourage you to fight for these funds to enhance the provision of quality Early Childhood programs for New York State's youngest citizens, and I thank you deeply for your efforts.

(b)(6)

Alice Sterling Honig, Ph.D.

Professor Emerita of Child Development, Syracuse University

Alice Sterling Honig, Ph.D.; Professor Emerita of Child Development, Syracuse University.

ahonig@syr.edu 323 Lyman Hall, Syracuse University. Tel: 315 443 4296.

Dr. Alice Sterling Honig attended Cornell University, received her BA degree from Barnard College, her MS degree in Experimental Psychology from Columbia University, and in 1975 her Ph.D. from Syracuse University in Developmental Psychology. She was an instructor, assistant professor and associate professor in Child Development in the College for Human Development at Syracuse University from 1967 onward; became full professor in 1976 and Professor Emerita in 1996. She is a Fellow of the American Psychological Association, a fellow of the American Orthopsychiatric Association, and a Fellow of the Society for Research in Child Development. She is a lifelong member of NAEYC, the National Association for the Education of Young Children, and was Research in Review editor for their journal, *Young Children*, for 6 years. She received a commendation plaque from NAEYC for the longest number of years in providing this volunteer service.

Dr. Honig has taught courses in child development, parenting, cross-cultural study of children and families, language and cognitive development, quality caregiving with infants and toddlers, theories of child development, research issues and problems in child development, observation and measurement techniques with children, prosocial and moral development, Erikson seminar, and models and exemplary programs for enriching children's lives.

She has authored or edited more than two dozen books and more than 550 articles and chapters. Among her published books are: *Risk factors in infancy* (1986, Gordon & Breach); *Discipline, cooperation and compliance: An annotated bibliography* (1987); *Infant/toddler caregiving: An annotated bibliography*, (1982, with D. Wittmer); *Parent involvement in early childhood education* (1979, NAEYC); *Early parenting and later child achievement* (Gordon & Breach); *Optimizing early childcare and education* (1990, Gordon & Breach); *Approach: A procedure for patterning the responses of adults and children* (with B.M. Caldwell) (SU Center for Support of teaching and Learning); *Cross-cultural aspects of parenting normal and at-risk children* (1989, Gordon & Breach); *Playtime learning games for young children* (1982, Syracuse University Press); *Varieties of early child care research*, (1991); *Perspectives on Korean child care, development, and education* (with M. Chung, 1993); *Talking with your baby: Family as the first school* (with H. Brophy, 1996 Syracuse University Press); *Risk factors in infancy* (1986, Gordon & Breach Press); *Behavior guidance for infants and toddlers* (SECA Press); *Infant-toddler caregiving: An annotated guide to media training materials* (with D. Wittmer) (West-Ed Center for Child and Family); *Secure relationships: Nurturing infant/toddler attachment in childcare settings* (NAEYC) (also available in a Korean edition); *Fathering: A bibliography* (ERIC Clearinghouse on Early Childhood Education); *Language learning, language development: A bibliography* (ERIC Clearinghouse on Early Child and Elementary Education); *Infant caregiving: A design for training* (with J.R. Lally) (SU Press); *Encyclopedia of infancy* (Editor, 2001, with H. Fitzgerald & H. Brophy-Herb) (ABC-Clio Press); *Prosocial development in children: Caring, sharing, and cooperation: A bibliographic resource guide* (with D. Wittmer) (Garland Publishing/Taylor & Francis). Her most recent book is: *Little kids, big worries: Stress busting tips for early childhood classrooms*, 2010, Brookes Publishers). Dr. Honig has made audiotapes including: *Helping kids succeed in school: Infants and toddlers* and several videos for NAEYC (*Helping parents flourish; Toddler curriculum: Making connections*). With Davidson Films (1996), Dr. Honig made the video *Nurturing young children's language power*.

Dr. Honig has carried out training sessions and has delivered keynote addresses to promote high quality childcare all over the United States and in several other countries, including South Korea, Singapore, France, China, and Australia. For over a decade, Dr. Honig (with a lawyer as co-leader) conducted workshops for The Onondaga County Mental Health Association for parents struggling with divorce and child custody issues.

**Diane Shafer
95 Teeter Road
Ithaca, New York 14850**

October 5, 2011

Governor Andrew Cuomo
c/o Katie Compos, Assistant Secretary for Education
Executive Chamber
State Capitol
Albany, New York 12224

Dear Governor Cuomo,

I am writing in support of New York's application for a Race to the Top: Early Learning Challenge grant.

First, seldom is a race won when at the beginning people are not in good shape. Second, seldom is a race won when the playing field is not even or similar for everyone and, third, seldom is a race won when people are not supported and nurtured along the way.

As a community volunteer I know the potential New York State has to make the race fair and to place the emphasis where it belongs - its families and its young children. I have seen organizations work hard to ensure success for children and thus success for their future and everyones. It is at the beginning that our society needs to place its emphasis and support. Families need to encourage and believe in their young children. But families also need the tools and support to do this, including the ability to evaluate programs.

Through my work with the United Way in Tompkins County and the New York State United Way I have seen many organizations take the lead in trying to make pre-schoolers ready for school, ready for life. Through my work with the local Community Foundation and Foundations throughout the state I have seen a commitment to make the youngest of us a priority. I think many of these organizations are already in collaboration with each other and very ready to partner with New York State and together be leaders in solving this incredible challenge.

Sincerely,

(b)(6)

Diane Shafer
Community Volunteer
United Way of New York State Board Member
United Way of Tompkins County Board Member
Founder, Community Foundation of Tompkins County

Quality Stars = Quality Facilitators = Quality Children = Quality Life for All Individuals

October 12, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo,

I am the director and a teacher of over 25 years at a small daycare/nursery school in Hastings on Hudson, New York. Over the years I realize more and more the importance of a quality early childhood education. It's the foundation of who you are and what you can become in the journey of life.

However, to offer a quality education costs money. We are a very small school which only has tuition to sustain us. And in today's economy with cutbacks in education, directors like myself look for support and projects that celebrate children. The Quality Stars field test was such a project.

Little did I know that the enormous amount of time and paper work would open up many avenues of learning for my staff and our program?! Equally important, I met many educators, specialists and individuals like myself who are **passionate** about educating young children while making very little money.

You can't teach what you don't know and you can't implement what you don't believe.

Quality Stars paid for staff training~ a vital component for acquiring a quality program.

The training that Quality Stars provided enlightened my staff in practices in early childhood, as well as reinforced the educational philosophy of our program. As a director, I was fortunate to work one-on-one with Quality Stars NY specialists. Listening and absorbing the years of their experience and knowledge that they were willing to share was a gift. This gift is called "WISDOM" ~ you can not buy it!

And now the Quality Stars grant is counting its pennies~ and its mission is still in a dream-like stage. However, "**Race to the Top**" can make all of our dreams as educators become a reality! Its financial backing can create miracles~ one miracle at time. Every child that is emerged into a quality stars program; every trained Quality Stars educator that touches an individual's life and their family; and every specialist that can embrace the different styles of learning and share their expertise with others will benefit. A life-long passion for learning and being a productive individual in society will be embraced and celebrated.

I support your efforts to make "Race to the Top" a reality ~
A race to celebrate childhood and all of its magic!

Thank you for listening,
Irene Balint Wemer



**737 Madison Avenue
Albany, NY 12208**

518.432.0333

888.326.8644

518.434.6478 fax

info@ftnys.org

www.ftnys.org

October 7, 2011

Governor Andrew Cuomo
c/o Katie Campos
Asst. Secretary for Education
Executive Chamber State
Capitol Albany, NY 12224

I am writing on behalf of Families Together in New York State to support New York State as they apply for the Race to the Top: Early Learning Challenge Grant. Families Together is a non-profit, family-run organization that strives to establish a unified voice for children and youth with social, emotional and behavioral challenges. Our mission is to ensure that every family has access to needed information, support and services.

At Families Together, we value the importance of social and emotional development and learning as a necessary counterpart to academic models and child growth and development. Our partnership with the New York State Council of Children and Families to develop and deliver the Children's Plan has been essential, and we believe that the principals and values of the Children's Plan have transferability to the 0 – 5 population. Our additional collaborations with leaders and agencies throughout New York State have worked to address and engage children, youth and families with cross-systems challenges.

Families Together also believes strongly in the significance of the family and youth voice, and of empowering youth and parent involvement in critical educational and collateral decisions. Evidenced by our years of peer to peer, family-run programming and leadership, and most recently our efforts with peer credentialing, Families Together is committed to support our of families of children with cross-systems needs.

If New York State is in receipt of this grant, Families Together in New York State pledges our support and assistance and will contribute our expertise and connections with thousands of family members and advocates throughout New York State.

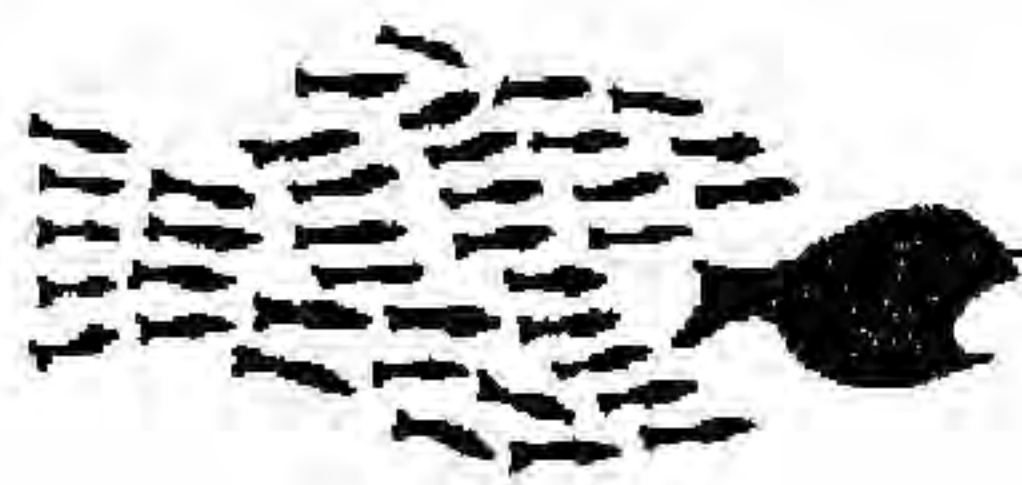
If you have any questions or need further information, please do not hesitate to contact me at [518.432.0333 x 12](tel:518.432.0333) or ppierce@ftnys.org.

Sincerely,

(b)(6)

Paige Pierce
Executive Director
Families Together in New York State

*The New York State Chapter
of the Federation of Families for
Children's Mental Health*



LIPC

LONG ISLAND PROGRESSIVE COALITION
CITIZEN ACTION ON LONG ISLAND

October 6, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Re: Support for New York's Early Learning Challenge Grant

Dear Governor Cuomo:

The Long Island Progressive Coalition is writing to express its support for New York State's Race to the Top: Early Learning Challenge application. It is so important that we make quality education a priority for all of our children.

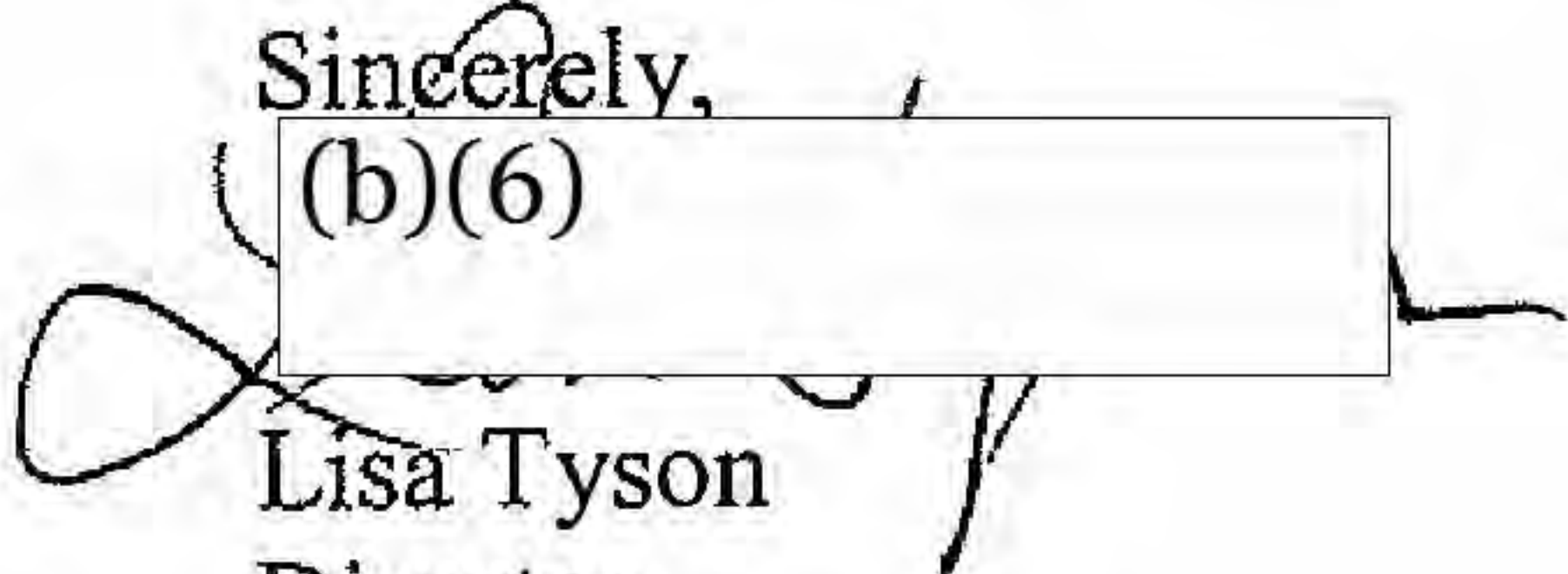
The Long Island Progressive Coalition is a 34-year old community-based organization dedicated to promoting sustainable development, revitalizing local communities, enhancing human dignity, creating effective democracy, and achieving economic, racial and social justice.

One of our major thrusts has been ensuring every child receives a quality education from birth to college. We have a special focus on quality early care and learning for our youngest children from infancy to 8 years of age. On Long Island, we work in collaboration with many educational groups such as the Child Care Councils of Nassau and Suffolk, Every Child Matters, and the Early Years Institute. We have been promoting QUALITYstarsNY which is a rating and improvement process that promotes quality standards and gives parents and families tools to assess the best programs for their children. A quality early care and learning environment will prepare a child to be ready for kindergarten and later for college and we will continue to promote programs such as QUALITYstarsNY to see that all children are offered a strong foundation for their education.

We support the state's application and we will continue to work hard promoting quality early care and learning programs to ensure that all children have a bright future.

Sincerely,

(b)(6)


Lisa Tyson
Director

October 7, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Re: Support for New York's Early Learning Challenge Grant

Dear Governor Cuomo:

Citizen Action of New York wants to express its support for the state's application for the Race to the Top: Early Learning Challenge grant. Early care and learning is a key issue priority for our organization, and we are strongly in favor of the State's efforts to strengthen New York's early care and learning system.

Citizen Action of New York is a grassroots membership organization that educates, organizes and engages people at the local level all across the state. Each of our eight chapters and affiliates across New York is a vibrant local organization with local leadership, a local agenda and an active, diverse membership. Many of our members are parents, and quality education has been a major focus of our work for the past decade.

In each of our regions we represent parents, students, and community leaders that advocate for quality education for all children. As we work to improve education, we have seen how important quality early learning is to getting children ready for Kindergarten, and to long term student success in school. Our parent members strongly want higher quality programs, and support the state's efforts to improve early learning through the Early Learning Challenge Grant.

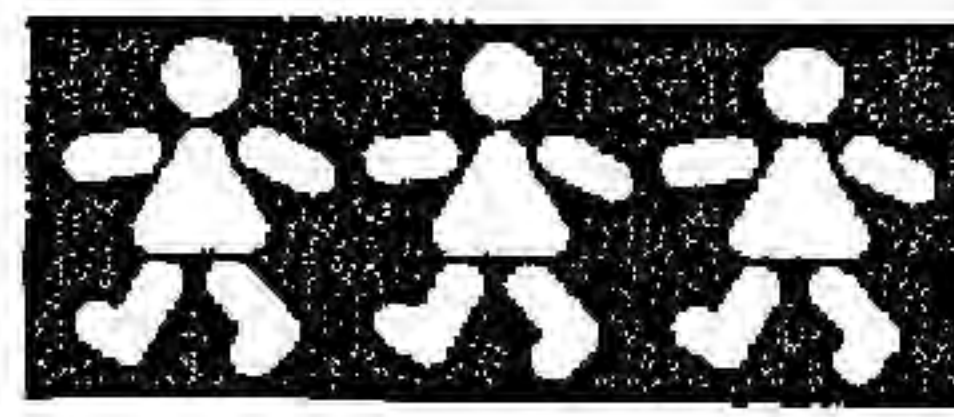
We strongly support New York State's QUALITYstarsNY program and look forward to seeing it fully implemented. QUALITYstarsNY will allow parents and guardians access to important information about the quality of each program in their area, and will empower our families to make decisions regarding their child's enrollment. It will provide programs with the help they need to improve so that all early learning programs in the state are of the highest quality possible.

We support for the state's application for the ELCG. Citizen Action of New York will continue to be committed to promoting quality early care and learning throughout the state. We believe all of our children deserve the highest quality education and a chance to have successful future.

Sincerely,

(b)(6)

Karen Scharff
Executive Director of Citizen Action



Accredited by the
National Academy
of Early Childhood
Programs



County North Children's Center, Inc.

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber State Capitol
Albany, NY 12224

October 7, 2011

Dear Governor Cuomo:

As a director of an NAEYC Accredited not-for-profit child care center in New York, I am writing to let you know we fully support the initiative Race to the Top: Early Learning Challenge.

Early childhood education is key to the growth of our economy. We need to increase the access of quality programs for families. Our Center participated in the Quality Stars NY pilot program. The program has provided essential training opportunities for our teachers. The Quality Stars gives all families and corporations a measured rating of early childhood learning standards, crucial to consumers. This high standard is what every program should attain, and what our community should expect from child care.

To do this, we need support. We need to better educate staff who work directly with children. We need to develop early learning standards that include comprehensive assessment systems and competency skills. Child care is much more than custodial care, it's early learning and early development that forms the needed base for the child's future learning. To teach the children, we need to help educate the teachers.

Our Center, being NAEYC Accredited, helps set the standard for child care in our community. We are one of three Centers that are able to provide subsidized care for families who serve in our military because of this measure of high quality. Learning begins at birth. With the support of this initiative, we can provide the necessary learning environment crucial to learning success.

Sincerely,

(b)(6)

Beth Pastel
Executive Director

"Come Grow With Us!"
205 School Road • Liverpool, N.Y. 13088 • 451-8520
www.CountyNorth.com



Office of the University Dean for Education

Office of Academic Affairs

535 East 80th Street

New York, NY 10075

Tel: 212-794-5570; Fax: 212-794-5706

October 7, 2011

Governor Andrew Cuomo
c/o Katie Campos, Assistant Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo,

I write to give my strongest support and endorsement to New York's Early Learning Challenge Grant. The primary components of the proposal will secure the major goal of this grant competition, to increase access for children, to high quality early childhood programs and services. The major elements of the proposal represent state-of-the-art thinking and best practices around early childhood learning. They include, among other things, the implementation of QUALITYstarsNY (a tiered quality rating and improvement system) and *New York Works for Children* (which includes a common statewide competency-based knowledge framework and addresses a range of approaches to foster skill, knowledge and ability in the early childhood workforce). Also to be accomplished through the grant, among other things, are the development and use of high quality early learning and development standards and the establishment of an early learning data system.

This proposal will have major, positive implications for the City University of New York (CUNY). CUNY has five Education Schools/Divisions and four additional Schools/Campuses with major departments of Education. Nearly all have teacher preparation programs in early childhood. Hence, we prepare hundreds of candidates to teach young children. The faculty in these schools and departments will be able to integrate the competencies described in the state's "Core Body of Knowledge" into coursework to ensure that the next generation of teachers is equipped with the knowledge, skills, and dispositions to support children - especially those in high need - to establish rich foundations for learning. The implementation of a quality rating and improvement system, such as QUALITYstarsNY, will create the support and impetus for early childhood programs to elevate their practice. Our experience at CUNY, with our own campus children's centers, is that when children receive excellence in care and practice, the chances of their success (and that of their families) increase dramatically. CUNY's investment in early childhood programs yields a better prepared future K-12 student and helps ensure that the parents of the children in our centers (i.e., current students) can maximize their college experience. The

establishment of an "early learning" data system will complement NYS's efforts and strength in establishing a P-20 data system, an initiative in which CUNY is also involved. Such a data system will enable NYS to achieve accountability in all its education systems and to improve these systems based on evidence and data.

The receipt of this grant will be of enormous benefit to the children and families of New York, as well as to CUNY. I am committed to working with CUNY Education Schools, Divisions, and departments, and with the NYS Education Department, to support all the initiatives embodied in the proposal.

Sincerely,

A handwritten signature in cursive script, appearing to read "Joan Lucariello". The signature is written in black ink and is positioned above the typed name.

Joan M. Lucariello, Ph.D.

University Dean for Education

Professor of Education and Developmental Psychology, Graduate Ctr.

Business Leaders

October 4, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Andrew Cuomo:

AMERICA'S EDGE NEW YORK is writing to strongly support New York's Race to the Top-Early Learning Challenge application.

AMERICA'S EDGE NEW YORK is a nonprofit organization made up of business leaders from across the state, who are committed to working to strengthen America's businesses and our state's economy through proven investments in New York's youngest children. We support high-quality early learning programs because we know, and research shows, such programs have a real impact on our businesses and our economy both today and tomorrow. These programs help young children develop the critical skills to be successful throughout their lives, ensuring a future workforce with the 21st century skills businesses need.

Our report, "Strengthening New York Businesses through Investments in Early Care and Education" documents that investments in early learning provide a significant, immediate economic boost for local businesses and help build stronger communities over the long term.

In the short term, early learning funding will spur immediate economic development, also early learning spending *stays* in New York. And then there are the long-term economic benefits: investments in quality early care and education have a return on investment that is unmatched by almost any other public investment – as much as \$16 for every \$1 invested.

There are over 1.2 million children under age 5 in New York State, over 870,000 children under age 6 and yet New York State currently has no uniform standards across early care and education program environments to ensure that all programs across the state are evaluated in the same way. This is just one of the reasons why we've shown support for high-quality early education programs. We see the

(b)(6)

Robert Kratzke
President
GlobeNet Training

Deanna Lantieri
Director, Human Resources
P W Grosser Consulting, Inc.

(b)(6)

Lisa Mars
Vice President
CA Technologies

Kevin McCrudden
President
Motivate America, Inc.

(b)(6)

Ken McCutchen
Director of Sales
Stafford Associates

Shreefal Mehta
CEO
The Paper Battery Co.

(b)(6)

Ken Morris
President
Iron Key Group

Chet Opalka
Founder
Opalka Foundation & The Global Child

(b)(6)

Karen Opalka
Averill Park, NY

Lauren Payne
Principal
Grind Design Studio, LLC

(b)(6)

Lina Saglimbeni
President
Environmental Angels

Anthony Sce, III
President
Executive Insurance & Financial Services



Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

October 3, 2011

Dear Governor Cuomo:

I am honored to support New York State as it competes for the Race to the Top: Early Learning Challenge. As a philanthropist whose foundation has contributed significantly to early childhood education in general and to the specific components of this particular grant, as a Board member of a hospital/health system, and as an executive in the corporate sector, I wholly endorse New York's efforts to build a comprehensive system of early childhood education.

We understand that supporting the education of our youngest citizens is a fiscally responsible way to reduce costs over the long-term and to create economic growth. The return on investments in early childhood has an impact on education, health and the economy. Failure to act responsibly, with the considerable body of research that currently guides us towards a strategic approach is unacceptable. The Early Learning Challenge provides a vehicle for New York to maximize its investments and to solidify a statewide commitment to create and sustain economic growth.

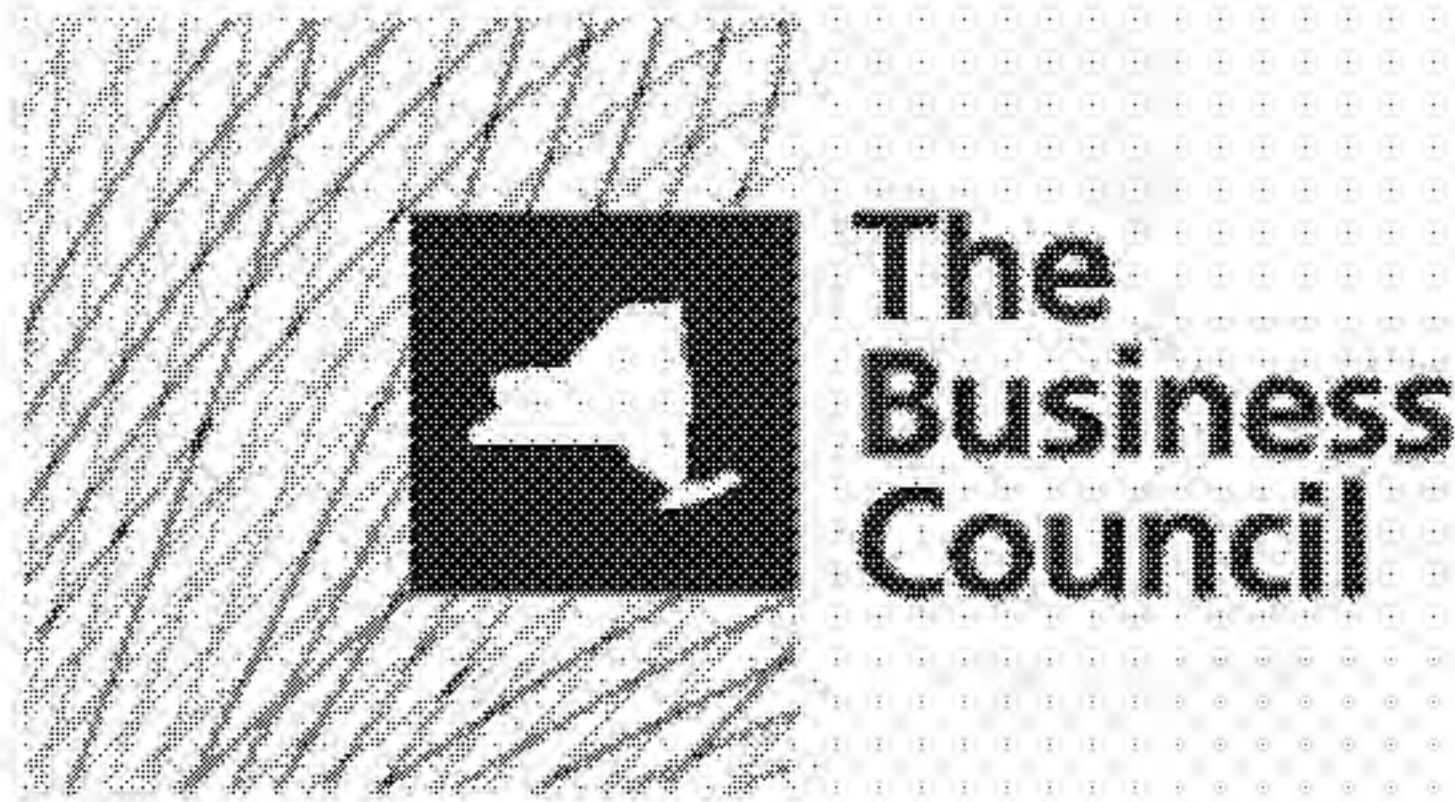
I understand that the key components of this grant are QUALITYstarsNY and a strong workforce that is well-educated and compensated. These are two areas that the Mailman Family Foundation has targeted over the last several years and has been happy to commit considerable resources to. As someone who works with the healthcare industry I am encouraged to see that the application that will be submitted has an additional focus on health and the developmental needs of children and will strive to engage and support families. As one in the corporate sector I applaud the emphasis on comprehensive assessment and using data systems that will be built to guide the work and to introduce a new level of accountability to the field.

I wish you the best of luck in this competitive process. The future welfare of New York is dependent on innovation like this to move us forward.

Sincerely,

(b)(6)

Richard D. Segal
Chairman & CEO
Seavest Inc.



HEATHER C. BRICCETTI
Acting - President & CEO

October 14, 2011

The Honorable Andrew M. Cuomo
New York State Governor
State Capitol
Albany, New York 12224

Dear Governor Cuomo:

On behalf of The Business Council of New York State and our 3,000 members statewide, we are pleased to add our support to New York's application for the Race to the Top Early Learning Challenge Grant.

Research, including that from the influential economist and Nobel laureate James Heckman assert that early educational investments have the highest return, because of the cumulative nature of skill development. There is a growing body of evidence that early educational experiences can affect outcomes in college and beyond. This federal grant opportunity provides New York State with an opportunity to leverage our collective existing resources with these federal funds for the essential infrastructure to support the continuum of education. Additionally the grant provides an unprecedented opportunity to develop a system of workforce and professional development for those working with our state's children at the earliest of ages.

Businesses across New York State rely on a qualified and quality workforce to maintain their competitive advantage. This includes having quality early childhood learning opportunities across the state. This grant proposes to take the evidence that the investments made in quality early childhood learning can leverage the greatest returns. It will cement New York's commitment to the vision that all young children are healthy, learning and thriving in families.

We are happy to add our support to New York's grant submission.

Sincerely,

(b)(6)



October 14, 2011

The Honorable Andrew M. Cuomo
Governor, New York
State Capitol
Albany, NY 12224

Dear Governor Cuomo:

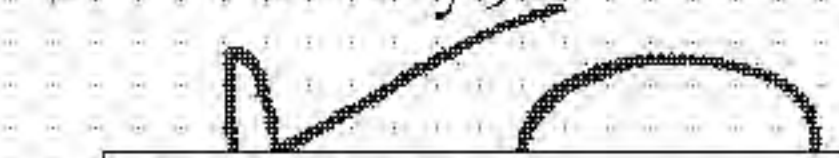
On behalf of the 2,500 employer members of the Buffalo Niagara Partnership, I am pleased to express strong support of New York State's application for Race to the Top Early Learning Challenge.

At the Partnership's recent Accelerate Upstate conference, participants agreed the quality of K-12 education and college readiness of graduating students was lacking in New York State, and cited the problem, in part, stems from a problematic educational pipeline beginning in kindergarten. Thus, we believe a sizeable investment in early learning education would be a significant step in addressing this problem and help get New York's educational system back on the right track.

Studies show that early learning spending has a 7:1 return on investment, and is integral in building up under-resourced communities such as the City of Buffalo. Early learning investments also contribute to improving workforce development, which can improve future job-readiness and address the nation-wide problem of an unprepared workforce. By thoroughly preparing children for kindergarten and putting them on course for a successful academic career, this program can stop the achievement gap before it begins.

At the Buffalo Niagara Partnership, we recognize the utter importance a quality educational system and workforce development has on economic development in our region. The positive impact of the Race to the Top Early Learning Challenge will pay dividends in the not-so-distant future for our workforce, quality of life and economic prosperity. That's why we support the state's application so strongly.

Sincerely,


(b)(6)

Andrew J. Rudnick



October 14, 2011

The Honorable Andrew M. Cuomo
Governor of New York State
State Capitol Building, 2nd Floor
Albany, NY 12247

Dear Governor Cuomo,

First Niagara Financial Group is pleased to support our State's application for the U.S. Department of Education's Race to the Top funding.

Headquartered in Buffalo, N.Y., First Niagara is a regional bank with a community focus and philosophy. Our more than 5,000 employees, and nearly 340 branches, across Upstate New York, Pennsylvania, Connecticut and Massachusetts, provide financial services to individuals, families and businesses.

Today, we employ more than 2,500 people in Upstate New York. By this time next year, largely as the result of our previously-announced acquisition of HSBC branches, we expect to employ more than 4,000 New Yorkers, and we are committed to further growing our workforce.

As a growing company, it is critical for First Niagara to be able to draw from a highly-qualified pool of talented employees and to ensure that our state offers the quality of life necessary to attract and retain that talent. Job and economic growth can only occur if our state has an educated workforce that is capable of doing 21st century work. The earlier we can start to prepare our students – especially those in high-risk and low-income situations – for their long-term success, the better.

Studies show that for every \$1 invested in early learning, upwards of \$7 in economic benefits are seen over a child's lifetime. In fact, research by Nobel Prize-winning economist James Heckman also finds early learning to be one of the most valuable steps New York can take to reduce poverty and strengthen under-resourced communities. We support the State's effort, with this grant, to accomplish the following priorities:

1. Increase the number of high-quality early learning and development programs for New York's children, especially those with high needs.
2. Improve the quality of the early learning workforce.
3. Stop the achievement gap before it starts by thoroughly preparing children for Kindergarten and put them on course for a successful academic career.

To: The Honorable Andrew M. Cuomo

Page 2

We believe that Race to the Top funds will provide New York State with needed funding to implement innovative approaches to ensure a high-quality education for every child. This will ultimately result in a first-class workforce and strong communities, where all people have opportunities to learn, grow and achieve their dreams.

We urge you to support New York State's Race to the Top application, and we count on your leadership in helping to make our state a model for the entire country.

Sincerely,

(b)(6)

Gary M. Crosby
EVP/Chief Operating Officer



October 14, 2011

To Whom It May Concern:

The North Country Chamber of Commerce is the largest business and economic development alliance in northern New York, representing more than 4,300 employers and organizations across Clinton, Franklin, Essex, Hamilton and northern Warren Counties. The education of our young people and their eventual readiness to support the economy of the future is a prime interest and concern of ours.

With this in mind, we are pleased to express our full and enthusiastic support for New York State's "Race to the Top Early Childhood Learning Grant" application.

New York State has developed a thoughtful and comprehensive approach which we are convinced will increase the number of high-quality early learning programs -- especially those serving high-needs children -- by using a program rating and improvement tool called Quality Stars; improve the quality of the early childhood workforce; and stop the existing achievement gap before it starts by having teachers use a kindergarten readiness screening tool.

New York's proposal seeks \$100 million over four years, and is well designed to deliver highly meaningful results across our state.

We are most hopeful that the requested funding will be provided, investing in a program of work which will create a model of success within the national Race to the Top initiative.

Onward and upward!

Sincerely,
(b)(6)

Garry F. Douglas
President and CEO

Home of:

North Country
Small Business
Council

Adirondack Coast
Visitors & Convention
Bureau

North Country
Industrial Council

Québec-New York
Corridor Coalition

New York's
Tech Valley

S.C.O.R.E.

Essex County
Business Council

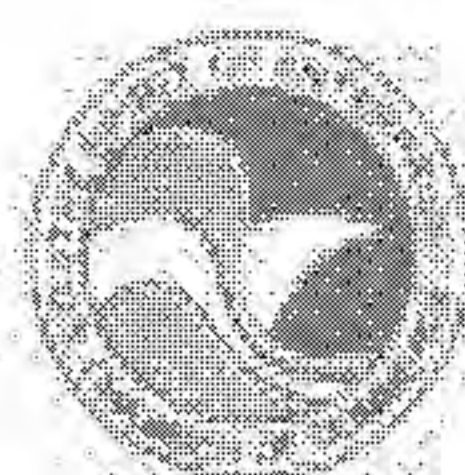
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P.O. Box 310, 7061 Rt. 9, Plattsburgh, NY 12901-0310 Tel: 518-563-1000 Fax: 518-563-1028
Email: chamber@westelcom.com Web Site: northcountrychamber.com
Lake Placid Office: 216 Main St., Lake Placid, NY 12946 Tel: 518-523-4906 Fax: 518-523-2605



ACCREDITED
U.S. CHAMBER OF COMMERCE

Community Based Organization



One Gateway Plaza
Port Chester, NY 10573

phone: 914.937.2320
fax: 914.937.4902
email: fsw@fsw.org
web: www.fsw.org

Susan B. Wayne
President and
Chief Executive Officer

September 28, 2011

Governor Andrew Cuomo
c/o Katie Campos, Assistant Secretary for Education
Executive Chamber
State Capitol
Albany, New York 12224

Dear Governor Cuomo,

Family Services of Westchester provides early childhood education experiences annually for more than 650 children ranging in age from birth to 5 years in the City of White Plains and the village of Port Chester in Westchester County.

As a direct grantee for Early Head Start/Head Start (EHS/HS), a collaborative Universal Pre-Kindergarten (UPK) with the local school district, and a NYS Department of Education authorized special education preschool (Prime Time), we recognize the importance for high quality early learning standards. In Port Chester, Family Services of Westchester provides mental health consultation at three additional Head Start/Early Head Start sites. Our work at these sites supports the positive emotional, social and cognitive development of very young children.

FSW supports the NYS Race to the Top initiative's approach to increasing access for all NYS young children to high quality early childhood programs and services. We support the establishment and implementation of a quality rating and improvement system which integrates health and emotional development connected to comprehensive child assessments, improved teacher credentials, family involvement, and inter-agency data systems. This initiative will enable all young children throughout NYS to have the same opportunities for successful academic experiences.

Sincerely,

(b)(6)

Susan B. Wayne
President/CEO



Making a difference right at home.



Southwest Family Resource Center
 Bishop Kearney Building 2nd Floor
 Rochester, New York
 14611
 (585) 436-0370
 FAX (585) 436-0482

www.hillside.com

Accreditation:

Council on Accreditation

September 30, 2011

Governor Andrew Cuomo
 c/o Katie Campos, Asst. Secretary for Education
 Executive Chamber
 State Capitol
 Albany, NY 12224

Dear Governor Cuomo,

On behalf of Family Resource Centers of Crestwood Children's Center, an affiliate of Hillside Family of Agencies, I would like to applaud your decision and leadership in initiating our state's application for a Race to the Top: Early Learning Challenge grant. This opportunity has the potential to significantly focus resources and statewide energy on systems and strategies to promote quality early child care and school readiness.

As you may well know, Family Resource Centers is a community-based model being implemented in a variety of locales across the state. In diverse settings, Family Resource Centers work diligently to provide community environments for early childhood and parenting education. Since our founding in Rochester in 1981, we have worked in the neighborhoods of our community providing preventive services to families in a strength-based and collaborative approach focused on supporting parents in their engagement in the early care and education of young children. Partnering with families in their challenges and their desire to grow in effective parenting skills, we have drawn upon evidence-based practice and curricula. For three decades, we have seen first hand the impact of this approach on many of the families and children participating in our centers and home-based services.

Crestwood Children's Center is committed to providing a range of services supporting families of young children, such as Parent Education, Early Intervention, Parents As Teachers home visiting, Pre-K and early inclusion classrooms, and programs specifically for fathers and grandparents and other kinship care givers who are responsible for the care and well-being of children in their families. In our delivery of the Parents As Teachers "Supporting Care Providers through Personal Visits" curriculum (the adapted version of "Born to Learn"), we have come to see the importance of quality home-based child care. We are acutely aware of the tremendous need for professional development of care providers within the framework of strong early learning and development standards. We are equally aware of their need for continued support in providing safe, healthy and caring environments for the children in their care. The components of this proposal address some of the critical elements of need in our state to ensure these quality standards and competencies, and we at Crestwood Children's Center strongly support New York State's application.

We remain invested in the continuing dialogue to develop the highest of standards for care of children in this state, and we welcome opportunities to contribute to a system of family support which creates a norm of parent engagement in the continuing growth and education of their children. Thank you sincerely for your commitment to the healthy development of young children in the communities throughout the state and for being a voice of advocacy on their behalf.

Sincerely,

(b)(6)

Mary Jo Brach
 Service Director
 Family Resource Centers of Crestwood



LiteracyCoalition
OF ONONDAGA COUNTY

October 3, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, New York 12224

Dear Governor Cuomo:

Our mission, as the birthplace of the adult literacy movement, is to collectively build and support community initiatives that raise literacy levels across the lifespan in Onondaga County. We have established community literacy indicators and a shared vision of "100% Literacy through 100% Community Engagement."

We offer enthusiastic support for New York's proposal for an Early Learning Challenge Grant, especially efforts to implement QUALITYstarsNY. As an essential component of our state's infrastructure to promote kindergarten readiness, we also propose the statewide implementation of *Dolly Parton's Imagination Library*. In addition to Syracuse, Imagination Library has been launched in New York City, Buffalo, Auburn and other communities throughout the state.

As the centerpiece of our Early Childhood Literacy Initiative in the City of Syracuse, *Imagination Library* mails a new age-appropriate book monthly to enrolled children from birth to age 5, in our first NYS designated North Literacy Zone. In partnership with Child Care Solutions, Syracuse City School District, Say Yes to Education, Onondaga County Public Library, the Central New York Community Foundation, and many other local partners, our intention is focus on the importance of regular reading to children as a means to develop skills needed to enter kindergarten ready to learn. Particular focus is also on the literacy needs of their parents, as a child's first and most important teacher.

There is compelling research that clearly shows the importance of reading to a child starting at birth. We have engaged Le Moyne College in an effort to measure the outcomes of our local *Imagination Library* program and preliminary results are very promising. We also plan to measure the kindergarten readiness of children enrolled in *Imagination Library* in partnership with the American Institutes for Research.

In addition to our support for New York's proposal for an Early Learning Challenge Grant, we very much appreciate your consideration of our request to include *Imagination Library* as a priority in your education agenda. If you or your staff has any further questions, please do not hesitate to contact me at either vcarmody@unitedway-cny.org or (315) 428-8129.

Sincerely,

(b)(6)

Virginia B. Carmody
Executive Director

518 James Street, P.O. Box 2129,
Syracuse, NY 13220 • P: 315.428.8129 • F: 315.428.2227

TOGETHER WE CAN ACHIEVE 100% LITERACY THROUGH 100% COMMUNITY ENGAGEMENT

www.onliteracy.org

A-150

September 29, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo:

It is my pleasure to submit this letter in support of New York State's application for the Early Learning Challenge grant.

The Catholic Charities of the Archdiocese of New York seeks to uphold the dignity of each person as made in the image of God by serving the basic needs of the poor, troubled, frail and oppressed of all religions. We collaborate with parishes, as well as non-Catholic and Catholic partners, to build a compassionate and just society. Through a network of administered, sponsored and affiliated agencies, Catholic Charities delivers, coordinates, and advocates for quality human services and programs touching almost every human need.

For close to 100 years, Catholic Charities— a federation of 90 agencies – has worked to protect and nurture children and youth.

Like this initiative, Catholic Charities --through its network of agencies-- is committed to providing safe, secure, and nurturing environments for children and their families in a holistic manner. We touch almost every human need because we understand that by resolving crises for struggling families we can help stabilize the family unit. We provide day care services to enable parents who are the breadwinners get to work and provide their children with a stable and safe environment. Our emergency food programs and pantries further support those struggling to feed their families. Through early intervention services, we provide assistance to children with developmental lags overcome these delays. As one of the largest providers of foster care and preventive services we ensure that children are safely cared for in or out of their homes. When that isn't possible, our adoption programs can help find a loving environment for them.

Helping to keep a family employed is one of the tools for averting crisis, but even with a steady paycheck, many families are just one crisis away from a disaster. Through support, referrals and advocacy, Catholic Charities helps families with long term solutions to their immediate needs. Through our non-categorical Case Management services, we assist families in navigating the often, complex systems of services and government benefits available to them.

We believe that the early learning components of this grant which focus on improving early learning and development programs for infants, toddlers, and preschoolers will only further enhance our range of services. Receipt of this grant will assist New York State in its implementation of the *QUALITYstarsNY* program and allow them to meet the highest standards in early childhood care and education.

We stand ready to support and partner with New York State in ensuring that children and their families receive the necessary supports that they need.

Sincerely,

(b)(6)

Msgr. Kevin Sullivan



October 3, 2011

The Honorable Andrew M. Cuomo,
Governor of New York
c/o Katie Campos, Asst Secretary of Education
Executive Chamber
State Capitol
Albany, NY 12224

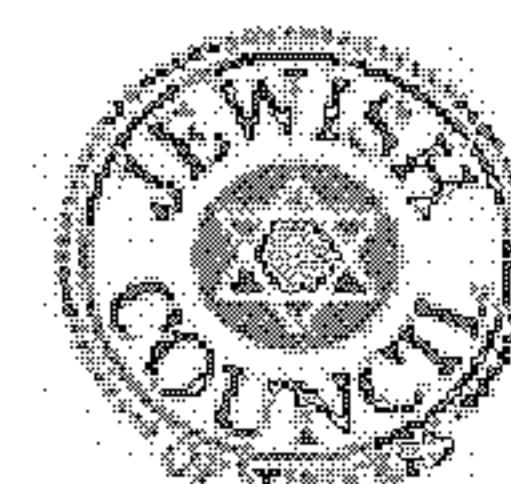
Dear Governor Cuomo:

As the Executive Director of JCY-Westchester Community Partners, I am writing to express support for the State of New York's application to the Race to the Top Early Learning Challenge Fund. We view this application as an unprecedented opportunity to develop a continuum of care and education that truly begins at birth, lasts a lifetime, and reaps benefits for all generations.

JCY-Westchester Community Partners (www.jcy-wcp.com) coordinates a variety of programs to harness the skills of mature adult volunteers to engage public school students in educational activities, often in a one-to-one mentoring relationship. In the 2010-2011 year, we trained 517 volunteers who reached a total of 7,000 students at 40 different sites in Westchester County. Our flagship programs, Students and Mature Adults Reading Together and Reading Buddies After School earned the prestigious Program of Distinction Award in a national selection process conducted by Generations United.

Decades of rigorous research shows that investing in high-quality early care and education nets high returns for taxpayers of all ages. Just some of the intergenerational benefits of quality early care and education include: greater academic achievement; fewer referrals for remedial classes or special education; lower rates of teen pregnancy; higher high-school graduation rates, GED completion, and post-secondary enrollment; and better earnings and employment rates contributing to fiscal balance.

The JCY-Westchester Community Partners' mission is to enhance the educational experience of children in Westchester County through effective learning initiatives and the engagement of volunteer mentors.



600 North Broadway, Yonkers, NY 10701 Phone: (914) 423-5009 Fax: (914) 423-5077 info@jcy-wcp.com

www.jcy-wcp.com



Unfortunately, far too many of New York's children cannot access quality early care and education. We envision that this grant could provide the essential infrastructure and tools required to promote school readiness for all New York children, especially those with high needs. Specifically, the Race to the Top: Early Learning Challenge Fund could help New York:

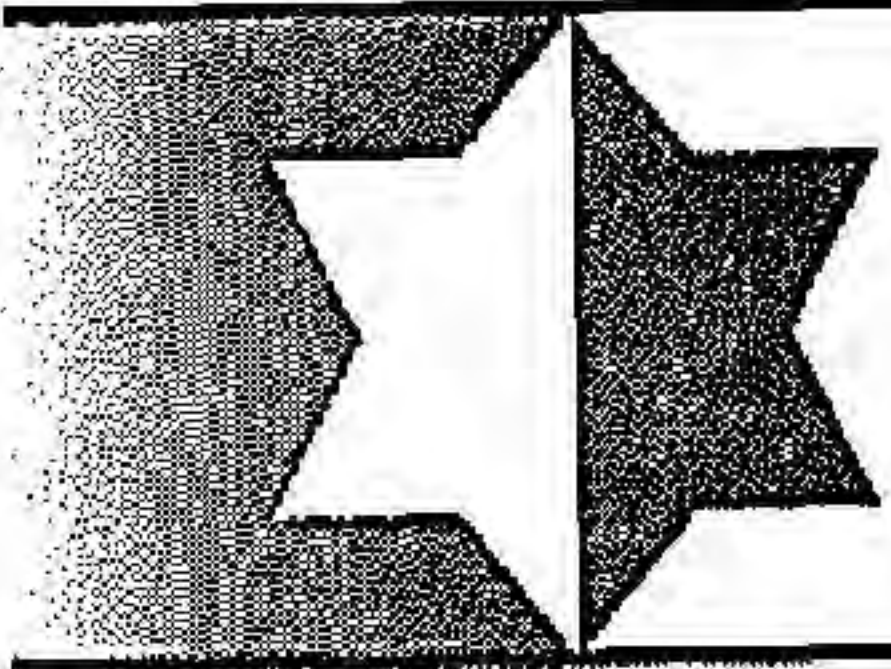
- implement *QUALITYstarsNY*, our tiered quality rating and improvement system
- develop and use high quality early learning and development standards
- support the effective use of comprehensive assessment systems, including the administration of a common state-wide kindergarten entry assessment so teachers will know how best to address the individual needs and skills of all children
- address health, behavioral, and developmental needs of children, including early identification of needs and referral to services on a timely basis
- engage and support families within early care and learning programs
- implement *New York Works for Children*, which includes a common statewide competency-based knowledge framework and addresses a range of approaches to develop skill, knowledge and ability in the early childhood workforce.
- build an early learning data system

With our support for expanding access to these early care and education programs, seniors hope to position children- and New York- for greater success. We thank you for your time and appreciate your consideration.

Sincerely,

(b)(6)

Janice Lubin Kirschner,
Executive Director



Jewish Community Center of Syracuse

5655 Thompson Road • DeWitt, NY 13214 • Phone: (315) 445-2360 • Fax (315) 449-4539

Direct Dial: (315) 445-2040 • E-mail: reception@jccsyr.org • www.jccsyr.org

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*Deceased

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo:

I am writing this letter to support Race to the Top: Early Learning Challenge. I am the Director of the Early Childhood Development Program at the Jewish Community Center of Syracuse, NY. We have 11 classrooms, caring for children 6 weeks old to 5 years old. We service 160 families.

Our mission is to develop the social, emotional, physical and intellect well being of each child. Accepting each child at his or her own developmental level enhances the individual child's self-concept and feeling of self-worth. Our program will create a safe and nurturing environment, which offers opportunities for exploration and discovery. The emphasis is on developing curiosity, imagination, independence, self-esteem, caring for others, and the ability to play both cooperative and independently.

Our program believes in quality care for young children. We use the Creative Curriculum in every classroom. We have started using the ITERS and the ECERS to prepare for Quality Stars NY. We work and collaborate with our local Child Care Solutions and we have an outstanding rapport and great respect for NYS OCFS.

We look forward to the future of early childhood education and working with the state of New York.

Sincerely,

(b)(6)

Jo David
Director of Early Childhood





Onondaga County Department of Aging & Youth

~Meeting Needs That Span The Generations~

John H. Mulroy Civic Center ☼ 421 Montgomery Street ☼ Syracuse, New York 13202
(315) 435-2362 ☼ Fax (315) 435-3129 ☼ www.ongov.net

Joanne M. Mahoney
County Executive

Lisa D. Alford
Commissioner

Stephanie A. Miner
Mayor

October 4, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

To The Honorable Governor Andrew Cuomo,

I am writing on behalf of the Syracuse/Onondaga County Youth Bureau in support of the Race to the Top: Early Learning Challenge proposal.

We recognize this initiative represents an unprecedented opportunity for New York to develop a continuum of education that provides the infrastructure and tools to promote school readiness for all children, especially those with high needs. There are essential elements to the initiative in alignment with our mandate to ensure that children and youth are involved with quality programs and youth workers receive comprehensive training, in particular QUALITYstarsNY, a tiered quality rating and improvement system, and *New York Works for Children*, which focuses on and tracks professional youth development.

It is our belief that because this initiative is built around establishing and implementing a quality rating and improvement system which integrates health and emotional development and is linked to comprehensive child assessment, work force development, family engagement, and cross-agency data systems that it aligns with our mission as the area Youth Bureau and we are in full support of the vision behind the proposal.

We look forward to successful implementation of this proposal, as we feel it is vital for the youth in Onondaga County and New York state.

Sincerely,

(b)(6)

Lisa D. Alford
Commissioner



ONONDAGA COUNTY HEALTH DEPARTMENT

John H. Mulroy Civic Center
421 Montgomery Street
Syracuse, New York 13202
www.ongov.net

JOANNE M. MAHONEY
County Executive

CYNTHIA B. MORROW, MD, MPH
Commissioner of Health

October 4, 2011

The Honorable Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary of Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo,

I am writing with enthusiastic support of your proposal for New York for the *Race to the Top: Early Childhood Learning Challenge* federal funding opportunity. The statewide establishment of **QUALITYstarsNY** (to set high quality standards for child care settings) and **New York Works for Children** (to improve workforce and professional development) is a critical step toward improving the foundation for children in New York State and assuring a safe learning environment for all young children. In order to adequately address health, behavioral and developmental needs of all children we must address social and environmental determinants of health. With this funding, New York can position itself to address factors that can negatively impact early childhood learning and to create solutions that can improve children's health and behavioral health by setting and implementing high standards for child care providers.

As a local health department, the Onondaga County Health Department recognizes the value of access to high quality early childhood programs and services, and through our numerous partnerships with the child care community in this region, we have been able to see, first hand, the benefits of such programs. These efforts, in tandem with public health efforts related to childhood immunizations, dental health, and nutrition promote an environment that supports working parents in our community. The stronger and safer our environment, the stronger and safer are our children.

Through the efforts made with funding from *Race to the Top: Early Childhood Learning Challenge*, New York State can focus on supporting working families with the potential of positively impacting our children for generations.

Sincerely,

(b)(6)

Cynthia B. Morrow, MD, MPH
Commissioner of Health
Onondaga County



1740 Old Jericho Turnpike, Jericho NY 11753 • 516/939-MOMS • 877/939-MOMS • FAX 516/750-5365

MOTHERS TO MOTHERS: MAKING A DIFFERENCE

<http://www.MothersCenter.org> • info@motherscenter.org
(blogs) www.MothersCentral.org • www.WomaninWashington.org

October 4, 2011

The Honorable Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Honorable Governor Cuomo,

I'm writing on behalf of the National Association of Mothers' Centers, headquartered in Jericho NY, to express support for New York State's application for the Race to the Top: Early Learning Challenge.

Since our founding in 1975, our mother-to-mother support programs have proven time and again the importance of early experiences between parent and child. Family engagement in early development and education is a critical building block and foundation for future optimal development as well as academic success and emotional health.

At a Mothers' Center discussion group, mothers share concerns, learn about normal child development, and assess parenting techniques and philosophies to find what works for their families and situations. Identification of necessary resources and assistance of peers and professionals ease the uncertainty and isolation many parents feel.

Parent support is the first step in parent engagement as it helps forge a strong bond between parent and child by lessening anxiety, building confidence and enhancing communication and negotiating skills. This results in parents who see themselves as capable of getting involved and staying involved throughout the many stages of their child's development. And the communication skills they learn help them navigate whatever systems they encounter with calm and reasoned dialogue toward fruitful and positive outcomes for their children.

It would be hard to underestimate the impact of adequate funding to improve the systems by which we ensure the development of our children from early childhood. The NYS Early Childhood Advisory Council has done a wonderful job of leading the way for the myriad agencies and programs throughout our great state that address the needs and development of our youngest generation.

In these increasingly challenging times, it is essential that we invest wisely in our children and prepare their parents for their part in their child's development and education.

Sincerely,

(b)(6)

Linda Lisi Juergens
Executive Director

Sheree L. Toth, Ph.D.
Executive Director, Mt. Hope Family Center
Associate Professor of Clinical Psychology



October 12, 2011

The Honorable Andrew M. Cuomo
Governor of New York State
NYS State Capitol Building
Albany, NY 12224

Dear Governor Cuomo:

We are pleased to offer our support of New York State's application for the Race to the Top: Early Learning Challenge grant sponsored by the U.S. Departments of Education and Health and Human Services. We understand that this initiative indicates federal support to develop early childhood systems distinguished by their approach to increasing access for children to high quality early childhood programs and services.

Mt. Hope Family Center is dedicated to providing innovative evidence-based treatment and preventive interventions to high-risk children and families, and to helping build strong families and relationships through treatment, prevention, research, and training. Mt. Hope Family Center is a non-profit community organization affiliated with the University of Rochester. For more than thirty years Mt. Hope Family Center has provided interventions designed to prevent the occurrence or recurrence of child maltreatment, to reduce risks associated with psychopathology, and to promote positive child development and resilience. Mt. Hope Family Center is a member of the National Child Traumatic Stress Network (NCTSN) sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). We are recognized national leaders in infant mental health and treatment of child traumatic stress. We are partners on one of seventeen evidence-based home visitation (EBHV) projects originally funded through the U.S. Administration on Children and Families Children's Bureau and with local support of the Monroe County Department of Human Services and the United Way of Greater Rochester. We have expertise through NIH-funded projects focused on adolescent and maternal depression, children's exposure to violence and trauma, and consequences of child maltreatment. As the Executive and Clinical Directors of Mt. Hope Family Center, we are excited about New York State efforts to provide the essential infrastructure and tools to promote healthy development and school readiness for all children, especially those with high needs. Our staff has been involved with a workgroup from the Early Childhood Advisory Council to address mental health needs of young children. We share their vision that all young children are healthy, learning and thriving in families, and we are willing to work with statewide efforts to develop a continuum of health and education that truly begins at birth and lasts a lifetime.

Sincerely,

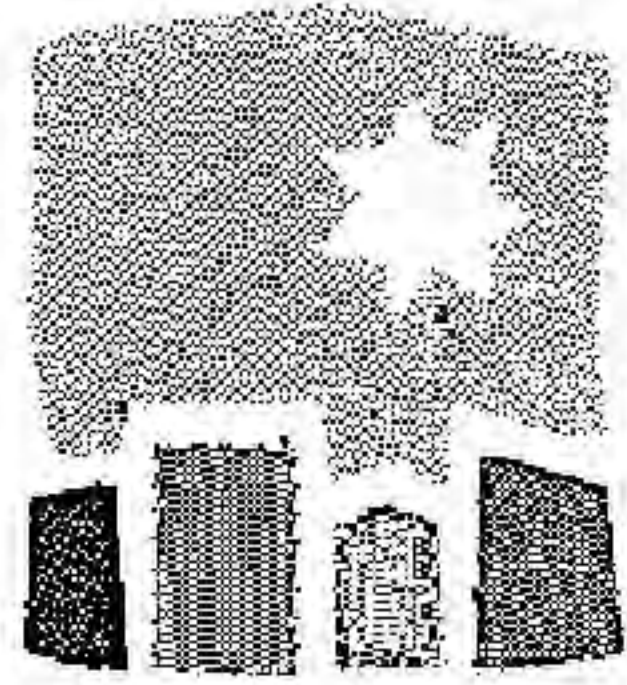
(b)(6)

Sheree L. Toth, Ph.D.
Executive Director

Jody Todd Manly, Ph.D.
Clinical Director

187 Edinburgh Street • Rochester, NY 14608
585.275.2991 • 585.454.2972 fax

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October 5, 2011

The Honorable Governor Andrew Cuomo

State Capitol

Albany, NY 12224

Dear Governor Cuomo,

The Harlem Children's Zone (HCZ) provides a comprehensive pipeline of supports for children in Central Harlem that starts when parents are pregnant and continues until their children graduate from college. A key element of our success is an intensive focus on the early childhood portion of our pipeline so I am thrilled and very supportive of New York State's application for the Early Learning Challenge Grant.

HCZ's Harlem Gems center-based early childhood programs are funded through a mix of New York State Universal Pre-Kindergarten, Head Start and private philanthropy. Independent researchers found that 100% of our Harlem Gems graduates for school year 2010-2011 achieved average or above-average status on the Bracken Basic Concept Scale for School Readiness. This was especially impressive given the substantial number of children who began the year behind on basic cognitive skills measured by the scale. Most of these young children will continue on to HCZ's Promise Academy Charter School, where students also are achieving at high levels.

I share this because several elements which we believe drive our success at HCZ are embodied in New York State's application namely: a focus on collecting and using data to drive decision making and instruction; engaging and supporting families; addressing health, behavioral and developmental needs; and administration of a common state-wide kindergarten entry assessment. I would be thrilled to see new funding offer under-resourced communities across New York State the opportunities to implement these same successful reforms for the benefit of all our children.

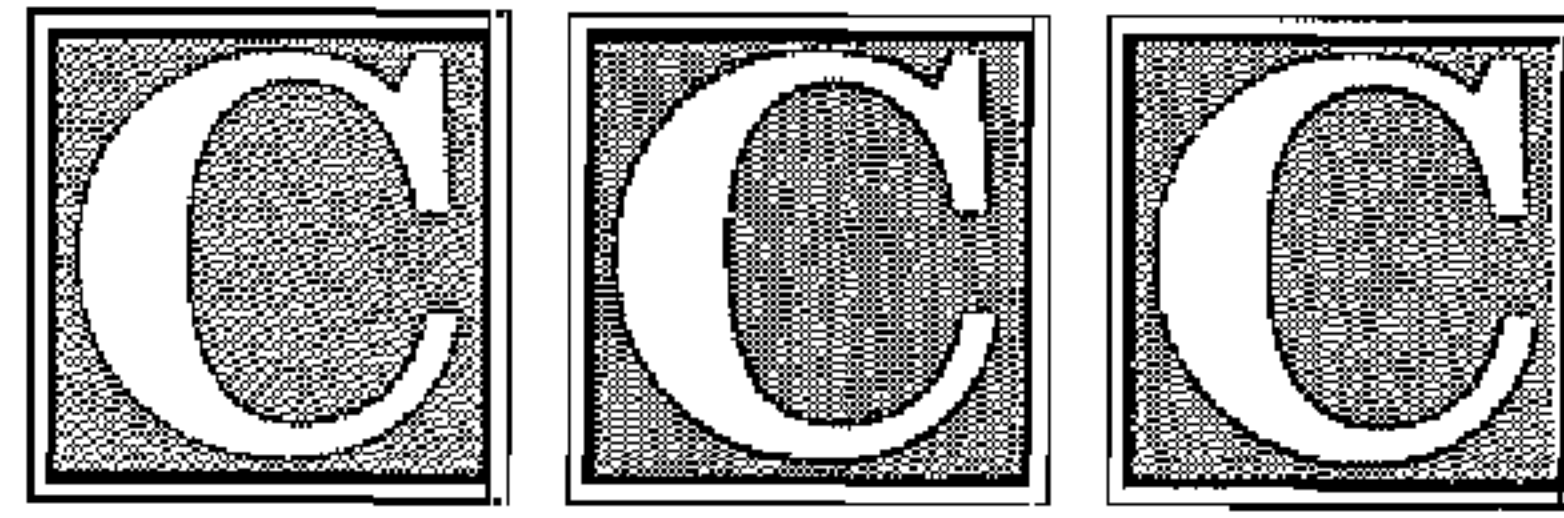
Please let me know how I can be of assistance as New York State moves forward with this application.

Sincerely,

(b)(6)

Geoffrey Canada

President/CEO



CITIZENS' COMMITTEE for CHILDREN
OF NEW YORK INC

September 30, 2011

Honorable Andrew Cuomo
Governor, New York State
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber, State Capitol
Albany, NY 12224

Dear Governor Cuomo:

Citizens' Committee for Children of New York, Inc (CCC) appreciates the opportunity to show our support for New York State in the competition for the Race to the Top Early Learning Challenge. As you may know, CCC is a 68-year-old independent, multi-issue child advocacy organization dedicated to ensuring that every New York child is healthy, housed, educated and safe.

CCC does not accept government funding, nor do we provide direct services to children and families. Through our fact-finding research, community education, and advocacy efforts, CCC aims to enhance children's well being and quality of life, promote a strong social safety net, and advance policies that support working families. Over many years CCC has tirelessly advocated for the resources and technical support needed to ensure that greater numbers of New York's children benefit from quality early childhood education.

Early childhood education services play a fundamental role in providing young children with a proper foundation for social and emotional growth and for school success. In addition, these services contribute to the workforce stability of parents. With this in mind, we consider the Race to the Top Early Learning Challenge a unique opportunity to strengthen the system of early childhood education throughout New York State.

In addition to supporting the statewide implementation of QualityStarsNY, which will allow for consistent measuring of service quality, CCC is especially pleased that New York State's proposal includes mechanisms by which service providers can improve the quality of their practice. CCC is pleased that the State plan would develop and utilize high quality early learning and development standards, invest in building an early learning data system, and focus on helping service providers to better engage and support families, as well as comprehensively assess and address children's needs. With these plans, it is clear that ultimately beneficiaries of the resources garnered through the Early Learning Challenge would be the children and families across the state that rely on early childhood education services.

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In conclusion, Citizens' Committee for Children of New York is grateful for the opportunity to support the State's efforts in the Race to the Top Early Learning Challenge grant application process. We look forward to continue to work with you and our colleagues to strengthen New York's system of early childhood education.

Sincerely,

(b)(6)

Jennifer March-Joly
Executive Director

(b)(6)

Stephanie Gendell
Associate Executive Director, Policy and Public Affairs

(b)(6)

Moira Flavin
Policy Associate, Early Childhood Education, Education and Youth Services



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www.unhny.org

October 4, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo:

United Neighborhood Houses is New York City's federation of settlement houses and community centers representing 37 member agencies which operate more than 50 child care programs in neighborhoods throughout New York City. UNH member agencies provide child care through various public and private funding streams that meet the critical needs of the children and families in the communities they serve for enriching and affordable care.

We write in support of New York State's application for the Race to the Top: Early Learning Challenge Grant. This investment in New York State's early childhood infrastructure will benefit the youngest New Yorkers and their families and ensure that more children receive high-quality education before they begin kindergarten.

New York is already a center of innovation in early childhood education. For example, New York City's settlement houses developed the blended funding model which brought many of the benefits of a Head Start program, such as family workers to increase parent engagement and health and behavioral assessments, to families who did not qualify for Head Start services. Through this model, and through other innovations, settlement houses and other child care providers found innovative means to support quality, comprehensive early childhood education while meeting the needs of low-income working parents for full-day care.

We are thrilled that New York State plans to invest in its early childhood infrastructure in order to develop new innovations such as the implementation of a statewide quality rating improvement system and building an early learning data system.

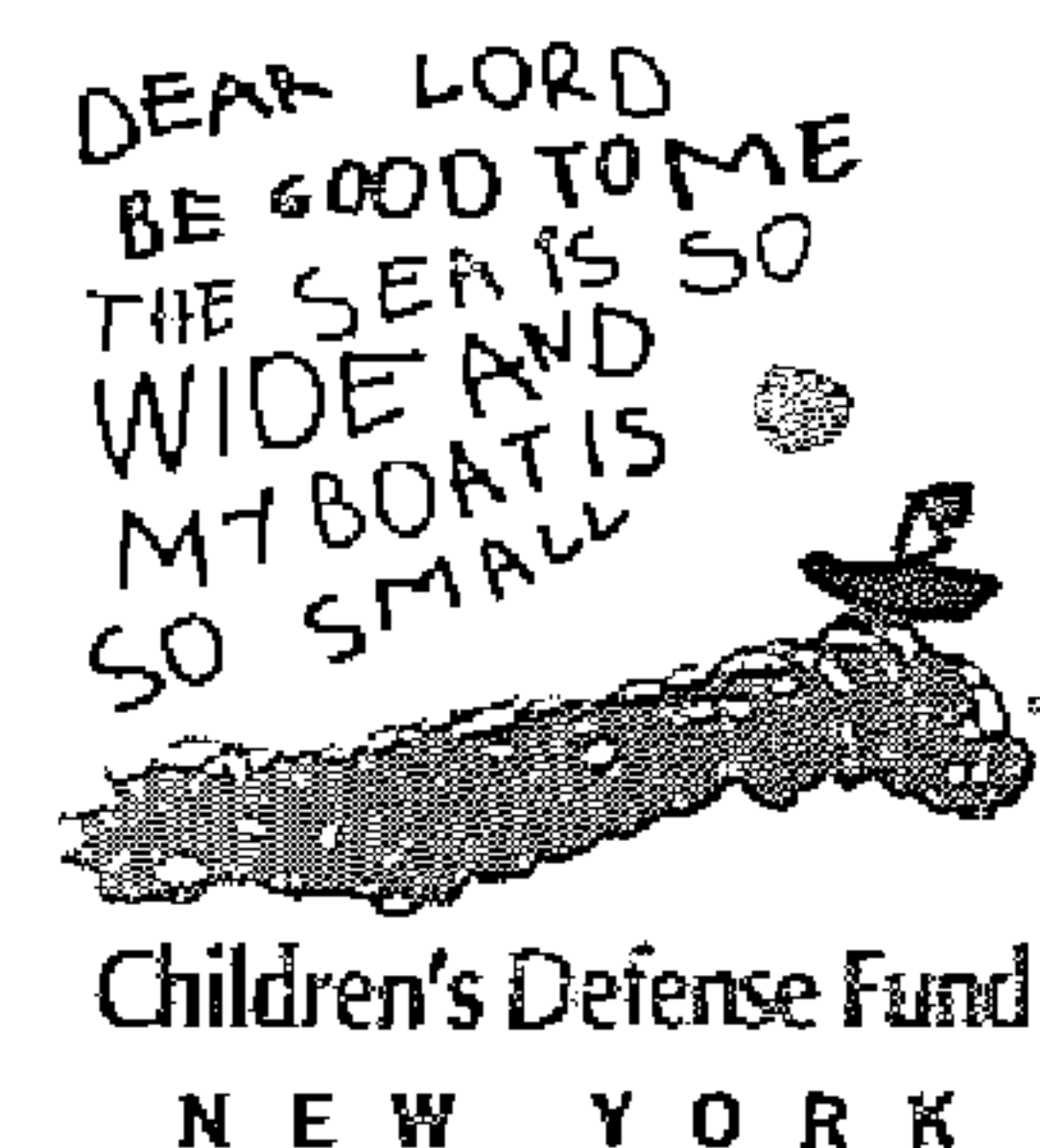
We are glad to support New York's application for the Race to the Top: Early Learning Challenge Grant and look forward to the innovations that this investment will support.

Sincerely,

Nancy Wackstein
Executive Director

October 3, 2011

Governor Andrew Cuomo
Executive Chamber
State Capitol
Albany, NY 12224



Dear Governor Cuomo:

I am writing in support of New York's application to the Early Learning Challenge Fund. The Children's Defense Fund (CDF) Leave No Child Behind[®] mission is to ensure every child a *Healthy Start*, a *Head Start*, a *Fair Start*, a *Safe Start* and a *Moral Start* in life and successful passage to adulthood with the help of caring families and communities. CDF provides a strong, effective and independent voice for *all* the children of America who cannot vote, lobby or speak for themselves. CDF pays particular attention to the needs of poor and minority children and those with disabilities. CDF educates the nation about the needs of children and encourages preventive investments before they get sick, drop out of school, get into trouble or suffer family breakdown. CDF began in 1973 and is a private, nonprofit organization supported by foundation and corporate grants and individual donations.

In 1992, the Children's Defense Fund established an office in New York City and in 1998, CDF-NY expanded our community education and organizing efforts statewide. CDF-NY focuses on creating policy and programmatic changes that will level the playing field for New York's children. Our research, public education, policy analysis, community organizing and advocacy are primarily focused on juvenile justice, health, early childhood learning, education and youth development. In January 2011, we opened an office in Central Islip, NY.

Early childhood education has been at the core of our mission since its creation almost forty years ago. We have worked tirelessly to promote investments in children from birth, before the need for more punitive, costly and ineffective interventions. In New York, we are committed to supporting an early childhood system that is accessible to all children and provides high quality services.

CDF-NY is excited by the state's plans to improve and strengthen the early childhood system. While all aspects of the state's plan are positive, CDF-NY is most encouraged by the work to focus on vulnerable populations, engage parents about their options for early childhood services and to address the broader needs of each child. In some of the most vulnerable communities, where children are most in need of early childhood services, many parents are not aware of their options or even the importance of early childhood learning, while at the same time there are fewer options for quality care in those communities.

New York is working to address this disparity through the implementation of the QUALITYstarsNY rating system which will improve the quality of early childhood programs, starting in some of the most challenged communities. CDF-NY has and will continue to support the effort to expand

QUALITYstarsNY through our leadership in New York City and Long Island coalitions. We will also engage communities and parents in the work to promote quality programs and to better understand what it means to have a quality early childhood program. Through a combination of parent engagement and education, and providing key support to programs in low-performing communities, we can greatly improve the early childhood learning of many children.

While early childhood education is a key focus of our agenda, we look at the broader picture of issues that affect children. We know that children do not come in pieces and their lives are more complicated than just addressing one need. It is for this reason that we are excited by the state's plan to improve how the early childhood system addresses the health, behavioral and developmental needs of children. Parent support and engagement are also critical factors that can greatly affect a child's early years. We look forward to working with the state and the early childhood providers to develop a more thorough and comprehensive approach to working with children and their families.

The commitment made by New York to improve early childhood opportunities is exciting. CDF-NY is a partner and will use our resources to support the initiatives included in the Early Learning Challenge application, as well as all initiatives to improve access to and quality of the early childhood system.

Thank you for your leadership on this very important issue.

Sincerely,

(b)(6)

The Rev. Dr. Emma Jordan-Simpson
Executive Director



Binghamton City School District

Christopher Columbus School
164 Hawley Street
PO Box 2126
Binghamton, NY 13902-2126
(607) 762-8100
Fax: (607) 762-8112

October 3, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Re: Race to the Top Early Learning Challenge Grant

Dear Governor Cuomo:

This letter is in support of New York State's application to the Federal Departments of Education and Health and Human Services for the Race to the Top Early Learning Challenge Grant. The Binghamton City School District (BCSD) has been an early adopter of programs to serve the needs of our 0 to 5 year old population. The PACT (Parents and Children Together) Program is well established in the City of Binghamton and consistently serves our young children and their parents. The BCSD was an early adopter of a comprehensive early childhood program through the TPK and UPK Grant Programs. Our district has maintained its commitment to provide high quality early childhood programs and services, despite fiscal challenges.

As Superintendent of the BCSD, I was appointed to the Advisory Board of the Governor's Children's Cabinet by then Governor Spitzer. One of the priorities set by Governor Spitzer and supported by Governor Paterson was addressing the needs of pre-school age children. I worked on the subcommittee formed to address the issues of early childhood programs. From this subcommittee, the NYS Early Childhood Advisory Council was formed.

While I chose to remain on the Advisory Board of the Children's Cabinet, both myself and the BCSD continued to strongly support the work of the Early Childhood Advisory Council. Our district is one of the pilots for the QUALITYstarsNY improvement system and we are committed to its mission and vision to insure that all young children are healthy, learning and thriving in families.

The BCSD has been a leader in the formation of the organization "Building Brighter Futures for Broome" whose focus is on inter-agency cooperation to address the needs of the 0 to 5 year old children and their families in our county. We have worked collaboratively as an organization for many years on behalf of our youngest children. Our primary mission has always been to increase

access for children to high quality early childhood programs and services. Funding to achieve this mission continues to be one of the greatest challenges.

As the Superintendent of the BCSD, I strongly support New York State's application for the Early Learning Challenge Grant. The need for a comprehensive quality rating system, common early learning standards and a comprehensive statewide data system for accountability would be met through receipt of this grant.

The needs of our children and their families are great. Meeting these needs in the pre-school years will greatly improve the academic outcomes for these children and contribute to an improved graduation rate in our K-12 school system.

Sincerely,

(b)(6)

Peggy J. Wozniak, Ed.D.
Superintendent of Schools



**United Way
of New York State**

October 3, 2011

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Vice President

Mary A. Shaheen

Governor Andrew Cuomo
c/o Katie Compos, Assistant Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo:

We are writing to support New York's application for a Race to the Top: Early Learning Challenge grant.

United Ways have a proven track record of early childhood engagement, as funders, as conveners and leaders of coalition-driven early childhood program innovations and as public policy advocates. Our member United Ways invest more than \$32 million annually in education-related outcomes in their communities with a portion of that investment targeted to early childhood. Data is an important driver of selecting outcomes, measuring progress and making needed adjustments to achieve results.

Our public policy advocacy agenda, called Success By 6, promotes healthy birth outcomes, quality early learning opportunities, strong families and safe communities as essential to school readiness and academic achievement.

Our work is particularly compatible with proposal elements that relate to addressing the health, behavioral and development needs of young children, engaging and supporting families, and building an early learning data system. Since United Ways rely on assessment systems already in place in local communities, we strongly support the focus on comprehensive assessment and a common state-wide kindergarten assessment.

Key to the ultimate success of early learning goals is United Ways' community leadership and presence across the state. We welcome the opportunity to partner with New York State on building community support and capacity to implement the goals of the State's plan.

United Way of New York State (UWNYS) is a membership organization of 39 local United Ways across New York State. In keeping with our mission, *To strengthen the capacity of United Ways to be leaders in achieving results that improve the lives of all New Yorkers*, we work with our members and state level partners to advance the common good with goals for education, income and health.

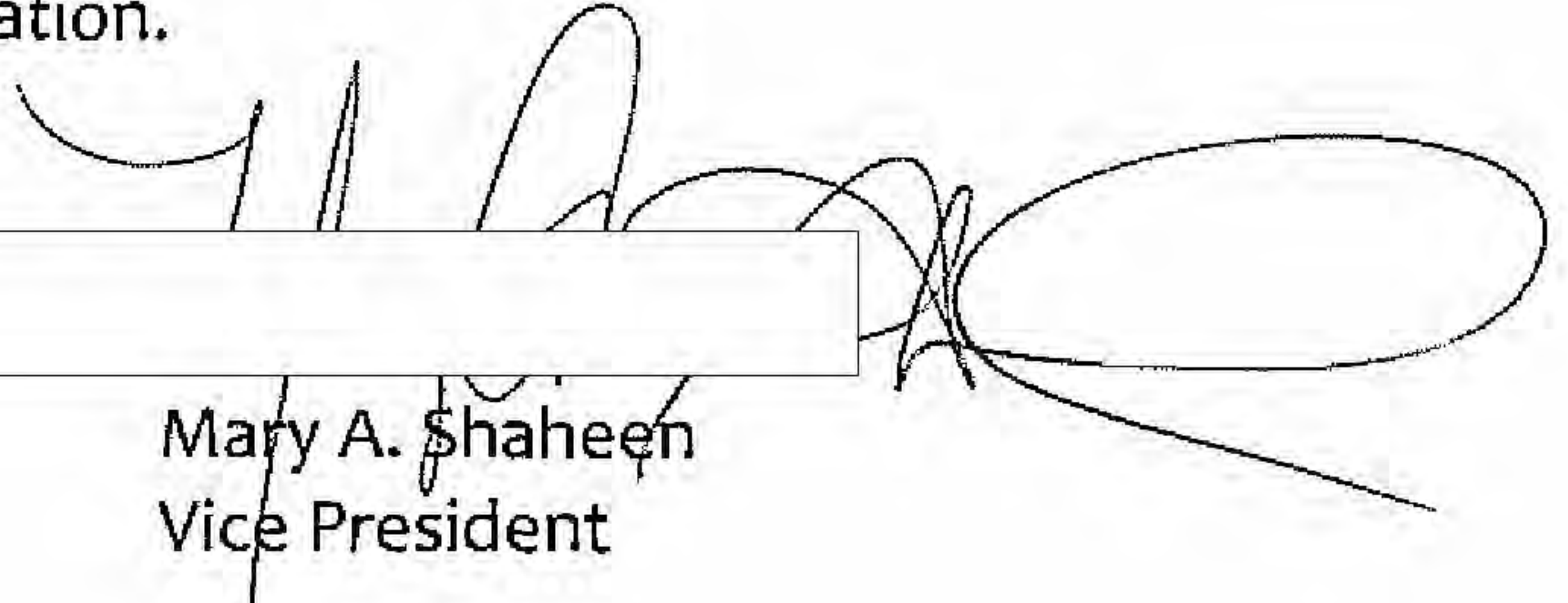
We are pleased to endorse this application.

Sincerely,

(b)(6)

Susan K. Hager
President

Mary A. Shaheen
Vice President

A handwritten signature in black ink, appearing to read 'Mary A. Shaheen', is written over a white rectangular redaction box. The signature is fluid and cursive, extending to the right of the box.

ECAC Members

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October 5, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo:

I am pleased to write this letter in support of New York's proposal for the Race to the Top: Early Learning Challenge. As Vice President of the Rauch Foundation, a family philanthropy located in Garden City, New York, I have been dedicated for the past 10 years to improving outcomes for Long Island's most vulnerable children. Long before I arrived at the Foundation, its' leaders determined that high quality early childhood programs that intervened early would give economically disadvantaged children the opportunity they deserved to succeed in school and in life. While we have continued to invest diligently in high quality programs that have proven results, several years ago we realized that the fragmentation of programs and lack of a systemic approach to the needs of young children and families were impeding the progress that should have been made. Given the solid scientific and economic case that has been made for early childhood investment, we determined the time was right to broaden our work.


As part of this effort we recognized that there was a lack of philanthropic leadership in New York State for early childhood systems-building, despite the many well-meaning attempts by multiple public and private funders to improve the lives of economically disadvantaged young children. We then decided to invite other funders to join us to determine how we could best work together to reach mutual goals through informed decision-making, aligned funding and partnering with New York State where appropriate. Among the efforts we have led or joined are:

- The development of QUALITYstarsNY, which we have been funding from the early research phase through the field test and will continue to partner with the state on further expansion.
- The initiation of data gathering that is providing the underpinning for the development of New York's early learning data system.

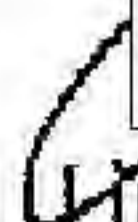
- The use of high quality and developmentally appropriate curricula in UPK classrooms and the engagement of UPK program coordinators and principals in implementation of New York's new early learning standards.
- Support of the BUILD Initiative and the Early Learning Challenge Collaborative to bring high quality consultation and needed resources to New York that have helped New York's Early Childhood Advisory Council create a solid vision for a comprehensive early care and learning system and take important steps toward its implementation.

It has been my privilege to serve on New York's Early Childhood Advisory Council for the past two years and be part of this diverse stakeholder group's effort to move New York along this important continuum from fragmentation and inefficiency to alignment and systems-change – all for the benefit of New York's children and the future social and economic health of our State.

Please accept this as my wholehearted endorsement and as a pledge to continue the Rauch Foundation's partnership in moving this vital work forward.

Very truly yours, 

(b)(6)

 Linda Landsman
Vice President



October 4, 2011

Honorable Andrew Cuomo
Governor of New York
Executive Chamber
Albany, NY 12224

Dana E. Friedman, Ed.D.
President

Dear Governor Cuomo:

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Doreen Miller
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Warren Rosenfeld, M.D.
Winthrop-University Hospital

John Sepe
Morgan Stanley Smith Barney

On behalf of The Early Years Institute (EYI), a regional non-profit organization on Long Island, I wish to express enthusiastic support for New York State's application for the Early Learning Challenge Grant. As a member of your Early Childhood Advisory Council, and integrally involved with the design of QualitystarsNY, I know that New York has more than lived up to the challenges proposed and is poised to take full advantage of the opportunities this grant offers for the children and families of our state.

As New York has brought together numerous government agencies, along with educators, service providers, researchers, foundations and businesses from across the state, The Early Years Institute has been doing similar work at the local level. Our mission is to be a catalyst for new ideas, partnerships and resources that ensure all children have what they need to succeed and to expand the public will to increase investments in young children. We host an Advisory Committee comprised of 52 executive directors from a range of intermediary organizations, institutions, and government agencies that support children, as well as a Quality Circle, a team of 30 directors, teachers and experts from all forms of early care and education programs. These two groups have met quarterly since 2004 and several collaborations and innovative partnerships have emerged, demonstrating the value of interdisciplinary thought. What New York State has demonstrated in its grant application is the leadership to break down silos and find common goals and measures of accountability that will help us be more effective in our efforts to do the same at the local level.

One of the biggest challenges of creating a system to support optimal child development is to recognize that half of the children under the age of six are in formal, regulated early childhood programs, while the other half are at home with parents, grandparents or neighbors. Our efforts to assure that all children are ready for school must include quality improvements to the formal market as well as creative and extensive outreach to families and friends. EYI provides training and technical assistance to child care, Head Start and UPK programs to improve quality and conducts annual research to identify trends and needed supports. With funding from the Motorola Solutions Foundation, The Early Years Institute is about to create and pilot a STEM (science, technology, engineering and math) curriculum that is aligned for children from age 3 to grade 3. We also partner with a range of community stakeholders who work directly with families to reach parents and other informal caregivers. We send Play Coaches into libraries to help librarians talk with parents about how to stimulate

brain development. We are training pediatric residents in all five teaching hospitals on Long Island about talking to parents about more than health, but also behavioral and developmental needs. We developed the Long Island Nature Collaborative for Kids (LINCK) to promote and create opportunities for children to discover and explore nature, thereby increasing opportunities for children to play and develop social skills, to improve their health and lower the risk of obesity, and to inspire future stewards of the environment. We are guided by a steering committee of outdoor educators, environmentalists, pediatricians, early childhood educators, science teachers, land trusts and parks officials. We have trained landscape architects about brain development and how children play and learn so they build better playgrounds. These interdisciplinary/intersector efforts are critical if we are to reach all those who touch the lives of children. This is clearly understood by New York State, evidenced by the proposed plans to weave together the child care system with education, health, mental health and family support. This is particularly evident in our design of QualitystarsNY which emphasizes high quality early learning, but also social and emotional development, physical health and family engagement and support.

Having been the first co-director of a statewide work group to create a quality rating and improvement system for New York, I am well aware of the principles that undergird this clever, comprehensive and ambitious plan known as QualitystarsNY. New York has conducted far more research than any other state to develop this plan. There were over 50 focus groups organized to hear from providers and parents. New York is one of the only states to have implemented a year-long field test of QualitystarsNY from which critical lessons were learned to help us re-craft the plan to achieve maximum effect. The state is well poised to continue implementing this system that will assure that our poorest children are in the best quality care, and that can stand as a model for other states.

An important element of the grant request is Kindergarten entry assessment. New York State has carefully reviewed various tools and proposed the most efficacious course of action. EYI is experimenting with a school readiness tool that can be part of the assessment profile for Kindergartners. We are working in Westbury, a high-needs community on Long Island as part of a national pilot project to evaluate the Early Development Instrument (EDI) that is mandated throughout Canada, Australia and New Zealand. The EDI is a valid and reliable population-based measure of school readiness that includes the essential domains of school readiness. One of the most unique features of EDI is that data are geo-mapped onto neighborhoods which pinpoint specific vulnerabilities in certain parts of town. The solutions can be targeted with laser-like precision to the neighborhoods where children are struggling. We also found the EDI to be magically effective in getting the attention and involvement of community leaders and residents. New York State has worked hard to build an early learning data system and goes beyond the requirements of the Early Learning Challenge Grant to assure that the information is gathered and shared in a way that helps local communities come together to improve early learning. New York understands well the diversity of its regions and the need for urban, rural and suburban parts of the state to develop customized and sustainable solutions based on consistent data and assessment. EYI hopes to contribute to the body of information we have about how children are faring and the impact of our innovations.

Thank you for your enlightened leadership on the Early Learning Challenge Grant proposal. I will continue working with the state to implement its plans and incubate ideas on Long Island that can help our mutual goals of making the best investments in young children.

Sincerely,

(b)(6)

Dana E. Friedman, Ed.D.
President

One Dupont Street, Suite 101, Plainview, NY 11803 516.304.5480 (PH) 516.304.5484 (FAX) www.eyl.org



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12230

OFFICE OF CULTURAL EDUCATION

Office of Educational Television & Public Broadcasting
10A75 Cultural Education Center, Empire State Plaza
Tel. 518-474-5862
Fax 518-474-2718
Elizabeth M. Hood, Director
E-mail: lhood@mail.nysed.gov

September 28, 2011

The Honorable Andrew Cuomo, Governor of New York
c/o Katie Campos, Assistant Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo:

I am writing to express my strong support for New York's application for an Early Learning Challenge Grant from the US Departments of Education and Health and Human Services.

The mission of my office is to be a catalyst in connecting public broadcasting resources and practices to SED priorities while building a strong and thriving statewide public broadcasting system. Public television offers evidence-based television programs and related online resources designed to foster the early literacy, numeracy, and social and emotional development of children aged 2 and up. These resources have been rigorously evaluated, and it is clear that all children – especially those in poverty – exhibit learning gains after taking advantage of them.

As a member of the NYS Early Childhood Advisory Council (ECAC), I strongly support New York's agenda for young children. Improving the quality of childcare is a number one priority, especially for children whose families find it difficult to make ends meet. Public television's free resources, which are supported by Federal and State investments, can bolster the early learning environment, giving parents, caregivers and, most important, children the tools they need for success.

This investment in New York's youngest citizens will help them reap benefits throughout their lives – greater earning potential, decreased need for educational remediation, and improved achievement in all they aspire to. My office stands ready to do whatever we can to contribute to the efforts funded by New York's Early Learning Challenge Grant.

Very truly yours,

cc: Robert G. Frawley, Co-Chair, NYS ECAC
Sherry Cleary, Co-Chair, NYS ECAC

Cattaraugus & Wyoming Counties Project Head Start

101 South 19th Street • Olean, NY 14760-3325
(716) 373-2447 • Fax (716) 373-5192
www.headstartnetwork.com



Ira Katzenstein, Director

September 30, 2011

Governor Andrew Cuomo
c/o Katie Campos, Assistant Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo:

As both a Head Start Director and as a member of the NYS Early Childhood Advisory Council, I want to express my support for New York State to apply for the Race to the Top: Early Learning Challenge initiative. We work diligently toward our vision that all children and their families are healthy, learning and thriving. In doing so, we believe we already contribute to this new initiative.

Our agency has achieved accreditation through, The National Association for the Education of Young Children (NAEYC), at all of our centers. We are the only Head Start program in our part of state to attain this level of excellence for all Head Start sites. This accreditation is a testament to high quality programing we provide to our children and families. This fits with NYS efforts on QUALITYstarsNY.

We are partners with our local school districts in the implementation of Universal Pre-Kindergarten. We also have a partnership with Olean School District with its Early Reading First (ERF) grant. Over the course of the past three years we have provided training opportunities for our Head Start teachers through the ERF grant. We have embraced the curriculum and developmental testing used in the ERF program and it has had a significant impact on our ability to provide an excellent foundation for kindergarten. ERF has improved the essential learning framework for all the children in the program. While our curriculum(s) are aligned with NYS standards, many in the state are not and ought to be.

The assessments used in our program are many, thorough, and ongoing used primarily to drive individualized instruction. We know that the assessments used by the many local school districts for kindergarten differ – there is no uniformity. We learned that fact when we put together our Success By Six publication which detailed the assessments the districts' use.

Head Start, as you know, is a high quality comprehensive child development program which ensures the health and individual developmental needs of each child is nurtured. We also, engage families on various levels, such as volunteer opportunities, governing board membership, work force recruitment and parent driven activities. We have provided an award winning training program for parents: Health Care Institute, teaching parents what to do when their child gets sick. We offer 'reading nights' throughout the year.

Families are the heart of Head Start . . . where great minds begin

Head Start & Early Head Start Centers ... educating parents and children birth to 5

Delevan
716-492-4720

Franklinville
716-676-8000

Olean
716-372-5959

Salamanca
716-945-5281

Warsaw
585-786-2770

We know the learning and education begin at birth. Through our Early Head Start program we begin to engage moms and unborn babies prior to birth. This is critical for development and emotional well being, and the effects of this intervention can last a life time. Our Early Head Start program, established in 1998, serves children birth to age 3.

While NYS aid for education has remained flat for several years, this effort can help reverse that trend. We are committed to support New York State in the Race to the Top: Early Learning Challenge and look forward to becoming a partner in this effort.

Sincerely,

(b)(6)

Ira Katzentstein
Chief Executive Officer/Head Start Director

Carol J. Saginaw
200 West End Ave., Apt 11A
New York, NY 10023

Governor Andrew Cuomo
c/o Karen Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo;

As a children's advocate and member of the Early Childhood Advisory Council (ECAC), I am delighted to write a letter in support of New York State's application for the federal Early Learning Challenge Grant. Our State has had a long-standing commitment to young children and the funding from the Challenge Grant will allow us to continue to build an early care and education system that ensures all of New York's children enter school with the skills and supports they need to succeed.

In my former position as the Executive Director of the Early Care and Learning Council (ECLC), I received funding from several foundations to explore the need for and, later, begin the development of a quality rating and improvement system in New York State. The ECLC undertook this project because it believed that such a system would help make certain that all children, but especially those at risk, had access to high quality child care programs that provided the educational and developmental environment necessary for healthy growth and learning.

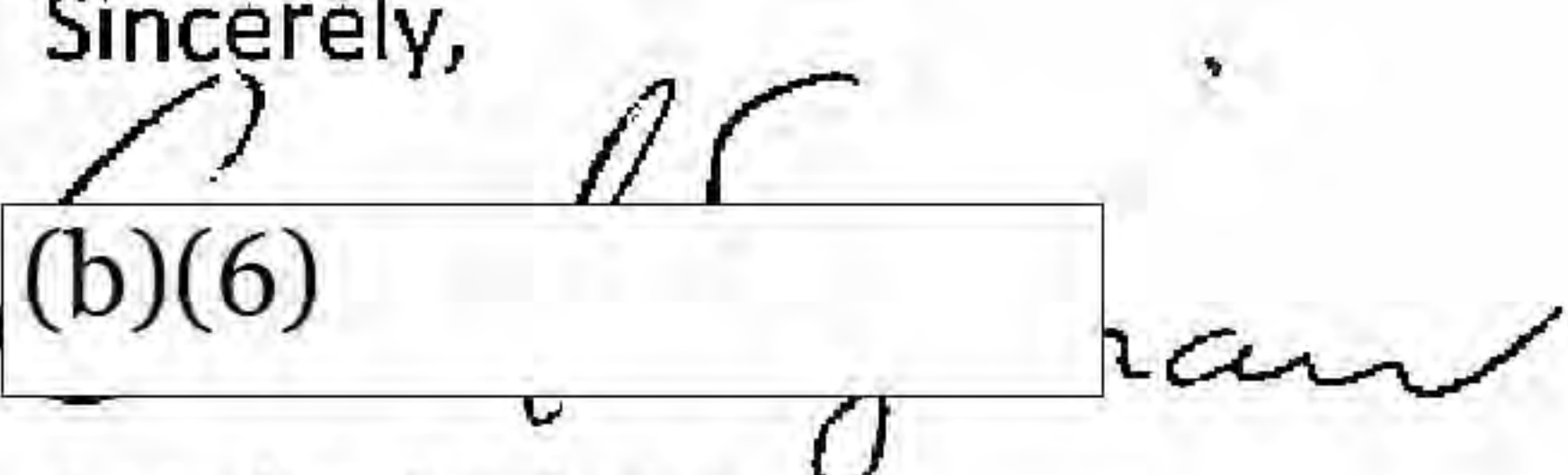
Subsequently, the responsibility for fully developing that system, now called QUALITYstarsNY, was transferred to the NYS Office of Children and Family Services and to the Early Childhood Advisory Council. As the statewide membership organization for child care resource and referral agencies and the co-convener of Winning Beginning NY, the ECLC has always been committed to improving the lives of children, particularly those at risk. The ECLC provided the initial staffing and support and established the original work groups for a tiered quality rating and improvement system. The ECLC has continued to work on its development and execution and will be instrumental in its statewide implementation.

Prior to my leaving, the ECLC, in collaboration with the NYS Council on Children and Families, sought and received funding from the Rauch Foundation for an early care and learning data project. Our intent was to determine what early care and education data existed in New York State and New York City agencies on children birth to five. We saw this as a first step towards building a coordinated early learning data system to inform New York State's policy makers, researchers and advocates on the current state of early care and education for our youngest children and to help drive policy for improving the programs and services that so significantly impact their lives. Once the Early Childhood Advisory Council was established, the data project was moved under its purview and is currently overseen by the Data Development Committee. The Center for Children in Poverty became a third

partner in this project and together we published our first report in February 2011 on the current state of early care and learning data, *Putting the Pieces Together*. The report, which is based on information gleaned from surveys and interviews of NYS and NYC agency staff, provides an overview of what each presently maintains on their programs, workforce, and the children and families they serve. The NYS Education Department has since become a key partner in moving this project forward and will be instrumental in ultimately ensuring that New York is able to collect, link and analyze data on programs, workforce and children and their families from birth through college.

New York State has laid much of the groundwork for a comprehensive early care and education system. As the former executive director of a early childhood organization, a current member of the ECAC and Co-Chair of its Data Development Committee and as a life-long children's advocate, I am fully committed to doing all I can to support you in ensuring that every child has the opportunity to succeed in school and life.

Sincerely,


(b)(6)

Carol J. Saginaw

Children's Advocate

Member, Early Childhood Advisory Council

New York Zero-to-Three Network

NYS Infancy Leadership Circles: Building Cross System Partnerships

September 30, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo:

As Co-Director of the New York State Infancy Leadership Circles, a project of New York Zero to Three Network and former Early Head Start Director in Buffalo, I am pleased to support the Race to the Top: Early Learning Challenge Grant. This grant would bring New York State an outstanding opportunity to continue building the infrastructure needed to develop a continuum of comprehensive, coordinated systems of high quality to benefit our youngest children and their families.

The New York State Infancy Leadership Circles mission is consistent with the mission of this grant initiative. The Circles aim to be the communication pipeline moving local issues to the state level and taking state issues and initiatives directly to communities to advance comprehensive services for babies and their families. Four Infancy Leadership Circles were developed this year in new communities for this purpose. Four existing groups have continued to grow and interact with the other Infancy Leadership Circles across the state. These Circles act as a catalyst to create partnerships across the areas of Strong Families, Healthy Children and Positive Learning Experiences. As professionals from these systems work together, they are creatively identifying strengths, issues and solutions for their own community. Our goal is to continue to expand to new communities.

We believe that comprehensive support for families with young children provides the path to a positive future, not only for the children and families but also for our state and nation. The Race to the Top: Early Learning Challenge Grant will provide the systems support to our communities that will allow our youngest children to thrive.

It has been my privilege and pleasure to have contributed to this effort by being a member of the Early Childhood Advisory Council, the Early Learning Workforce Group and the QualitystarsNY Advisory Committee. The Race to the Top: Early Learning Challenge Grant will complement the great efforts across systems already started in all the primary components of the proposal.

Sincerely,

(b)(6)

Jackie Jones, MS Ed
Co-Director of the NYS Infancy Leadership Circles
Project of New York Zero to Three Network
186 Highland Drive
Williamsville, NY 14221
Jjones6@verizon.net



Agri-Business Child Development Administrative Office

September 29, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo:

I am writing this letter of support to you in regards to New York State's Early Learning Challenge grant. As an agency, Agri-Business Child Development (ABCD) fully supports the intent and goals as set forth in this initiative.

Since 1946, ABCD has been providing quality early childhood education, health and social services to farm worker and other eligible families across New York State. Children 8 weeks old through school age benefit from culturally and linguistically responsive Migrant and Seasonal Head Start, regional Head Start, Early Head Start, and State funded programming in each of our twelve centers. In 2011, ABCD anticipates serving more than 1,400 children in our centers located in mostly rural areas within the fruit and vegetable belt of New York State. Given the rural nature of our program and parents' lack of transportation, access to specialty care, education and learning opportunities is severely restricted. Coordination among federal, state and local resources will greatly mitigate these obstacles and certainly enhance opportunities and accessibility for children, parents and staff.

ABCD is a model program of integrated services. Every child within an ABCD classroom receives the same comprehensive Head Start services without regard to the funding stream (Federal or State) under which the child is eligible. Although fiscal, demographic and other data are segregated and allocated by funding source, program delivery is seamless. Despite this great success, the challenge is in responding to the various rules, regulations, and standards that exist in the federal, state and local levels that are often incongruent with one another. The development and use of high quality early learning and development standards would streamline programming and allow for more universal assessment of quality across all early care and learning settings based on one set of standards.

As a Head Start program, we are reviewed every three years by the Federal Government, we are audited by an external audit firm, and receive regular audits from other various sources of funds. ABCD has always received positive results from these reviews, audits and exams. Every ABCD center is accredited by the National Association for the Education of Young Children (NAEYC). However, there is no universally defined standard by which our program can be compared to any other programs. ABCD fully supports the implementation of *QUALITYstarsNY* which will allow parents to readily assess the quality of an early care and learning setting.

847 Union Street, Schenectady, New York 12308
Phone (518) 346-6447 Fax (518) 346-4384



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Geneva, NY

Goshen ABCD ~
House on the Hill
Goshen, NY

Holley ABCD ~
Grace's Place
Holley, NY

Lake Ontario ABCD
Williamson, NY

Middletown ABCD
Middletown, NY

Newfane ABCD ~
Rathgaber Center
Lockport, NY

New Paltz ABCD
New Paltz, NY

Red Creek ABCD
Red Creek, NY

Seneca Falls ABCD
Seneca Co. Head Start
Seneca Falls, NY

For parents it is critical to make the best decision concerning where they are placing their children for a large portion of their work week. They want to choose a setting that will foster their child's physical and social-emotional well being and provide a learning environment that prepares children for success in school and life. The goal of Head Start is to prepare children for transitions into the public school system and life experiences. In order for school officials, parents and caregivers to support children and to direct them to resources that they will need to survive and thrive, ABCD fully supports initial and on-going screening and assessments that will help them receive the necessary tools to do so. ABCD also supports the administration of a common statewide kindergarten assessment system, provided that it is culturally and linguistically responsive.

Based on our program's experience, we know that parents want to be involved in their children's development and education. They are their children's first and most important teacher. ABCD parents participate in Policy Groups, parent committees, education committees, health services advisory committees etc., and are active participants in the classrooms as volunteers. The Head Start model should and could be replicated throughout New York State which would empower parents not only in the early learning years, but as children transition to the public school system. By involving parents, ABCD responds to their input and opinions which ultimately enhances program quality.

One of the key components of any high quality program is the level of education and competency among its staff. Study after study shows that an educated and trained workforce leads to quality services for children and families. ABCD supports the implementation of *New York Works for Children*. With funding cuts and stagnant funding, it is imperative that resources are provided for all teachers and caregivers to receive high quality and appropriate training in order to reach their full potential as professionals.

Finally, as the State's only Migrant and Seasonal Head Start program, the agency is acutely attuned to the mobility of families within the state and interstate. At ABCD, a web based database system houses all family demographic information, health and immunization records, and family partnership records and contacts. This system is limited to recordkeeping and tracking within our own agency and other Delegate Agencies within our grantee's (East Coast Migrant Head Start Project) service area, which is up and down the east coast. A universal data bank would allow for access to all early care and learning systems and would mitigate the potential for children being over immunized. In addition, it would promote greater continuity of care in all aspects of development for children and families.

In conclusion, ABCD fully supports New York State's efforts in applying for the Early Learning Challenge grant funds. In an effort to support this initiative, ABCD will embrace the implementation of the innovative strategies that will be a result of this funding. ABCD will incorporate *QUALITYstarsNY* as part of our self assessment and on-going monitoring systems. As a statewide organization that is housed in many rural communities, if needed or requested, ABCD will share its 65 years of expertise in: providing seamless service delivery, in family engagement, and in database management to other local agencies or child care providers. ABCD will share resources (facilities, trainings, etc.) with other community members when those collaborations are warranted. ABCD is committed to and will work diligently towards the goal of a more integrated approach to services that will provide increased access to parents in need, and will promote consistent high quality health and education services necessary for school readiness across the state.

Please do not hesitate to contact me at the phone number listed, or I can be reached at evansma@nycap.rr.com

Sincerely,

(b)(6)

Maggie M. Evans
ABCD Executive Director



National Center for Children in Poverty
Mailman School of Public Health
Columbia University

215 West 125th Street, 3rd floor
New York, NY 10027-4426
TEL 646-284-9600
FAX 646-284-9623
www.nccp.org

October 5, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo:

Columbia University's National Center for Children in Poverty (NCCP) is very pleased to write in support of the State of New York's application for an Early Learning Challenge Grant (ELCG) and grateful for your administration's inclusive and thoughtful leadership in its preparation. The proposal promises major strengthening of services to New York's young children—especially those at greatest risk of later school failure—through key strategies to integrate and enhance the state's early learning systems.

NCCP has been privileged to contribute to development to date of several of these strategies and looks forward to working closely with state officials as they are implemented. For example, as part of the evaluation team for the field test of the QUALITYstarsNY pilot, NCCP helped develop recommendations to strengthen the design and implementation of the state's quality rating and improvement system across the range of participating early learning providers—child care centers, family child care homes, Head Start programs, state Pre-Kindergarten programs. (See *Quality Stars NY: Field Test Report* http://www.nccp.org/publications/pub_1018.html.) We are prepared to assist in ongoing evaluation as QUALITYstarsNY, a centerpiece of the ELCG proposal, evolves.

NCCP has also supported initial work in New York to strengthen assessments of the state's early childhood programs. A classroom measure developed by Dr. Sheila Smith, NCCP's Director of Early Childhood, and colleagues, showed promise in the QUALITYstarsNY field test as a tool that could provide important and unique information about preschool classrooms' capacity to support children's social-emotional growth, a key dimension of school readiness. As New York considers incorporating this tool into its QRIS, NCCP looks forward to participating in the evaluation of its validity and contribution in this context.

As a member of New York's Early Childhood Advisory Council (ECAC) and a co-chair of its Data Development Work Group, I have personally been deeply involved in planning for the state's integrated Early Learning Data System, another major feature of New York's proposal. An author of the Council's detailed report on the state's baseline early learning data, *Putting the Pieces Together: New York Early Learning Program Data Systems* (http://www.nccp.org/publications/pub_999.html), I have worked closely with ECAC members and staff in planning for phased implementation of the report's recommendations. Ultimately, the integrated system will link data on children and families receiving publicly funded services, the early learning programs serving them, the programs' QUALITYstarsNY ratings, and the early childhood workforce. These linked data will support improvement planning at the classroom, program, community, and state levels, and their analysis will allow research organizations like NCCP to respond to timely policy questions.

We at NCCP stand ready to support the State of New York as it works to fulfill its vision for an integrated early learning system, offering high-quality programs for children throughout the state. Beyond our potential involvements sketched above, we are prepared to share relevant lessons from research—including effective professional development models for strengthening the workforce and program models for reaching underserved and vulnerable children and families. We wish the state deserved success with its Early Learning Challenge Grant application, which builds on a foundation of solid planning by a diverse group of stakeholders who want to ensure that the state’s youngest children have an opportunity to realize their full potential .

Sincerely,

(b)(6)

J. Lee Kreader, Ph.D.
Interim Director

Executive Director
Christine S. Deys, M.S.

October 5, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber, State Capitol
Albany, NY 12224

Dear Governor Cuomo:

As a convener of the NYS Parenting Education Partnership and executive director of Prevent Child Abuse New York, I strongly support New York's application for a Race to the Top: Early Learning Challenge grant.

The healthy development of our youngest citizens is critical to their futures in school, the workforce, and as contributing members of our communities. The state's long-term economic recovery depends on investments in early childhood, which are as critical to our infrastructure as investments in transportation and commerce.

No one has more influence over children's growth and development than their parents. Through the NYS Parenting Education Partnership (NYSPEP) we collaborate with New York State's Council on Children and Families (CCF), Office of Mental Health, and Children and Family Trust Fund and more than 400 parenting educators from across New York. NYSPEP strengthens and expands access to parenting education, increasing families' ability to meet children's health, behavioral and developmental needs and to engage with needed early childhood serving systems.

NYSPEP supports early learning in New York by enhancing the skills and knowledge of parenting educators, who work with parents to give them greater confidence, skill and knowledge about child learning and development.

NYSPEP gives parents a voice through Community Cafes, a parent leadership and community engagement initiative that partners with early learning and development programs, neighborhood and community family centers, schools, immigrant and refugee agencies, faith-based organizations, and health clinics, to engage parents and other participants in meaningful discussion to uncover commonalities and themes that serve as the foundation of community action.

We look forward to continuing to work with New York State's Early Learning Initiative, particularly in the areas of integrated child health and emotional development, and family engagement, linking those areas to a quality rating and improvement system and cross-systems data development.

Sincerely,

(b)(6)

Christine S. Deys
Executive Director



CHILD CARE AND EARLY EDUCATION FUND

September 30, 2011

Governor Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo:

*A. L. Mailman Family
Foundatio*

Altman Foundation

Booth Ferris Foundation

*The Charles Evan Hughes
Memorial Foundation*

*Leona M. and Harry B. Helmsley
Charitable Trust*

*Robert Sterling Clark
Foundation*

*The Schott Foundation for
Public Education*

*Stella and Charles Guttman
Foundation*

United Way of New York City

The members of the Child Care and Early Education Fund (the Fund) are honored to support New York State's application for a Race to the Top: Early Learning Challenge grant. The Fund is a multi-year donors' collaborative dedicated to improving the quality of child care and early education in New York City, and, more recently, New York State through system-building efforts and policy and programmatic reforms. Since 2000, the Fund has raised and distributed over \$5 million from 30 funders, and leveraged several million additional federal, state and local dollars. Through the collective power of a collaborative, the Fund has the capacity and flexibility to promote ongoing coordination among non-profits and engage public agencies at the City and State levels, as well as other funders over long periods.

New York has made tremendous progress in recent years developing a comprehensive early care and education system. City and State agencies are working collaboratively in ways that have not only improved their own use of resources but have put the State on a path to provide higher quality services to children and families across the State, particularly those in areas of most need. The Fund has been an active participant and collaborator in the development of new systems for financing and promoting higher quality, more comprehensive services; often providing the flexible dollars needed to design and pilot new approaches, dollars that frequently fall outside of public budgets.

In 2005 the Fund partnered with New York City agencies and the City University of New York to found the New York City Early Childhood Professional Development Institute (the PDI). Simultaneously, working in collaboration with the City's Administration for Children's Services, Head Start, Department of Education, Human Resources Administration and the Department of Health and Mental Hvgiene, the Fund supported the

across all publicly-funded child care in New York City. This work helped form the basis for the design of the statewide quality rating system and contributed to the restructuring of financing systems to allow providers to blend funding streams. Since its inception, the PDI has been central to the development of many of the components essential to a comprehensive high quality early care and education system. In addition to the QualityStarsNY design and field-test, the PDI has coordinated the creation of workforce and trainers registries. The Fund continues to be an annual supporter of PDI's work and several Fund members serve on its Advisory Committee.

In addition to the system-building activities of the PDI, the Fund also supports communication and advocacy efforts through Winning Beginning NY, the Public Policy and Education Fund of New York, and other organizations to inform the public of the importance of investing in high quality early experiences and to stimulate demand.

Last, the Fund makes select grants for consultation and technical assistance to groups such as BUILD to insure that New York State, especially its Early Childhood Advisory Council, has access to key information on successful system-building strategies from other states.

New York State and New York City are on the brink of making major changes that will ensure that our youngest and most vulnerable citizens have quality early education experiences that will set them on a path to becoming successful and productive citizens. The Child Care and Early Education Fund will remain partners in this quest. An Early Learning Challenge grant will enable New York to implement innovative systems and programs that will improve the lives of New York children and serve as a model for the nation.

Sincerely,

(b)(6)

Patti S. Lieberman
Chair, Child Care and Early Education Fund

For the following Child Care and Early Education Fund members:

A.L. Mailman Family Foundation
Altman Foundation
Booth Ferris Foundation
Leona M. and Harry B. Helmsley Charitable Trust
Robert Sterling Clark Foundation
The Schott Foundation for Public Education



New York State Community Action Association

2 Charles Boulevard, Guilderland, New York 12084

518-690-0491 (p) 518-690-0498 (f)

www.nyscommunityaction.org

September 30, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

RE: Early Learning Challenge Grant

Dear Governor Cuomo:

I am writing to offer the support of the New York State Community Action Association (NYSCAA) and the State's 52 Community Action Agencies to your efforts to bring federal Race to the Top: Early Learning Challenge funds to New York State. These funds are undeniably needed to improve the system of early childhood education here in New York, and if received, will propel New York forward in these efforts.

NYSCAA's mission is to support the statewide network of Community Action Agencies (CAAs) that work with 500,000+ low-income New Yorkers every year to become self-sufficient. Of the 52 CAAs in New York, 34 operate Head Start and/or Early Head Start programs, several act as the lead agency for community-based Pre-Kindergarten classrooms in their area, and a dozen are designated as Child Care Resource and Referral (CCR&R) organizations. Given this breadth of work with families, especially in the area early childhood development, we see the potential of the Early Challenge Funds. We see that QUALITYstarsNY will give more families access to quality care, not just those of higher means; higher quality learning and developmental standards will allow more children to be ready for school; increasing skills of providers will give more children access to high-quality teachers; and improving assessments of physical and social/emotional needs will allow intervention to happen sooner and improve outcomes.

As NYSCAA CEO and member of your Early Childhood Advisory Committee (ECAC), I have seen first hand the progress that has been made in improving the system of early childhood education and believe that Early Learning Challenge funds coming to New York can have a significant impact on the lives of children and families going forward. We need the synergy across the early childhood education system that these funds will provide and fully support your efforts.

Please contact me at dharlow@nyscommunityaction.org or 518-690-0491, ext. 24, if I can be of any assistance or provide any information that would be of use.

Sincerely,

(b)(6)

Dennis D. Harlow
Chief Executive Officer



...Because every child deserves a childhood

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6339 Mill Street
PO Box 5005
Rhinebeck, NY 12572-5005
Tel: (845) 871-1000
Fax: (845) 876-2020
Email: astor@astorservices.org
Website: www.astorservices.org

September 30, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo:

Astor Services for Children & Families is proud to support New York's Application for the Race to the Top Early Childhood Challenge grant. Astor's vision is *"to see all children meet life's challenges, pursue their dreams and reach their full potential"*. We believe that high quality, innovative early childhood services are an important ingredient in seeing this vision become a reality.

I am a member of the ECAC as well as the Early Intervention Coordinating Council. In addition, Astor was the lead agency in developing the Zero to Three Coalition in Dutchess County that evolved into the Early Childhood Service System Initiative (ECCSI). The purpose of ECCSI is to build a system of care for infants, toddlers and their families with the goal of preventing abuse and neglect and foster care placements. This goal would be better supported if NYS were successful in its application as one of the application's core components is to improve the ways in which New York State's early childhood programs engage and support families in order to promote healthy growth and development. These are very much in line with the purpose of ECCSI.

We support the principle components of the proposal and are ready to partner with the state to successfully achieve the objectives of the grant.

The new funding will enable New York State to implement Quality Stars New York. Astor operates a number of high quality early childhood programs including Head Start and Early Head Start in Dutchess County and the Lawrence F. Hickey Center for Child Development in the Bronx, an innovative early childhood special education program for three and four year old children who have emotional and behavioral challenges. We believe we operate our program according to the highest standards. Quality Stars New York would provide another framework for us to ensure that our programs meet these high standards. More importantly, it provides consumers information to enable them to choose high quality programs for their infants and toddlers. Finally, by providing a transparent report card, "it would motivate all providers to create high quality programs".

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A-19

The application has a focus on improving NYS early childhood workforce. The grant would support the development of a workforce that would have the skills and knowledge needed to provide "five star" programs. With this focus, Astor will be able to recruit and retain skilled staff now and in the future.

I wish you all the best with your application. As an agency Astor is willing to provide whatever resources deemed necessary to insure that all children have the childhood they deserve and that they reach their full potential in the future. Please contact me if you have any questions or if you believe there is more I can do to support your efforts on behalf our state's most important resource. I can be reached at (845) 871-1001 or via email at jmcguirk@astorservices.org.

Sincerely,

(b)(6)

James McGuirk, Ph.D.
Executive Director/CEO

JMCG



HOFSTRA
UNIVERSITY.

October 3, 2011

The Honorable Andrew M. Cuomo
Governor of New York State
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
NYS State Capitol Building
Albany, NY 12224

Dear Governor Cuomo,

The New York State Early Learning Challenge Grant (ELCG) proposal grows out of the work of the New York State Governor's Early Childhood Advisory Council (ECAC) that includes health, welfare, and education organizations collaborating to improve educational services for children birth to age eight.

A Systematic Approach to Early Learning. The ECAC's diverse constituents and the ELCG application propose a systemic approach for all young children to improve their overall educational achievement, supported by health and welfare services. The educational components bring together several state education initiatives that include the clarification of standards for learning that are consistent with national Core Standards. In addition, a fresh initiative within the state includes the development of a distinctive *Early Childhood Core Body of Knowledge* (CBK) standards that address children from birth to five years of age. The CBK standards are distinctive because they identify not only overall purposes but describe what achievement looks like and the specific actions that educators can take in order to achieve these purposes.

The Significance of New York State Early Childhood Teacher Certification. Given the variety of assessment initiatives that the state has undertaken, the ELCG also provides an opportunity to further systematize some policy directions that require action by the Board of Regents. Beginning in 2004, the New York State Department of Education has provided particular teacher certification for teachers who work with children birth-grade 2. This means that a beginning cohort of teachers particularly prepared to work with young children has graduated from colleges mainly since 2008. However, the possible impact of this cohort has been dramatically diffused by state policies that permit the addition of this certification with virtually no significant preparation.

The Extension of the Early Childhood Teaching Certificate. Although teachers of older children often can extend their teaching certification with minimal or irrelevant preparation to work with children younger than six years of age, the ELCG proposes a significant preparation of particular coursework study and field work with pre-kindergarten and kindergarten age children that could improve their academic achievement for both short-term and longer-term benefits; research has supported such particular teacher preparation. [continued]

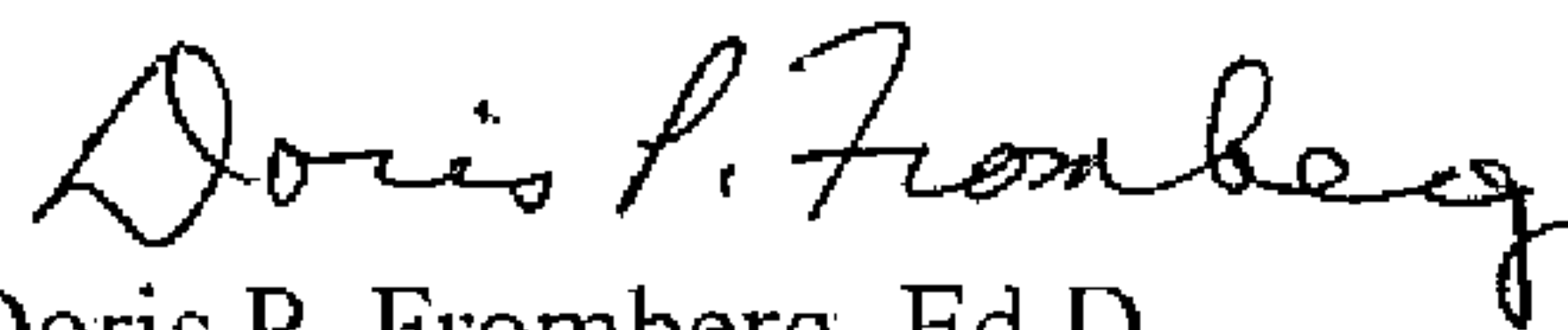
The ELCG proposal to require specific early childhood teacher and administrator preparation to implement effective teaching and learning is part of the system of improving educational achievement for all young children. [continued]

The Significance of School Administrator Supervision of Early Childhood Teachers. Another systemic initiative grows out of the teacher evaluation APPR practices whereby school administrators are required to observe and mentor each teacher, including pre-kindergarten and kindergarten teachers. Therefore, school administrators need preparation in understanding how to support early childhood curriculum that supports the match between optimal teaching and learning toward optimal educational achievement.

The Long Island Early Years Initiative, represented on the ECAC, has begun to collaborate with school administrators for the benefit of young children's education. Moreover, a joint policy statement of the National Association of Early Childhood Teacher Educators and the National Association of Early Childhood Specialists in State Departments of Education has supported the preparation of school administrators to supervise early childhood teachers.

Extensive research is clear about the distinctive ways that young children can learn and achieve expanded concepts and skills when their teachers match their ways of learning and, in turn, when their teachers have the support of school administrators.

Respectfully submitted,



Doris P. Fromberg, Ed.D.

Professor of Education; Director, Early Childhood Teacher Education
Hofstra University, Hempstead, NY

National Association of Early Childhood Teacher Educators, Past-president

American Education Research Association, SIG—Early Education and Child Development



October 3, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
Albany, N.Y. 12224

Dear Governor Andrew Cuomo,

I am writing on behalf of the New York State Early Childhood Advisory Council in support of New York's application for the Race to the Top Early Learning Challenge Grant.

This initiative will establish a comprehensive and collaborative inter-agency partnership which will integrate child assessments, work force development, families' child care providers, and early childhood professionals in order to create a cross-agency data collection, analysis, and support system in recognition of the importance of early intervention and education for children from birth to age five and beyond. As a member of the Early Childhood Advisory Council, established in 2009, we have worked diligently as colleagues to create QUALITYstarNY, a tiered quality rating and improvement system, a system of work force and professional development known as New York Works for Children, as well as other components essential to this initiative. Our 48 members, representing state agencies and public and private individuals and organizations are committed to the vision that all young children are healthy, learning and thriving in families.

Several primary components of this proposal that we, in the Teacher Preparation Department at Hudson Valley Community College, are currently implementing, discussing, and/or addressing with our pre-service educators are:

- The use of the National Association for the Education of Young Children's Standards, the New York State Learning Standards and the P-16 State wide Standards within all curriculums
- The behavioral and developmental needs of children
- Support of families
- Play based assessment of the needs of young children within their natural setting
- Early intervention for children ,especially for children with special needs
- Quality early child care programs
- Validated research coupled with Developmentally Appropriate, Best Teaching Practices

As a newly nationally accredited program, the award for this grant would afford our faculty, students and staff with the opportunity to participate in the development of a common statewide competency based knowledge framework that would address the needs within the early childhood workforce, develop the effective use of a comprehensive assessment system and provide a mechanism for a strong inter-agency and inter-disciplinary approach to early childhood education that is unprecedented with New York State.

The collective expertise of our pedagogically skilled faculty, who possess well over seventy five years of experience in early childhood education' would add a valuable dimension to these endeavors as we champion together best practices for the needs of our most precious resources, our little ones.

Thank you for your respectful consideration and review of this proposal.

Sincerely,

A handwritten signature in black ink that reads "Professor Nancy T. Cupolo". The signature is written in a cursive style with a large initial 'P'.

Professor Nancy T. Cupolo
Department Chairperson
Teacher Preparation Department
Hudson Valley Community College
n.cupolo@hvcc.edu / (518) 629-7250

New York Zero-to-Three Network

Fostering collaboration among those who work with babies, toddlers and their families



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September 29, 2011

Governor Andrew Cuomo
% Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capital
Albany, NY 12224

Dear Governor Cuomo:

Lois M. Black
Susan Chinitz
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Founder
Suzi Tortora

We are writing on behalf of the New York Zero-to-Three Network, Inc. in support of New York State's application for a Race to the Top: Early Learning Challenge grant offered by the Federal Departments of Education and Health and Human Services. The New York Zero-to-Three Network's mission is to promote the optimal development of young children, their families and communities. We have been working during the past 5 years to assist New York State communities to develop systems that will ensure a holistic approach to the optimal development and school readiness of young children. In the past year, with support from the Council of Children and Families, we have been able to implement Infancy Leadership Circles (ILC) in 4 regions of New York State, including: Erie, Niagara, Delaware, Otsego, Chenango, Schoharie, and Westchester Counties. The Leadership Circles bring together stakeholders in each region to plan and implement processes that ensure the development of comprehensive systems to support the optimal development of young children and their families. By communicating and collaborating with State and local agencies and organizations, the ILC's seek to promote policies and practices that ensure the success of this mission. The QUALITYstarsNY Initiative of the Early Childhood Advisory Council is an example of such an initiative that New York Zero-to-Three Network has been able to promote and support through the development of the Infancy Leadership Circles.

STAFF

Pamela A. Guarrera
Director

A Race to the Top: Early Learning Challenge grant would enable New York State to continue the important work that has been initiated in developing a continuum of education that begins at birth and lasts a lifetime, strengthening one of the most important resources the State has – its children. The New York Zero-to-Three Network pledges to continue its work in support of this effort.

Sincerely,

Priscilla Lincoln

Priscilla Lincoln
Co-President
New York Zero-to-Three Network
347-581-8565

(b)(6)

Evelyn J. Blanck
Co-President
New York Zero-to-Three Network
917-566-4774

The Health & Welfare Council of Long Island

One Helen Keller Way, 4th Floor
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LEN ROTHBERG

PAUL JUDE TONNA

October 6, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo:

I am writing in support of New York State's application for Race to the Top: Early Learning Challenge.

For the past 64 years, HWCLI has served the interests of poor and vulnerable people on Long Island through direct service and advocacy. HWCLI provides public health insurance as a facilitated enroller of Child Health Plus, Family Health Plus and Medicaid, consumer navigation through the Community Health Advocacy program, outreach and application assistance for food stamp applicants and a wide variety of other programs that improves the lives of Long Island's children and families.

Critical to the success of our children is access to a range of resources that include healthcare, nutritional security and quality learning. This grant opportunity will allow for additional resources to develop and implement the systems needed to ensure these opportunities.

Sincerely,

(b)(6)

Gwen O'Shea
CEO/President





Hundreds of Police Chiefs, Sheriffs,
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Daughter, Jenna was murdered in 1997

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District Attorney, Saratoga Co.
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STATE STAFF

MEREDITH WILEY
State Director

ARIELLE BERNSTEIN
Deputy Director

October 7, 2011

Governor Andrew Cuomo
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo:

FIGHT CRIME: INVEST IN KIDS *NEW YORK* strongly supports New York State's Race to the Top: Early Learning Challenge (RTT-ELC) application. FIGHT CRIME: INVEST IN KIDS *NEW YORK* is comprised of nearly 300 police chiefs, sheriffs, district attorneys and violent crime survivors who are committed to taking dangerous criminals off our streets but also know that we cannot simply arrest our way out of the crime problem. Our mission is to take a hard-nosed look at the research to find what works—and what does not work—to prevent crime and violence. We then recommend effective strategies to policy makers for getting kids off to a good start and keeping them on track to becoming law-abiding and productive citizens.

Research confirms what law enforcement leaders know from experience on the front lines against crime: when at-risk kids have access to high-quality early learning beginning at birth (or earlier) they are far more likely to enter school ready to succeed and graduate and far less likely to commit violent crimes as juveniles and adults.

Nationally, 70 percent of people in our prison system have not graduated from high school. They lack the basic education and skills that they need to get and hold a good job. With no job and little education, many of our young people turn to crime. While public safety will always be our number one priority, we also know that if we ever really want to win the fight against crime, we must prevent kids from becoming criminals in the first place.

A long-term study of Michigan's Perry Preschool found that at-risk children who did not participate in the high-quality early education program were five times more likely to be chronic offenders by age 27 than children who did attend. Another study of the Chicago's Child-Parent Centers found that at-risk kids left out of the program were 70 percent more likely to be arrested for a violent crime by age 18, according to a study published in the Journal of the American Medical Association.

Investments in high-quality early education also result in long-term savings. The Perry Preschool Program cut crime, welfare and other costs so much that it saved the public more than \$16 for every \$1 invested (including more than \$11 in crime savings) and the Chicago Child-Parent Center program cut later crime, welfare and other expenses saving more than \$10 for every \$1 invested.

FIGHT CRIME: INVEST IN KIDS *NEW YORK* continually supports investments in high-quality early education. In April 2011, FIGHT CRIME: INVEST IN KIDS *NEW YORK* released a new report, "Quality Matters: High-Quality Early Education and Care Can Cut Crime in New York," that discussed the crime prevention benefits of investing in quality early education. This report featured research that supported the development of quality rating improvement systems (QRIS) and called for the full implementation of QUALITYstarsNY, New York's quality rating improvement system; the creation of a tiered quality rating and improvement system is a key area of reform for the RTT-ELC initiative.

The RTT-ELC initiative is committed to improving the quality of early learning and development programs based on years of research that show that high-quality early care and learning programs help children learn better at home and in school, get along better with their peers, help them graduate and earn better paying jobs. For those of us in law enforcement, there is a fourth outcome – crime reduction. During this tough economic climate, the RTT-ELC initiative offers a unique opportunity to invest in a comprehensive early learning system that fosters the development of high-quality early education programs that are proven to reduce crime and save money that New York cannot afford to pass up.

Sincerely,

(b)(6)

Louis Alagno
Chief of Police
Mount Pleasant

Donald Cantwell
Chief of Police
Deposit

(b)(5),(b)(6)

Michael Amato
Sheriff
Montgomery County

Derek Champagne
District Attorney
Franklin County

(b)(6)

George Bell
Chief of Police
Cambridge Village

John R. Chella
Superintendent of Police
Niagara Falls

(b)(6)

Patricia Bodnar
Patricia Bodnar
Crime Survivor
Husband, Alex was murdered in 1990

David Chong
Commissioner
White Plains Department of Public Safety

(b)(6)

John Brogan
Chief of Police
Scarsdale Village

John P. Colella
Chief of Police
Town of Macedon

(b)(6)

Carolee Faith Brooks
Crime Survivor
Son, David, murdered at age 28 in 1991

Barbara Connelly
Crime Survivor
Son, James, murdered at age 15 in 1979

(b)(6)

Joseph Burton Jr.
Chief of Police
Ossining

Jason L. Cook
District Attorney
Yates County

(b)(6)

Emil Califano
Chief of Police
Ardsley

Louis Corsi
Chief of Police
Bethlehem

(b)(6)

Timmy Currier
Chief of Police
Massena

Edward F. Gehen
Chief of Police
West Seneca Town

(b)(6)

Robert D'Angelo
Chief of Police
North Castle

Gary Giannotta
Chief of Police
Auburn

(b)(6)

Daniel E. Duggan
Chief of Police
Old Westbury

Patricia Gioia
Crime Survivor
Daughter, Mary murdered in 1985

(b)(6)

David N. Favro
Sheriff
Clinton County

Steven H. Heider
Chief of Police
Colonie

(b)(6)

William J. Fitzpatrick
District Attorney
Onondaga County

Mark Henderson
Chief of Police
Brighton

(b)(6)

Frank Fowler
Chief of Police
Syracuse

William Heslin
Chief of Police
Cohoes City

(b)(6)

Eric F. Fredenburg
Chief of Police
Lowville Village

Scott Hess
Sheriff
Orleans County

(b)(6)

Janice Geddes
Crime Survivor
Daughter, Jenna was murdered in 1997

Kathleen B. Hogan
District Attorney
Warren County

(b)(6)

Michael Inserra
Chief of Police
New Hartford

Roger W. LeClaire
Sheriff
Washington County

(b)(6)

Cindy F. Intschert
District Attorney
Jefferson County

Michael W. Lefancheck
Chief of Police
Baldwinsville Village

(b)(6)

William Kilfoil
Chief of Police
Port Washington

Robert M. Maciol
Sheriff
Oneida County

(b)(6)

Robert J. Knapp
Chief of Police
Poughkeepsie

Gary T. Maha
Sheriff
Genesee County

(b)(6)

Ronald J. Krowka
Chief of Police
East Aurora

Jack Mahar
Sheriff
Rensselaer County

(b)(6)

Carl J. La Corte
Chief of Police
Kenmore Village

Mark Mandel
Chief of Police
Sands Point Village

(b)(6)

William Lang
Chief of Police
Lake Success

Michael Masi
Chief of Police
Little Falls City

(b)(6)

Kenneth W. Lansing
Sheriff
Tompkins County

Richard J. McNally
District Attorney
Rensselaer County

(b)(6)

Gerald F. Mollen
District Attorney
Broome County

Michael E. O'Brien
Chief of Police
Menands

(b)(6)

Donald L. Morris
Chief of Police
East Syracuse

Anthony J. Palombo
Chief of Police
Town of Tonawanda

(b)(6)

Christopher Moss
Sheriff
Chemung County

Jeffrey T. Paul
Chief of Police
Chittenango Village

(b)(6)

John Muehl
District Attorney
Otsego County

Gerald Pickering
Chief of Police
Webster

(b)(6)

Kevin A. Mulverhill
Sheriff
Franklin County

Philip Povero
Sheriff
Ontario County

(b)(6)

James A. Murphy, III
District Attorney
Saratoga County

Kathleen M. Rice
District Attorney
Nassau County

(b)(6)

Joseph Neve
Chief of Police
Lynbrook

Allen Riley
Sheriff
Madison County

(b)(6)

Richard D. Northrup, Jr.
District Attorney
Delaware County

Louise K. Sira
District Attorney
Fulton County

(b)(6)

Keith Slep
District Attorney
Allegany County

Cyrus Vance
District Attorney
New York County

(b)(6)

Douglas Solomon
Chief of Police
Monticello Village

Michael J. Violante
District Attorney
Niagara County

(b)(6)

Mark Spawn
Retired Chief of Police, Fulton
New York State Association of Chiefs of Police

Barry C. Virts
Sheriff
Wayne County

(b)(6)

James P. ...
Chief of Police
North Tonawanda

James Voutour
Sheriff
Niagara County

(b)(6)

R. Michael Tantillo
District Attorney
Ontario County

Kevin Wells
Sheriff
St. Lawrence

(b)(6)

John Tedesco
Chief of Police
Troy

William Whitton
Chief of Police
Clayton City

(b)(6)

...
Sheriff
Oswego County

Michael Williams
Chief of Police
Hamburg

(b)(6)

William Valenza
Chief of Police
Glens Falls

Joseph Wing
Chief of Police
Hempstead

(b)(6)

William E. Yessman, Jr.
Sheriff
Schuyler County

Nathan York
Sheriff
Warren County

(b)(6)

John York
Sheriff
Livingston County

Enc: FIGHT CRIME: INVEST IN KIDS *NEW YORK* Fact Sheet
 FIGHT CRIME: INVEST IN KIDS *NEW YORK* Membership List
 Quality Matters: High-Quality Early Care and Education Can Cut Crime in New York

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The Children's Aid Society
 is a founding member of
 Boys & Girls Clubs of America.



The Children's Aid Society

www.childrensaidsociety.org

Richard R. Buery, Jr.
President and Chief Executive Officer

September 30, 2011

Governor Andrew Cuomo
 c/o Katie Campos, Asst. Secretary of Education
 Executive Chamber
 State Capital
 Albany, New York 12224

Dear Governor Cuomo:

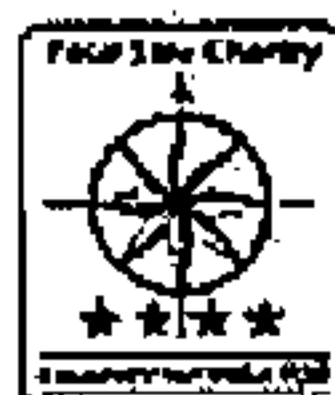
The Children's Aid Society (CAS) strongly supports New York State's proposal for a federal Early Learning Challenge grant. We believe that New York's proposal will go a long way in establishing and implementing a system to significantly improve early childhood opportunities for New York's children. CAS is committed to working with government partners, policy makers, fellow providers, parents and communities towards this end.

We are particularly enthusiastic about the following components of New York's proposal: the implementation of QUALITYstarsNY, the tiered quality rating and improvement system; addressing the health, behavioral and developmental needs of children; engaging and supporting families; a focus on developing the skills, knowledge and ability of the early childhood workforce; and building an early learning data system. As a member organization of the NYS Early Childhood Advisory Committee, we have been actively involved in developing aspects of the proposal, especially in monitoring and advising the quality rating and improvement system pilot phase.

An Early Learning Challenge grant award to New York would help The Children's Aid Society strengthen our early childhood work in the neediest communities in NYC using QUALITYstarsNY as the vehicle. We look forward to working with a coalition of providers, partners, advocates and representatives from higher education to ensure that there are enough high-quality early childhood options for the children who need them the most.

For 158 years, The Children's Aid Society has helped children in poverty to succeed and thrive. We do this by providing comprehensive supports to children and their families in targeted high-need New York City neighborhoods. Today, CAS serves 70,000 children and families in New York City each year, 600 of whom attend our center-based and school-based early childhood programs. We share New York

Executive Offices: 105 East 22nd Street • New York, NY 10010 • 212.949.4936 • www.childrensaidsociety.org



A copy of The Children's Aid Society's latest annual report may be obtained upon request from The Children's Aid Society or from The New York State Attorney General, Charities Bureau, 120 Broadway, 3rd Floor, New York, NY 10038. Residents of FE, MD, MI, MS, NC, NJ, PA, VA, WA, or WY will find the directions to obtain the information directly from their state at www.childrensaidsociety.org/about/legal_disclosure.

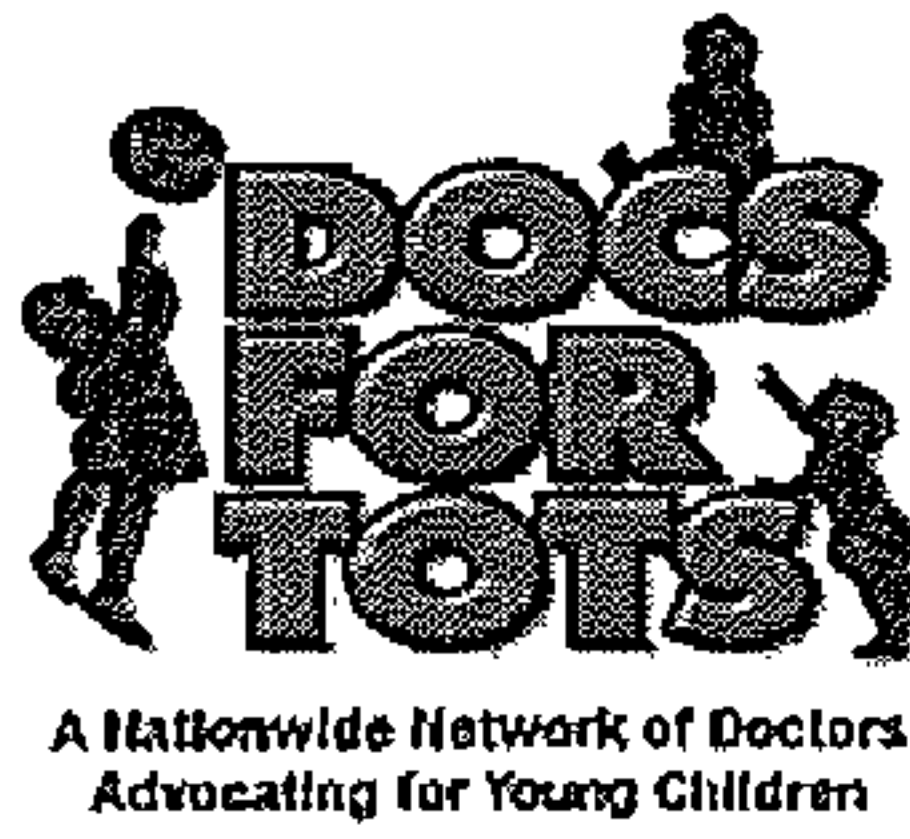
State's commitment to the children of NY: to ensure that all young children attend high quality early childhood programs and are ready to achieve success in Kindergarten and beyond.

All children deserve to enter school ready to learn. An Early Learning Challenge grant in New York will do much to help us all realize that goal.

Sincerely,

(b)(6)

Richard R. Buery, Jr.
President & CEO



128 Breeley Boulevard
Melville, NY 11747

October 5, 2011

To The Honorable Governor Andrew Cuomo,

I am writing this letter in strong support of and commitment to New York's application for the Early Learning Challenge Grant.

As the Project Director for Docs For Tots New York, a practicing pediatrician, a member of the American Academy of Pediatrics' Executive Committee on the Section of Early Education and Childcare, as well as the Co-chair for New York State's Promoting Healthy Development Work Group of the Early Childhood Advisory Council, I am acutely aware of the powerful relationship between health and early learning.

Docs for Tots is a network of physicians dedicated to social justice in health and development for our youngest children and focused on tapping into the strong potential of children's doctors as front-line messengers of and public champions for early childhood advocacy. Docs For Tots has a strong presence throughout New York State with 450 children's doctors that are actively engaged in early childhood advocacy efforts through the opportunities we provide including linkages with 220 early childhood advocacy and community based organizations, tools and supports to transform practice to better address early learning and development and opportunities as well as traditional advocacy opportunities. In addition, we have strong relationships with professional organizations, academic medical centers and other essential groups that allow us to work closely with, inform and mobilize large numbers of critically positioned children's doctors. We have been and will continue to be committed to supporting the implementation of the health initiatives, including developmental screenings, which are in New York's Early Learning Challenge Grant application.


The primary care venue offers unparalleled access to our state's youngest children, and Docs for Tots' efforts to support and redefine it are integrally intertwined with opportunities to support school readiness. In particular we are working diligently on promoting developmental, social emotional and family risk screening and referral and support in primary care, and in promoting opportunities for pediatricians and others to directly address early learning and literacy in practice. We will continue to work to ensure that the health home is a truly integrated component of our early childhood system, necessary to offer comprehensive supports to children and families. We will offer continued outreach to our network of physicians, to the venues in which they receive education, and to implement innovative techniques to support practice change at the clinical level. We will also work with the health community to continue to engage them as trusted public messengers to promote public outreach and advocacy around early learning and healthy development.

As a Co-chair of the ECAC's Promoting Healthy Development Work Group, I have been involved in developing QUALITYstarsNY standards on health, and will continue to work with Docs for Tots and other networks of health-related professionals throughout the state to provide support for and technical assistance to early care and learning programs in their implementation of these standards.

We are so grateful for your strong leadership and clear recognition that a key to New York's future success lies in investing early in a comprehensive system that integrates learning with health promotion and social-emotional development. It is a great pleasure to strongly support New York's Early Learning Challenge Grant proposal with tremendous enthusiasm and important resources to elevate the connections between health and early learning.

Sincerely,

(b)(6)

A rectangular box redacting the signature, with a handwritten flourish extending from the top right corner.

Dina Joy Lieser, MD, FAAP
Director, Docs For Tots

Early Childhood Policy Research

Anne W. Mitchell

1250 Honey Hollow Road
Climax, New York 12042

Voice: (518) 966-4585

E-mail: anne.walsh.mitchell@gmail.com

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo:

I write to express my sincere and passionate intent to support fully the standards-based system of early learning and development that New York State is committed to implementing and has described in its application for the federal Early Learning Challenge grant.

As a long-time elected member and vice-president of the Greenville Board of Education, I see the significant effects that excellent early experiences have for young children as they enter kindergarten. Engaged families and great teachers in high quality settings can make all the difference in school success.

As a member of your Early Childhood Advisory Council since its inception and co-chair of its Quality Improvement Workgroup, I am enthusiastically committed to implementing and have been deeply engaged in designing QUALITYstarsNY. QSNY truly is the hub that connects our essential standards together: early learning and development standards for children with the knowledge and credentials of the workforce with the standards for programs and the supports that will create high-quality learning settings. QUALITYstarsNY undergirded by a robust data system will improve learning, change child outcomes, and advance our state and community systems.

As a leader in the movement to advance QRIS across this nation, I know that QUALITYstarsNY is an exceptionally high-quality QRIS with bold and rigorous standards based on the best evidence, solidly connected to family engagement, children's learning and health, and an effective and highly qualified workforce. Our innovative implementation strategy focused on high-need communities, beginning with neighborhoods around persistently low-achieving

schools, is unique in the nation. The potential to connect all of these crucial elements into one comprehensive system has the potential to transform education in this state – from the education of expectant parents right through kindergarten and on to college success and world-class careers.

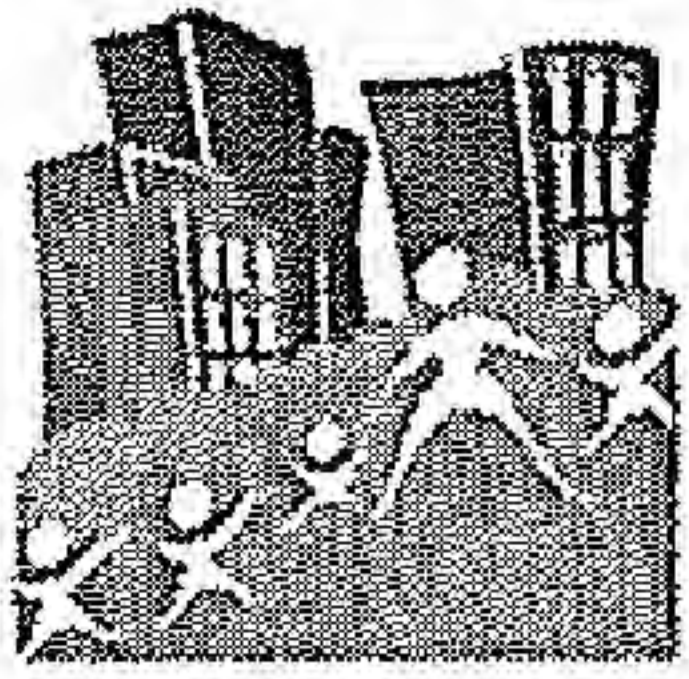
I am proud to support New York in this ground-breaking endeavor.

Sincerely,

(b)(6)

Anne Mitchell

President, Early Childhood Policy Research



**New York City Early Childhood
Professional Development Institute**

Developing Adults Working with Developing Children

October 12, 2011

The Honorable Andrew M. Cuomo
Governor of New York State
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo:

It is a privilege to write in enthusiastic support of your leadership and the state's Race to the Top Early Learning Challenge proposal. The Early Childhood Professional Development Institute (PDI) which is hosted at the City University of New York (CUNY), has demonstrated a strong partnership and commitment to the very tenets of this work.

In the last three years, the PDI has had the privilege of coordinating New York State's Field Test for QUALITYstarsNY and now leads the current first phase of implementation. Additionally, *New York Works for Children*, New York's workforce development initiative targeted to early childhood educators at all levels, was conceptualized, designed, and is now being implemented through the PDI, in partnership with the Early Childhood Advisory Council (ECAC). These two components make up the spine of the Early Learning Challenge and position New York to be competitive in this race to the top.

I have had the good fortune of being careful witness to your commitment to our state's youngest children in this most recent effort. You have dedicated a strong, intelligent, and dynamic team to create an early childhood systems plan that will serve to ensure that every child of this state will thrive in the first five years of life in rich and stimulating environments staffed with highly effective teachers, and arrive ready to succeed through school and into career.

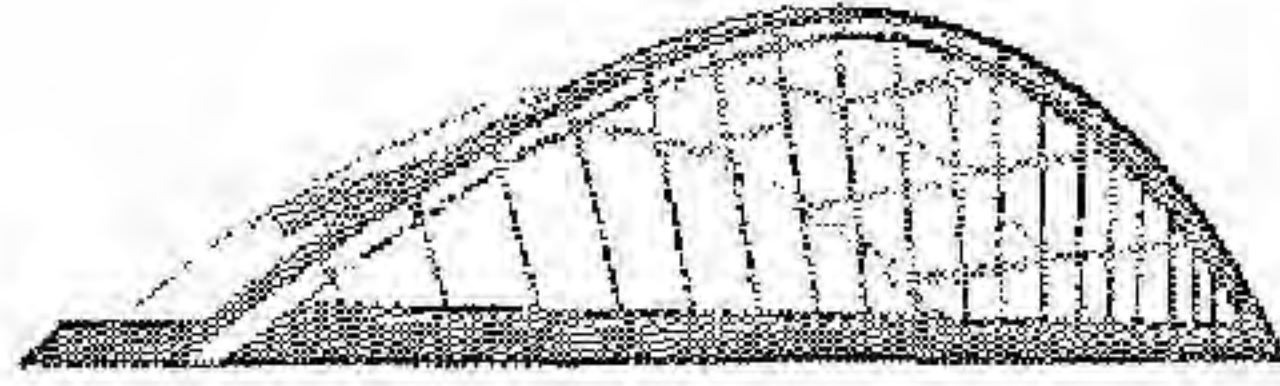
I pledge the PDI's support for continued collaboration and look forward to a day when New York is seen as a leader of excellence in early childhood education.

Sincerely,

(b)(6)

Sherry M. Cleary
Executive Director

Education



EARLY EDUCATORS' NETWORK of *Greater Rochester*
Bridging Opportunities for Professional Development

September 30, 2011

Governor Andrew Cuomo
c/o Katie Campos
Assistant Secretary for Education
Executive Chamber
State Capitol
Albany, New York, NY 12224

Dear Governor Cuomo,

With this letter, I fully endorse your decision to apply for the Early Learning Challenge Grant. As director of the Early Educators' Network of Greater Rochester, the lead agency for the QUALITYstarsNY field test in 2010, I am committed to continue to support the emerging, ground-breaking developments that will impact the entire field of early care and education in New York State.

Early Educator's Network's strategic direction is aligned with QUALITYstarsNY field test findings. Currently, professional development services are underway with several field test sites. EEN will launch a leadership initiative this fall that aims to prepare current leaders for their changing roles as the New York State early care and education landscape changes. Professional development will encompass consultation, guidance, training, and coaching for program leaders and staff and will address: QUALITYstarsNY, Early Learning Guidelines, Assessment, and the new Knowledge and Skills Framework. All of these areas represent new and emerging developments that will directly impact the work at the local program level. ✓

Thank you for your realization of the importance of this opportunity to enhance our system of early care and education in New York State. We know that "early years are learning years" and that we have the best chance to ensure that our children grow up to be successful, contributing citizens if we invest in them in the earliest times of their lives. We also know that we need a strong, qualified workforce in order to deliver high quality programs that serve children and their families.

As a professional in the field of early care and education for over twenty years, I am delighted with the prospect of New York State's receipt of this grant. I know that the funds will allow New York State to finally deliver what all of our children deserve.

Sincerely,

(b)(6)

Mary Louise Musler, Director
Early Educators' Network of Greater Rochester
941 South Avenue
Rochester, NY 14620



Cornell University
Cooperative Extension
of Suffolk County

Extension Education Center

423 Griffing Avenue, Suite 100
Riverhead, New York 11901-3071
t. 631.727.7850
f. 631.727.7130

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capital
Albany, NY 12224

October 4, 2011

The Honorable Governor Andrew Cuomo:

On behalf of Cornell Cooperative Extension (CCE) of Suffolk County, we write this letter in support of your efforts to secure the Race to the Top: Early Learning Challenge grant to benefit the children and families of New York State. We understand that this initiative is designed to support states in developing early childhood systems distinguished by their approach to increasing access for all children, to high quality early childhood programs and services. As a Child Development Educator and Bi-lingual Family Well-Being Educator for CCE of Suffolk County we know that the first years of life are critical learning years for children. The years before kindergarten are the foundation upon which school and life success is built. Research has shown that children learn best in loving, nurturing relationships and in high quality learning environments. This new initiative will provide New York State the opportunity to further strengthen the infrastructure necessary for all children to achieve school readiness by incorporating these early years into the continuum of education that begins at birth and last a lifetime.

CCE of Suffolk County has served the residents of Suffolk County New York for more than 90 years and is one of the largest county extension associations in the nation. CCE of Suffolk County is an educational organization dedicated to strengthening families, enhancing and protecting the environment, and fostering economic development. We believe this initiative reflects our agency's mission. The Family Health and Wellness (FHW) Program of CCE provides technical assistance, community leadership and educational opportunities in nutrition and wellness, diabetes prevention and education, as well as human development and family support.

We are pleased to offer our organization's support for the goals of New York State's application for the Race to the Top: Early Learning Challenge and our expertise in the areas of human development and family support. We are happy to assist you in your efforts to ensure that the investment to New York State's children is a success.

We commend you on your ongoing commitment to education and to the children and families of New York State.

Sincerely,

Kerri Kreh Reda
Child Development Educator

Dinah Torres Castro
Bi-lingual Family Well-being Educator

United Way



Allegany County United Way

October 6, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber State Capitol
Albany, NY 12224

Dear Governor Cuomo:

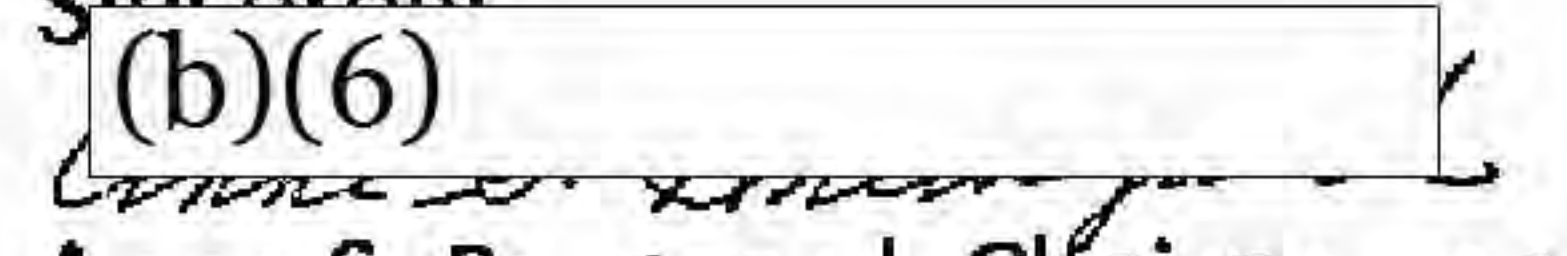
Allegany United Way Initiative, Success by 6, has been active in since 2005. Our educational vision is to provide people of all ages with the tools and structures necessary to succeed. In particular, our mission states "Children in our community are physically and emotionally healthy and safe; eager and open to learn,, and supported socially and environmentally in order to achieve success by six". One of the issues impeding our progress to address developmental needs and engage and support families in addressing these needs has been the lack of funding.

We have been instrumental in the implementation of a county-wide PreK assessment by each school using the DIAL 3 or 4. From this we have developed a data system whereby we can determine the domains the county needs to work on to improve students' success in Kindergarten. One of our dilemmas is the children who qualify for the Head Start program do not assess their children on the same instrument as the schools. Head Start serves approximately 50% of our 4 and 5 year olds. Having the effective use of a comprehensive assessment system, including the administration of a common state-wide Kindergarten entry assessment would be most beneficial.

In addition, building an early learning data system would be of great benefit. Currently we have to do a cross walk between the DIAL and any other instrument another provider uses. A consistent, singular data system would allow for effective data analysis and from the resultant analysis, outcomes could be developed. With transient populations these outcomes would be applicable and pertinent to the child regardless of where the child resides in the state.

Our Success by 6 would be interested in furthering the work we have already begun. Further we see a state-wide system would be of benefit to all involved. We are in support of any effort the state provides to support the children and families of our youngest students.

Sincerely,

(b)(6)


Anne S. Brungard, Chairperson
Allegany County United Way Success by 6



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY,
NY 12230

New York State Library
Tel. (518) 474-5930
Fax (518) 486-6880
E-mail: ppaolucc@mail.nysed.gov

October 7, 2011

The Honorable Andrew Cuomo
c/o Katie Campos, Asst. Secretary of Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo:

The New York State Library supports New York's application for the Race to the Top: Early Learning Challenge Grant.

The State Library, as part of the State Education Department, oversees and guides a strong network of 7,000 libraries statewide that serve as education hubs for each of their communities. The State Library also offers resources that support the goals and objectives of public library youth services librarians in serving the families, children, educators, and caregivers in their communities. The academic libraries of New York's colleges and universities support early childhood research and professional training/development.

Libraries across the state provide strong early learning programming and resources geared for children, birth to school age, along with their caretakers: parents, child care teachers, and other child care providers. A fundamental goal for these library programs and resources is the encouragement of early literacy skills development for young children and training/education of parents and caregivers in providing a literacy-rich home and childcare environment. An added benefit for children and caregivers of visiting their community libraries is exposure to the rich educational offerings of the local library. This includes education, citizenship and language-learning resources, parenting materials and services, plus a wealth of early childhood materials.

Support of Early Learning efforts is a priority of the State Library and there is a strong history of libraries providing resources and expertise to support all early childhood efforts and initiatives at the state level and throughout the state. Most recently, the State Library contributed public library early literacy program information to the Early Childhood Advisory Council's database of statewide early childhood services and their associated costs. The State Library has also provided competitive grants in support of public library early literacy programs for children and their parents or caregivers.

The State Library's Talking Book and Braille Library and the New York Public Library's Andrew Heiskell Braille and Talking Book Library also provide Braille and audio books for visually or physically impaired young children and for parents and professionals to use with them. These resources provide powerful tools and skill sets to an otherwise at-risk population.

A core service provided by public libraries is programs, and the associated resources, for children birth through 5 and their caregivers. Public libraries are prepared to continue working with child care centers, child care providers, and young children in their communities to support all efforts associated with New York's Race to the Top: Early Learning challenge Grant.

The New York State Library will work side-by-side with the Governor's office and all early childhood education and health partner agencies to provide resources and expertise so New York State can reach the goals set by their Race to the Top: Early Learning Challenge grant application.

Sincerely,

(b)(6)

Ernesta Ebert
Director, Research Library

(b)(6)

Carol Ann Desch
Coordinator of Statewide Library Services

cc: Robert G. Frawley, Co-Chair, NYS ECAC
Sherry Cleary, Co-Chair, NYS ECAC



Westbury Union Free School District
Two Hitchcock Lane, Old Westbury, New York 11568-1615
516-876-5016 – Fax: 516-876-5187

CONSTANCE R. CLARK-SNEAD, Ed.D.

Superintendent

October 6, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo,

As Superintendent of the Westbury Union Free School District and a Board Member of the Early Years Institute, I am forwarding a letter of support for the *New York State Early Learning Challenge Grant*. Over the past several years I have supported the outstanding work of the NYS Early Childhood Advisory Council and the Early Years Institute.

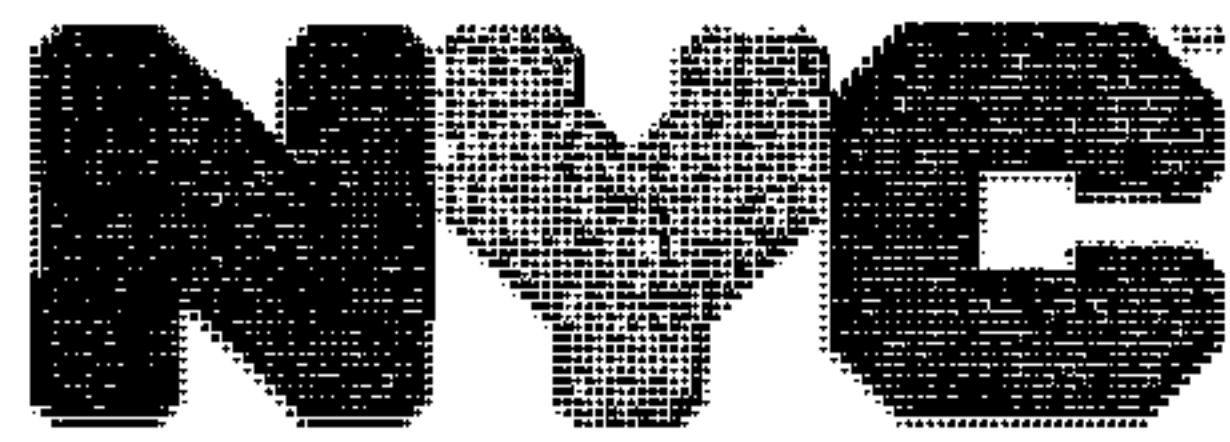
Under the requirements of the *Early Learning Challenge Grant*, New York State will be able to address the continuum of education beginning with the early years. This statewide effort would assist in the development of quality learning and development standards for statewide kindergarten and entry assessment. It would ensure a collaborative effort to address the health, behavioral and development needs of families and support an early learning data system which is needed throughout the state.

Your support for this important initiative will help to increase access for children in all communities. If the educational delivery system is going to prepare our students for global commitment, we must provide access for all children.

Sincerely,

Constance R. Clark-Snead, Ed.D.
Superintendent of Schools

CRCS/rt



**Department of
Education**

Dennis M. Walcott, Chancellor

Office of the Chancellor
52 Chambers Street | New York | NY 10007

212 374 0200 tel | 212 374 5588 fax
dmwalcott@schools.nyc.gov email

October 18, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo:

I am thrilled to support the comprehensive and innovative agenda described in New York's Race to the Top-Early Learning Challenge grant proposal and to partner actively with the State in bringing those plans to fruition.

As Chancellor of New York City Public Schools, my responsibility is to ensure that each of our 1.1 million students graduates from high school ready for college and career. High-quality early childhood education puts children on that path from the start. Children gain the foundation of skills and knowledge needed to take a critical first step towards a lifetime of expanded opportunities. New York's application builds the systems necessary to realize what we know early childhood education can accomplish—concrete results for children, families, and our communities. The proposed Quality Rating and Improvement System QUALITYStars NY (QSNY), outlines clear expectations for programs serving our youngest learners while supporting programs in meeting those expectations. Since New York City participated in a field test, refinements have been made to the system to prioritize those activities directly associated with increased student achievement, such as teacher-student interactions and the environments in which children learn.

The proposal also takes bold and pivotal steps towards addressing achievement disparities early. First, the Common Metric reveals how children are doing against multiple sets of standards, including Common Core, before Kindergarten, while also providing early childhood educators with choice in the assessments used to gauge student progress and inform instruction. This approach embraces the principles of empowerment and leadership at the school- and classroom-level—core tenets of New York City's reforms over the past several years. The State's creation of the NYS Common Metric will build upon an innovative, interagency public-private partnership in NYC.

I also applaud the state for adopting a Kindergarten Readiness Tool focused on all areas of child development. Because of this tool New York City will have information about the skills and knowledge children have when they enter our doors – information needed to determine how

teachers, administrators, and policy makers can best meet their needs. Additionally, the State's commitment to validating QSNY against student outcomes will ensure that expectations for programs serving children prior to kindergarten reflect those factors found to contribute most significantly to student achievement over time.

I am committed to working closely with the state in implementing these reforms. First, NYC Universal Pre-K programs across all settings will ultimately participate in QUALITYStarsNY. As the local administrator of UPK, the Department of Education will manage oversight, compliance, and reporting. Second, our Office of Early Childhood Education is planning to tailor supports to programs based on data generated by QSNY and the Kindergarten Readiness Tool. We expect to develop a birth-5 center for excellence to serve as a model site meeting QSNY standards for other programs in the city. The center will likely include a leadership hub component to support the development of early childhood leaders across the city and will be created through an innovative public-private partnership.

We view QUALITYStarsNY as a way to advance integration across all early childhood settings and realize the potential of our partnerships with other city agencies to increase quality and school readiness for all children. Our implementation of the Common Core Learning Standards from pre-K through 12 will ensure that the foundations laid prior to kindergarten are built upon in elementary, middle, and high school. New York State and NYC have a long history of collaborating to provide all children with a strong start. This application creates an opportunity to expand upon that partnership with a solid infrastructure and commitment to systemic change. Together, we will seize that opportunity to provide our children with the high quality early learning experiences they need to be successful in school and life.

Sincerely,

A handwritten signature in black ink, appearing to read "Dennis M. Walcott". The signature is fluid and cursive, with a long horizontal stroke at the end.

Dennis M. Walcott
Chancellor



Freeport Public Schools
235 North Ocean Avenue • Freeport, New York 11520 • 516-867-5200

October 12, 2011

Regina Canuso
c/o Council on Children and Families
52 Washington Street
West Building, Suite 99
Rensselaer, New York 12144

Kishore Kuncham,
Ed.D.
Superintendent of Schools

e-mail address:
kkuncham@freeportschools.org

Phone (516) 867-5205
Fax (516) 623-4759

Dear Ms. Canuso:

Please accept this letter of support for the Race to the Top: Early Learning Challenge federal grant. As the superintendent of the Freeport Public Schools, I am cognizant of the need to support the early care and education system, including the implementation of QUALITYstarsNY.

As research demonstrates, the early years of a child's life are very important for his or her health and development. As a result, the rating and improvement system of early childhood programs, as offered by QUALITYstarsNY is critical to parents, educators, and the general public in order to identify the best possible programs for children.

As you may be aware, the Columbus Avenue Early Childhood Center within the Freeport Public Schools participated in the QUALITYstarsNY field tests last year. We chose to participate in these field tests in order to gain information relative to the quality of our pre-kindergarten program, both physical and educational. As a result, I believe strongly that the services offered by QUALITYstarsNY will enable both parents and educators to make informed decisions concerning the best placement of children, especially with respect to non-public early childhood providers.

It is my sincere hope that New York State is awarded the Race to the Top funds in order to benefit our early childhood education systems and students.

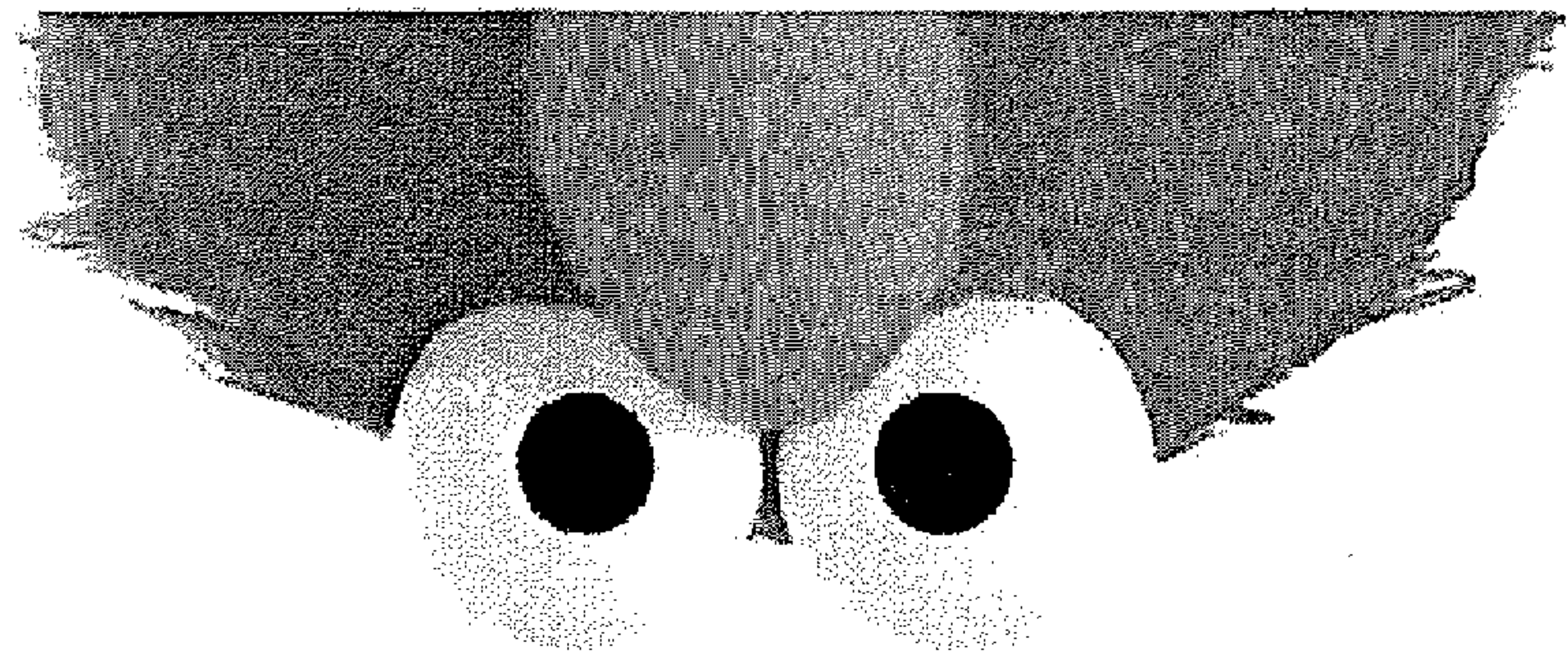
Sincerely,

A handwritten signature in black ink, appearing to read "Kishore Kuncham", with a long horizontal stroke extending to the right.

Kishore Kuncham, Ed.D.
Superintendent of Schools

kk:ww

One Lincoln Plaza
New York, NY 10023 USA
tel 212 595 3456
www.sesameworkshop.org



October 12, 2011

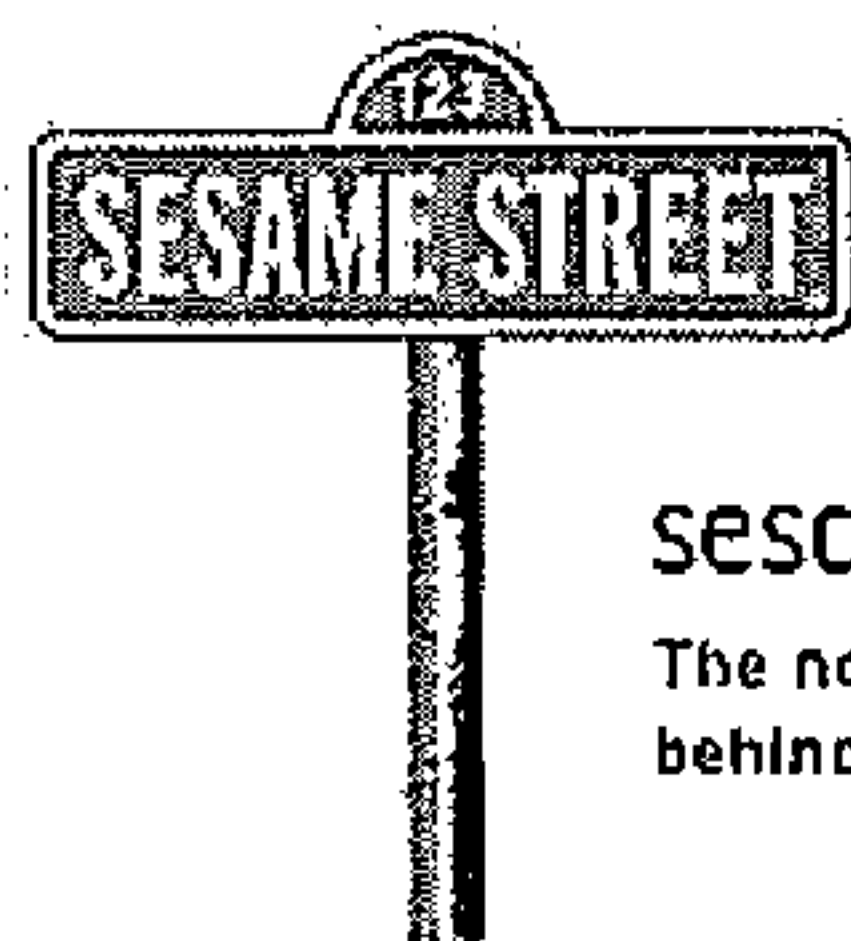
Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo,

As President and CEO of Sesame Workshop, the New York City-based non-profit organization behind Sesame Street and numerous initiatives to benefit young children throughout the United States, I am pleased to support New York State's proposal for Race to the Top: Early Learning Challenge funding. Building upon New York's successful Race to the Top proposal in 2009, this new funding could enable New York to establish an educational ladder that will carry children from birth through high school graduation, ready for college and a meaningful career.

Since its founding in 1969, Sesame Workshop (formerly Children's Television Workshop), has reached millions of children and families to teach not only letters and numbers, but also healthy habits, kindness and cooperation, critical thinking, science, technology, engineering and math (STEM), as well as respect and understanding for all. Children whose early years include a strong, balanced curriculum, along with supportive families and teachers, are most likely to succeed in school and reach their full potential in life. We are impressed that New York's proposal supports health, behavioral and developmental needs as well as strong cognitive development. Dozens of research studies over the past 40 years have shown that Sesame Street helps to deliver children to kindergarten, ready and eager to learn. Key to our success is our reach and connection with both parents and children through Sesame Street and our targeted outreach activities, which address pressing issues such as financial literacy, health and nutrition, and military families. New York's proposal will give parents and caregivers the information they need to choose high quality early learning settings for their children, with a comprehensive assessment system that will give teachers and parents alike an ongoing picture of each child's progress, enabling them to customize instruction to varying needs and abilities.

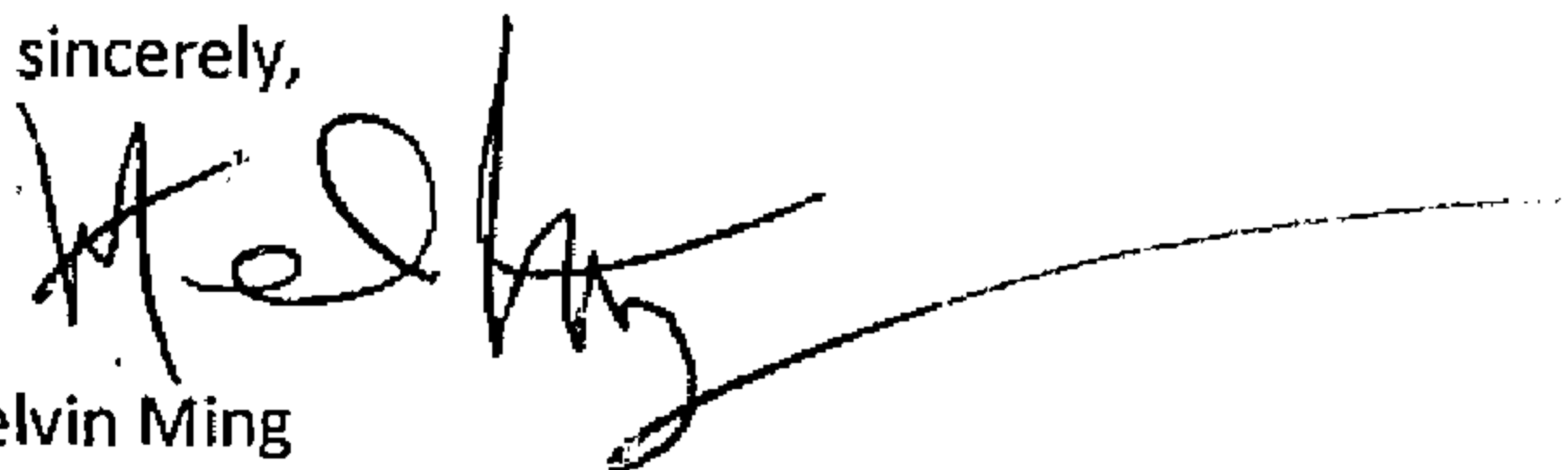
Finally, we know that it is important that the state have a common, state-wide, competency-based knowledge framework such as the proposed New York Works for Children to develop skill, knowledge and ability in the early childhood workforce. Only by successfully nurturing the skills and dispositions teachers need to engage children, can we ensure fidelity of implementation of the learning standards. Only by meeting children's needs in the early years can we give all children an equal chance to grow,



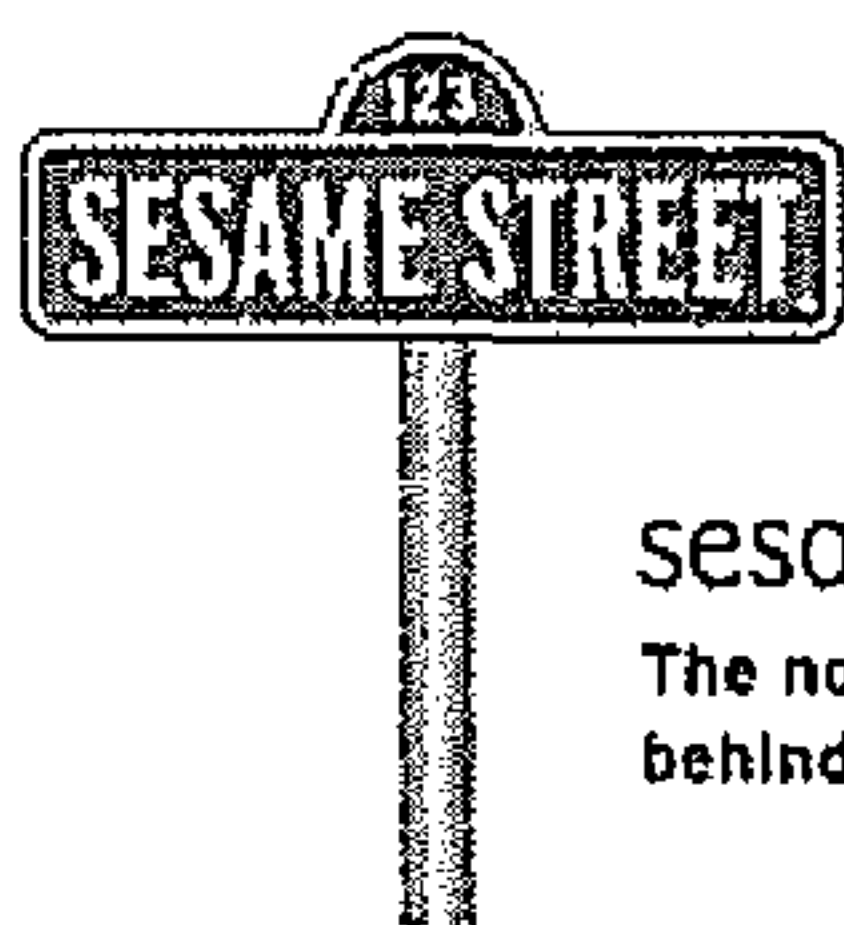
sesameworkshop.
The nonprofit educational organization
behind Sesame Street and so much more

thrive and contribute to our economy and culture. New York has developed a comprehensive plan to address the needs of our exceptionally diverse population of young children. Sesame Workshop strongly supports its application to Race to the Top.

Yours sincerely,



H. Melvin Ming
President and Chief Executive Officer



sesameworkshop.
The nonprofit educational organization
behind Sesame Street and so much more



October 7, 2011

Governor Andrew M. Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
New York State Capitol
Albany, NY 12224

Dear Governor Cuomo:

We are writing in support of New York's for the Race to the Top Early Learning Challenge Grant.

We are the superintendents of the 23 school districts in Rensselaer, Columbia and Greene Counties comprising Questar III BOCES. We represent some 40,000 students attending small city, rural and suburban districts. Our mission is to provide pre-K through 12 educational programs to our students, preparing them to be college and career ready upon graduation from our high schools. Each of our school districts is currently implementing critical elements of the Race to the Top initiative.

Receipt of the Early Learning Challenge Grant will enable us and our partners in early childhood education to extend use of comprehensive assessment systems in our schools to include administration of a common state-wide kindergarten entry assessment. It will also strengthen New York's effort to implement the common core learning standards by supporting the development of pre-K learning and development standards aligned with the common core. This is critical to improving the quality and consistency readiness of students entering kindergarten and will support their success by ensuring well-articulated curriculum and seamless transitions in teaching and learning from pre-k through high school.

Critical to our efforts to build strong, functional and highly effective school communities are resources that can be utilized to address the unique and varied health, behavioral, and developmental needs of the children we serve and our capacity to provide appropriate engagement and support to their families. This grant would provide significant resources and capacity at the state, regional and local levels in support of these efforts.

Finally, it would assist the state with a much-needed, universal statewide competency-based knowledge framework and the means to develop and implement a variety of approaches to develop the skill, knowledge and ability in the early childhood workforce.

Critical to our mission is the expansion of early childhood learning programs in every school district in our region. There is no doubt that these programs enhance student readiness for kindergarten and elementary school and have lasting benefits for them throughout their school careers.

In our region we have worked to achieve increased graduation rates and higher rates of student achievement on standardized assessments and have achieved good measures of success. However, we have reached plateaus that suggest alternative means of engaging students in middle and high school levels and expanded early childhood programming. Additionally, the current lack of consistency in the design and delivery of early learning programs and paucity of student achievement data for participants, leaves us with little ability to influence how to improve these programs and hold them accountable for student achievement.

The Race to the Top Early Learning Challenge Grant would complement and support our ambitious efforts to implement the key elements of the Regents Reform Agenda - a rigorous, clear curriculum, reliable assessments, high standards, effective teachers in every classroom, and great school leadership. We enthusiastically support your efforts to secure the grant and look forward to working with your administration to improve teaching and learning for our students.

Yours truly,

**Dr. James N. Baldwin, District Superintendent
Questar III, Rensselaer-Columbia-Greene
BOCES**

**Michael Marcelle, Interim Superintendent
Averill Park Central School District**

**Bruce Potter, Superintendent
Berkshire Farms Union Free School District**

**Dr. Stephen Young, Superintendent
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**Karen McGraw, Superintendent
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**Sally Shields, Superintendent
Rensselaer City School District**

**Robert Horan, Superintendent
Schodack Central School District**

**Dr. Mark Sposato, Superintendent
Taconic Hills Central School District**

**Dr. Brian Howard, Superintendent
The Enlarged City School District of Troy**

**Christine Hamill, Superintendent
Wynantskill Union Free School District**

One day, all children in this nation will have the opportunity to attain an excellent education.

TEACHFORAMERICA

October 7, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo:

We are pleased to provide Teach For America • New York's support toward New York State's participation in the Race to the Top: Early Learning Challenge and look forward to providing a new set of talented, qualified teachers and leaders as New York State implements *New York Works for Children*.

Our mission is to build the movement to eliminate educational inequity by enlisting our nation's most promising future leaders in the effort. We recruit outstanding recent college graduates who commit two years to teaching in urban and rural areas and become lifelong leaders in pursuing educational excellence and equity. With extensive training and support, these corps members work relentlessly to ensure that students growing up today in low-income communities are given the educational opportunities they deserve. As alumni, they are a powerful force of leaders who act on the conviction and insight they gain from their teaching experience, working in education and all other sectors to effect the fundamental changes needed to ensure that all children have an equal chance in life.

Recognizing that the achievement gap starts before kindergarten and widens as children progress through the school system, Teach For America established an early childhood initiative in 2006 to bring more outstanding pre-K teachers to low-income communities. Teach for America offers an infusion of talent to support burgeoning pre-K efforts taking place across the nation, and we currently have hundreds of corps members teaching in pre-K classrooms across the country. Both independent and internal evidence demonstrate that Teach For America corps members have a positive impact on their pre-K students in all developmental domains.¹ Teach For America has a rigorous selection model, only selecting 11 percent of applicants nationwide into the corps.

¹ A study sponsored by the CityBridge Foundation and conducted by Westat found that, while four-year-old Head Start students knew an average of 10 letters at the end of the year, Teach For America corps members' students knew an average of 24 letters. So, while Head Start students were at the 34th percentile in letter word knowledge at the end of the year, Teach For America corps members' students were at the 82nd percentile.



AN AMERICORPS PROGRAM

519 Eighth Avenue, Suite 1500 • New York, NY 10018 • P 212.279.2666 F 212.279.2663 • www.teachforamerica.org

Corps members receive extensive content-specific training at an intensive summer institute, as well as ongoing support from instructional coaches. Pre-K corps members' training focuses on using developmentally appropriate methods and data to inform their instruction and to achieve ambitious goals for all students to narrow or close the achievement gap prior to kindergarten.

This fall, we started an early childhood pilot cohort in community based organizations throughout New York City. For the 2011-12 school year, we have 11 corps members in Universal Pre-Kindergarten and Head Start teaching positions. These teachers attend alternative certification programs with our university partners, hold transitional B licenses to serve as teachers of record, and will obtain Masters degrees at the end of their two-year teaching commitment. We look forward to our first cohort of early childhood education corps members in New York taking on leadership roles over time while new, larger cohorts of early childhood corps members enter pre-K classrooms in subsequent years.

The agenda set forth in the application will align and integrate New York's P-3 vision by formalizing statewide execution of core early learning system elements. While our state is committed to carrying out these reforms regardless of whether it is awarded additional funding, Race to the Top: Early Learning Challenge would undoubtedly provide New York with critical resources to jumpstart the transformation of the governance model, to strengthen the early childhood workforce, and to develop the next model of the QRIS system. New York's application takes the absolute priority to focus on the highest need young students as the underlying principle, essential to closing the achievement gap prior to Kindergarten.

We are confident that New York's leaders are prepared to execute the ambitious, innovative plans for reform that are outlined in the state's Race to the Top application. We have been pleased to observe New York's commitment to working collaboratively with state and local officials, Head Starts, nonprofits, school districts, teachers, parents, students, and community organizations, as it goes about this important work. Teach for America • New York is prepared to continue to work with the state of New York to provide excellent pre-K and lower elementary teachers across New York City, a vital strategy towards an excellent early childhood workforce.

Sincerely,

(b)(6)

Jeff Li
Executive Director
Teach For America • New York



SYRACUSE CITY SCHOOL DISTRICT

Office of the Superintendent
725 Harrison Street · Syracuse, NY 13210
Phone 315·435·4161 · Fax 315·435·4015

Sharon L. Contreras
Superintendent of Schools

September 29, 2011

The Honorable Andrew M. Cuomo
Governor of New York State
NYS State Capitol Building
Albany, NY 12224

Dear Governor Cuomo:

I am writing in full support of the New York State Education Department's (NYSED) *Race to the Top Early Learning Challenge* grant application that significantly addresses the need to improve early learning and development for all young children and close the achievement gap for those children with high needs. The components of NYSED's grant proposal are essential to building a stronger New York State Universal Prekindergarten Program: the development and use of early learning standards; implementation of the QUALITYstarsNY; the ability to more effectively address the health, behavioral and developmental needs of young children; the identification and use of a comprehensive assessment system that includes a common state-wide kindergarten entry assessment; the creation of an early learning student data system; and, additional supports for engaging parents.

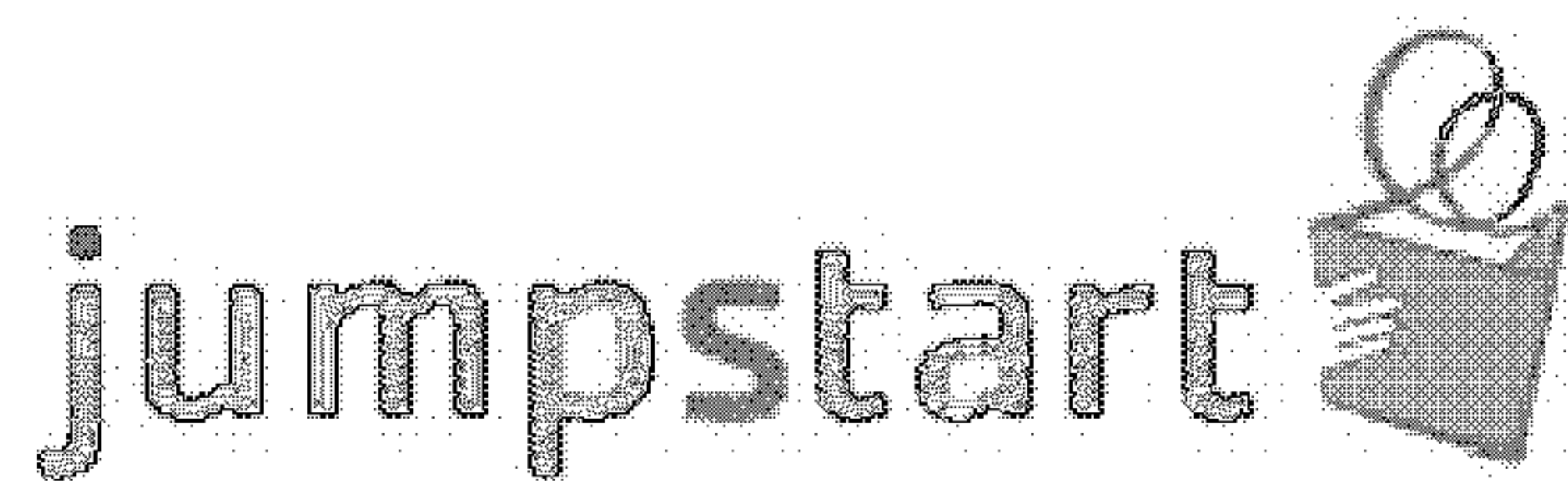
The Syracuse City School District (SCSD) has provided early childhood programs to preschool students since 1964. SCSD currently offers programs to more than 1,400 preschoolers at 45 sites throughout the City, including school-based sites, childcare centers, Head Start centers, and private nursery and preschool special education agencies. All early childhood programs are inclusive of students with disabilities and English language learners. SCSD has been partnering with our childcare agencies since the inception of UPK to build a system that provides all preschool students with high-quality services. We have worked with childcare centers to build their capacity to deliver SCSD's early childhood curriculum, which is in alignment with New York State Standards. Unfortunately, only UPK classrooms with four-year-olds are teaching the curriculum. We must continue to strengthen early childhood programming to ensure that a universal set of early childhood standards is in place for every age, birth to 5 years, to ensure preschoolers enter kindergarten on level and ready to learn, and that programs are monitored using the same assessment tool.

One of the components in NYSED's application, the QUALITYstarsNY, was piloted in Syracuse in some of our school-based UPK classes and community childcare agencies. QUALITYstarsNY proved to be a very useful assessment and monitoring tool in identifying areas in need of improvement and assisting parents in making informed choices about which preschool program is best for their children.

A vast majority of Syracuse preschoolers have high-needs and are not entering prekindergarten and kindergarten with the skills, knowledge, and dispositions toward learning they need to be successful. NYSED's *Race to the Top Early Learning Challenge* grant proposal meets the critical need to change the face of early childhood programming not only in Syracuse but also across the state. Therefore, I fully support New York's application for this funding.

Sincerely,

Sharon L. Contreras
Superintendent



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EASTERN REGION STAFF

Myung J. Lee,
Executive Director

October 17, 2011

To Whom It May Concern:

As the executive director of Jumpstart New York, I am writing to express support for **the New York State Race to the Top – Early Learning Challenge Fund** application. Jumpstart for Young Children, Inc. is a national leader in early literacy programming for young children with programs in 14 states and the District of Columbia.

Jumpstart works toward the day that every child in America enters school prepared to succeed. As an external, early learning provider and stakeholder in New York, Jumpstart is in support of New York's commitment to strengthen the regional system of early education and care. Jumpstart is proud to be one of the few programs working with all types of early education providers, including Head Start, public pre-K programs, community and faith-based organizations, as well as family care providers. **Over the last 18 years of service, Jumpstart has engaged more than 25,000 college students and community members to serve more than 100,000 young children.**

Jumpstart helps partner programs reach the highest levels of quality instruction and care possible. Indeed, the majority of children who participate in Jumpstart's program demonstrate gains of one developmental level or more, indicating a significant increase in key school readiness skills. In addition, Jumpstart's program exposes thousands of college students, known as Corps members, to the field of early childhood education and provides intensive and intentional training to boost their early learning knowledge and leadership skills.

With Jumpstart's research-based, outcomes-driven curricula, along with highly trained, caring adults and developmentally appropriate materials to young learners and their communities, Jumpstart focuses on closing the achievement gap early. In New York City, this year alone, Jumpstart is partnering with the **10 colleges and universities**, to engage and train **more than 466 college students**, known as Corps members, to bolster educational success for and create lasting connections with **more than 1,200 preschool children in 30 early learning centers** in four boroughs: the Bronx, Brooklyn, Queens, and Manhattan.

As a public-private partnership, Jumpstart benefits from a diverse funding portfolio including federal, local and corporate dollars. To support high-quality early learning programming, Jumpstart leverages such funding as Federal Work Study and AmeriCorps through the Corporation for National and Community Service/New York State Commission. These resources are in turn matched by private sector investments, which allows Jumpstart to efficiently provide access to high-quality early childhood education programming in low-income neighborhoods.

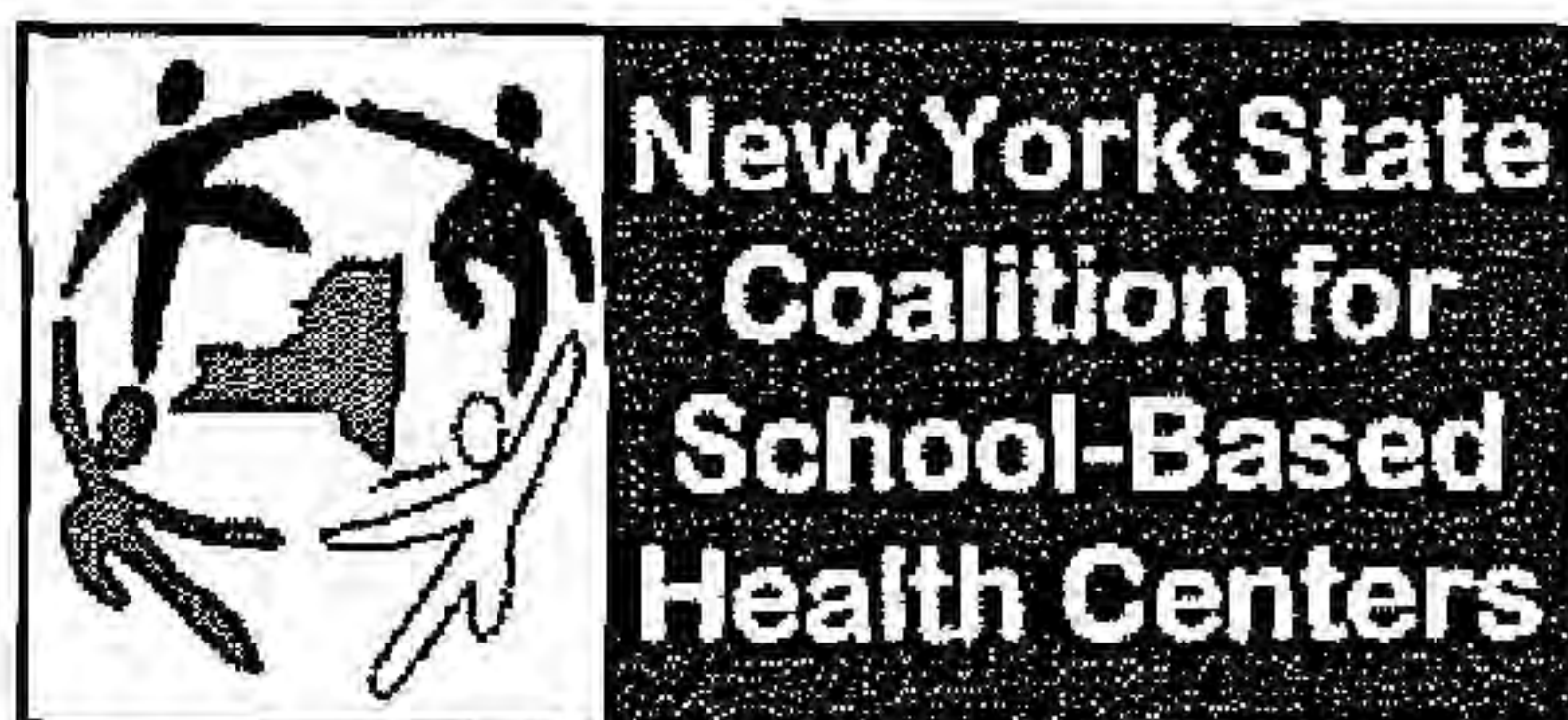
As a community partner, integrally involved with thousands of children from low-income neighborhoods across New York City, we applaud New York's efforts to outline high-quality early education standards, develop assessments and raise the overall quality of services for New York's youngest, most vulnerable citizens.

In support of the children, families and service,

(b)(6)

Myung J. Lee
Executive Director,
NY/Tri-State Region

Health Professionals



Healthy Children. Healthy Teens. Healthy Schools

c/o North Country
Children's Clinic
238 Arsenal Street
Watertown, NY 13601
315-782-9450 (phone)
315-782-2643 (fax)
www.nystatesbhc.org

Joey Marie Horton, MBA
Co-Executive Director

Jane Lima-Negrón, MSW
Co-Executive Director

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September 30, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

RE: Race to the Top: Early Learning Challenge

We are pleased to write this letter in support of New York State's application for the Race to the Top: Early Learning Challenge to develop early childhood systems which helps to develop a continuum of education in New York that begins at birth and lasts a lifetime.

The mission of the New York State Coalition for School-Based Health Centers ("Coalition") is to create access to comprehensive, high-quality primary care, including medical, mental, oral, and community health services, for all children and youth statewide through school-based health centers (SBHCs). The Coalition achieves this by advocating for policies that promote the sustainability of SBHCs; promoting the delivery of high-quality services; raising awareness of the school-based health model; and promoting the growth and expansion of SBHCs.

SBHCs are comprehensive primary care programs, located within elementary, middle, and high schools. They are linked to other community-based services and provide developmentally and culturally appropriate health care to students who otherwise may not have access to primary care. The Coalition supports this application given the similarity of many of the primary components of this application to our work. For example, addressing health, behavioral, and development needs of New York's children and engaging and supporting families. Providing early childhood initiatives will significantly support the work that we do with school aged children in the most underserved communities in New York.

The New York State Coalition for School-Based Health Centers appreciates the Federal Departments of Education and Health and Human Services consideration of New York's request for funding.

Sincerely,

(b)(6)

Joey Marie Horton, MBA
Co-Executive Director

Jane-Lima, MSW
Co-Executive Director



October 4, 2011

Governor Andrew Cuomo
Executive Chamber
State Capitol
Albany, NY 12224

Governor Cuomo:

I strongly support New York State's application for the Early Learning Challenge Grant.

New York's Project LAUNCH contributes to the mission of the proposal at the state and county levels by working to:

- Integrate health and social emotional development services for young children;
- Strengthen parenting education resources;
- Expand home visiting services;
- Enhance workforce development opportunities for parenting educators, early childhood teachers and mental health professionals, among others; and
- Promote public health messages of wellness in the community, childcare setting and home.

NY Project LAUNCH at the community level, specifically in Westchester County, is designed to test effective ways to assess and address health behavior and developmental needs of very young children, from prenatal to age eight, and their families. Through NY Project LAUNCH, we are able to demonstrate the benefits of a comprehensive system of health assessment and response for young children, and the synergy that is created with cross-system collaboration. We recognize that optimal experiences in the early years create a critical foundation for success in school and life. Thus the Early Learning Challenge Grant provides a significant opportunity to advance our efforts to promote the value of selecting high quality child care, and expand implementation of QUALITYstarsNY.

Through the Early Learning Challenge Grant and our relationships within the Early Childhood Advisory Council and its workgroups, we will contribute to the achievement of a high quality early learning system in New York State, particularly as it helps our most vulnerable children and families.

Sincerely,

(b)(6)

Susan E. Perkins
State Coordinator



Advocating for patients. Advancing the profession.

October 6, 2011

Governor Andrew Cuomo
c/o Katie Compos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo:

On behalf of the New York State Nurses Association (NYSNA), we would like to add our endorsement and support of the *Race to the Top: Early Learning Challenge* initiative to support New York State's young children to have access to high quality programs and services.

The Nurses Association is the oldest and largest professional organization for registered nurse in New York State. It represents the interests of more than 270,000 registered nurses and serves as the collective bargaining agent for more than 37,000 RNs at 150 healthcare facilities.

NYSNA believes that early childhood access to education is pertinent to the success of a child as they grow to adulthood. Our members support the effective use of comprehensive assessment systems as well as the development and use of high-quality early learning and development standards. In addition, as nurses, we strongly support and will assist in addressing health, behavioral and developmental needs of the children in New York State.

The New York State Nurses Association is pleased to support this initiative for New York to develop a continuum of education and health needs for all children across the state of New York.

Sincerely,

(b)(6)

Renée Gecsedí, MS, RN
Director
Education, Practice and Research

Constituent of the American Nurses Association

11 Cornell Road, Ithaca, New York 14850-1499 ■ Phone: 518-782-9400 ■ E-mail: info@nysna.org ■ www.nysna.org
120 Wall Street, 23rd Floor, New York, NY 10005 ■ 212-785-0157

Higher Education

ECE POLICYWORKS

October 4, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo:

It was with great joy that I welcomed your bold decision this summer to take advantage of *Race to the Top: Early Learning Challenge* (RTT-ELC), an unprecedented opportunity for New York State's youngest children and families.


As a policy analyst and recent founder of ECE PolicyWorks, a consulting firm specializing in early care and education policy research, program development, and project management, I have long worked with colleagues at the local, state, and national levels to advance progressive policies for young children and families. I have managed the *Child Care Research and Policy Project* at Columbia University; co-directed the *Lucent Universal Preschool Initiative*; and served on the advisory council for the *Early Learning Initiative* of the Education Commission of the States. Author of *Forging a New Framework for Professional Development*, I am the creator of *ECE Policy Matters*, a blog dedicated to bridging professional practice and public policy, and a regular columnist for *Huffington Post Education*, forums for educating the general public, as well as early childhood and K-12 educators and administrators.

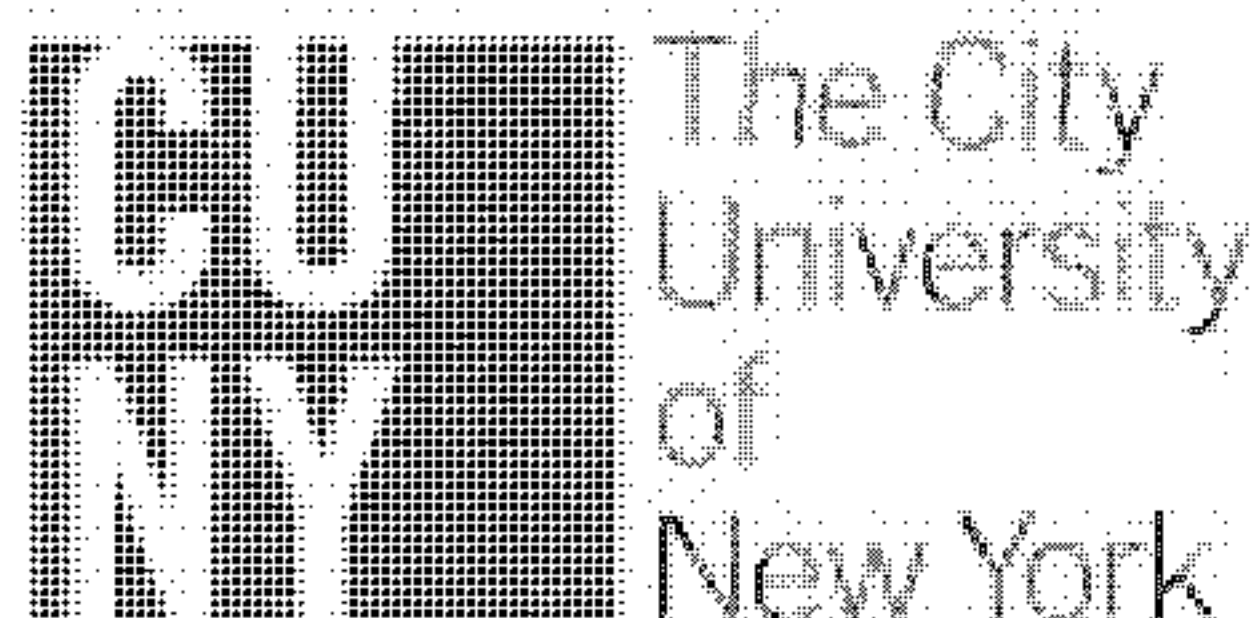
A year ago, Nobel-Prize-winning economist James Heckman wrote a letter to the National Commission on Fiscal Responsibility and Budget Reform. His question: What's the best way to develop human capital to increase workforce capability, enhance productivity and social cohesion, and assure America's economic competitiveness in the global economy? His answer: Invest in comprehensive early childhood development and education, from birth to age 5, especially for our most vulnerable children and families. *A well-prepared, effective, and accountable early childhood workforce is the linchpin of a comprehensive, aligned system of early care, development, and education that yields best outcomes for children.*

QUALITYstarsNY and *New York Works for Children*, signature initiatives of the Early Childhood Advisory Council, represent nothing less than a down payment on our state's economic and civic future. RTT-ELC funding will ensure the sustainability of New York's critical work on these initiatives. Nearly half of all states have implemented Quality Rating and Improvement Systems (QRIS), and the rest are designing and piloting them. Now is the time for New York to join them.

Thank you for making our state's youngest, and most vulnerable, children a priority of your education agenda.

Sincerely,


Susan Ochshorn
Founder/Principal



The Chancellor

October 3, 2011

The Honorable Andrew M. Cuomo
c/o Katie Campos, Assistant Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo:

I am honored to support New York State in the competition for the Race to the Top: Early Learning Challenge.

The City University of New York (CUNY) system, which comprises 24 colleges and professional schools throughout the five boroughs, has a strong commitment to early childhood education. At least 13 of our campuses provide coursework and degrees in the field at the two-year, four-year, and graduate levels. Each of our campuses operates a child-care center for students to use as they pursue their degrees. Further, we are proud to host the NYC Early Childhood Professional Development Institute at CUNY, whose director, Sherry Cleary, co-chairs your Early Childhood Advisory Council (ECAC).

As the country's largest public urban institution of higher education, CUNY understands the critical nature of early childhood education, which lays the foundation for all other learning. In all of our work—whether assisting at-risk high school students, increasing community college graduation rates, addressing the challenges students face in transitioning from two-year to four-year institutions, and much more—we are reminded of the important role that a strong early childhood education plays in preparing students for long-term educational and professional success.

I am aware that the state's application for the Early Learning Challenge has several components that will build a system designed to provide infrastructure and a more sophisticated approach to improving the quality of early childhood education. Emphasis on QUALITYstarsNY and the workforce are two areas to which CUNY has already committed considerable resources, and we endorse a more robust investment in this work. I am impressed with the scope of the application and agree that creating comprehensive assessment practices and building an early learning data system will provide the catalyst necessary to position New York to race to the top.

Thank you for your commitment to this effort. Please let me know if I may be of further assistance in the state's work.

Sincerely,

A handwritten signature in black ink that reads "Matthew Goldstein". The signature is written in a cursive style.

Matthew Goldstein

October 2, 2011

Office of the President

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber -- State Capitol
Albany, NY 12224



Dear Governor Cuomo,

On behalf of Bank Street College, I am pleased to write a letter of support for the Early Learning Challenge Grant application that New York State will submit to the departments of Health and Human Services and Education later this month.

Nationally recognized as a leader in preparing students to work in the field of early childhood education, Bank Street College has a long history and a well-earned reputation for supporting the latest advances in research-based teaching practices and a comprehensive approach to addressing the needs of young children and their families. The college operates four exemplary early childhood educational settings (two head start centers, a fully inclusive early childhood center on our campus, and our School for Children that begins serving children at age three); prepares early childhood teachers in general, special, and bilingual education; and offers an early childhood leadership preparation program geared specifically for leaders of early childhood settings.

This grant opportunity models an unprecedented level of interagency coordination which includes all segments of what is too-often a fragmented system of early care and education. New York State, under the leadership of Bob Frawley and Sherry Cleary as co-chairs of the Early Childhood Advisory Council, has made great strides in creating a quality rating and improvement system, QUALITYstarsNY, and outlining the essential knowledge, skills and dispositions for adults who teach and care for young children, the Core Body of Knowledge. The Early Learning Challenge Grant will allow the state to create an infrastructure for these fledgling systems, making them accessible and available to all children – with a particular emphasis on those who experience disadvantages of poverty, language or disability. In addition, the proposed work on developing high quality and appropriate comprehensive assessments for young children and for kindergarten readiness also has great potential for programs to better support children and their families.

Bank Street College will continue to assist decision-makers in New York State by supporting the policies that are based on sound professional practice with established outcomes for increasing the quality of learning experiences for young children. We stand ready to partner with others who share these goals.

Sincerely,

Jon Snyder
Dean of the College

Graduate School
of Education
School for Children
and Family Center
Division of
Continuing Education

610 West 112th St
New York NY
10025-1120

Tel 212 875-4597
212 875-4595
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C.W. POST CAMPUS
720 Northern Boulevard • Brookville, New York 11548-1300

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, New York 12224

Dear Governor Cuomo,

This letter is support for New York to receive funds from the Race to the Top: Early Learning Challenge grant. Long Island University has acted as the Community-Based Organization (CBO) to provide services for pre-kindergarten in the Wyandanch Union Free School District since September 2008. The Wyandanch Pre-K program is located in the La Francis Hardiman Elementary School. The Pre-K includes six classes under the New York State Universal Pre-K grant, with Long Island University servicing two of the six classrooms. We would like to expand these services by providing full day programs and parent workshops for our growing population of Latino families. Close to 75% of the students attending the Pre-K program are dual language learners.

The UPK teachers in the Long Island University portion of Wyandanch Union Free School District are bilingual and hold several N.Y.S. teaching certifications in: Early childhood education (B-2); Childhood (1-6); Students with disabilities (Birth-2, 1-6), Bilingual Extension, and TESOL. The other prekindergarten teachers are certified, but teacher assistants are not. Funds from the Early Learning Challenge grant would allow LIU to provide professional training to teacher assistants, leading to a B.A. degree in Early Childhood.

We need a comprehensive assessment program to monitor the curriculum goals and learning of children in New York State. The grant would allow New York to track students that move from one district to another, particularly children in low SES areas. Maryland State Department of Education is using a very successful comprehensive assessment tool.

In summary, this grant would allow our university to provide parent workshops to Latino families, professional training to teacher assistants, and work towards the development of a comprehensive assessment program to continually monitor children's progress.

Sincerely,
Lynn E. Cohen
Associate Professor



Division of Education | Department of Elementary & Early Childhood Education

October 5, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo,

I am writing this letter in support of New York receiving the Race to the Top: Early Learning Challenge grant. If we can get this grant, it will provide the state with a unique opportunity to address some of the issues involved in New York's early care and education (birth to second grade) system. At Queens College – CUNY, I am one of many educators of future teachers and teachers who are already in the field. However, as an Erikson Institute (Chicago) graduate and Wheelock College (Boston) graduate, it has been my pleasure to see New York actively involved in its commitment to young children and their families by addressing issues about the quality of care and education for our young children.

As you know, New York holds many diverse communities within its boundaries. Any plans for improvement will require us all to invest in the process of change. Therefore, I look forward to seeing how this initiative will unfold and how I may be able to contribute.

Please consider investing in New York City's families and its youngest most vulnerable citizens by accessing this grant.

Sincerely,

A handwritten signature in black ink that reads 'Cynthia Lashley'. The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Dr. Cynthia Lashley
Department of Elementary and Early Childhood
Queens College – CUNY PH054
65-30 Kissena Blvd
Flushing, NY 11367-1597
718.997-5044
cynthia.lashley@qc.cuny.edu



Office of the University Dean for Education

Office of Academic Affairs

535 East 80th Street

New York, NY 10075

Tel: 212-794-5570; Fax: 212-794-5706

October 7, 2011

Governor Andrew Cuomo
c/o Katie Campos, Assistant Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo,

I write to give my strongest support and endorsement to New York's Early Learning Challenge Grant. The primary components of the proposal will secure the major goal of this grant competition, to increase access for children, to high quality early childhood programs and services. The major elements of the proposal represent state-of-the-art thinking and best practices around early childhood learning. They include, among other things, the implementation of QUALITYstarsNY (a tiered quality rating and improvement system) and *New York Works for Children* (which includes a common statewide competency-based knowledge framework and addresses a range of approaches to foster skill, knowledge and ability in the early childhood workforce). Also to be accomplished through the grant, among other things, are the development and use of high quality early learning and development standards and the establishment of an early learning data system.

This proposal will have major, positive implications for the City University of New York (CUNY). CUNY has five Education Schools/Divisions and four additional Schools/Campuses with major departments of Education. Nearly all have teacher preparation programs in early childhood. Hence, we prepare hundreds of candidates to teach young children. The faculty in these schools and departments will be able to integrate the competencies described in the state's "Core Body of Knowledge" into coursework to ensure that the next generation of teachers is equipped with the knowledge, skills, and dispositions to support children - especially those in high need - to establish rich foundations for learning. The implementation of a quality rating and improvement system, such as QUALITYstarsNY, will create the support and impetus for early childhood programs to elevate their practice. Our experience at CUNY, with our own campus children's centers, is that when children receive excellence in care and practice, the chances of their success (and that of their families) increase dramatically. CUNY's investment in early childhood programs yields a better prepared future K-12 student and helps ensure that the parents of the children in our centers (i.e., current students) can maximize their college experience. The

establishment of an "early learning" data system will complement NYS's efforts and strength in establishing a P-20 data system, an initiative in which CUNY is also involved. Such a data system will enable NYS to achieve accountability in all its education systems and to improve these systems based on evidence and data.

The receipt of this grant will be of enormous benefit to the children and families of New York, as well as to CUNY. I am committed to working with CUNY Education Schools, Divisions, and departments, and with the NYS Education Department, to support all the initiatives embodied in the proposal.

Sincerely,

A handwritten signature in black ink, appearing to read "Joan Lucariello". The signature is written in a cursive style with a large initial "J".

Joan M. Lucariello, Ph.D.

University Dean for Education

Professor of Education and Developmental Psychology, Graduate Ctr.



The State University
of New York

October 18, 2011

The Honorable Andrew M. Cuomo
Governor of New York State
New York State Capitol Building
Albany, New York 12224

Johanna Duncan-Poitier
Senior Vice Chancellor
for Community Colleges
and the Education Pipeline

State University Plaza
Albany, New York 12246

www.suny.edu

Dear Governor Cuomo:

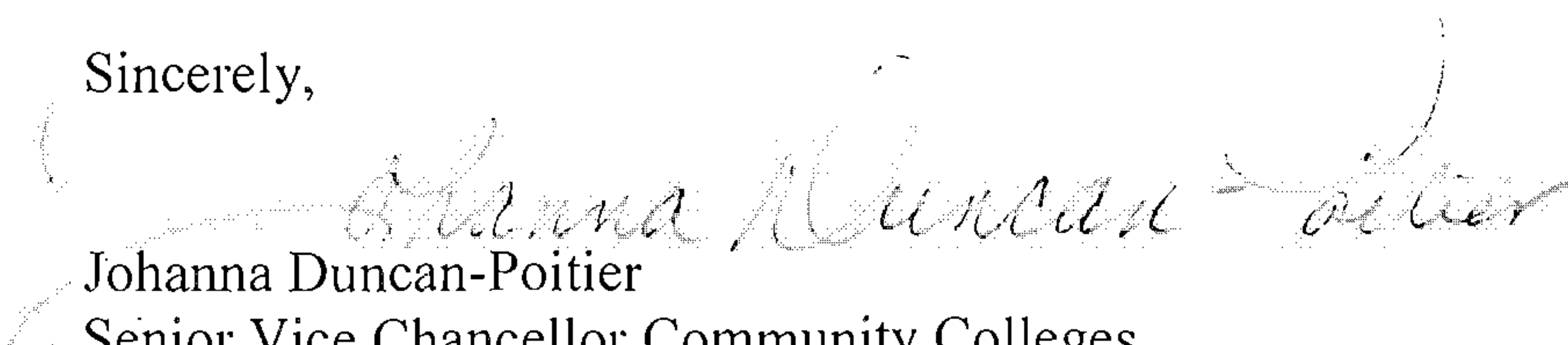
The State University of New York (SUNY) is pleased to support New York State's Race to the Top Early Learning Challenge Grant application to increase access to and improve quality of early learning and development programs. SUNY views the education system as a pipeline that extends from birth to retirement years. Quality early learning is the foundation for a successful academic career.

An important part of New York's grant application is the Core Body of Knowledge and the Early Learning Guidelines developed by the Early Childhood Advisory Council. The Core Body of Knowledge: New York State's Core Competencies for Early Childhood Educators outlines what professionals working with young children should demonstrate in their daily work to facilitate optimal physical, social, emotional, and cognitive development for the children in their care. The Early Learning Guidelines detail how students develop so professionals can build relationships that help individual children feel safe and secure and support their learning as well as their sense of competence and confidence as learners.

Consistent with your support of early learning education programs, SUNY believes it is essential for professionals and prospective early childhood educators to have a solid knowledge of how children grow and develop as the cornerstone of informing quality early childhood practice. Our support of the State's grant application represents a continued commitment toward elevating the field of early childhood education to reflect the growing need for high-quality early care instruction and education.

We appreciate the opportunity to submit this letter in support of New York State's Race to the Top Early Learning Challenge Grant application. Providing quality early learning opportunities is essential for the State to continue to be competitive in the 21st century global economy.

Sincerely,


Johanna Duncan-Poitier
Senior Vice Chancellor Community Colleges
and the Education Pipeline

To Learn
To Search
To Serve





EMPIRE STATE COLLEGE

STATE UNIVERSITY OF NEW YORK

October 13, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

To the Honorable Governor Andrew Cuomo:

SUNY Empire State College is proud to submit this letter in support of the grant application for the Race to the Top: Early Learning Challenge initiative.

At SUNY Empire State College, one of our key goals is to expand services and educational opportunities for early childhood care professionals across New York. In keeping with that goal, the college fully supports the vision and initiatives outlined within the application for the Race to the Top: Early Learning Challenge initiative.

SUNY Empire State College offers associate and bachelor's degree programs at 35 locations across New York State and online through our Center for Distance Learning. In particular, we are proud to offer concentrations in early childhood studies and early childhood administration, serving significant numbers of teachers, paraprofessionals, and early childhood caregivers. Our curriculum is carefully designed to complement and support the state's efforts to enhance the educational and professional qualifications of the early childhood workforce.

Indeed, we have seen the rewards of collaborative approaches that address the health, behavioral and developmental needs of young children. We believe that implementation of QUALITYstarsNY and *New York Works for Children* will ensure that the vision we share for all children is met. The systemic use of measurements and data that enable development of appropriate standards, assessments and support mechanisms to engage families at the beginning of early learning, as outlined in the Race to the Top: Early Learning Challenge proposal is a critically important part reaching this goal.

As a member of the prestigious State University of New York, and as a unique provider of educational opportunities for adults who must balance the multiple demands of work, family, and lifelong learning, we pledge our support for this initiative. Our early childhood care faculty members are recognized for their expertise in this area and have formed a wide network

of relationships in communities throughout the state. It is our privilege to be a part of this initiative and to help expand its impact across the state through these networks.

We look forward to working as a partner to assure that every child in New York matters.

Sincerely,

A handwritten signature in cursive script that reads "Meg Benke".

Meg Benke, Ph.D.
Provost/Vice President for Academic Affairs
SUNY Empire State College

Legislators



THE ASSEMBLY
STATE OF NEW YORK
ALBANY

SHELDON SILVER
Speaker

Room 932
Legislative Office Building
Albany, New York 12248
(518) 455-3791

October 18, 2011

The Honorable Andrew M. Cuomo
Governor
State of New York
Executive Chamber -- State Capitol Building
Albany, New York 12224

Dear Governor Cuomo:

I am writing to express my support for New York's Race to the Top – Early Learning Challenge Grant application. The Assembly Majority has long championed the promotion of access to early childhood learning opportunities including the creation of the Learning, Achieving, Developing by Directing Educational Resources (LADDER) program which established the first pre-kindergarten program for all four-year-olds in the nation and provided funding incentives for schools to convert to full-day kindergarten. Today, the Universal Pre-kindergarten program serves an estimated 100,000 children in New York State, and nearly all districts serve kindergarteners in full-time settings.

Our strong commitment over the years acknowledges the importance of investing in early childhood learning and development in order to encourage future educational achievement. This funding would further New York's efforts to improve the quality of early learning and development programs that provide each child with the early educational experience he or she must receive as a solid foundation for future academic and economic success.

I particularly praise the grant's emphasis on state efforts to "build a system that increases the quality of early learning and development programs for children with high needs so that they enter kindergarten ready to succeed." Reducing the student achievement gap and increasing academic performance in high-need and traditionally underserved student groups are among the greatest priorities for the Assembly Majority and I applaud efforts to promote access to high-quality early learning and development programs so that these students are able to begin their school years with the support necessary to continue achievement.

New York State is a leader in the education and development of its youngest citizens and will remain so with this successful application.

Sincerely,

SHELDON SILVER
Speaker

CATHERINE T. NOLAN
Chair, Assembly Standing Committee on Education



JOEL M. MILLER
Assemblyman, 102nd District

THE ASSEMBLY
STATE OF NEW YORK
ALBANY

RANKING MINORITY MEMBER
Committee on Education

COMMITTEES
Rules
Higher Education
Election Law
Health

ASSEMBLY MINORITY TASK FORCES
Co-Chair, Real Property Tax Reform
Crime in our Communities
Sex Offender Watch
Medical Fraud, Waste and Abuse

MEMBER
Joint Legislative Committee on
Homeland Security
New York State Assembly
Intern Committee

October 14, 2011

The Honorable Andrew M. Cuomo
Governor of New York State
NYS State Capitol Building
Albany, New York 12224

Re: Race to the Top Early Learning Challenge Grant

Dear Governor Cuomo:

I am writing in support of the U.S. Department of Education's Race to the Top/ Early Learning Challenge. New York State was a pioneer in early education by establishing Pre-K programs in the 1990s. The above mentioned grant is an opportunity for New York State to take the next important step in improving the quality, as well as access to early learning and care for New York school children.

It has been said that investing in early learning returns \$7 for every \$1 spent in the state. Research by Nobel Prize economist James Heckman also finds early learning to be one of the most valuable steps New York can take to reduce poverty and build up under-resourced communities. With this grant, New York State will accomplish the following priorities:

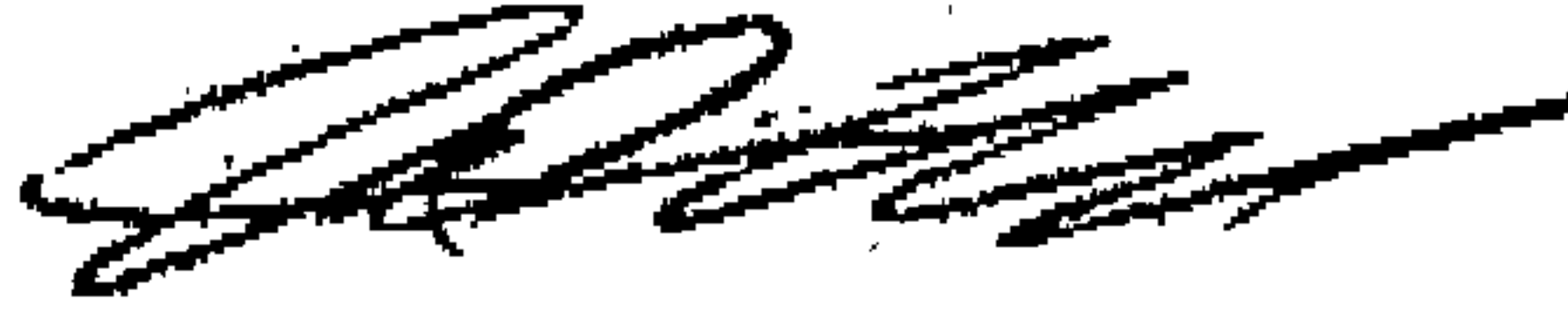
1. Increase the number of high-quality early learning and development programs for New York school children, especially those with high needs, as measured by the program rating and improvement tool, QUALITYStarsNY.
2. Improve the quality of the early learning workforce.
3. Stop the achievement gap before it starts. We will do this by thoroughly preparing children for Kindergarten and put them on course for a successful academic career, as measured by proficiency in elementary school (third grade ELA/Math state tests).

Education is one key to a successful future. Accomplishing these priorities is a must if we truly want to break the shackles of poverty. By making sure that each child, regardless of economic background, has the opportunity to succeed academically and therefore increase the likelihood of future success it would be prudent to invest in their future while they are still young.

I believe an intensive focus on early learning is worthy of greater federal and state investment. It is important that high-quality early learning and development programs are the foundation for ensuring that more of New York's children graduate from college.

As always, if my staff or I can be of any assistance, please do not hesitate to contact us at 845-463-1635.

Sincerely,



JOEL M. MILLER

M/A 102nd A.D.

Ranking Member of the Assembly Education Committee

JMM/shm



THE ASSEMBLY
STATE OF NEW YORK
ALBANY

COMMITTEES
Banks
Children and Families
Consumer Affairs and Protection
Education
Housing
Mental Health

KARIM CAMARA
Assemblyman 43RD District
Kings County

Honorable Andrew Cuomo
Governor of New York State
New York State Capitol Building
Albany, NY 12224

October 17, 2011

Dear Governor Cuomo,

I write to applaud you on your foresight and leadership as New York State seeks the Race to the Top Early Learning Challenge Grant. Our education system is of paramount importance to me and I am thrilled that New York State is looking to improve its early childhood education with a unique multi layer approach that will prove exceptionally beneficial for our children.

I am pleased to know that New York States proposal aims to increase the number of high quality early learning and development programs by scaling up its newly implemented QUALITYStarsNY. With this tool, the State will be able to identify highly successful early learning programs and have them serve as a best practices model for others. Additionally, the States work to improve the overall quality of the early learning workforce through recruitment, increased training and professional development is admirable. Lastly, and perhaps most importantly is the States endeavor to stop the achievement gap before it starts with an ambitious Kindergarten Entry Assessment for all public Kindergarten programs, which will then be linked to other longitudinal data for an accurate assessment of program performance.

I commend you Governor for entering into such an ambitious yet achievable plan to improve early childhood education. As research shows early learning is one of the best tools we have to reduce systemic poverty and increase quality of life for our children. I am willing to assist in any way I can to see the Race to the Top Early Learning Challenge Grant come to New York State and begin to benefit our children.

Sincerely,

Karim Camara
Member of the Assembly
Chair, New York State Black, Puerto Rican, Hispanic and Asian Legislative Caucus



THE ASSEMBLY
STATE OF NEW YORK
ALBANY

CHAIRWOMAN
EDUCATION COMMITTEE

COMMITTEES
Rules
Veterans
Ways & Means
Corporations, Authorities & Commissions

CATHERINE NOLAN
37TH Assembly District
Queens County

October 17, 2011

Honorable Andrew M. Cuomo
Executive Chamber
Capitol
Albany, New York

Dear Governor Cuomo:

As Chair of the Assembly Standing Committee on Education, it is my pleasure to support New York's participation in Race to the Top/Early Learning Challenge. The Assembly, under the leadership of Speaker Sheldon Silver, has long supported early childhood education, launching the Learning, Achieving, Developing by Directing Educational Resources (LADDER) program more than ten years ago. Today pre-kindergarten programs serve children in more than 400 school districts throughout the state. With funding through Race to the Top/Early Learning Challenge, New York will be able to advance quality, early childhood education programs.

My colleagues in the Assembly and I are committed to the best education for all New Yorkers. This includes early childhood learning which, as research convincingly demonstrates, helps children succeed in school and life. A good start is a good investment. If New York can increase access to high-quality learning programs for children, especially those at risk, and advance professional development for the early childhood education workforce, it can give children the good start they need to learn, achieve and succeed.

The goals outlined in the state's proposal offer a vision for early childhood education. Of course, there will be challenges. New York has always had ambitious goals for education but has not always had the resources to fulfill its ambition. Nevertheless, the Assembly Education Committee looks forward to working with you to make universal access to high-quality, early childhood learning and development programs a reality in New York State.

Sincerely,

Catherine Nolan

cc: Honorable Sheldon Silver, Speaker of the New York State Assembly
Honorable Herman D. Farrell, Jr., Chair, Assembly Committee on Ways and Means

□ District Office – 61-08 Linden Street, Ridgewood, New York 11385 • (718) 456-9492, FAX (718) 417-4982

□ District Office – 41-02 Queens Boulevard, Suite 2B, Sunnyside, New York 11104 • (718) 784-3194

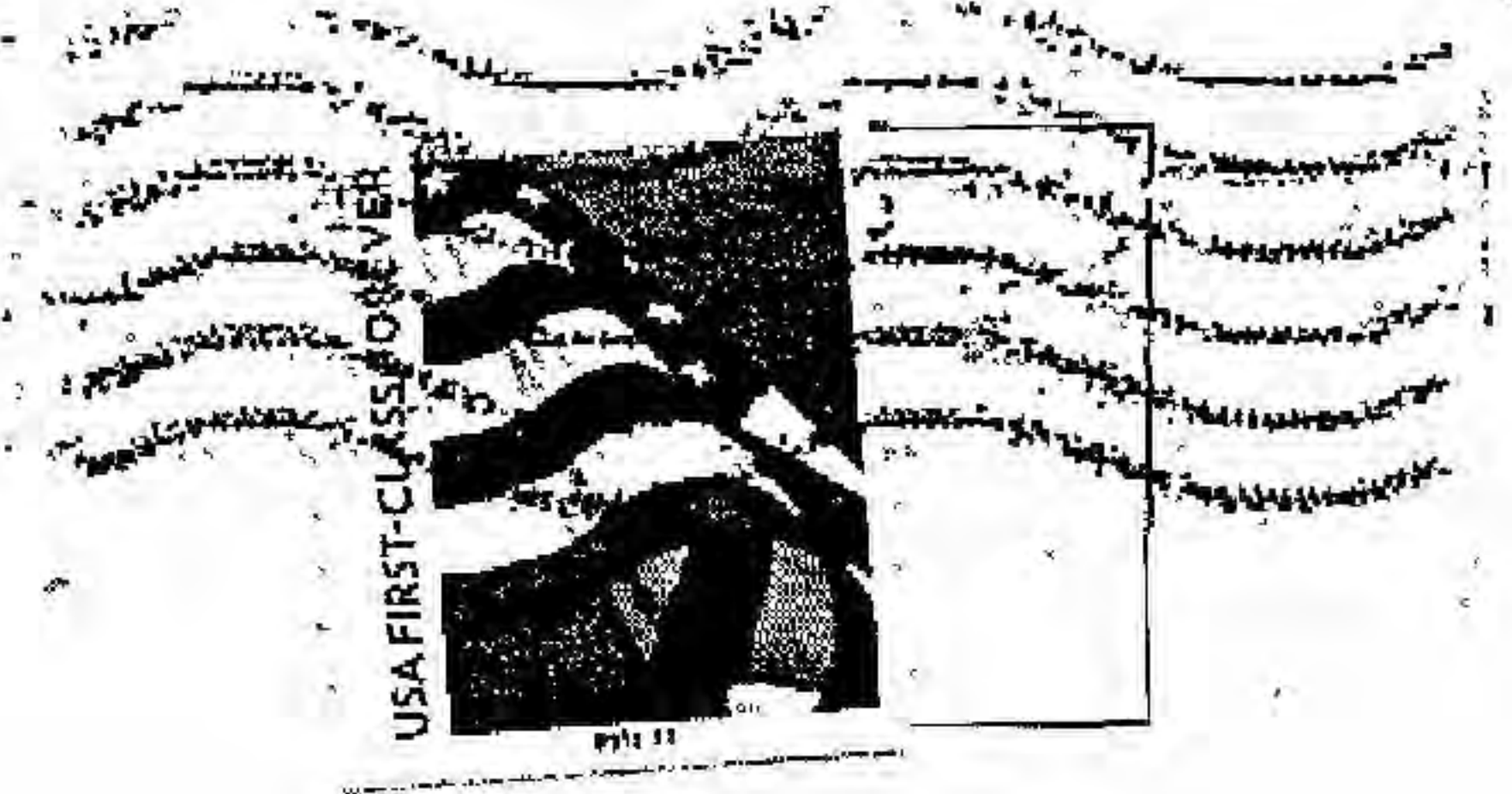
□ Room 836, Legislative Office Building, Albany, NY 12248 • (518) 455-4851, FAX (518) 455-3847

E-mail: nolanc@assembly.state.ny.us

Parents

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**Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224**

Race to the Top: Early Learning Challenge Grant Application

Dear Governor Cuomo:

Please continue to fight for the future of our youngest NYers. Help us fund programs that standardize our data collections, evaluations and give every child a fair start.

Sincerely,

Natalie Abramson

Return Address:

(b)(6)



**Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224**

Race to the Top: Early Learning Challenge Grant Application

Dear Governor Cuomo:

AS A PARENT OF A FOUR YEAR OLD AND AN EARLY CHILDHOOD EDUCATOR I WOULD LIKE TO WRITE THIS LETTER OF SUPPORT FOR THE GRANT THAT NY HAS APPLIED FOR. IT IS NO SECRET THAT EARLY CHILDHOOD EDUCATION IS ESSENTIAL FOR CHILDREN TO HAVE EXPERIENCED BEFORE ENTERING KINDERGARTEN. ASIDE FROM PRE-ACADEMIC AND SOCIAL PREPAREDNESS IT OFFERS, IT ALLOWS CHILDREN TO ENTER THEIR KINDERGARTEN ROOM READY TO TAKE ON THE CHALLENGES OF THIS CHANGE IN THEIR LIVES. WE MUST FOCUS ON THE QUALITY OF ALL PROGRAMS.

Sincerely,

Deborah Jones

I believe that

supporting all children and their various needs



Bonnie Lou Mallonga, Ph.D.
Chief Operating Officer

September 30, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo,

We, the parents and staff of the children of 1199SEIU Child Care Corporation, write to you in support of the Early Learning Challenge Grant initiative based upon our individual and collective priorities, goals, and experiences in our Early Childhood Education Community-Based Organization. This is one of the soundest investments that can be made—and one that should be made as soon as possible. Certainly, the youngest citizens of New York State could use that \$100 million to have the early childhood system further built and enhanced!

We are pleased that our Governor announced his decision to apply for this opportunity in July of 2011 and has made it a priority of his education agenda. This new initiative represents an unprecedented opportunity for New York to develop a continuum of education that truly begins at birth and lasts a lifetime. Specifically, this grant will provide the essential infrastructure and tools to promote school readiness for all children, especially those with high needs.

Our facility, 1199 Future of America Learning Center located at 2500 Creston Avenue, Bronx, NY currently serving more than a hundred young children, can certainly benefit from this initiative. Access for children from the broader community to our high quality program can be increased. Through the quality rating and improvement system, our center along with all the community-based organizations in the Bronx can continue to get support in our projects that allow for family engagement and workforce development. Furthermore, such initiative can place the Bronx and the 4 other boroughs on the top list of excellence and high quality in early childhood education.

As parents, we know that our active participation and support are critical to New York's success in this effort. We have seen the tremendous impact of quality early childhood education for our children academically, socially and emotionally. With this initiative, we will secure a better future for our youth.

We, parents, staff and friends of 1199 Future of America Learning Center whole-heartedly, are in support of the \$100 million federal grant to help build a statewide, coherent system of Early Care and Education in New York State.

Sincerely,

Jacqueline Rodriguez

Peter Beauvais

Pls. SEE ABOVE

1199 Future of America Learning Center
PARENTS, STAFF AND FRIENDS IN SUPPORT OF THE
EARLY LEARNING CHALLENGE GRANT

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1199 Future of America Learning Center
PARENTS, STAFF AND FRIENDS IN SUPPORT OF THE
EARLY LEARNING CHALLENGE GRANT

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1199 Future of America Learning Center
PARENTS, STAFF AND FRIENDS IN SUPPORT OF THE
EARLY LEARNING CHALLENGE GRANT

	NAME	ADDRESS
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1199 Future of America Learning Center
PARENTS, STAFF AND FRIENDS IN SUPPORT OF THE
EARLY LEARNING CHALLENGE GRANT

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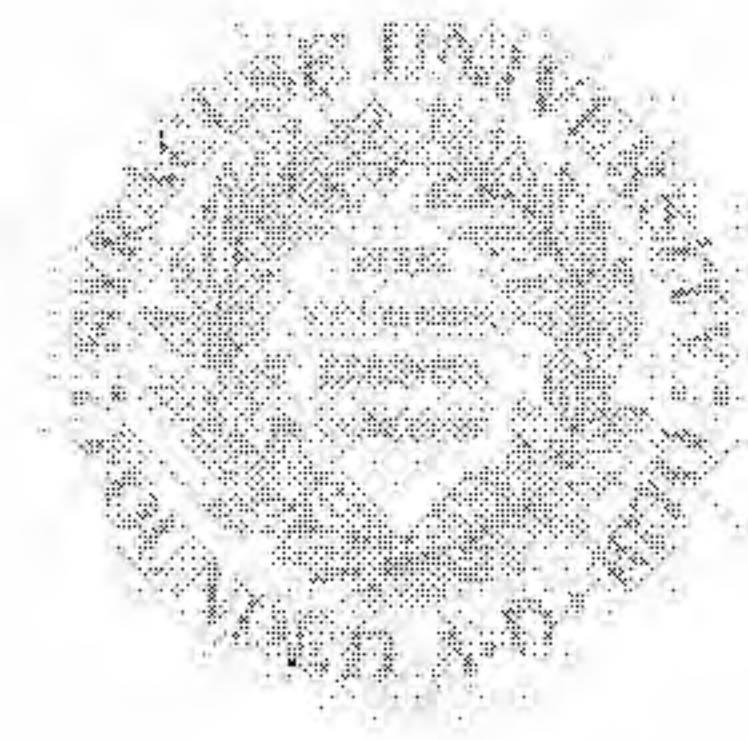
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October 5, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo,

I write to you today to express my enthusiastic support for New York's Early Learning Challenge Grant application. As the working mother of a newborn and a toddler and a board member of Child Care Solutions in Syracuse, high quality early childhood education is extremely important to me and my family. In visiting many childcare facilities in my search for care for my children, I have seen standards of care and education that vary greatly. Without a formalized assessment and rating system in place, it is difficult for us as parents to be assured that our children are getting what they need in the hours they are in the care of others.

By implementing a quality rating and improvement system that will integrate all facets of children's development and education, New York will ensure that all children, no matter where they are cared for, will be provided with the essential services and support needed to thrive in their pre-school years. It will provide parents with piece of mind and enable us to do our jobs knowing that our children will be well-prepared when it is time for them to go to school.

We know that early childhood education sets the stage for success over a lifetime. In these formative years children learn to move, to communicate, to socialize with others, and to navigate the world around them. Funding of this grant will allow NY to implement essential programs such as *QUALITYstarsNY* and *New York Works for Children* to ensure that the facilities and professionals we entrust with our children are well-prepared to meet their needs and help them thrive now, in their school years, and beyond.

Thank you for making this important issue a priority, the children truly are our future and the more we do to support them now, the brighter that future will be for all of us.

Sincerely,

(b)(6)

Melissa Whipps

Melissa J. Whipps | Assistant Director | Foundation Relations

820 Comstock Avenue, Suite 100 / Syracuse, New York 13244-5040 / 315.443.3810 / mjwhipps@syr.edu

September 28, 2011

Governor Cuomo,

I am writing you to show my support for the Early Learning Challenge Grant. My child attends Sandy Creek Daycare in Holley, New York. I am pleased with the care my child receives and I believe the staff at Sandy Creek is trying to grow a better childcare facility by

- Implementing Quality Stars NY, our tiered quality rating and improvement system.
- Developing and using high quality early learning and development standards.
- Showing support of effective use of comprehensive assessment systems.
- Addressing health, behavioral, and developmental needs of children, including early identification of needs and referral to services on a timely basis.
- Engaging and supporting families within early care and learning programs.
- Building an early learning data system.

It has been brought to my attention that my child and Sandy Creek Daycare could benefit from ELCG. Please show your support in passing the Early Learning Challenge Grant .

Thank You.

(b)(6)

Concerned Parent

Linda Martini

(b)(6)

Department of Health and Human Services and Department of ED
Washington DC

To whom it may concern,

I am writing this letter in full support of New York State's proposal for the Early Learning Challenge Grant. I am a proud parent and want the best for my child(ren) and the children of all New Yorkers. New York has been steadily improving quality and accessibility for our youngest citizens. The Early Care and Learning Grant will allow those efforts to be efficiently and effectively expanded throughout the state to ensure that the children with the highest need will have access to high quality early care and education.

I feel good knowing that New York's child care facilities are inspected, regulated and licensed by the Office of Children & Family Services' Division of Child Care Services. They are dedicated to maintaining a high standard of care and providing information to me as a parent, as well as to providers.

I am excited about QUALITYstarsNY, New York State's quality rating and improvement system. This will give parents like me a compass to follow when looking for quality care. It will also give child care providers guidance, support and encouragement for quality improvement.

I am glad that the New York State Department of Education has adopted prekindergarten learning standards that address the five domains of child development. These standards not only address the importance of quality early education, they are great leap forward in the alignment between early and elementary education.

I feel supported knowing that as a parent, I can turn to the Early Care & Learning Council or my local Child Care Resource & Referral agency for information, guidance, training and so much more. They are part of a statewide network so I know that all New York parents have this resource.

I know that quality early childhood experiences are good for all of our children because it means they will be less likely to have special needs, less likely to drop out of high school, less likely to be teen parents, less likely to be incarcerated and more likely to develop the skills they need to be critical thinkers and productive contributors to our communities, state and the world.

I am encouraged by New York's hard work on behalf its children, but there is so much more than can be done. The Early Learning Challenge Grant is just the boost we need to take the next steps in providing the right first steps for all our children.

Sincerely,

(b)(6)

Donna Wood

(b)(6); (b)(7)(C)

September 28, 2011

Department of Health and Human Services and Department of ED
Washington DC

To whom it may concern,

I am writing this letter in full support of New York State's proposal for the Early Learning Challenge Grant. I am a proud educated parent and want the best for my children and the children of all New Yorkers. New York has been steadily improving quality and accessibility for our youngest citizens. The Early Care and Learning Grant will allow those efforts to be efficiently and effectively expanded throughout the state to ensure that the children with the highest need will have access to high quality early care and education.

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I am glad that the New York State Department of Education has adopted prekindergarten learning standards that address the five domains of child development, I only wish that all programs could run all day. These standards not only address the importance of quality early education, they are great leap forward in the alignment between early and elementary education.

I feel supported knowing that as a parent, I can turn to the Early Care & Learning Council or my local Child Care Resource & Referral agency for information, guidance, training and so much more. They are part of a statewide network so I know that all New York parents have this resource.

I know that quality early childhood experiences are good for all of our children because it means they will be less likely to have special needs, less likely to drop out of high school, less likely to be teen parents, less likely to be incarcerated and more likely to develop the skills they need to be critical thinkers and productive contributors to our communities, state and the world.

I am encouraged by New York's hard work on behalf its children, but there is so much more than can be done. The Early Learning Challenge Grant is just the boost we need to take the next steps in providing the right first steps for all our children.

Sincerely,

(b)(6)

Donna Wood

Community Member

Shirley Herrick

(b)(6)

Department of Health and Human Services and Department of ED
Washington DC

To whom it may concern,

I am writing this letter in full support of New York State's proposal for the Early Learning Challenge Grant. I am a proud aunt and want the best for my nieces and nephews and the children of all New Yorkers. New York has been steadily improving quality and accessibility for our youngest citizens. The Early Care and Learning Grant will allow those efforts to be efficiently and effectively expanded throughout the state to ensure that the children with the highest need will have access to high quality early care and education.

I feel good knowing that New York's child care facilities are inspected, regulated and licensed by the Office of Children & Family Services' Division of Child Care Services. They are dedicated to maintaining a high standard of care and providing information to me as an aunt, as well as to providers.

I am excited about QUALITYstarsNY, New York State's quality rating and improvement system. This will give parents a compass to follow when looking for quality care. It will also give child care providers guidance, support and encouragement for quality improvement. I am a big advocate to parents to start demanding high quality child care.

I am glad that the New York State Department of Education has adopted prekindergarten learning standards that address the five domains of child development. These standards not only address the importance of quality early education, they are great leap forward in the alignment between early and elementary education.

I feel supported knowing I can turn to the Early Care & Learning Council or my local Child Care Resource & Referral agency for information, guidance, training and so much more. They are part of a statewide network so I know that all New York parents have this resource.

I know that quality early childhood experiences are good for all of our children because it means they will be less likely to have special needs, less likely to drop out of high school, less likely to be teen parents, less likely to be incarcerated and more likely to develop the skills they need to be critical thinkers and productive contributors to our communities, state and the world.

I am encouraged by New York's hard work on behalf its children, but there is so much more than can be done. The Early Learning Challenge Grant is just the boost we need to take the next steps in providing the right first steps for all our children.

Sincerely,

(b)(6)

Elizabeth O'Brien

(b)(6)

October 4, 2010

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo:

Thank you for applying to the Race to the Top: Early Learning Challenge grant. As a parent of two young children, I wanted to express my support for this effort. My children, 4 and 1, attend Hanson Place Child Development Center in Brooklyn. Earlier this year, the center served as a field test location for QUALITYstarsNY program.

Hanson Place is wonderful center, with long-tenured, creative teachers who really nurture the children. The teachers have challenged my sons to meet their full potential at every stage of their development, encouraging walking in my 1-year-old and pre-reading skills in my 4-year-old. It gives my husband and I enormous peace of mind to have our children cared for at such a great school. We feel like we've won the lottery--and indeed, we have. There are too few of these quality programs, and we want every family to have access to one.

I think the Race to the Top grant could make our strong school even stronger. In particular, the statewide kindergarten assessment would really benefit families—including ours!— as they prepare to navigate the daunting public school admissions process in New York City.

Thank you for your commitment to education. This grant represents an enormous opportunity for the parents of New York, and I hope we can bring it home!

Sincerely,

(b)(6)

Elizabeth O'Brien

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

I am writing you in support of an application to the Federal Departments of Education and Health and Human Services for the Race to the Top: Early Learning Challenge, a grant that would greatly benefit New York's youngest citizens and their families. This new initiative represents an unprecedented opportunity for New York to develop a continuum of education that truly begins at birth and lasts a lifetime. This grant will provide the essential infrastructure and tools to promote school readiness for all children. This new funding can play an integral role in how education services are provided, thus ensuring a positive future for our state's youngest citizens.

As a working mother of a two-year old and an early childhood education advocate I know that implementing a solid, statewide infrastructure will provide a better conduit of how educational opportunities are administered throughout New York State. As a life-long resident of New York State I also feel that it is imperative that NYS set the bar and lead by example when it comes to quality education.

Implement QUALITYstarsNY, NY's quality rating and improvement system that will:

- provide resources to improve the quality of participating early care and learning programs
- provide parent consumers with quality information to help them when choosing programs for their children
- Develop and use high quality early learning and development standards so there is a common understanding of what young children need to learn
- Support effective use of comprehensive assessments, including a common state-wide kindergarten entry assessment so teachers will know how best to address the individual needs and skills of all children
- *Address health, behavioral, and developmental needs of children, including early identification of needs and timely referral to services*
- Engage and support families within early care and learning programs
- Implement New York Works for Children, which will include a range of approaches to develop skill, knowledge and ability in the early childhood workforce
- Build an early learning data system so we have the information we need to support and improve early care and learning programs in NY State

All children in New York State deserve a quality learning experience starting at birth and beyond whether they live in New York City or Watertown. This grant is an opportunity to do this.

Sincerely,

(b)(6)

Christina Hann Szydlik

Carla Hibbard

(b)(6)

September 30, 2011

Department of Health and Human Services and Department of ED
Washington DC

To whom it may concern,

I am writing this letter in full support of New York State's proposal for the Early Learning Challenge Grant. I am a proud grandparent of two boys, (Caleb and Colin) and want the best for my grandchildren and the children of all New Yorkers. New York has been steadily improving quality and accessibility for our youngest citizens. The Early Care and Learning Grant will allow those efforts to be efficiently and effectively expanded throughout the state to ensure that the children with the highest need will have access to high quality early care and education.

I feel good knowing that New York's child care facilities are inspected, regulated and licensed by the Office of Children & Family Services' Division of Child Care Services. They are dedicated to maintaining a high standard of care and providing information to me as a parent, as well as to providers. I am also pleased that New York State Department of Education has adopted prekindergarten learning standards that address the five domains of child development. These standards not only address the importance of quality early education, they are great leap forward in the alignment between early and elementary education.

The thing that encourages and excites me the most is QUALITYstarsNY; New York State's quality rating and improvement system. This will give all parents like my daughter a compass to follow when looking for quality care. It will also give child care providers guidance, support and encouragement for quality improvement.

I know that quality early childhood experiences are good for all of our children because it means they will be less likely to have special needs, less likely to drop out of high school, less likely to be teen parents, less likely to be incarcerated and more likely to develop the skills they need to be critical thinkers and productive contributors to our communities, state and the world.

I am encouraged by New York's hard work on behalf its children, but there is so much more than can be done. The Early Learning Challenge Grant is just the boost we need to take the next steps in providing the right first steps for all our children.

Sincerely,

(b)(6)

September 28, 2011

Governor Cuomo,

I am writing you to show my support for the Early Learning Challenge Grant. My child attends Sandy Creek Daycare in Holley, New York. I am pleased with the care my child receives and I believe the staff at Sandy Creek is trying to grow a better childcare facility by

- Implementing Quality Stars NY, our tiered quality rating and improvement system.
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- Engaging and supporting families within early care and learning programs.
- Building an early learning data system.

It has been brought to my attention that my child and Sandy Creek Daycare could benefit from ELCG. Please show your support in passing the Early Learning Challenge Grant .

Thank You,

(b)(6)

Concerned Parent

September 28, 2011

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- Building an early learning data system.

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Thank You,

(b)(6)

Concerned Parent

October 6, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber State Capitol
Albany, NY 12224

Dear Governor Cuomo:

I am a parent of two school-aged sons who have utilized the services of a quality child care center in our area during their preschool years and I now have a baby girl at home. Prior to my sons attending the center, I provided child care for two additional children in my home and before my daughter was born, I served as a director of a child care center. I used to teach CDA as a contracted trainer for the Mid-York Child Care Coordinating Council. I now teach early childhood education classes at our local community college. I also served on a committee focused on preparing preschoolers for Kindergarten readiness.

As you can see, I have a wide variety of experience with child care, as a consumer, a provider, a director, adult educator and community member. In every instance, it is clear that every kind of child care program, whether home or center based suffers from lack of funding....funding for all of the things that improve quality, such as salaries to attract and retain qualified staff, professional development opportunities to remain current on best practices in early care and education, updated equipment and supplies to support developmentally appropriate activities for children and curriculum that will support optimal development of children. Our society is fortunate that many who elect to make their career in early childhood education do not do it for the money and often dig deep into their own pockets to buy program supplies and toys, thus subsidizing the program to defray the true cost of providing quality care. Quality programs seek out and develop opportunities to engage parents, an integral component of a child's development and education. There is absolutely no extra money left from tuition to obtain assessments for children suspected of needing additional services and even more difficult to pay for supportive services to help children (and families) that have behavioral, health or financial issues. Even when children are from a low-income family (therefore eligible for assistance), there is a dearth of supportive service personnel available in our area.

I served on a committee to address the issue of kindergarten readiness, and it became apparent that the standards by which children are assessed vary greatly from one school district to another. If your center or home based child care program serves children from multiple school districts, it is mind boggling to ascertain the best practice for preparing children for kindergarten. It is also difficult to prepare parents to navigate the wide range of methods employed by school districts to facilitate kindergarten transition.

I am writing to express my full support of the NYS proposal to apply for the Early Learning Challenge grant. I enthusiastically anticipate the infusion of funds to the early care and learning sector for support of a comprehensive quality initiative that will address many of the issues that I have described and more. I am a firm believer that learning begins at birth and there is no more important investment that can be made in our nation's future than solid support for comprehensive, quality early care and education for our youngest citizens. I applaud the governor's office for recognizing the need to support this important issue.

Sincerely,

(b)(6)
Tanya Gadziala

(b)(6)

Nicole Beatty
President of the CAS Head Start Parent Policy Council Committee

September 30, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary of Education
Executive Chamber
State Capital
Albany, New York 12224

Dear Governor Cuomo:

My name is Nicole Beatty and I am the Children's Aid Society Parent Policy Council President. The Children's Aid Society's early childhood programs currently serve over 600 children ages 0-5 through Early Head Start, Head Start, UPK and child care funding. As the Parent Policy President for these programs, I am delighted to provide this letter of support for New York State's proposal for an Early Learning Challenge grant.

As a parent of a Head Start child, I know the power that early childhood programs can have on young children and their families. Throughout the time my child was in the program, I saw her blossom both in terms of her physical development as well as in her language and literacy abilities. In working with the parent leadership committee, I have seen the impact that supportive staff can have on ways in which families support children's learning and promote health in the home.

Moreover, in the Spring of 2011 I was trained to use the ECERS to help complete our program's mandated self-assessment. Learning to use this tool was an illuminating experience for me as I learned how to gauge what high quality early childhood programming looks like. I have begun to share my knowledge with other parents in the community as I help them find quality programs for their own children.

An Early Learning Challenge grant is critical to the success of our future generations of children in New York City.

Sincerely,

(b)(6)

Nicole Beatty

Parents of The Water Hole
Club Fed Child Care Center, op by
Victory Child Care, Inc.
Leo W. O'Brien Federal Building
11A Clinton Avenue
Albany, New York 12207

October 11, 2011

Governor Andrew Cuomo
c/o Katie Campus,
Asst. Secretary for Education
Executive Chamber
State Capital
Albany, New York 12224

Dear Governor Cuomo,

We are writing to you in support of New York State's application for *Race to the Top: Early Learning Challenge*.

We understand the *Race to the Top: Early Learning Challenge* Application is to secure a federal grant to support the early care and education system in New York State, including the implementation of QUALITYstarsNY.

As parents of children enrolled at Club Fed Child Care Center, op by Victory Child Care, Inc., a National Association for the Education of Young Children (NAEYC) accredited program; we know first-hand of the importance of the QUALITYstarsNY initiative. "Club Fed" was a field test program for the QUALITYstarsNY pilot and our children have benefited greatly from participation. What is so remarkable about QUALITYstarsNY is that we saw even a NAEYC accredited program grow because of their involvement.

As the parents of school-age children, we have seen "Club Fed's" program grow significantly in their ability to provide quality care to school-age children – we see a much more stimulating literacy program and improved enrichment program that has enhanced my school-age child's learning, due to participation in QUALITYstarsNY.

As parents, we know that all children in New York State will benefit from participation in QUALITYstarsNY, as the overall quality of programs will increase, just as they did at "Club Fed". As an added benefit, we as parents can be better informed about quality programs and how to find them.

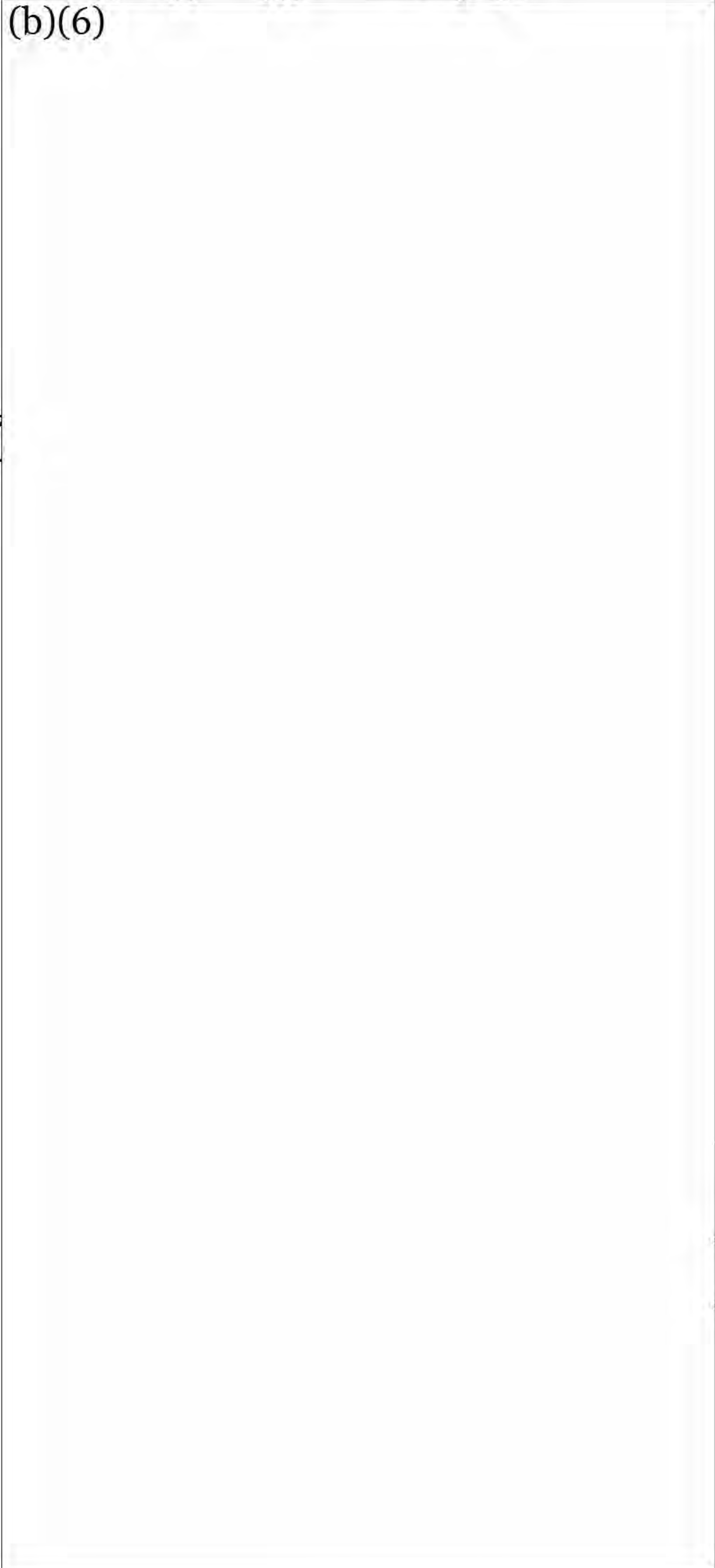
If you would like to see our program at work, just take a look at the QUALITYstarsNY video, the children and program of "Club Fed" are exclusively showcased.

This is an exciting time to be a child in New York State. Our signature below indicates our ardent support of New York State's application for *Race to the Top: Early Learning Challenge*.

Warmest Regards,



(b)(6)



Parents of The Water Hole

Parents of Camp Mighty Redwood
Club Fed Child Care Center, op by
Victory Child Care, Inc.
Leo W. O'Brien Federal Building
11A Clinton Avenue
Albany, New York 12207

October 11, 2011

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c/o Katie Campus,
Asst. Secretary for Education
Executive Chamber
State Capital
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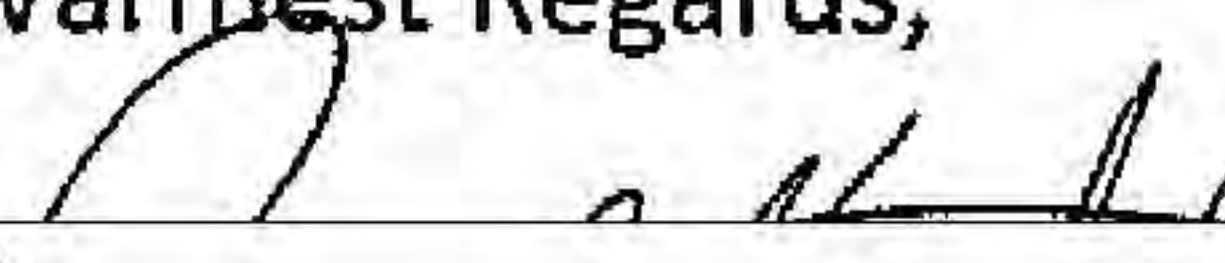
As the parents of pre-kindergarteners, we have seen "Club Fed's" program grow significantly in their ability to provide quality care to pre-kindergarteners – we see a much more stimulating literacy program and an enriched curriculum, aligned with New York State Core Pre-Kindergarten Standards, that has enhanced my pre-kindergartener's learning, due to participation in QUALITYstarsNY.

As parents, we know that all children in New York State will benefit from participation in QUALITYstarsNY, as the overall quality of programs will increase, just as they did at "Club Fed". As an added benefit, we as parents can be better informed about quality programs and how to find them.

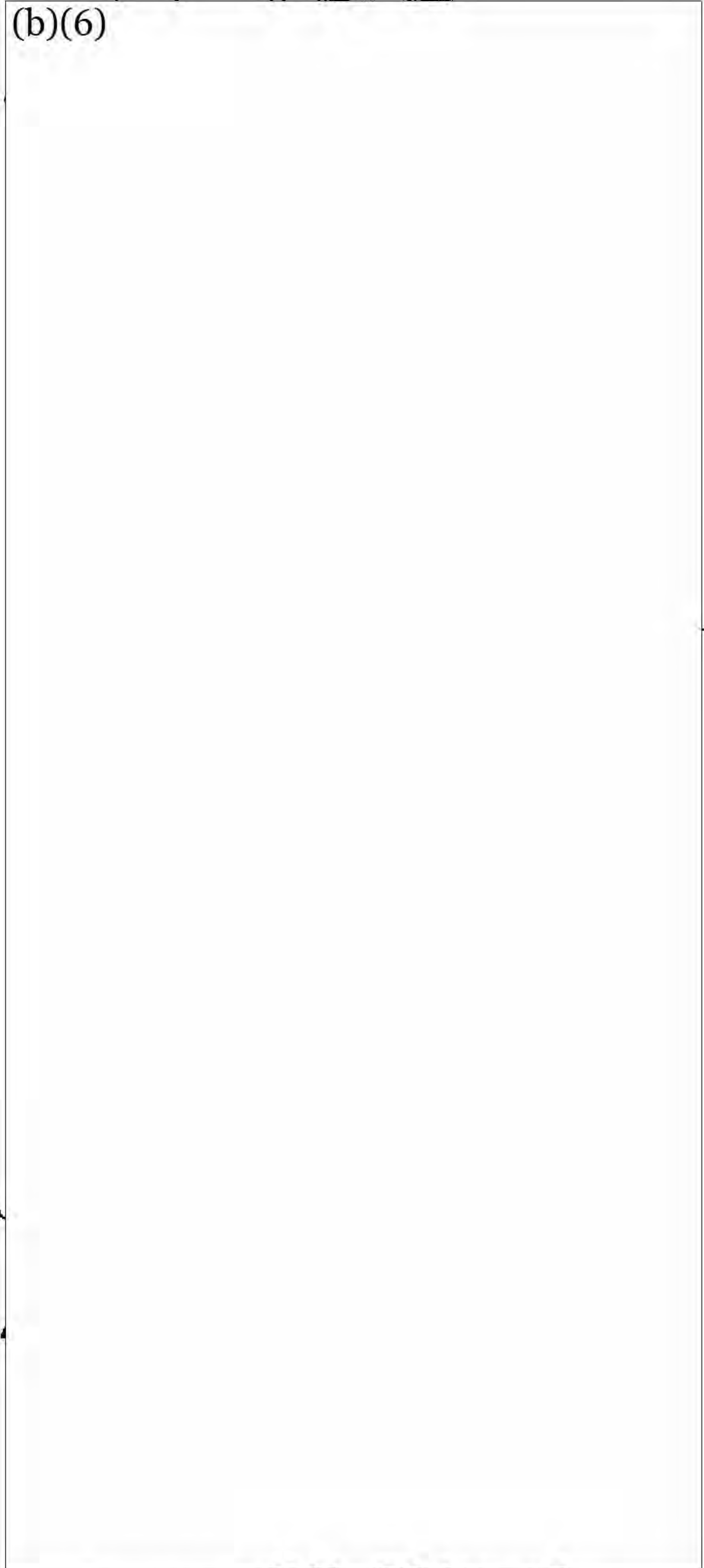
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This is an exciting time to be a child in New York State. Our signature below indicates our ardent support of New York State's application for *Race to the Top: Early Learning Challenge*.

Warmest Regards,



(b)(6)



Parents of Camp Mighty Redwood

Parents of Camp Laurel Oak
Club Fed Child Care Center, op by
Victory Child Care, Inc.
Leo W. O'Brien Federal Building
11A Clinton Avenue
Albany, New York 12207

October 11, 2011

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c/o Katie Campus,
Asst. Secretary for Education
Executive Chamber
State Capital
Albany, New York 12224

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As the parents of pre-schoolers, we have seen "Club Fed's" program grow significantly in their ability to provide quality care to pre-schoolers – we see a much more stimulating literacy program and an enriched curriculum that has enhanced my pre-schooler's learning, due to participation in QUALITYstarsNY.

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This is an exciting time to be a child in New York State. Our signature below indicates our ardent support of New York State's application for *Race to the Top: Early Learning Challenge*.

Warmest Regards,

(b)(6)

Parents of Camp Laurel Oak

Parents of Camp American Elm
Club Fed Child Care Center, op by
Victory Child Care, Inc.
Leo W. O'Brien Federal Building
11A Clinton Avenue
Albany, New York 12207

October 11, 2011

Governor Andrew Cuomo
c/o Katie Campus,
Asst. Secretary for Education
Executive Chamber
State Capital
Albany, New York 12224

Dear Governor Cuomo,

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As the parents of toddlers, we have seen "Club Fed's" program grow significantly in their ability to provide quality care to toddlers – we see much more sensory stimulation and an environment that has enhanced materials for our toddlers, due to participation in QUALITYstarsNY.

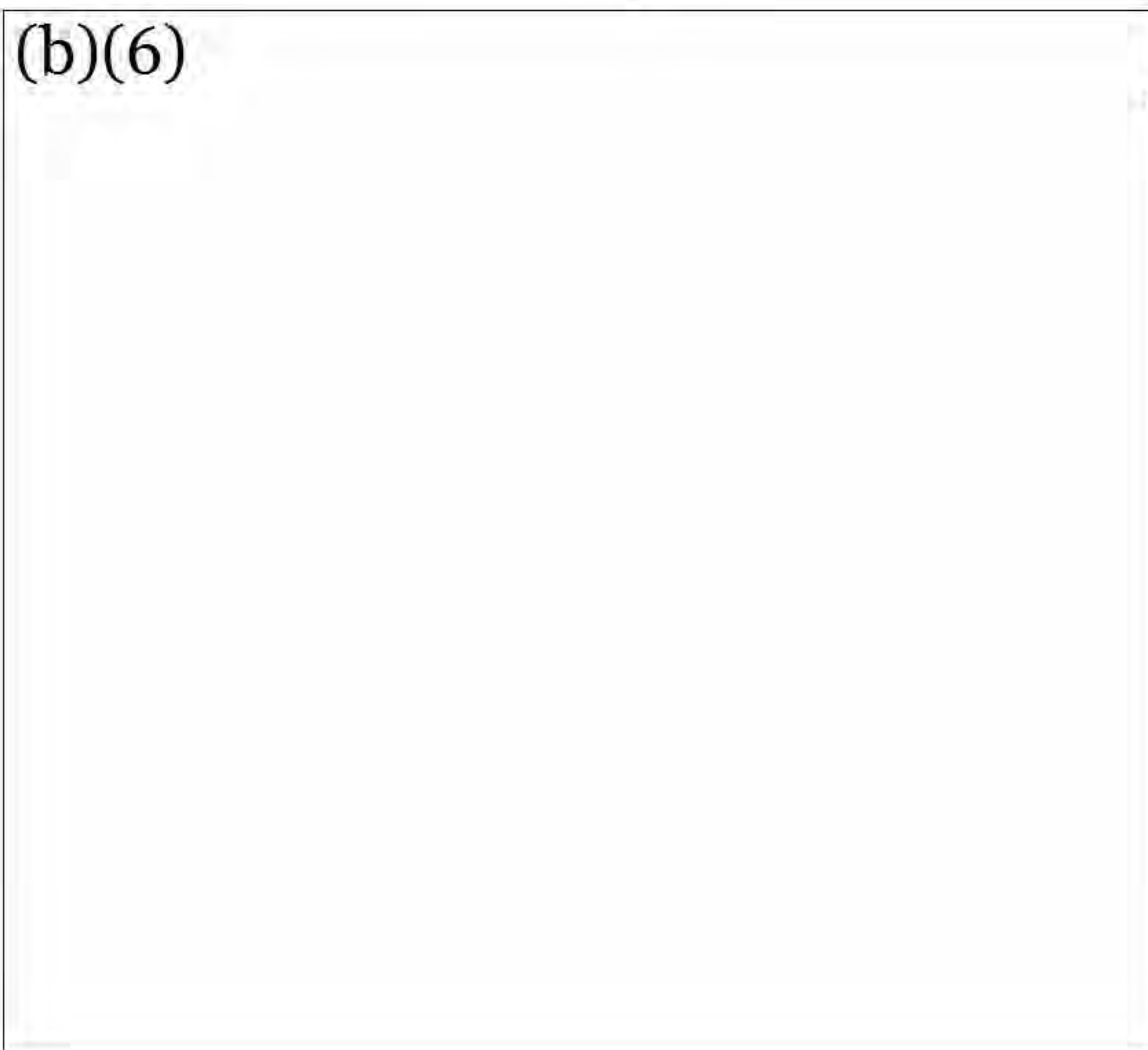
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Parents of Camp American Elm

Parents of Camp Dutch Apple
Club Fed Child Care Center, op by
Victory Child Care, Inc.
Leo W. O'Brien Federal Building
11A Clinton Avenue
Albany, New York 12207

October 11, 2011

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c/o Katie Campus,
Asst. Secretary for Education
Executive Chamber
State Capital
Albany, New York 12224

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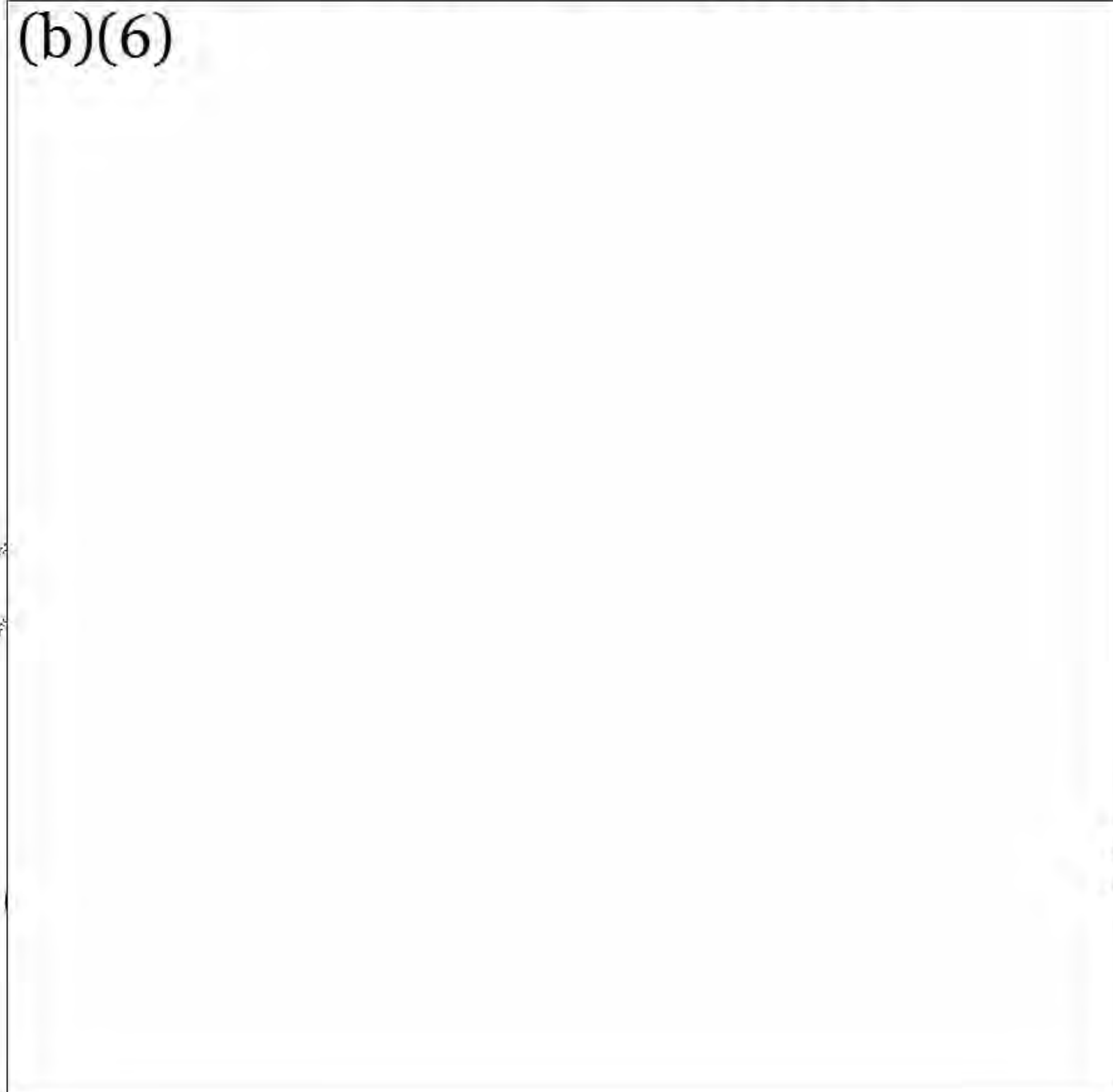
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(b)(6)



Parents of Camp Dutch Apple

Parents of Camp Walking Banyan
Club Fed Child Care Center, op by
Victory Child Care, Inc.
Leo W. O'Brien Federal Building
11A Clinton Avenue
Albany, New York 12207

October 11, 2011

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c/o Katie Campus,
Asst. Secretary for Education
Executive Chamber
State Capital
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As the parents of pre-schoolers, we have seen "Club Fed's" program grow significantly in their ability to provide quality care to pre-schoolers – we see a much more stimulating literacy program and an enriched curriculum that has enhanced my pre-schooler's learning, due to participation in QUALITYstarsNY.

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Warmest Regards,

(b)(6)

[Redacted signature area]

(b)(6)

[Redacted signature area]

Parents of Camp Walking Banyan

Parents of Camp Sugar Maple
Club Fed Child Care Center, op by
Victory Child Care, Inc.
Leo W. O'Brien Federal Building
11A Clinton Avenue
Albany, New York 12207

October 11, 2011

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c/o Katie Campus,
Asst. Secretary for Education
Executive Chamber
State Capital
Albany, New York 12224

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Warmest Regards,

(b)(6)

Parents of Camp Sugar Maple

Parents of Camp Cherry Blossoms
Club Fed Child Care Center, op by
Victory Child Care, Inc.
Leo W. O'Brien Federal Building
11A Clinton Avenue
Albany, New York 12207

October 11, 2011

Governor Andrew Cuomo
c/o Katie Campus,
Asst. Secretary for Education
Executive Chamber
State Capital
Albany, New York 12224

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Warmest Regards,

[Handwritten signature]
(b)(6)

[Handwritten signature]

Parents of Camp Cherry Blossoms

Philanthropies



THE FROG ROCK FOUNDATION

P.O. Box 865 Chappaqua, New York 10514 914-273-1375 www.frogrockfoundation.org

September 28, 2011

Governor Andrew Cuomo
c/o Katie Campos, Assistant Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo,

The Frog Rock Foundation is a private foundation addressing the needs of the often-overlooked disadvantaged children in Westchester County. We believe that all children should grow up in a loving environment where basic needs are fulfilled, and opportunities exist to grow into productive, responsible community members. For over ten years we have funded organizations serving low-income children and their families, particularly those children 5 years and younger.

We are writing to support New York's Race to the Top: Early Learning Challenge Grant proposal. We believe strongly in the importance of all children, including those with high needs, arriving at Kindergarten ready and able to learn. This requires both intellectual and social/emotional development that begin at birth and are nurtured by parents, caregivers and teachers. The grant proposal addresses the critical elements of a strong, high quality early care and education system.

Currently there are not enough high-quality early care and education settings in New York to serve all children in need. As many other states have demonstrated, a strong Quality Rating and Improvement System (QRIS) can spur improvement in the quality of the state's early care and education system by a significant degree. Although most of our funding is focused in Westchester, we understand that the development of a QRIS must take place at the state level. Therefore the Frog Rock Foundation provided funding to support the QualityStarsNY Field Test in 2010. We intend to provide further support for the expansion of QualityStarsNY statewide.

We believe that the Race to the Top: Early Learning Challenge Grant is critical to the successful state rollout of QualityStarsNY. Furthermore, we support the other components of the grant proposal; in particular we believe in the importance of the development and use of consistent, high quality early learning and development standards across various parts of government, and the development of a strong professional development system for the early childhood workforce.

Best regards,

(b)(6)

Libbie Naman Poppick
Executive Director



THE SANDY RIVER CHARITABLE FOUNDATION

349 Voter Hill Road • Farmington, Maine 04938

tel (207) 779-1682 fax (207) 779-1901

October 4, 2011

The Honorable Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor,

This letter is in support of New York State's application to the Federal Departments of Education and Health and Human Services Race to the Top: Early Learning Challenge.

The Foundation focuses considerable resources on international projects and programs to improve the lives of families and communities. Grants to New York organizations have historically been on the order of 10% of our budget, and a significant portion of those grants have been in support of families and high quality early/child care. We have supported programs including the Parent Child Home Program which have shown that engaging disadvantaged families with very young children for even a 1-2 year period positively affects the future of not only the target child, but often other children in the family, and sometimes the entire family. The Foundation supports and has supported a number of efforts to improve and promote quality child care opportunities on Long Island. Examples are support for accreditation programs (NAEYC) directly to child care and education centers and broader support for data gathering and system level learning through the Early Years Institute. Other examples of support for families and children include the Family and Children's Association Hagedorn Family Resource Center in Hempstead NY which provides multiple family services, including child care, at a single convenient location, and Family Place Libraries (based at the Middle Country Public Library, Centereach NY) which provides models and training for libraries to engage families, particularly those with younger children.

The Foundation efforts, while useful and productive, are a small sample of what could occur given a comprehensive state wide effort to implement a full early care and education system. The Race to the Top: Early Learning Challenge is an opportunity to realize such a system, allow New York's future generations to benefit from its existence, and become a model of success for other states to emulate. The Sandy River Charitable Foundation would certainly review grant making opportunities to play a constructive role in meeting the Early Learning Challenge.

Sincerely,

Nathanael Berry
Program Director

RAUCH
FOUNDATION

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229 Seventh St., Ste. 306
Garden City, NY
11530-5766
www.rauchfoundation.org
Tel: 516.873.9808
Fax: 516.873.0708

October 5, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo:

I am writing today to respectfully endorse New York State as a noteworthy recipient of the federal government's Race to the Top: Early Learning Challenge grant.

The Rauch Foundation is a private family philanthropy based in Garden City, New York, that has invested almost \$15 million over the last 20 years in programs that support high quality early care and learning and efforts that promote an integrated, effective system that gives all children an equal and positive start in life. Our overarching goal is to promote the development of healthy families on Long Island by supporting efforts that facilitate systemic change and positive outcomes for young children, with a particular focus on those that are economically disadvantaged. The day a child living in poverty turns four, he or she is already 18 months behind normal cognitive development. Odds are that child will never catch up.

The Race to the Top: Early Learning Challenge, aimed at building effective early childhood systems, will give us an opportunity to change those odds. Investing in early childhood is long overdue. School-based programs come after the damage has been done. They are far more costly and less effective than programs that tackle learning problems at their root. Long-term studies show that quality pre-school programs change children's entire life paths, resulting in less special education, higher graduation rates, higher incomes, home ownership, and taxes, and less welfare and crime. One obstacle has been the patchwork nature of early childhood services, delivered through a mindboggling array of separate agencies and providers. We need instead, a coordinated system, so children get the services they need and the funds are spent wisely.

New York has made a diligent effort over some time to respond to the solid economic and scientific case for investing in its young children. The state's UPK program, initiated in 1997, was one of the first in the nation and now serves over 8,400 children on Long Island and nearly 99,000 throughout the state. The adoption of early learning standards by the New York State Regents this year demonstrates that New York is serious about providing standards-based early learning for its children. With the advent of its Early Childhood Advisory Council in 2009, New York has confirmed its commitment to a comprehensive and integrated system for early care and learning. Its strategic plan is among the most

comprehensive in the nation and the conscientious effort the state has made to include as members a wide-ranging group of both public and private stakeholders, along with nationally recognized research and practice experts, keeps New York moving in the right direction. The Race to the Top program will give New York the opportunity to implement plans they have already made for coordinating services, maintaining standards and building a system that is focused on eliminating the achievement gap at the best possible point – before it starts.

Over the last ten years, the Rauch Foundation has been investing in helping to build a system for early care and education that focuses on the integration of high quality programs and services to meet the needs of our most vulnerable children. In this effort, we have partnered with many other philanthropies and have supported innovative non-profit and public agency work that moves this agenda forward. In 2008, we were instrumental in bringing the BUILD Initiative to New York State and continue to fund this high level consultation effort that supports New York State's Early Childhood Advisory Council. Other programs and projects the Rauch Foundation has supported that express our commitment to partnering with New York in this effort include:

Early Years Institute – An example of how a region like Long Island can support early childhood education through public education, model programs and best practices.

Data Forum – A jump start for New York State's efforts to build an early childhood data system via a grant that resulted in the report, "*Putting the Pieces Together: New York Early Learning Program Data Systems.*"

QUALITYstarsNY - New York State's tiered quality rating and improvement system for early childhood programs of all kinds – the foundation for building an early learning system. The Rauch Foundation has been supportive of this development from day one, funding the research, the field test and supporting its expansion on Long Island.

The Rauch Foundation is 100% committed to continuing our efforts in support of New York State's youngest, most vulnerable children and families. We look forward to an ongoing effort to public and private partnerships that leverage our investments into practices and policies that will close the achievement gap for all children.

A federal investment in New York State would build upon the momentum already created and bring to fruition these vital and viable programs, enabling New York to reach the goals it set and to implement an education program that begins at birth and lasts a lifetime. New York is ready for the challenge.

Very truly yours,

(b)(6)

Nancy Rauch Douzinas, Ph.D.
President



JPMORGAN CHASE & CO.

October 7, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Kim L. Jasmin
Vice President
Northeast Region
Community Relations Manager

Dear Sir,

JPMorgan Chase's philanthropic goal is simple: strive to be a catalyst for meaningful, positive and sustainable change within our highest-needs neighborhoods and communities across the globe. The firm's philanthropic investments are directed toward three centers of excellence: community development, education, and arts & culture. In the area of education, JPMorgan Chase invests in programs and services that increase access to high –quality educational opportunities in underserved communities. Our focus is on helping students enrolled in public education Pre-K – 12 schools acquire the knowledge and skills they need to become productive, engaged citizens in healthy vibrant communities.

One of the critical components of a healthy community is the extent to which families can rely on high quality education systems, a solid infrastructure of affordable housing and a strong economic base so that they have a chance of improving the life outcomes for their children. At the very beginning of a family's journey is the need for access to high quality early learning programs. There is a rich body of research that not only shows the correlation between high quality early learning and better life outcomes, but we also know that despite socio-economic status, if children are engaged in effective prek learning environments they will be on a path of readiness for kindergarten.

In 2009 and 2010, our firm contributed over 19 million dollars to nonprofits focused on Pre K -12 public education initiatives to nonprofits located in New York State. Our support spans the spectrum of both the *informal* system of care - supporting organizations that certify in-home childcare providers, to the *formal* system where we provide support for early literacy initiatives, technical assistance for early care providers and direct services. One example is our leadership funding of 1.5 million dollars for a birth to 8 demonstration project (STEPS) in the South Bronx that will unveil the most effective practices to transition children from early care to public school.

JPMorgan Chase Foundation will continue to make significant investments in early learning systems. We understand and are committed to ensuring a high quality early start for all children, particularly those in low income communities. The data reported by the Campaign for Grade Level Reading remind us that too many children are failing to achieve the critical milestone of third grade level reading due to the lack of quality and access early learning options. It reports 83% of all low-income children and 91% of low income African –American boys do not achieve grade level reading. Further troubling is that research shows 74% of the children who miss the mark in third grade will not catch up. Achieving this mark is a predictor of success in later grades, high school graduation and success in life.

We support and applaud New York State for submitting an application for the Early Learning Challenge grant. A strong, high quality early learning system is an imperative for our state and a critical component to the success of the New York State Education Reform Plan. You can count on us as a partner to assist the state in developing a continuum of education that truly begins at birth and lasts a lifetime. We are laser focused on this issue globally and actively engaged in the public education reform movement nationally to ensure access to a high quality preK – 12 education exists in all communities.

Respectfully submitted,

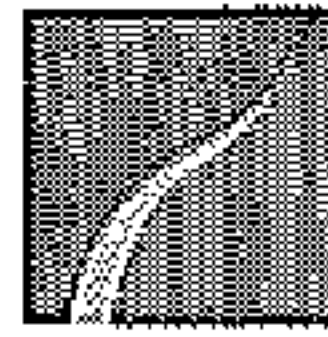
(b)(6)

Kim L Jasmin

Northeast Regional Executive

Global Philanthropy

JPMorgan Chase & Co.



THE COMMUNITY FOUNDATION

October 5, 2011

Governor Andrew Cuomo
C/o Katie Campos, asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo:

As early childhood funders, we enthusiastically endorse and support your application for an Early Learning Challenge Grant for New York State. It is critical for New York State to build innovative and effective systems that give all children — and particularly those who are most at risk — access to services and programs that will improve school readiness.

More than 20 years ago, the Community Foundation was the catalyst in bringing public and private partners together to improve the quality and quantity of early childhood programs and services. Early Childhood Development Initiative collaborators include providers, government representatives, early childhood experts and funders. We set goals and strategies and work together to bring resources and improvements to early childhood programs and systems. Our investments and efforts have been substantial and successful for Rochester and Monroe County.

Rochester's at-risk children benefit from some of the highest quality pre-school programs in the United States. More than 13 years ago, Rochester Area Community Foundation and Rochester's Child were among the founding partners of Rochester Early Childhood Assessment Partnership, which has conducted assessment and evaluation of pre-school programs. We know that more than 90 percent of children who participate in Rochester City School District pre-kindergarten programs are developmentally prepared for kindergarten.

What is now needed to build upon the foundation that exists in our community is a statewide quality rating system that will help parents, providers, and funders choose quality. This standard rating system is vitally important to ensuring that more of our children have access to the highest quality care and early education.

The essential framework must be a set of early learning and child development standards that guide all our work, as well as common assessment systems to make sure that all children's needs are met.

Our funds have supported many programs to improve the skills and knowledge of teachers and providers, as that has been a key component of the high quality education offered to our young children. What is desperately needed is a competency-based framework for family child care and center based providers. State resources must be available locally to assist in maintaining a highly trained early childhood workforce.

Rochester Area Community Foundation ■ 500 East Avenue, Rochester, New York 14607-1912 ■ T (585) 271-4100 F (585) 271-4292 ■ www.racf.org

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Executive Director*



Confirmed in compliance with National Standards for U.S. Community Foundations

We need statewide early learning data systems that link with school-based data collection. This is vital to protect the gains that young children make from high quality programs and early identification of specific needs.

As funders, and most importantly as advocates for young children, we look forward to a statewide system that will ensure that every child in New York State has the support and services needed for a high quality start in school and in life.

We strongly endorse this application and we look forward to working with others across New York State to see that the promise of this funding reaches each and every child in our communities.

Sincerely,

(b)(6)

Edward Bonerly,
Vice President Programs
Rochester Area Community Foundation

Nancy Kaplan
Coordinator
Rochester's Child

Amy Hagedorn 81 Old House Lane Port Washington NY 11050

October 6, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capital
Albany, NY 12224

Dear Governor:

I write to inform you of my intent to continue supporting local and regional efforts that provide quality early education programs and advocacy for the learning needs of very young children.

I am a retired early childhood teacher with twenty-four years of classroom experience working for and learning from young children. I have studied early childhood education and I'm the mother of four children.

In the past twenty years, as a funder through a donor-advised fund (The Horace & Amy Hagedorn Fund) in the New York Community Foundation, my husband and I have contributed more than five million dollars toward establishing high quality standards for early education.

More recently, since my husband's death in 2005, through the Hagedorn Foundation, I've supported statewide efforts to strengthen and improve the education of young children with grants totaling more than ten million dollars.

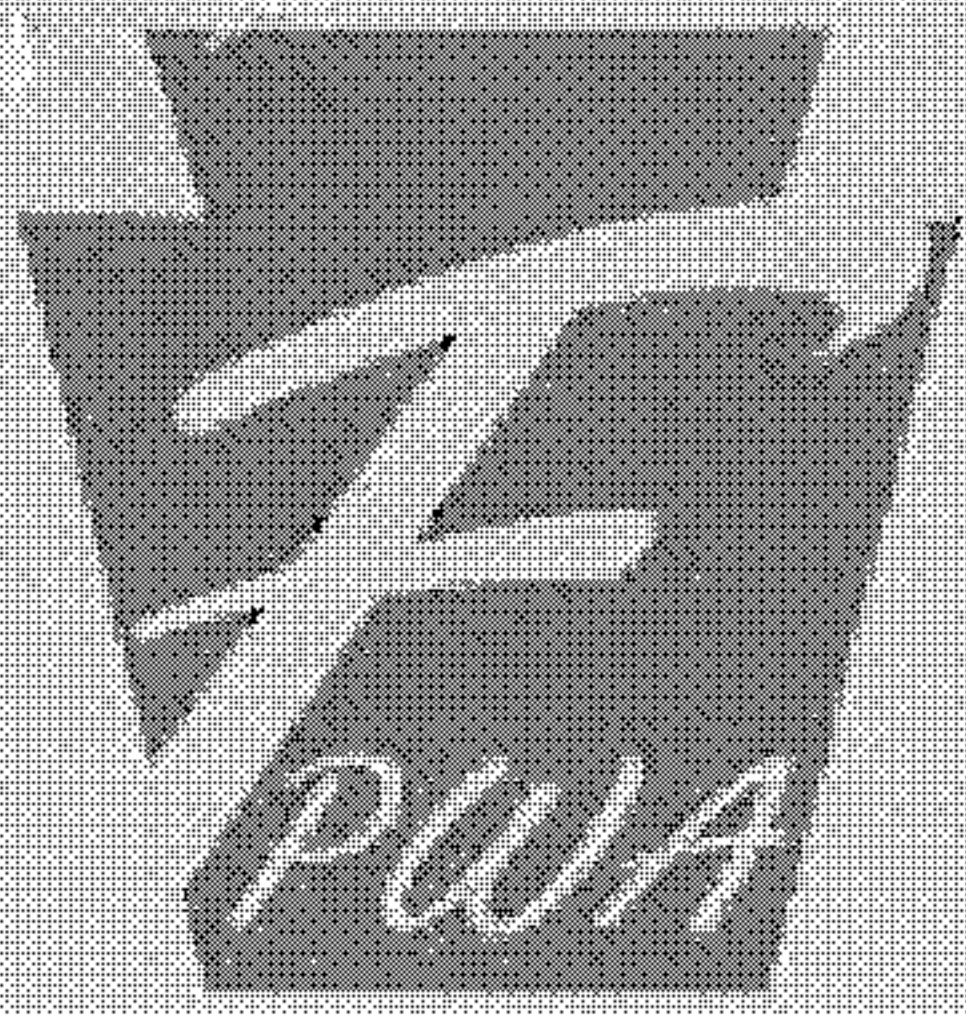
I plan to spend down the resources of the Hagedorn Foundation by 2018 because I recognize that our current needs are so great. Until that time, I will continue to fund effective efforts on behalf of young children at a rate comparable to my past grant making.

Please consider me a partner in the competition for Federal funding for Early Learning!

Very truly yours,

(b)(6)

Professional Organizations



September 27, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo,

I am writing on behalf of the Federation of Protestant Welfare Agencies and our membership to express our support for New York State's Early Learning Challenge Grant application. The Federation of Protestant Welfare Agencies has been a prominent force in New York City's social service system for 90 years, meeting the needs of New Yorkers and supporting the organizations that deliver human services. Founded in 1922, today FPWA is one of the city's premier social service support organizations. We have branched beyond our original faith-based membership, and provide management assistance, capacity building, and advocacy services to over 300 member agencies and churches throughout the City's five boroughs and beyond. Together, our network serves more than 1.5 million New Yorkers of all ages and ethnicities. Since 2000, FPWA has assisted over 200 early childhood programs in improving their quality and attaining high-quality standards by providing technical assistance, teacher training and leadership development.

We understand the challenges our community based, non-profit members face in meeting the needs of low-income families providing services that promote positive child outcomes and prepare young children for school. Many of our members have called for and worked toward creating a comprehensive system which promotes a continuum of high-quality learning opportunities for all children; coordinates and manages limited resources wisely; and provides accountability. Several of our members not only benefitted from participating in the **QUALITYSTARSNY** field test, but also engaged in the research process by providing feedback and examples of positive changes in their learning environments, family engagement, and staff qualifications that occurred as a result of participating in quality improvement efforts for only a short time.

QUALITYSTARSNY and *New York Works for Children*, along with its data system, are a win-win strategy for New York's families and the early childhood programs that serve them. Families will have the tools to make the best education choices for their

children. Family child care providers and early childhood programs will have research-based standards and resources to help them meet those standards. Times are tough; which makes funding these initiatives even more important for community based organizations like ours and our members. Support from **QUALITYSTARSNY** and *New York Works for Children* will allow us to continue providing high-quality technical assistance and professional development so our members can provide high-quality early care and learning experiences for children and their families. We anticipate the benefits of a unified system of standards, human resource development and data collection will create a shared understanding of what is best for young children and how to achieve that, as well as eliminate duplicative efforts among public agencies, and manage resources more wisely.

Sincerely,

(b)(6)

Fatima Goldman
Executive Director/CEO



PARENT-CHILD HOME PROGRAM

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Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber State Capitol
Albany, NY 12224

September 28, 2011

Dear Governor Cuomo:

The Parent-Child Home Program-Child Home Program strongly supports New York State's application for the Race to the Top – Early Learning Challenge Grant. The state's proposal provides a wonderful opportunity to enhance the continuum of services that support young children and families in New York, building a strong early childhood system that will benefit New York's children and their families, preparing them for school and life success.

For more than 45 years, The Program-Child Home Program has been bringing its two-year early childhood literacy/school readiness program into homes of New York State families with 2 and 3 year olds. The Program, focused on engaging and supporting low-income families in preparing their young children for school success, successfully bridges the achievement gap. Our program graduates successfully transition into pre-k and kindergarten ready to be in the classroom, move through school successfully, and go on to graduate from high school at a rate equal to their more affluent peers.

Working in 33 communities across New York State (and in over 150 locations across the United States), our Home Visitors are visiting families twice a week for two years. They bring books and toys as the weekly curricular materials and work with families, modeling reading, play and conversation activities that build language and literacy skills. In New York last year, Parent-Child Home Program staff completed over 50,000 home visits and distributed over 25,000 high quality children's books and educational toys to children who would otherwise not have seen these materials until they entered school. These visits and materials help parents challenged by poverty, limited education, and low levels of literacy to create the language-rich home environment that all children need to succeed in school.

This is an exciting time for the state of New York, especially for parents of young children. We are pleased to support the state's Race to the Top: Early Learning Challenge Grant (RTTT-ELGC) application. This grant that would greatly benefit New York's youngest citizens and their families and would enable innovative programs such as ours to expand in more areas around the state to build a stronger continuum of services to engage and support families in school readiness and school success. This initiative will support the development of a state early childhood system that will increase access for

children to high quality early childhood programs and services and give children ages 0-5 a strong start on their educational journey. The New York RTTT-ELGC initiative is built around establishing and implementing a quality rating and improvement system which integrates health and emotional development and is linked to comprehensive child assessment, workforce development, family engagement in early learning, and cross-agency data systems. These are initiatives that will benefit parents and their young children across New York. Thank you for your office's commitment to this initiative. The Parent-Child Home Program-Child Home Program is committed to working with the state of New York to make it a success.

Very truly yours,

(b)(6)

Saran E. Waizer
Chief Executive Officer



New York State Conference of Local Mental Hygiene Directors, Inc.
An Affiliate of the New York State Association of Counties

41 State St., Suite 505, Albany, NY 12207 (518) 462-9422 FAX (518) 465-2595 E-MAIL: clmhd@clmhd.org www.clmhd.org

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Kelly A. Hansen

Counsel
Jed B. Wolkenbreit

October 3, 2011

Governor Andrew Cuomo
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo:

The Conference of Local Mental Hygiene Directors is pleased to support the NYS application for *Race to the Top: Early Learning Challenge*. The Conference membership consists of the Commissioner/Director of each of the state's 57 county mental hygiene departments and the City of New York, and, as an organization is active in advancing state and local policies, practices, laws, regulations and funding to meet the needs of those persons, and their families, affected by mental illness, developmental disability and/or chemical dependency. In line with this mission, the Children and Families Committee of the Conference has made cross systems collaboration on behalf of children with mental health challenges a priority for 2011 and beyond. A meaningful and sustained collaboration between the educational and mental hygiene systems will be key to improving early childhood outcomes across the state.

The Conference understands that for our preschoolers to be successful, socio-emotional health and resilience are essential; and that without these key attributes, a child's future success in grades K-12 is very much in jeopardy. The NYS Children's Plan- *Engage*, notes: "Significant concern exists about the social interaction and behaviors of preschoolers: In New York State, nearly 70,000 young children will be expelled from preschool for behavioral reasons each year. The expulsion rates for preschool children far exceed the rates for K-12." Children can't learn if they aren't in school. We believe that preschool programs can provide valuable screening for behavioral health disorders, setting the stage for early intervention- before behavioral issues become chronic and less amenable to treatment. These approaches should be individualized, child and family-centered, and include support and assistance for siblings and parents who may also have mental health or other challenges.

The Conference will contribute to *Race to the Top* by: identifying members with expertise in children's mental health to participate in relevant work groups and committees; sharing positive outcomes of local county/NYC school-mental health collaborations that can help inform the state-wide initiative; proposing best practices in early intervention for behavioral health and developmental disorders; and serving as a conduit for the dissemination of new standards and practices to local mental hygiene departments state-wide. We also believe that the local mental hygiene systems will benefit from the state-wide strategies that will be introduced as a result of this initiative, such as comprehensive and common kindergarten entry assessment, early identification of behavioral and developmental needs, and enhanced training for all those working with preschool children.

In summary, the Conference of Local Mental Hygiene Directors most enthusiastically endorses and supports the NYS application for *Race to the Top: Early Learning Challenge*, and is fully committed to supporting these efforts. If you have any questions, please don't hesitate to contact us.

Sincerely yours,

(b)(6)

Philip R. Endress, Commissioner
Erie County Dept. of Mental Health
Chair,
NYS Conference of Local Mental Hygiene Directors

Kathleen C. Plum, Ph.D., Director
Monroe County Office of Mental Health
Chair,
CLMHD Children and Families Committee

October 5, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber, State Capitol
Albany, NY 12224

Dear Governor Cuomo:

As a convener of the NYS Parenting Education Partnership and executive director of Prevent Child Abuse New York, I strongly support New York's application for a Race to the Top: Early Learning Challenge grant.

The healthy development of our youngest citizens is critical to their futures in school, the workforce, and as contributing members of our communities. The state's long-term economic recovery depends on investments in early childhood, which are as critical to our infrastructure as investments in transportation and commerce.

No one has more influence over children's growth and development than their parents. Through the NYS Parenting Education Partnership (NYSPEP) we collaborate with New York State's Council on Children and Families (CCF), Office of Mental Health, and Children and Family Trust Fund and more than 400 parenting educators from across New York. NYSPEP strengthens and expands access to parenting education, increasing families' ability to meet children's health, behavioral and developmental needs and to engage with needed early childhood serving systems.

NYSPEP supports early learning in New York by enhancing the skills and knowledge of parenting educators, who work with parents to give them greater confidence, skill and knowledge about child learning and development.

NYSPEP gives parents a voice through Community Cafes, a parent leadership and community engagement initiative that partners with early learning and development programs, neighborhood and community family centers, schools, immigrant and refugee agencies, faith-based organizations, and health clinics, to engage parents and other participants in meaningful discussion to uncover commonalities and themes that serve as the foundation of community action.

We look forward to continuing to work with New York State's Early Learning Initiative, particularly in the areas of integrated child health and emotional development, and family engagement, linking those areas to a quality rating and improvement system and cross-systems data development.

Sincerely,

Christine S. Deyss
Executive Director



October 4, 2011

The Honorable Andrew Cuomo
c/o Katie Campos, Assistant Secretary for Education
Executive Chamber
State Capitol Building
Albany, New York 12224

Dear Governor Cuomo,

On behalf of New York Nurse Family Partnership® (NFP) programs, I am pleased to write a letter of support for New York's Race to the Top: Early Learning Challenge (ELC) grant application for \$100 million in federal funding from the U.S. Departments of Education and Health and Human Services. NFP provided data on program participants for the application, and we are committed to collaborate with state and local partners as needed to support ELC efforts if New York is successful.

NFP is an evidence-based nurse home visiting program that helps transform the lives of vulnerable mothers who are pregnant with their first child. Each mother is partnered with a registered nurse early in pregnancy and receives ongoing nurse home visits that continue through her child's second birthday. Nurses help mothers have healthy pregnancies, improve their child's health and development, and become economically self-sufficient. The NFP National Service Office supports implementing agencies across the country with replicating the program model with fidelity, delivering high-quality services, and achieving sustainability.

Our mission aligns perfectly with New York's ELC application. Like other proven home visiting programs such as Healthy Families New York and the Parent-Child Home Program, NFP provides critical support to families during the earliest stages of their children's lives. During this window of opportunity, nurse home visitors can have a significant impact on both mother and child, leading to improvements in maternal and child health, early childhood language development, school performance, mental health, and life course development for families. By improving school readiness and social-emotional functioning for at-risk children, home visiting programs provide a foundation for educational achievement and enable them to chart a better course toward success in school and throughout life.

We feel confident that, if successful, New York's ELC initiative will take great strides in improving early learning programs as part of an effort to create a comprehensive and integrated early childhood system. For example, the grant application's emphasis on addressing health, behavioral and developmental needs and well as family support and engagement will help shift

the trajectory for thousands of children and will help prevent a mediocre start in school that often leads to a lifelong struggle to achieve educational and employment success.

New York Nurse-Family Partnership applauds New York's efforts for the Race to the Top ELC grant application and is excited by what it could mean for our state—giving New York's children the very best possible chance for future success by cultivating and sustaining a comprehensive early learning system that is driven by quality and accountability.

Sincerely,

(b)(6)

Renée Nogales
Program Developer, Northeast Region
Nurse-Family Partnership National Service Office

cc: Robert Frawley and Sherry Cleary, Co-Chairs
New York State Early Childhood Advisory Council



New York Public Welfare Association, Inc.

Founded in 1869

130 Washington Avenue, Albany, NY 12210
Sheila Harrigan, *Executive Director*

(518) 465-9305
FAX (518) 465-5633
Email: nypwa@nycap.rr.com
www.nypwa.com

October 3, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Re: Race to the Top: Early Learning Challenge Grant

Governor Cuomo:

We are delighted to learn that New York State will be applying for the Federal Departments of Education and Health and Human Services "Race to the Top: Early Learning Challenge" grant. We would like to take this opportunity to explain why this grant will be beneficial to New York children and families.

The New York Public Welfare Association (NYPWA) represents the local departments of social services that are responsible for implementing the programs governed by state and federal social services laws. Our members deal with children and families in a variety of capacities. For example, our members are involved in assisting children and families in adoption, foster care, prevention of juvenile delinquency and more. This grant will help to support early childhood programs and services which are essential in the development of a child. Particularly this grant will help to address health and developmental needs of children which can assist in their future independence and their sense of self worth. If we can get educational access to these children at a young age, we can create a continuum of educational services that can lead to them being productive members of society once they reach adulthood.

According to the New York State Task Force on Transforming Juvenile Justice, the estimated annualized cost of incarcerating a youth in an institutional facility is \$210,000 a year. Paying for preventive measures such early childhood education is far less expensive than paying for the costs to incarcerate youth in juvenile detention facilities should this type of early education prevent and assist in discouraging bad behavior and helping children to stay in school.

Thank you for championing this important cause and we look forward to working with you to make this grant and the services it will finance possible.

Sincerely,

(b)(6)

Sheila Harrigan, Executive Director
New York Public Welfare Association

The Law Office of Leslie Y. Kimball

October 3, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Re: Race to the Top: Early Learning Challenge

Dear Governor Cuomo,

I am writing this letter to express the importance of adequate funding for early childhood education in New York. I am a lawyer who has been working with child care centers the last three years, first with Pro Bono Partnership and now with my own firm. My work involves assisting child care providers with transactional legal advice, as I, like many, believe that providers who have better business practices (including those that lower legal risk) are better able to provide quality programs. Thus, while I am not involved directly in issues relating to the teaching and interacting with young children, I am involved in the administrative aspect of running a child care business. QUALITYStarsNY recognizes this important aspect of a good program, and fully 25% of the points available under the draft standards are for "Management and Leadership."

Additional funding is needed because, while most child care directors have very good skills with children and have usually come up through the child care ranks, their business acumen may be lacking. Providers need education and training as well as individualized technical assistance on issues including corporate governance, issues with parents (including drafting a good parent handbook and agreement), issues with employees and understanding the complex set of laws and regulations governing child care with which the provider must comply. Providers have typically not been exposed to this type of education and assistance, but are in desperate need of it.

While I provide trainings in the Westchester county area, due to budget issues I have not been able to accommodate requests to provide trainings in other areas of the state. Nor have I been able to provide individualized technical assistance for such matters as assisting with parent and employee handbooks, to name just two commonly needed documents. Lack of funding to obtain these services, whether from me or another person/organization that provides such services, is particularly true for providers serving low income children. It is rare that I meet a provider that does not want to improve it's business practices—most do not have the know-how to do so, or the budget to pay for technical assistance to learn to do so.

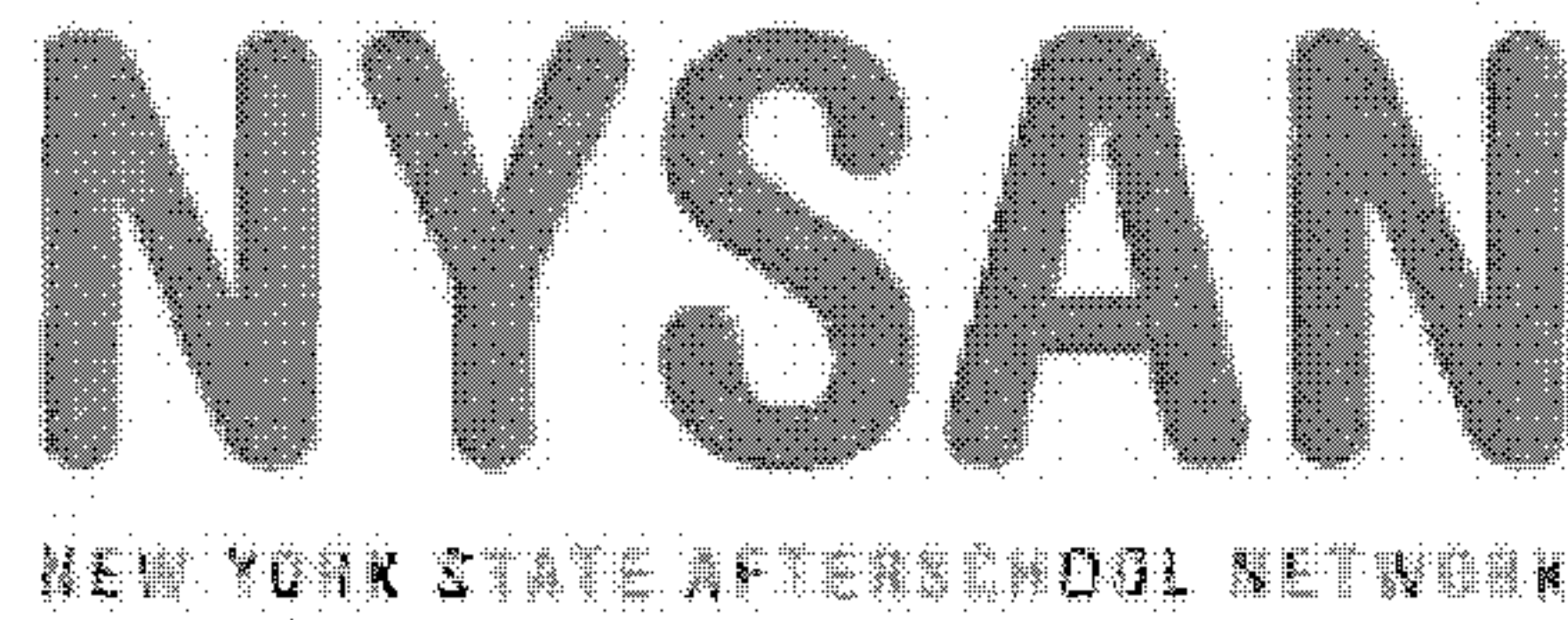
I am very familiar with the QUALITYStarsNY standards, and believe that the implementation of QUALITYStarsNY would greatly benefit the children of New York. Almost universally the providers with whom I work are very much in favor of improving quality, but simply do not know

how they are going to do so without additional funding. Many child care providers are just barely surviving in this economic environment. Study after study has shown the benefits of quality early childhood education. Sufficient funding is critical for providers to gain the knowledge and expertise needed to increase quality in their programs. With the award of this grant money, it may enable providers to obtain the educational and technical assistance needed to provide higher quality services to the children and families of New York.

Sincerely,

(b)(6)

Leslie Y. Kimball



October 4, 2011

Honorable Andrew Cuomo
Governor of New York
Executive Chamber
Albany, New York 12224

Dear Governor Cuomo:

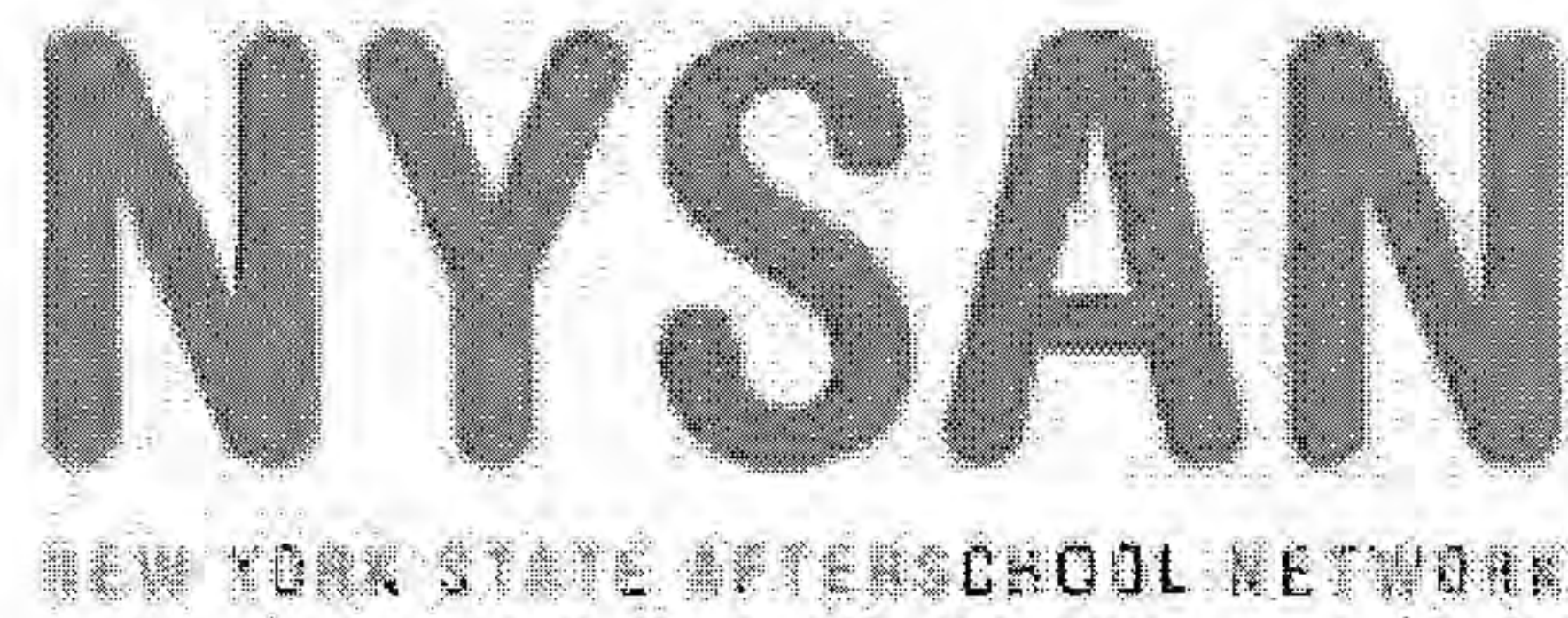
On behalf of the New York State Afterschool Network (NYSAN), I am pleased to write this letter in strong support of New York State's Early Learning Challenge Grant proposal. NYSAN recognizes that a well-functioning system of high-quality services is essential to reducing the achievement gap and ensuring that children enter kindergarten ready to succeed. In addition, strong early care and learning experiences set the stage for children and youth to succeed in- and out-of-school in preparation for college and career.

NYSAN is a public-private partnership of organizations throughout New York State dedicated to increasing the quality and availability of afterschool and other expanded learning programs. NYSAN facilitates connections among a broad range of state, regional and local partners representing afterschool program providers, youth, parents, public agencies, advocates, funders, evaluators, technical assistance and training providers, policymakers, businesses, researchers and community leaders. Through policy development, communications, partnership development, and capacity building, NYSAN works to build a coordinated, high-quality system of youth services from birth through young adulthood. As such, NYSAN is an active partner with leaders in the early care and learning community, and vice versa.

Examples of NYSAN's support of the early care and learning community's agenda include participation in the Early Childhood Advisory Council's efforts focused on workforce development and quality improvement. NYSAN is partnering with the ECAC to develop school-age standards as part of New York State's Quality Rating Improvement System, *Quality Stars New York*. In addition, we are close collaborators on the statewide workforce registry currently in development and hope to ensure high levels of alignment between early care and school age systems to ensure coherence, quality, and efficiency. Finally, NYSAN is a partner to Winning Beginning New York (WBNY), the state's early care and learning coalition as a strategy for creating seamless pathways of support and success for children.

NYSAN applauds the Governor's reform and policy agenda for children and youth, as well as that of the New York State Education Department. Thank you for your strong leadership on the Early Learning Challenge Grant proposal, and NYSAN stands ready to assist in any way possible and in the collective efforts required to strengthen and expand supports for children and families while making the wisest possible use of resources. We look forward to future work with

Promoting young people's safety, learning, and healthy development outside the traditional classroom.
1440 Broadway, 16th Floor, New York, New York 10018 ♦ (646) 943-8670 ♦ www.nysan.org



your Administration, and hope for a favorable outcome on this funding opportunity on behalf of the children of New York State. Please contact me if you have questions or require further information.

Sincerely,

(b)(6)

Sanjiv Rao
Executive Director
New York State Afterschool Network



CONFERENCE OF BIG 5 SCHOOL DISTRICTS

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GEORGIA M. ASCIUTTO

October 3, 2011

The Honorable Andrew Cuomo
Governor of the State of New York
State Capitol, Executive Chamber
Albany, New York 12224

Dear Governor Cuomo:

I am writing on behalf of the Conference of Big 5 School Districts to support your application for the federal Early Learning Challenge Grant Program. The Big 5 School Districts include the city school districts of Buffalo, New York, Rochester, Syracuse and Yonkers. Collectively, the five urban centers educate approximately 41% of the State's public school enrollment, 45% of the school-age special education population and almost 60% of New York's prekindergarten children. The pupils we serve are overwhelmingly poor, highly mobile and from diverse backgrounds.

The short and long term benefits of early learning and prekindergarten programs for children, particularly those living in poverty, have been well documented and include students achieving greater academic success, reduced referrals to special education and decreased remediation and retention rates. The Early Learning Challenge Grant Program would build upon local efforts to support a stronger foundation for our young children to enable them to enter school more prepared and ready to learn.

The goal of our society is to provide all people regardless of income, disability or special needs with an opportunity to succeed. While school districts are designed to provide the education and knowledge needed to fulfill these opportunities, the early learning community provides the initial foundation essential for schools to ultimately be successful. We look forward to expanding the partnerships with these community providers for the benefit of our students.

We support New York State's application for the Early Learning Challenge Grant Program and stand ready to assist you in any way we can.

Sincerely,


Georgia M. Asciutto

✓ c: Katie Campos, Assistant Secretary for Education

**NEW YORK HEAD START
STATE TRAINING AND TECHNICAL ASSISTANCE CENTER**

October 6, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber State Capitol
Albany, NY 12224

Dear Governor Cuomo:

I am pleased to write this letter in support of New York State's application for a Race to the Top: Early Learning Challenge grant. Although we work primarily with the over 220 Head Start and Early Head Start programs in the state, part of the mission of the Head Start State Training and Technical Assistance Centers is to collaborate with other child development, child care and early childhood education programs and services involved in state and local planning to better meet the needs of low-income children from birth to school entry, and their families.

I currently serve as a member of the Quality Improvement Work Group of the Early Childhood Advisory Council. The Quality Improvement Work Group oversees the development of QUALITYstarsNY, a voluntary quality rating and improvement system for early care and learning programs, including centers, schools, and family care homes in New York State.. Another member of our Early Childhood Specialist team participates in the Early Learning Workforce Development Work Group, organized to advance the components of an early learning career development system.

We are prepared to support implementation of the Early Learning Challenge grant through training and technical assistance activities planned and carried out in collaboration with other members of the state early care and learning community.

Sincerely,

(b)(6)

Carolyn H. Jarvis, Manager
New York State Training and Technical Assistance Center,
A Member of the OHS TTA System
STG International
Phone: 347-735-0304,
carolyn.jarvis@stginternational.com



Greater
New York

October 3, 2011

reachoutandreadnyc.org

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EXECUTIVE DIRECTOR

Governor Andrew Cuomo
c/o Katie Campos
Executive Chamber
New York State Capitol Building
Albany, NY 12224

Dear Governor Cuomo:

Reach Out and Read is writing in support of New York State's Application for the Race to the Top Early Learning Challenge (RTT-ELC). RTT-ELC funding is critical for New York's children and comes at a time when hundreds of thousands of families are living in high need communities and faced with the daunting challenge of ensuring positive and healthy outcomes for their children. New York's application is one of many important steps to improving the health and well-being of our future citizens.

Reach Out and Read is an evidence-based nonprofit organization that promotes early literacy and school readiness in pediatric exam rooms by giving new books to children and advice to parents about the importance of reading aloud. Our alignment with the RTT-ELC application and New York State's plan is critical for the families and children we serve. We are positioned at the nexus of health care and education, which compliments the State's efforts and the RTT-ELC plan. We are also one of the most successful programs nationally in terms of affecting positive outcomes for children and specifically address the health, behavioral and developmental needs of children living in poverty.

Reach Out and Read serves 335,000 children from the ages of zero through five throughout New York State at 282 hospitals and community health centers.

Our programs build on the unique relationship between parents and medical providers to develop critical early reading skills in children, beginning at 6 months of age. The more than 3.9 million families served nationally by Reach Out and Read read together more often, and their children enter kindergarten better prepared to succeed, with larger vocabularies, stronger language skills, and a six-month developmental edge over their peers.

Reach Out and Read is a proven and effective early literacy intervention. With just 10 well-child visits over a 5-year period, Reach Out and Read is considered a very low intensity/high impact initiative. Research shows that for children who participate in Reach Out and Read programs:

- Parents read aloud more frequently with their children (nearly triple the number reading 3 or more days per week);
- Families provide more books for their children (more than triple the number of children's books in the home); and
- Children have improved vocabulary (a six month improvement), which is critical to school readiness.

30 East 33rd Street • 6th Floor • New York, NY 10016
PHONE 646-237-0103 • FAX 212-725-9744

Affiliated with the nationwide school readiness initiative Reach Out and Read, Inc. www.reachoutandread.org

The Reach Out and Read model has three components which work in tandem:

- In the pediatric exam room, pediatricians trained in the developmental strategies of early literacy encourage and guide parents in reading aloud to children;
- At each well-child visit, pediatricians give every child, ages 6 months through 5 years, a new, developmentally- and culturally-appropriate children's book to take home and keep;
- Parents incorporate advice received during pediatric visits and make reading aloud part of their daily routine. Our families read up to 350 hours with their children prior to kindergarten.

Through these regular encounters over a five-year continuum, parents are changing their behaviors, beliefs and attitudes about books and are incorporating reading into the family's daily routine. Together, parents and children are learning the intrinsic value that reading can have on a child's life. Peer-reviewed studies show that parents with children in the Reach Out and Read program are four times more likely to incorporate reading into the family's daily routines. Non-English speaking parents in the program are ten times more likely to read to their children regularly.

By recruiting doctors as our advocates and program implementers, we gain unparalleled access to young children. Through our presence in hospitals, clinics, and health centers, we reach children who do not have access to early education programs and therefore most need our services. In fact, 96% of children ages 6 months through 5 years visit their pediatric care provider regularly but less than 1/3 of these children are enrolled in a child care setting. Our pediatric approach to early literacy capitalizes on these advantages, as well as the unique trust between parents and their pediatrician, to ensure that children are on the right track from the start.

Children from low-income families face numerous obstacles as their vocabulary is usually much smaller than that of their more affluent peers, and their exposure to books much more limited. Parents face family stress, have no personal experience of being read to, limited time, resources, access to quality children's books, and limited adult literacy skills. According to literacy research, almost 1 in 4 children in low-income homes have fewer than 10 books of any kind in their household. The landmark Hart-Risley study on language development showed that children from low-income families hear as many as 30 million fewer words than their more affluent peers before the age of three. Studies show that exposure to books and the printed word marks the difference between prepared and unprepared students.

Reach Out and Read supports New York State's application for the RTT-ELC. By reaching children and families at a young age—and through trustworthy and accessible sources—New York's plan is an important step in improving the outcomes for children living in low-income communities throughout the State. Please feel free to contact me if you need any additional information at 646-237-0103.

Sincerely,

(b)(6)

Traci Lester

children's institute

STRENGTHENING SOCIAL AND
EMOTIONAL HEALTH

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October 10, 2011

Governor Andrew Cuomo
c/o Katie Campos, Assistant Secretary for Education
Executive Chamber, State Capitol
Albany, New York 12224

Dear Governor Cuomo:

We are pleased to offer this letter in support of New York State's application for a Race to the Top: Early Childhood Learning Challenge (ECLC) grant. This is an excellent opportunity for further building a cross-disciplinary continuum of education that begins at birth and supports the development of the whole child.

Children's Institute works to strengthen children's social and emotional health through research, and the development and implementation of evidence-based programs and approaches. We further work with child serving agencies and schools to collect, manage and use data in order to support children's education and development. For example, for the past 15 years we have provided Rochester's universal prekindergarten program with our RECAP evaluation, which captures data on the child, program quality and the emerging needs of children. Teachers use the information to improve their practices with children and as a result Rochester continues to demonstrate exceptionally strong classroom quality, and 94% of the children continue to make gains at or above their developmental expectations at the end of Pre-K.

We are actively involved in current state-wide conversations to design and support the highest standards of care and education for children before they enter kindergarten, while they are in school and in after-school programs. We also have expertise in developing and delivering evidence-based programs such as Primary Project, to support children's learning.

We emphatically support the submission of the Early Learning Challenge Grant and we look forward to our continued work with the various State agencies in ensuring children's success in school and in life.

Thank you for your commitment to the healthy development of New York States' young children.

Cordially,

(b)(6)

A. Dirk Hightower
Executive Director

Lori VanAuken
Deputy Executive Director

274 N. Goodman Street, Suite D103
Rochester, New York 14607

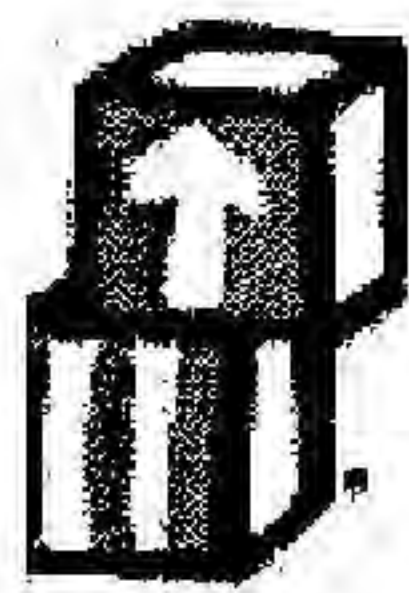
Phone: (585) 295-1000

Fax: (585) 295-1090

Toll Free: (877) 888-7647

A-328
www.childrensinstitute.net





New York State Head Start Collaboration Project



52 Washington Street * West Building, Suite 99 * Rensselaer, NY 12144 * Phone: (518) 474-9352

September 29, 2011

Dear Governor Cuomo:

The New York State Head Start Collaboration Project is in full support of New York State's Early Learning Challenge grant proposal. Historically the Head Start Collaboration Office has supported the collaborative efforts of early childhood professionals and organizations in the state, and this proposal takes collaboration to a new height.

The Head Start Collaboration Project will continue to support the implementation of QUALITYstarsNY in the Head Start and Early Head Start programs in the state (874 centers) and will help to facilitate collaborative conversations to maximize resources to provide technical assistance to programs in need of support and improvement. We will also help to support the dissemination of the NYS Early Learning Guidelines to all child care providers in the state that will in turn support the early childhood educators in strengthening their understanding of child development so the work they do with young children will produce better outcomes.

Historically Head Start has been a national leader in parent, family and community engagement, this will be a prime opportunity to share with the other early care and learning programs what we have learned over the past four decades, leading to more parent involvement in the education of their children.

Sincerely,

(b)(6)

Robert G. Frawley
Deputy Director Council on Children and Families
Head Start State Collaboration Director



**The New York State Association of
Small City School Districts, Inc.**

1280 New Scotland Road
Slingerlands, NY 12159
518-475-9500
518-475-7677 (fax)

October 7, 2011

Hon. Andrew Cuomo
c/o Katie Campos, Asst. Secty. For Education
Executive Chamber
State Capitol
Albany, New York 12224

Re: Race to the Top- Early Childhood Learning Grant

Dear Governor Cuomo:

I write on behalf of the New York State Association of Small City School Districts, the 240,000 students they serve and the 1.5 million residents of the small cities to express my personal support and that of the Association for the State's RTT-ELC grant application. The Association has consistently recognized the importance of and supported efforts to strengthen early childhood education in our member districts. Early childhood learning programs are especially important for higher need lower wealth districts such as ours where many of our students come from low income families. Studies clearly show the adverse effects of poverty on student success particularly when poverty is experienced in the earliest years. It is vital that we make every effort to focus federal, state and local resources to help these neediest children overcome the educational disadvantages they face at the time they are most vulnerable.

We are pleased to see that the grant is focused on the education of low income children. As stated by the US Department of Education:

The RTT-ELC grant competition will focus on improving early learning and development programs for young children by supporting States' efforts to: (1) increase the number and percentage of low-income and disadvantaged children in each age group of infants, toddlers, and preschoolers who are enrolled in high-quality early learning programs; (2) design and implement an integrated system of high-quality early learning programs and services; and (3) ensure that any use of assessments conforms with the recommendations of the National Research Council's reports on early childhood. (§1832(b)(1), title VIII, Division B of P.L. 112-10, the Department of Defense and Full-Year Continuing Appropriations Act, 2011).

That is why we enthusiastically support the State's application and would be happy to assist in further development of the application and implementation of the grant.

Very truly yours,

/S/

Lynn McBride
President, NYSASCSD
BOE, Mount Vernon CSD

*Albany Amsterdam Auburn Batavia Beacon Binghamton Canandaigua Cohoes Corning Cortland Dunkirk Elmira
Fulton Geneva Glen Cove Glens Falls Gloversville Hornell Hudson Ithaca Jamestown Johnstown Kingston Lackawanna
Little Falls Lockport Long Beach Mechanicville Middletown Mount Vernon New Rochelle Newburgh Niagara Falls
North Tonawanda Norwich Ogdensburg Olean Oneida Oneonta Oswego Peekskill Plattsburgh Port Jervis Poughkeepsie
Rensselaer Rome Rye Salamanca Saratoga Schenectady Tonawanda Troy Utica Vernon Verona Sherrill Waterford
Waterlief White Plains*

Providers (Child Care)

**Together We Grow Child Care Center
7020 Manlius Center Road
E. Syracuse, New York 13057
(315) 656-2399**

October 3, 2011

Governor Andrew Cuomo
c/o Katie Compos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, New York 12224

Dear Governor Cuomo:

My name is Karin Mabe and I am the director of Together We Grow Child Care Center in East Syracuse, New York and we have been fortunate to have been chosen to participate in the pilot program for QUALITYstarsNY. At first I thought this experience would be nothing more than a frustrating exercise in filling out paperwork but I soon found out how wrong I was. After the initial rating of our program and the identification of our needs by QUALITYstars staff, New York State came through with the one thing all day care centers need and that is funding to make improvements.

I will have to say that the flow of funds seems almost like a miracle to those of us who are constantly weighing the needs of the program against the needs of parents for reasonably priced quality day care. The support of New York State has been crucial for helping us to begin to meet our improvement goals without burdening already cash-strapped parents with tuition increases.

Specifically, we have used QUALITY Scholars funds to train staff in assessment and observation techniques, purchase the Ages and Stages evaluation tool, and pay for on site support in implementing this program. Additionally, these funds have allowed several staff members who cannot qualify for EIP scholarships and, yet, could not afford additional education on their own, to pursue their CDA's online. Finally, our latest project to use QUALITY Scholars funds has been to purchase new science manuals and materials to bolster the teaching of science to our toddler, preschool, and prek classes while introducing New York State Prekindergarten Learning Standards to our staff. All these projects would have been impossible to implement without the support of New York State. We are thankful for this opportunity to move from day care to day school.

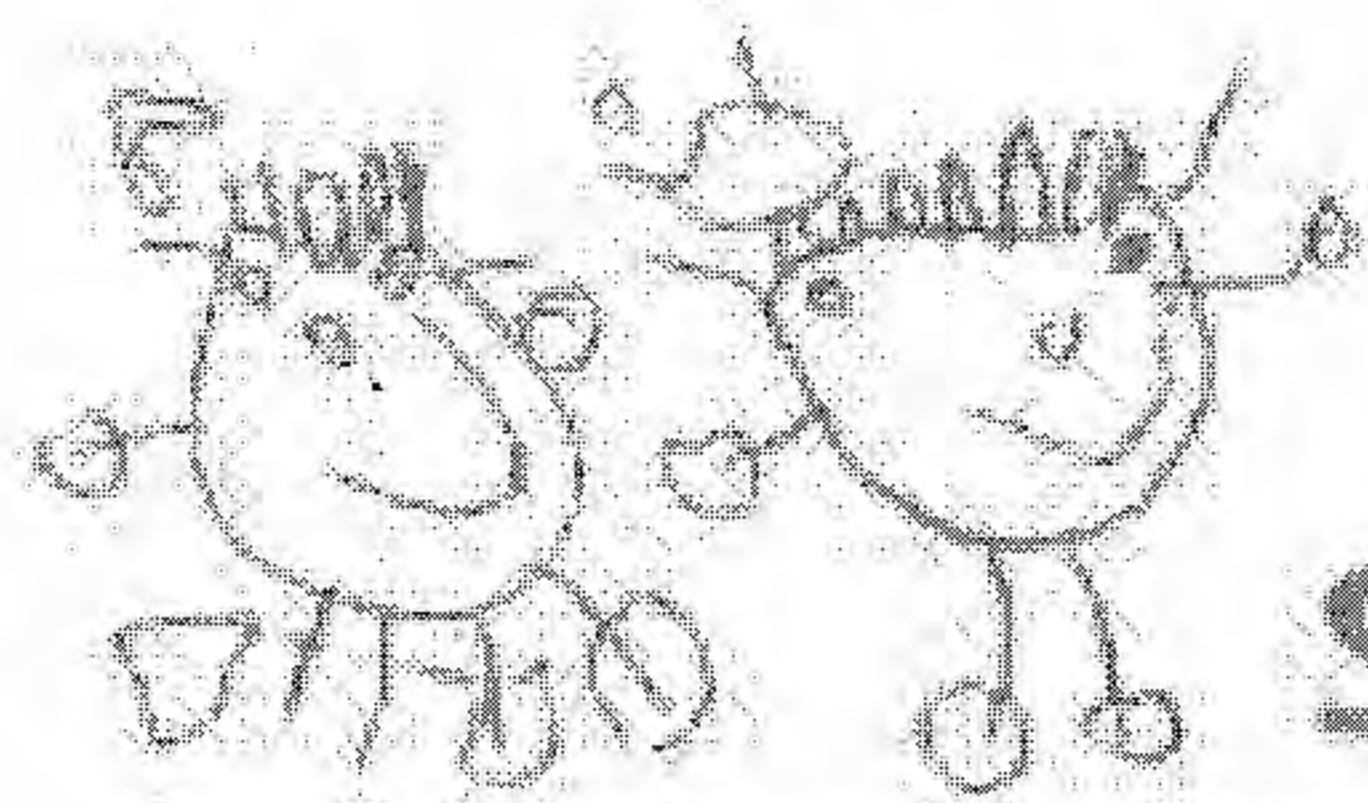
However, because of our continuing goals to improve our school through the further education of our staff, the building of a stronger literacy program, and the opportunities to purchase needed materials, we urge you to compete for the \$100 million available to New York State through the federal Race to the Top: Early Learning Challenge program.

We are so thankful for all the wonderful support we have received from New York State so far but we have more work to do. Please help us to continue to strive to provide the finest education possible for our youngest "students" while maintaining a level of tuition that is affordable to our parents.

Sincerely,

(b)(6)

Karin S. Mabe, Director
Together We Grow Child Care Center



Stony Brook Child Care Services, Inc.

Stony Brook University, South Drive, Stony Brook, NY 11794-4000 • Telephone: (631) 632-6930

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

October 3, 2011

Dear Governor Cuomo,

I am the Executive Director of Stony Brook Child Care Services, Inc. located on the SUNY Stony Brook campus. Always working to meet the needs of children and their families I want you to know that I am in full support of an application to the Federal Departments of Education and Health and Human Services for the Race to the Top: Early Learning Challenge. As I understand, this is a grant that would greatly benefit New York's youngest citizens and their families. It is designed to support states in developing early childhood systems that will increase access for children to high quality early childhood programs and services. This initiative shows a move in the right direction. It is built around establishing and implementing QUALITYstarsNY, our tiered quality rating and improvement system which integrates health and emotional development and is linked to comprehensive child assessment; work force development; family engagement in early learning; and cross-agency data systems. These are initiatives that parents across New York have wanted to see for years.

This new initiative represents an extraordinary opportunity for New York to develop a continuum of education that truly begins at birth and lasts a lifetime. Specifically, this grant would provide the essential groundwork and tools to promote school readiness for all children, especially those with special needs.

I see this as an exciting time for the state of New York, especially for parents of young children, if this grant application moves forward.

Sincerely,

(b)(6)

Mary Cain
Executive Director





PEACE Inc.
Baldwinsville Head Start
110 Oswego Street
Baldwinsville, NY 13027

The Honorable Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Education of children does not begin in kindergarten.

As a site supervisor of a Head Start preschool program, I can tell you the importance of early childhood education. I can also tell you education begins at birth.

The families that enter through our doors represent the children of our future, however many have not had the opportunities that support healthy child development. Developing high quality early learning standards and developmental standards and the availability of support beginning at birth, will change the outcome in our educational system.

I have had the opportunity to work in a variety of early education positions and in a number of states in my 32 years. From early education teacher, trainer, to state licenser I know the importance of knowledgeable and experienced early childhood educators. However, these persons are under paid and many leave because other positions pay more. We need to see the value in our early childhood educators.

In 2009 I volunteered to have my site participate in the QualityStarsNY field test. While Head Start and Early Head Start has always been the forerunner in comprehensive child development programs, which serve children from birth to 5, pregnant woman and their families, it was an honor to be a part of this quality rating and improvement system. QualityStarsNY will raise the bar in early childhood education and give some much needed professional development and technical support to New York's early childhood providers.

All children deserve an infrastructure that promotes school readiness. **All** families deserve quality programs that promote a developmentally appropriate learning environment and family support.

Sarah...
(b)(6)

SHARAH L. PARSONS
Site Supervisor
Baldwinsville Head Start



Jerome Underwood
Board Chair

James H. Norman
President & CEO

September 28, 2011

The Honorable Andrew Cuomo
Governor of the State of New York
c/o Katie Campos, Assistant Secretary for Education
Executive Chamber
State Capitol Building
Albany, N.Y. 12224

Dear Governor Cuomo,

Action for a Better Community's (ABC) Head Start Program is a leader in the field of early education and the provision of family services. We are an active member of the region's Early Childhood Development Initiative, and through that partnership have been an active participant in the development of *QUALITYstarsNY*, and other efforts that promote the development and use of high quality early learning and development standards.

ABC is fully supportive of the New York State Early Childhood Advisory Council's efforts in submitting a proposal under the Federal Departments of Education and Health and Human Services' *Race to the Top: Early Learning Challenge*. We look forward to continuing to assist in the strengthening and improvement of services to young children and their families.

As a Head Start program we understand the critical importance of the aims of the proposal: assessment systems; early learning and development standards; addressing the health, developmental and behavioral needs of children; engaging and supporting families, not only as parents but also in their efforts toward self-sufficiency; and creating and managing an early learning data system.

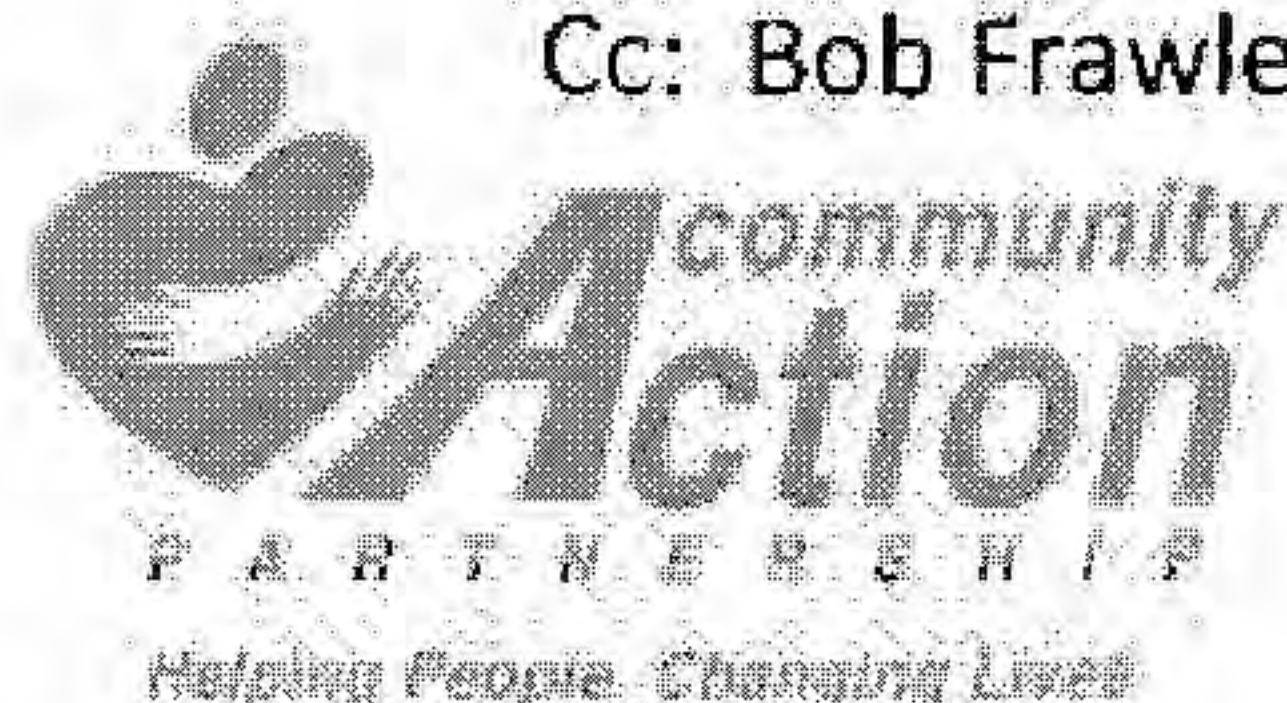
If there is any additional information that Action for a Better Community's Head Start program can provide in support of this application please do not hesitate to call on us.

Yours Truly,

(b)(6)

Loretta Kruger
Deputy Director for Early Childhood Services/Head Start Director
49 Stone Street
Rochester, NY 14604

Cc: Bob Frawley



A Community Action Agency Serving Monroe and Ontario Counties

Community Services • Employment & Economic Development • Early Childhood Services/Head Start

Administrative Offices
550 East Main Street
Rochester, New York 14604
(585) 325-5116
Fax: (585) 325-9108
E-mail: CAA@ABCinfo.org
Web site: www.ABCinfo.org
A-337

Corning Community College Child Care Center
1 Academic Drive
Corning, NY 14830

9/28/11

Department of Health and Human Services and Department of ED
Washington DC

To whom it may concern,

I am writing this letter in enthusiastic support of New York State's proposal for the Early Learning Challenge Grant. I am the Director at CCC Child Care Center. I know how important quality early experiences are to long term development and success. Unfortunately not all of New York's children have access to high quality care. There are, however, efforts in place to ensure that children with the highest needs will have access to high quality early care and education.

My Child Care Center, as well as all of New York's regulated and licensed child care programs are regularly inspected by the Office of Children & Family Services' Division of Child Care Services. They are dedicated to maintaining a high standard of care and providing me with information and guidance on maintaining a safe and supportive environment for the children in my care.

QUALITYstarsNY, New York State's quality rating and improvement system will be implemented soon. This is an exciting opportunity for me and my colleagues. It will give us guidance, support and encouragement for quality improvement. It will also give parents a compass to follow when looking for quality care. This is a great step forward in empowering all parents to make informed decisions about the most crucial time in their children's lives.

The connection between early education and elementary education has long been overlooked. As a professional in the early care and education field I know that there is no stop and start between preschool and kindergarten. Learning starts at birth, taking root and branching out throughout childhood and beyond. The recently adopted New York State Department of Education prekindergarten learning standards address five domains of child development and how they relate to elementary education. These standards not only address the importance of quality early education, they are great leap forward in the alignment between early and elementary education.

When I have questions about what New York State is doing to support children, especially those with the highest needs one place I turn to Steuben Child Care Project my local Child Care Resource and Referral Agency for information, guidance, training and so much more.

Quality early childhood experiences are good for all of our children because it means they will be less likely to have special needs, less likely to drop out of high school, less likely to be teen parents, less likely to be incarcerated and more likely to develop the skills they need to be critical thinkers and productive contributors to our communities, state and the world.

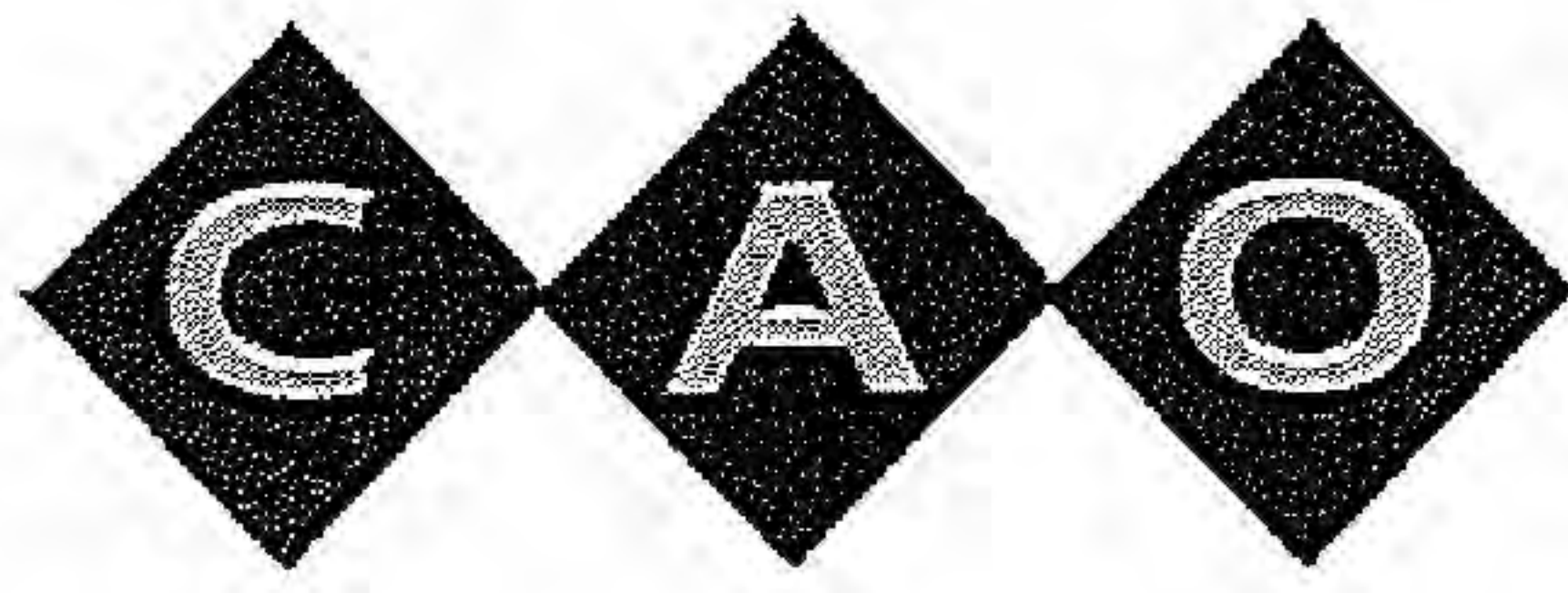
I am encouraged by New York's hard work on behalf its children, but there is so much more than can be done. The Early Learning Challenge Grant will allow those efforts to be efficiently and effectively expanded throughout the state and enable us to take the next steps in providing the right first steps for all our children.

Sincerely,

Mary Ellen DeNardo

607-937-6841

(b)(6)



Community Action Organization of Erie County, Inc.

70 Harvard Place ■ Buffalo, New York 14209 ■ (716) 881-5150 ■ Fax (716) 881-2927

FUNDING SOURCES:

U.S. Dept. of H.H.S.
N.Y. State Dept. of State
County of Erie
City of Buffalo

October 4, 2011

Governor Andrew Cuomo
c/o Katie Campos, Assistant Secretary for Education
Executive Chambers
State Capitol
Albany, New York 12224

Dear Governor Cuomo:

As Administrator for the Community Action Organization of Erie County, Inc. Early Head Start/Head Start Program, my prime directive is to provide exemplary comprehensive early childhood services for our children and families in cooperative, collaborative and nurturing environments with dedicated, competent and qualified staff and community partners that will empower our families as they become self sufficient, becoming strong advocates for their children, build a positive legacy and build human capital and to support their efforts as they facilitate positive contributions in our community,

It is our belief that the establishment of a state wide quality rating system will go a long way in ensuring uniform measurements of quality for children across New York State. We believe in the comprehensive collection and utilization of assessment systems and data to drive our programmatic decisions. By utilizing a measurable quality data driven system we ensure that the results that we garner for our children and families are tangible and transferrable as they transition into our local school districts. We are steadfast in our delivery of comprehensive health, behavioral and individualized developmental services that we provide for both our children and our families. The early learning challenge fund will assist in going a long way in providing more in depth and more linear integrated services.

It is with these commitments in mind that I offer you my sincerest support in your pursuit of the early learning challenge fund. At CAO we are excited for the possibility of partnering with you to create innovative opportunities for establishing the children and families of New York State as the model of educational success to our country.

Sincerely,

(b)(6)

Phyllis A. McBride
Early Childhood Administrator



Ronald E. Richter
Commissioner

150 William Street
18th Floor
New York, NY 10038

212-341-0903 tel
212-341-0916 fax

October 7, 2011

Honorable Andrew Cuomo
c/o Ms. Katie Campos
Assistant Secretary for Education
Executive Chamber, State Capitol
Albany, NY 12224

Dear Governor Cuomo:

I am writing to express my support for New York State's application for the Race to the Top: Early Learning Challenge proposal. We at New York City's Administration for Children's Services are very appreciative of the State's decision to apply for these funds. This action underscores the State's leadership in developing a continuum of quality education starting with infancy through early childhood and primary school.

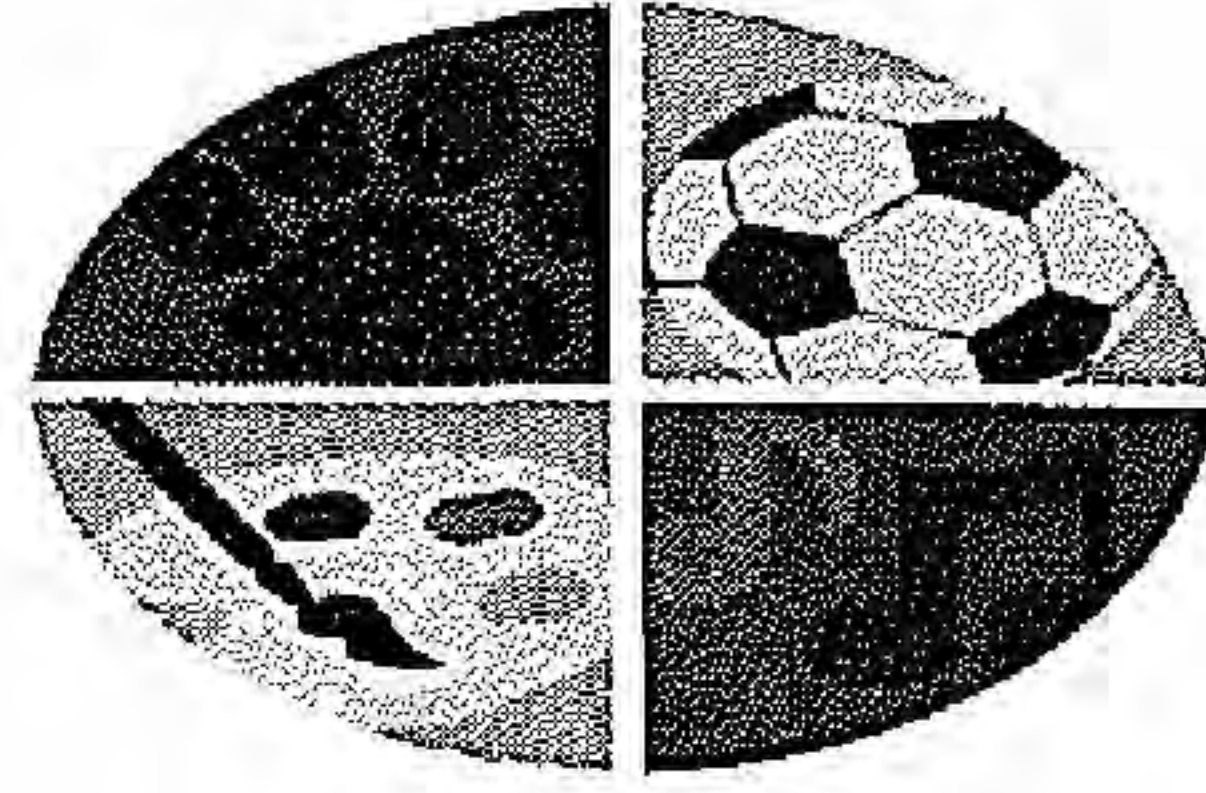
As you may know, New York City is launching its own new system of high quality early childhood care and education called EarlyLearn NYC. EarlyLearn NYC was designed to have strong linkages with the implementation of the State's QUALITYstarsNY quality rating and improvement system. Like QUALITYstarsNY, EarlyLearn NYC calls for the use of a comprehensive quality assessment system that addresses children's developmental and health needs and informs the quality of care provided by teachers in classrooms. We are very pleased that the State's Race to the Top funding proposal calls for support for QUALITYstarsNY, and thereby support for local systems of high quality early childhood care and education.

Through its connection with EarlyLearn NYC, the State's Race to the Top proposal would benefit over 41,000 children in New York City together with children and families across the State. New York City's children and families benefiting from EarlyLearn NYC will be residents of underprivileged neighborhoods in the City, and we look forward to the expansion of opportunities for these children through the quality education supported by QUALITYstarsNY and the Race to the Top award.

Sincerely,

A handwritten signature in black ink, appearing to be "R. Richter", written over a horizontal line.

Ronald E. Richter
Commissioner



Cub Care Children's Center

"Enriching Young Minds."

October 7, 2011

Governor Andrew Cuomo,
C/O Katie Campos, Asst. Secretary for Education
Executive Chamber, State Capital
Albany, NY 12224

Dear Governor Cuomo,

Cub Care Children's Center is a non-profit organization that has been serving the families and children of our community since 1988. ***Our Mission*** - To meet our Communities needs through the operation of child centered programs that meet and exceed current quality standards. ***Our Philosophy*** - Enriching young minds through stimulating learning experiences that will give children opportunities to explore their world, help children learn to make healthy choices, and grow lasting friendships. ***Our Passion*** - Creating that special place where children experience safe and welcoming programs that will engage their natural interest in learning, help develop social competence and foster a positive self-image. ***Our Commitment*** - The Board of Directors and staff will operate our programs with creativity, compassion and integrity with a focus on providing flexible and affordable child care and early childhood education options for children 3-12.

We are one of two centers selected to work with our School District to provide Universal Pre-Kindergarten and have been working closely with the district for several years to develop age appropriate curriculum for our young children. We have just completed aligning that curriculum with the new core standards adopted by New York State. We are also the largest School Age program in the Vestal District. We provide before, after, holiday and summer programming for over 200 families.

When the QUALITYstarsNY Field Test was announced we immediately submitted our application to be a test site and were thrilled to be selected. This initiative fit so well with what we have been working to model and accomplish for many years. Program and professional development have always been an important priority and because budgets are tighter everywhere we are limited in our ability to access opportunities. The initial assessment provided by the field test helped us to identify areas of strength and areas for improvement. Our management team has since implemented several program and staff support enhancements including the launch of a new more interactive website for our parents. With the assistance of our local QUALITYstarsNY consultant we continue to set new quality improvement goals for our program. By utilizing the QUALITY-Scholars grants we have participated in higher quality training programs. These opportunities have enabled us to draw more qualified staff teaching staff to the program and to give educational opportunities to current staff. The grants provided for materials assisted us in providing important children's interactive learning items for our classrooms.

We appreciate the great impact that participation in this first phase of the QUALITYstarsNY program has had on our center and we actively encourage others in the field to embrace and support full implementation this program. New York States investment into the programs and staff that are providing care for our young children is critical. These first experiences set in place the corner stones of the foundation upon which all future skills development, social, emotional, physical and cognitive will be anchored. We need the tools and support to do this work well and to create the best possible foundation for every child.

Sincerely,

(b)(6)

Deborah Fitzgerald, Executive Director

Recess Resources, Inc. 201 Main Street Vestal, NY 13850 | (607) 786-9006 | www.cubcare.org



October 7, 2011-10-07

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Re: Race to the Top: Early Learning Challenge

Dear Governor Cuomo,

I am writing in support of the New York State application for the Race to the Top: Early Learning Challenge federal grant application. Our center chose to participate in the field test to become more familiar with the Quality Stars program and to identify improvement opportunities. As a result of participating in the field test, our center received Quality Scholars support for quality improvement, a support grant for materials, and the ability to work one-on-one with a Quality Improvement Specialist. The individual attention provided by the Quality Improvement Specialist permitted our center's particular programming needs, including staff training, to be addressed.

The Quality Stars program supports our center mission statement: Partnering with families to provide peace of mind while their children are in a safe, CARING, fun, and engaging learning environment.

The QUALITYstarsNY program is important for New York State because it offers a high quality early learning and development standard. For New York State child care providers, the program is an effective use of well-researched and comprehensive assessment systems. The Quality Stars evaluation tool addresses health, behavioral and developmental needs of children. It also engages and supports center families.

I strongly support the application by New York State for the federal grant application to establish and implement the Quality Stars rating and improvement system. If you would like to discuss my support, I can be reached at 751 Long Pond Road, Rochester, NY 14612, (585) 723-8030.

Yours truly,

Michelle Ellis
Director



October 7, 2011-10-07

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Re: Race to the Top: Early Learning Challenge

Dear Governor Cuomo,

I am writing in support of the New York State application for the Race to the Top: Early Learning Challenge federal grant application. Our center chose to participate in the field test to become more familiar with the Quality Stars program and to identify improvement opportunities. As a result of participating in the field test, our center received Quality Scholars support for quality improvement, a support grant for materials, and the ability to work one-on-one with a Quality Improvement Specialist. The individual attention provided by the Quality Improvement Specialist permitted our center's particular programming needs, including staff training, to be addressed.

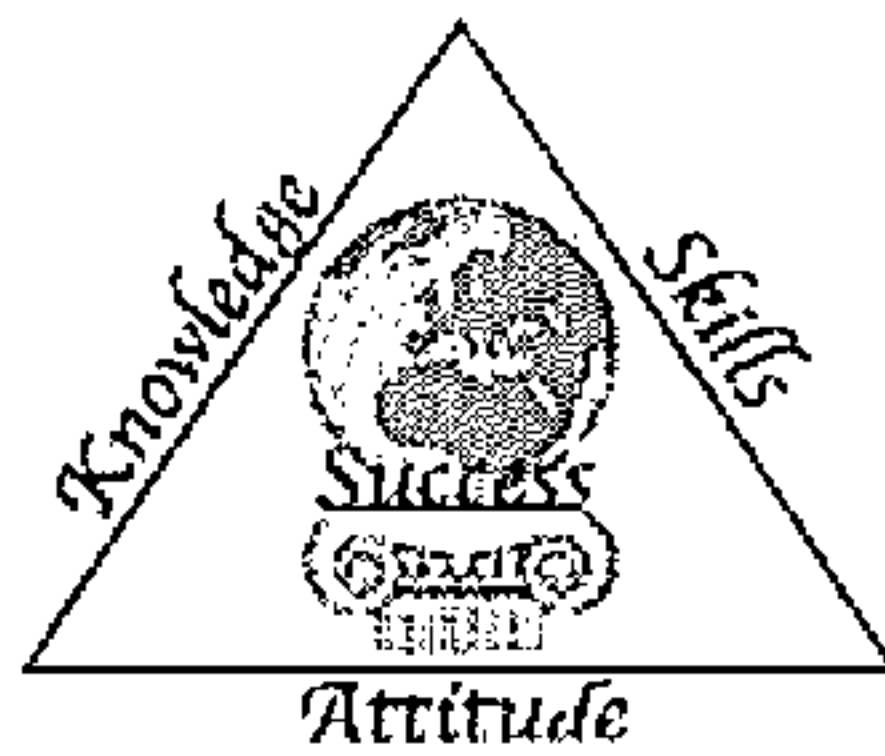
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The QUALITYstarsNY program is important for New York State because it offers a high quality early learning and development standard. For New York State child care providers, the program is an effective use of well-researched and comprehensive assessment systems. The Quality Stars evaluation tool addresses health, behavioral and developmental needs of children. It also engages and supports center families.

I strongly support the application by New York State for the federal grant application to establish and implement the Quality Stars rating and improvement system. If you would like to discuss my support, I can be reached at 100 Pinewild Drive, Rochester, NY 14606, (585) 723-0050.

Yours truly,

Joyce Goetz
Director



UNIVERSAL PRE-KINDERGARTEN
11 UNITY DRIVE
CENTEREACH, NY 11720
(631) 285-8786 Fax# (631) 285-8790
Ms. Deborah B. Wolfe
UPK Associate
www.mccsd.net



October 7, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo,

Middle Country Central School District on Long Island was fortunate to receive a New York State Universal Prekindergarten Grant each year beginning in 2006. We currently serve 533 preschool children and their families. We have three sites for UPK classes in the District and partner with a local private preschool, two Head Start facilities, and a special education 4410 preschool to provide full-day options for families. We have collected data regarding the success of our UPK children on benchmarks for reading and math in kindergarten. Children who attend UPK perform 8-10% better on our kindergarten benchmarks than their peers. This year, our first year UPK students took the NY State Third Grade assessments in Math and ELA. Again, the children who attended the Universal Prekindergarten Program performed significantly better than their peers on these state assessments.

Believing that quality early education experiences make a difference, we contributed to the implementation of QUALITYstarsNY, our tiered quality rating and improvement system. As a pilot study participant, we benefited from the use of a comprehensive assessment system to determine program effectiveness, teaching quality, and parent involvement success. This year we will receive and benefit from professional development in Active Learning and Language Development strategies provided through a QUALITYscholars grant. This intentional and extensive professional development for early childhood teachers will help us better address the health, behavioral, cognitive, language, and developmental needs of our youngest learners in Middle Country.

In addition, our participation and work in implementing the NY State Prekindergarten standards has "raised the bar" for our UPK teachers who understand that "learning through play" can be intentional, focused, and comprehensive as well as developmentally appropriate for our youngsters. We anticipate even greater success for UPK children as they continue their educational journey and participate in a variety of measures to indicate their progress. We are building an early learning data bank in Middle Country and look forward to a comprehensive

New York State system that will guide new decisions and planning in early childhood education for New York's youngest citizens.

More than 3,000 youngsters have benefited from our Universal Prekindergarten Program in Middle Country CSD. We look forward to New York State's success as an early childhood leader and recipient of the Race to the Top: Early Learning Challenge Grant.

Sincerely,

Deborah B. Wolfe
Universal Prekindergarten Associate
Middle Country Central School District
11 Unity Drive
Centereach, NY 11720
631.285.8786
dwolfe@mccsd.net

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

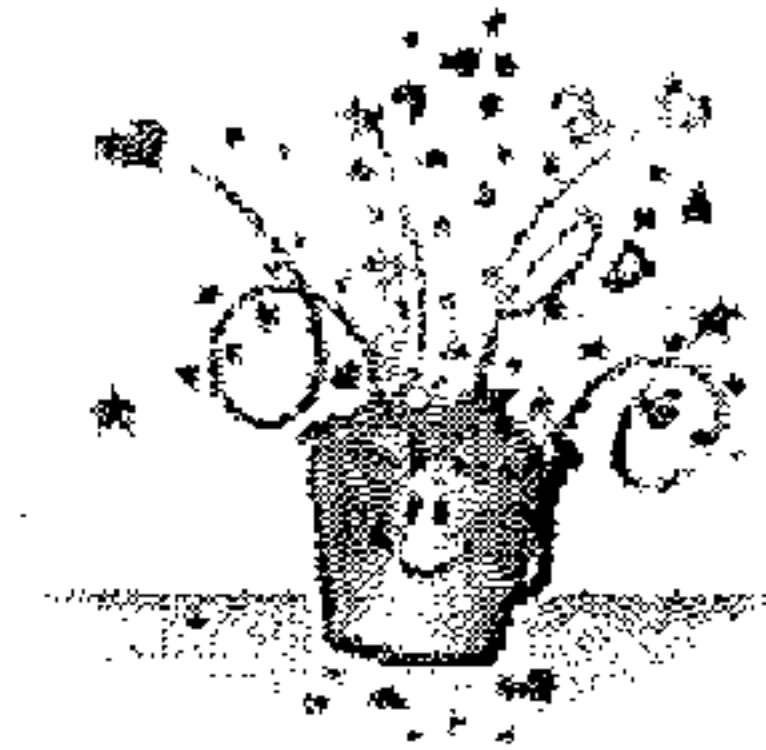
Dear Governor Cuomo,

I am writing this letter in support of New York State receiving the Race to the top Early Learning Challenge federal grant. As a participant in the Quality Stars NY field test I know how important these funds are for the early childhood community. The implementation of Quality Stars NY will raise the standard of early childhood centers and benefit children across the state. Quality Stars NY has led to better training and technical support for my staff. Our consultant has been invaluable in helping us to grow professionally. On September 8, 2011 we were able to create a Professional Day of Learning funded in part by Quality Scholar dollars. This Day of Learning provided exceptional training for over 200 early childhood teachers on Long Island.

Sincerely,

Laura Reich,
Director,
Gan Shalom Nursery School
Reconstructionist Synagogue of the North Shore
Plandome NY 11030

Brushton-Moira Elementary School UPK-4



Mrs. Cathy Devins, Principal
518-529-7324 x1119 cdevins@mail.fehb.org

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany New York 12224

Dear Governor Cuomo,

The Brushton-Moira Central School district, a small, rural UPK-12 school, is committed to providing Early Childhood programming to all our district children and families. We currently have one all-day UPK program for a maximum of 18 students.

The UPK program participated in the implementation of QualitystarsNY this school year, following the use of the comprehensive assessment system. Our program has benefitted from the tiered rating and improvement system of QualitystarsNY and has added new strategies/programming to address health, behavioral and developmental needs of our preschoolers.

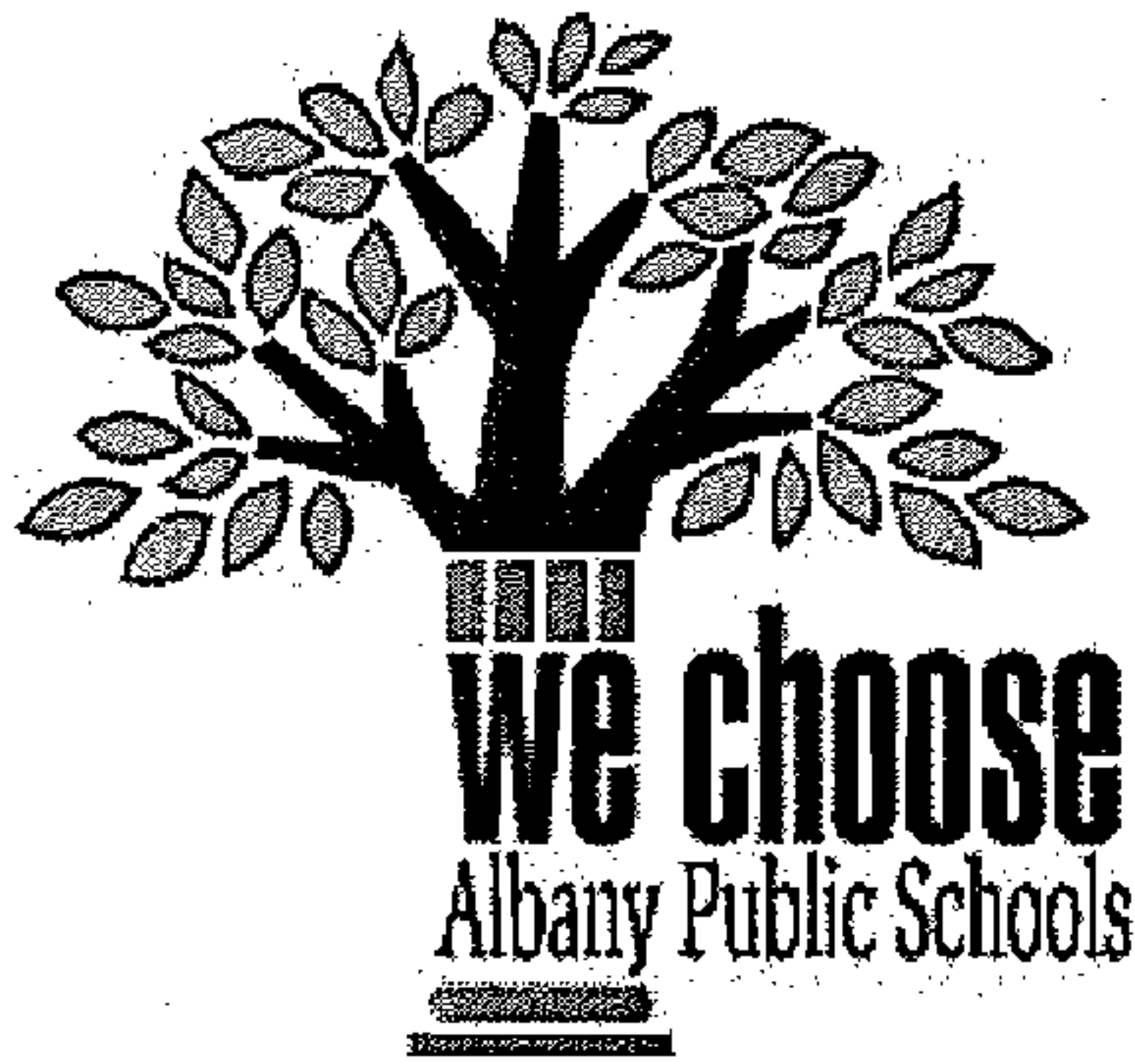
We are aware of "New York Works for Children" framework to provide professional development to our Early Childhood workforce. An Early Learning Data System would enhance our data management system to provide the assessment data for kindergarten entry and give us the direction for data-driven instruction.

Brushton-Moira is the 4th poorest district in New York State. Our parents struggle every day to get their children to school prepared to learn. Research has shown how important the early years are in a child's life to becoming all they are capable of. In reviewing our data, students attending a UPK program have consistently been in the top 15% of their class academically the following years. However, the students unable to attend programming have been at-risk the following years in both the academic and behavior realms.

Since 2005, our UPK program has been providing quality educational and developmentally appropriate programming to 18 students per year. Most years we have at least 30 applications for a slot in the program. The Early Learning Challenge would not only help us to provide programming for all our preschoolers, it would benefit all the children and families of New York State.

Sincerely,

Catherine Devins, UPK-4 Elementary Principal/CSE Chair



Melissa Hasty
Early Childhood Coordinator

October 11, 2011

c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, New York 12224

Dear Governor Cuomo:

I am writing this letter in support of the implementation of Quality Stars NY, a tiered quality rating and improvement system. It is imperative to ensure that all children, from birth to school age and beyond, have the opportunity to receive a high quality, developmentally appropriate educational foundation from the time they first begin in an educational setting.

The City School District of Albany participated in the field test of Quality Stars NY, to ensure that our Prekindergarten programs were providing the best learning environment for our students to continue developing their educational foundation. Three of our thirty-seven prekindergarten programs were participants in the field test, but since first learning of this system and the initial work, we have collaborated with the Capital District Child Care Council to provide professional development, additional site visits, observations and technical support to ensure all of our teachers, assistants, aides and classroom environments are of the same high quality that should be expected by staff, families and students alike. Because of our participation in this field test, we were able to celebrate our strengths and recognize where we needed to improve and develop an improvement plan to support the necessary changes. We have developed a Parent Handbook, added more professional development sessions about observing children, and using this information to inform instruction. One piece missing that is imperative to support all of this work is a common state-wide assessment tool for early childhood, preschool and kindergarten entry to support developmental best practices and to allow for progress monitoring.

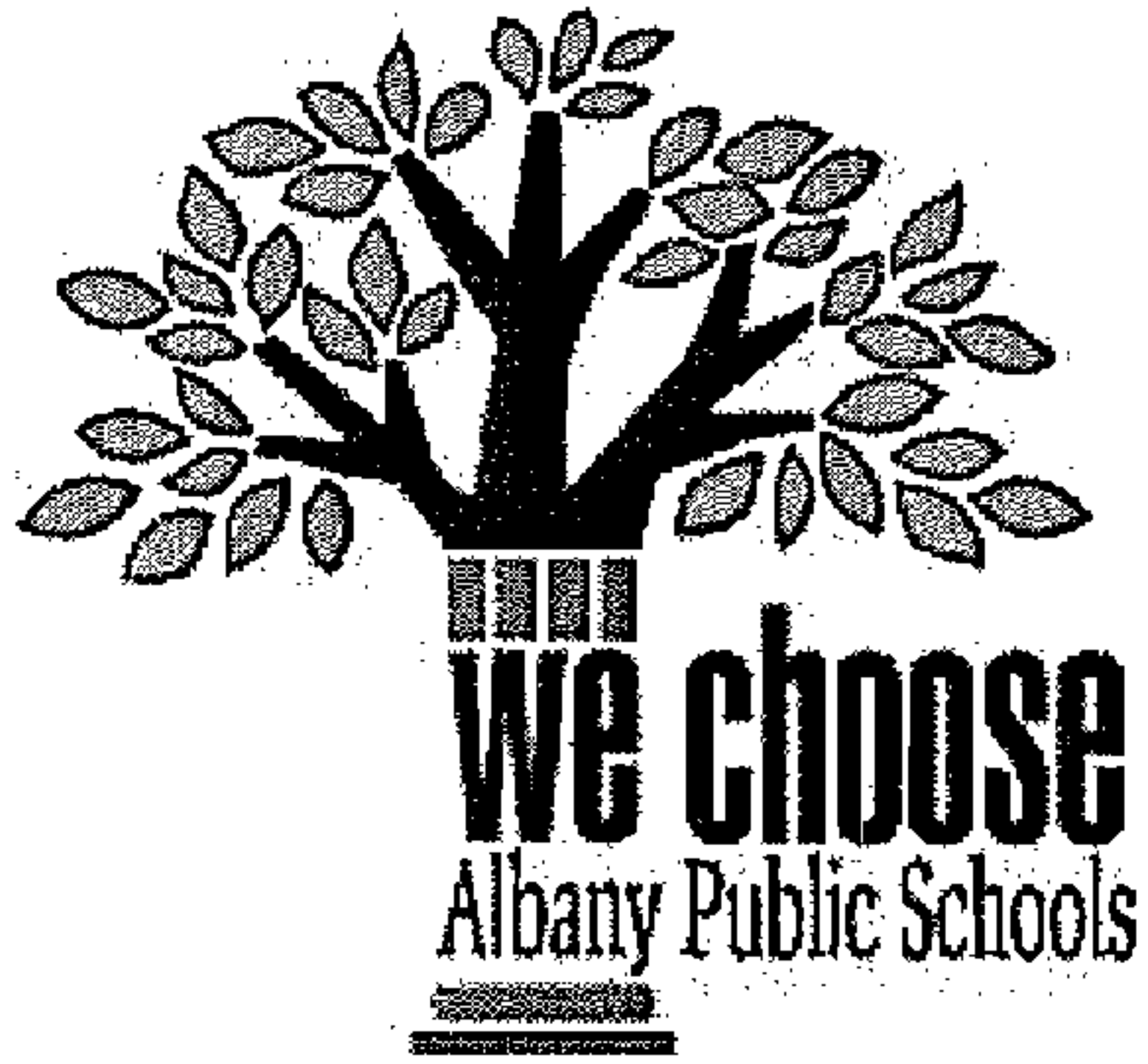
As a parent, it would have been so beneficial to have a rating system in place as we were looking for programs for our own children. I would walk into potential sites and count books on bookshelves, look at materials available to students and see how the teachers interacted with and engaged the students. The program we were most impressed with was out of our reach because we just could not afford the monthly tuition. Should my family and child have had to settle for a lesser quality program?

By having a quality rating and improvement system in place in New York, we are able to ensure that no family has to settle for a less than stellar program; all programs have the potential to become ones of high quality with the support of this proposal. It is my hope that you will acknowledge the importance of this system for children and their future, and the future of New York State and support the implementation of Quality Stars NY.

Sincerely,

Eagle Point Elementary School
Phone (518) 475-6837

1044 Western Avenue Albany, NY 12203
E-mail mhasty@albany.k12.ny.us



Melissa Hasty
Early Childhood Coordinator

Melissa Hasty
Early Childhood Coordinator
City School District of Albany
Eagle Point Elementary
1044 Western Avenue
Albany, New York 12203
518 475 6837
mhasty@albany.k12.ny.us

Eagle Point Elementary School
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1044 Western Avenue Albany, NY 12203
E-mail mhasty@albany.k12.ny.us



17 Oak Street
Plattsburgh, NY 12901
(518) 561-4290
www.plattsburghymca.com
October 11, 2011

Governor Andrew Cuomo
c / o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 1224

Re: Race to the Top

Dear Governor Cuomo:

On behalf of the Plattsburgh YMCA Bright Beginnings, I am writing to express our support for the application of the Race to the Top: Early Learning Challenge. This is a great opportunity for the state of New York and we are excited about your application.

We are a not for profit child care organization and our financial resources for training are limited. Thanks to the field test QualitystarsNY, we have improved the quality of our child care program. As a field test participant, QualitystarsNY provided training opportunities that would not have been financially accessible to us.

The QualitystarsNY made it possible for one staff member to obtain a CDA (Child Development Associate) credential. We attend child care workshops and have on-site training. It also made funding available for the purchase of education materials for the classrooms. My assistant director and I attended our first National Association for the Education of Young Children conference, and nine staff members attended a Capital District Conference with Dr. Jean.

The message I am trying to convey is your application of the Race to the Top will help to implement QualitystarsNY to all child care programs and our young children will greatly benefit from it.

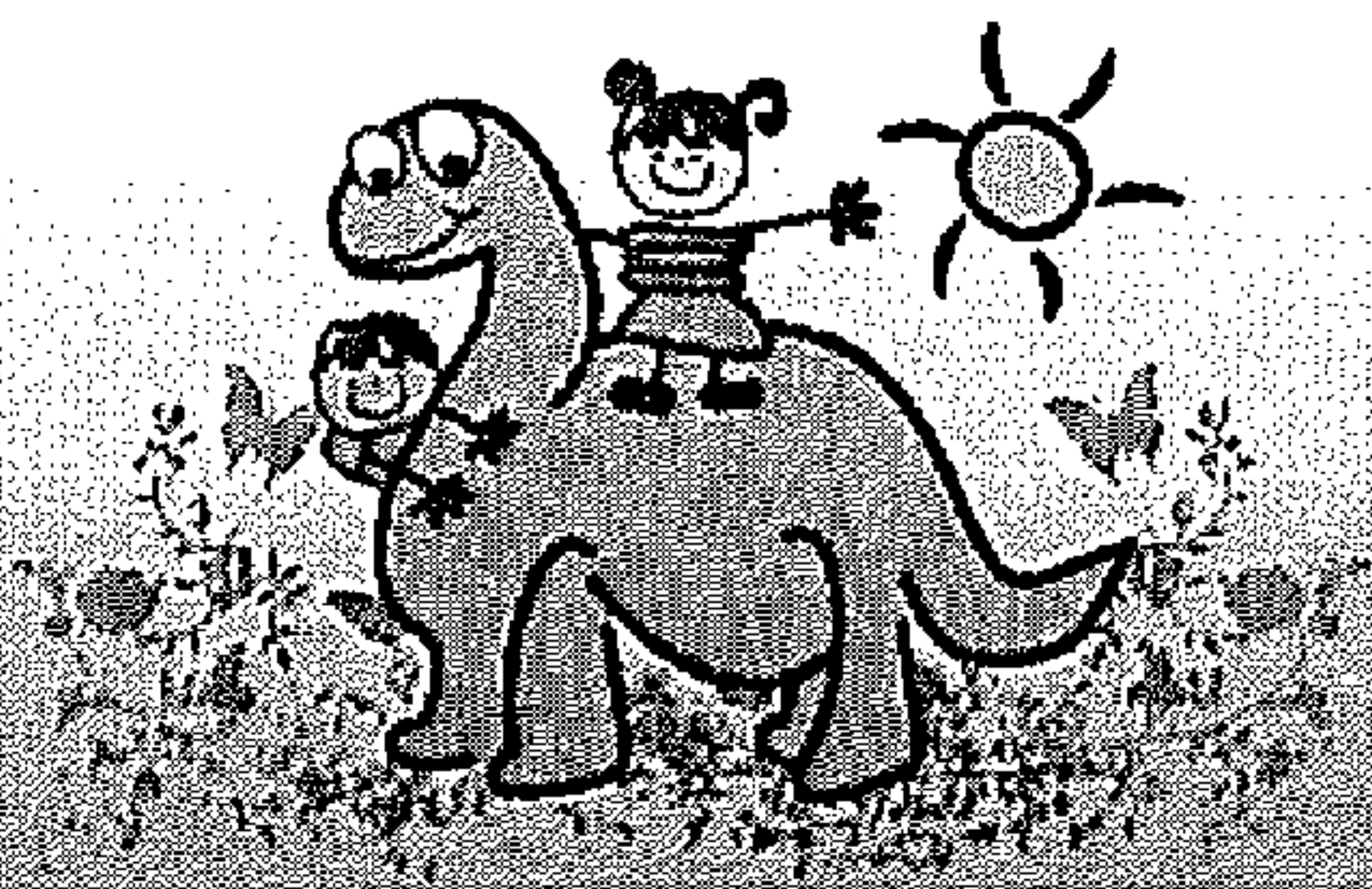
Governor Cuomo, I trust that you will do your best to secure this grant and I want you to know we support and thank you.

Sincerely,

(b)(6)

Jacqueline Prather
Child Care Director





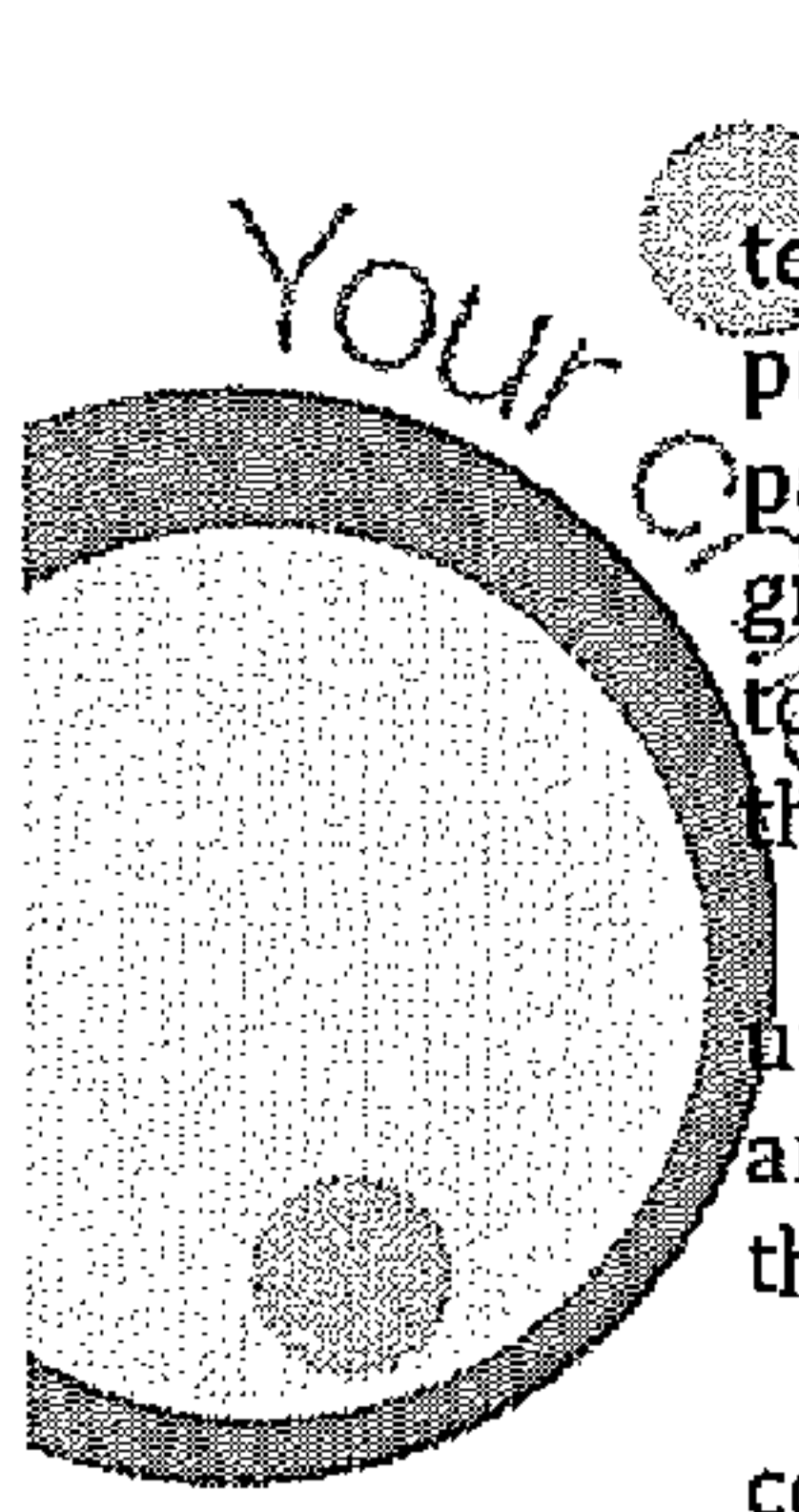
Hastings "Co-op" Nursery School

We welcome students of any race, color, national, or ethnic origin.

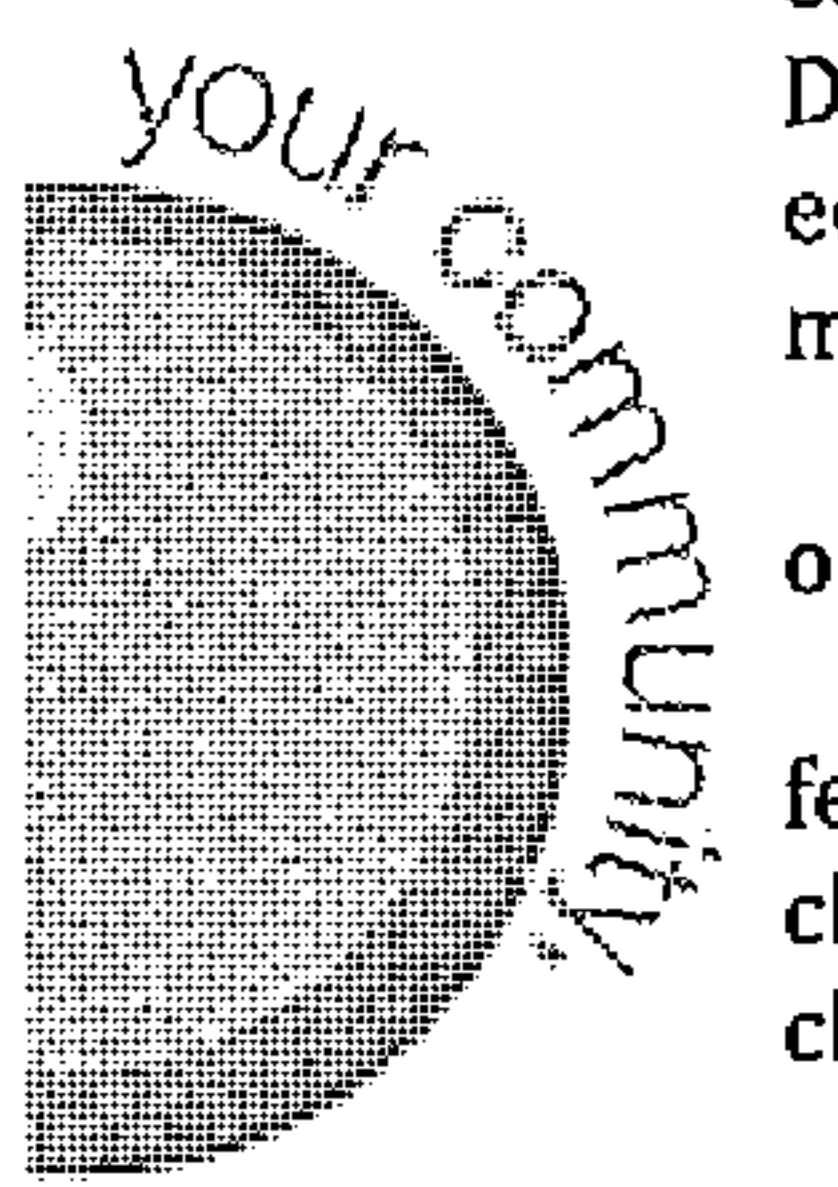
Oct. 9, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo,



Last year, The Hastings Nursery School had the opportunity to be involved in the field test for Quality Stars, NY. I am an Administrator for the program. Our concern about providing the very best quality to our children inspired us to apply to be a field test participant. The field test was a lengthy and time consuming process, but its benefits were great. Through a grant, Quality Stars was able to offer field test participants very valuable tools that helped us to evaluate our strengths and weaknesses, and make improvements that help us to continue to inspire our children to learn and grow.

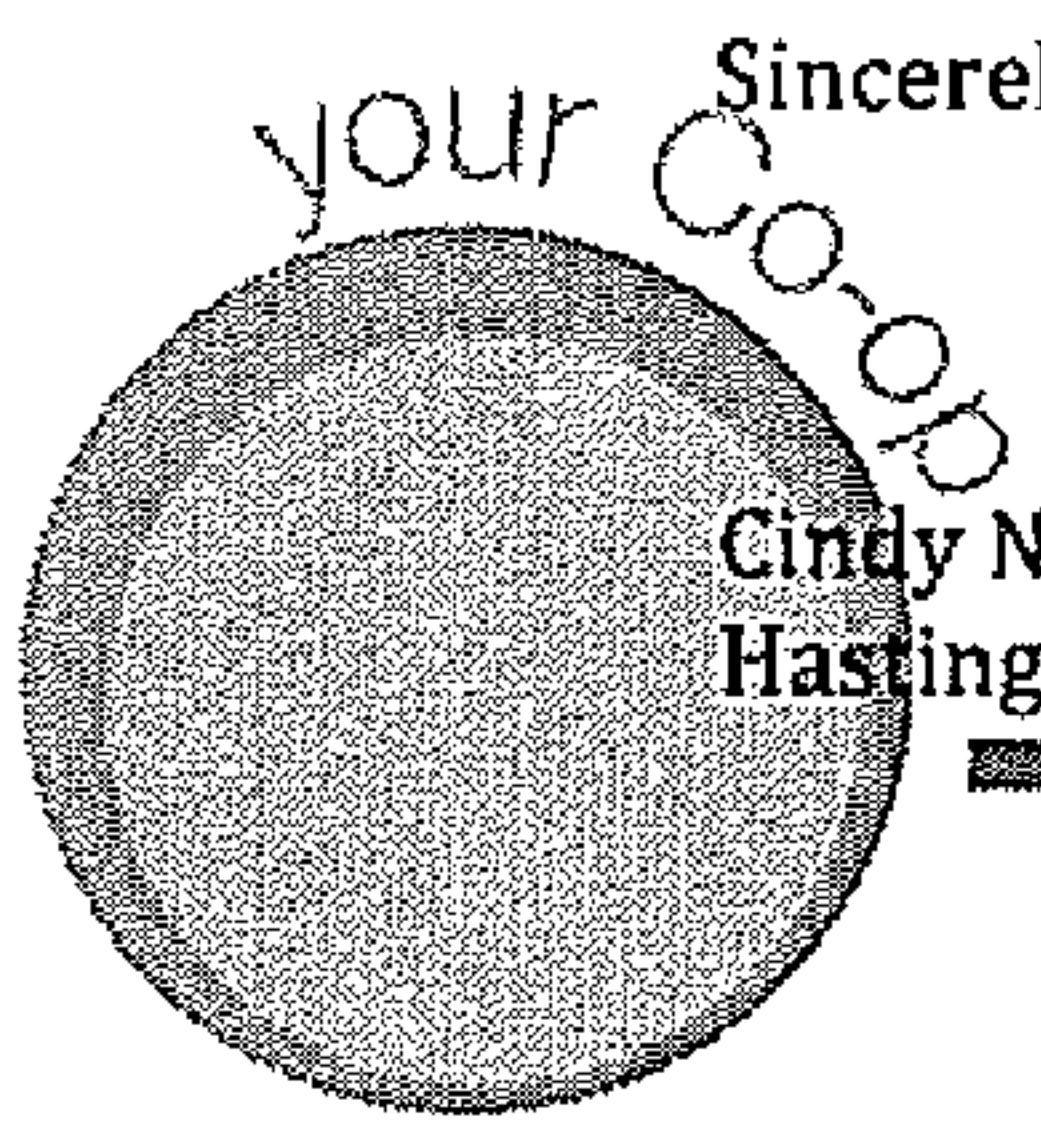


Quality Stars provided us with one-on-one guidance to look over our report, and understand how to make changes that would improve our communication with families, and benefit our children. Our Quality Improvement Specialist was available to us throughout the process, and continues to be a support for our program.

Quality Stars paid for staff training, which supported our goals and philosophy. We could not have afforded this amount of training without this support. The work of Daycare/Nursery School teachers is vital to children getting the right start on their educational journey, yet salaries are very low. This educational benefit helped to boost morale and help our teachers feel valued and respected.

We also received a support grant for materials that helped us to buy new furniture for our classrooms.

We urge you to support the application for the Race to the Top; Early Learning Challenge federal grant. This additional grant will help us to continue in our quest to provide our children and their families with the support they need to begin their lives equipped for the challenges that lie ahead.



Sincerely,
Cindy Nibur
Hastings Nursery School

Irene Werner and Cindy Nibur, Directors
914.478.3777
7 Ferragut Parkway, Hastings on Hudson, NY 10706
www.hastingsnurseryschool.com

Teachers and Administrators of
Club Fed Child Care Center, op by
Victory Child Care, Inc.
Leo W. O'Brien Federal Building
11A Clinton Avenue
Albany, New York 12207

October 11, 2011

Governor Andrew Cuomo
c/o Katie Campus,
Asst. Secretary for Education
Executive Chamber
State Capital
Albany, New York 12224

Dear Governor Cuomo,

We are writing to you in support of New York State's application for *Race to the Top: Early Learning Challenge*.

We understand the *Race to the Top: Early Learning Challenge* Application is to secure a federal grant to support the early care and education system in New York State, including the implementation of QUALITYstarsNY.

As the teachers of children enrolled at Club Fed Child Care Center, op by Victory Child Care, Inc., a National Association for the Education of Young Children (NAEYC) accredited program; we know first-hand of the importance of the QUALITYstarsNY initiative. "Club Fed" was a field test program for the QUALITYstarsNY pilot and our children have benefited greatly from participation. What is so remarkable about QUALITYstarsNY is that we saw even our NAEYC accredited program grow because of our involvement.

As the teachers and administrators at "Club Fed", we have seen "Club Fed's" program grow significantly in our ability to provide quality care to our children in our care – we now implement a much more stimulating sensory and literacy program, as well as an enriched curriculum that has enhanced our children's learning, due to participation in QUALITYstarsNY. We continue to receive the very best in continued learning as teachers, through workshops and education, due to QUALITYstarsNY and Quality Scholars Dollars, which continues to support us as early care educators.

As educators, we know that all children in New York State will benefit from participation in QUALITYstarsNY, as the overall quality of programs will increase, just as they did at "Club Fed".

As an added benefit, we know that parents will be better informed about quality programs and how to find them.

If you would like to see our program at work, just take a look at the QUALITYstarsNY video, the children and program of "Club Fed" are exclusively showcased.

This is an exciting time to be a child in New York State. Our signature below indicates our ardent support of New York State's application for *Race to the Top: Early Learning Challenge*.

Warmest Regards,

(b)(6)

Educators of "Club Fed"

LIVE, LAUGH, LOVE DAYCARE
TERRIE T. PERKINS
6 Vancour Ave
Saranac Lake, NY 12983

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo,

I was fortunate enough to be chosen as one of the Quality Stars NY Field Test participants. I chose to participate in this opportunity because childcare is my passion and my chosen profession. I have worked with children for 28 years in various capacities. Currently, I have a family childcare business. I have come to realize as I moved in this professional path that the need for better educational opportunities for family childcare provider was sorely needed all across NYS, and particularly in the rural areas of New York where I live. I truly benefited by participating because there were funds available for furthering my education. I do not qualify for any grants of any type, yet have worked very hard at taking one class at a time toward a degree in Early Childhood studies with a concentration in Literacy. Quality Stars was able to help me take one class toward that. I was thrilled and believe I am becoming a better childcare advocate because of these programs. I received training tailored to my program with one on one meeting with the specialist assigned to me. The trainings have helped me implement some new assessment and curriculum planning formats into my program. This was an area that I really needed help in and I feel I am now more confident in my abilities to accurately assess and share such information.

Finally, it is IMPORTANT for NYS to become a state where education for our youngest citizens is of the highest quality. Receiving a grant such as this would be a real boom to the entire childcare field in NYS. We want to be at the top of the heap when it comes to caring for and educating our youngest New Yorkers. The only way this is possible is with money. It is my belief that if I can be motivated to move forward with my professional developmental thru such a short program as Quality Stars Field Test then by making it available to all providers in NYS the quality of childcare would become greater and families and children will be better served thus becoming better citizens over time.

Sincerely,

Terrie Perkins

October 11, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo,

Participating in the Quality Stars Field Test has, and continues, to help me in my sincere efforts of attaining high quality learning and development standards for each child in my care. I chose to participate because I know that caring for children is a responsible and demanding job.

The one-on-one training with a Quality Improvement Specialist is very beneficial in helping me to promote school readiness. Also, I can now build close relationships with the parents therefore allowing me to address kindergarten entry assessment, health, behavioral and developmental needs with favorable responses from the parents.

QualitystarsNY is important for New York and, with its continued support providers like myself can be successful in this program.

Sincerely,
Beatrice Key

Beatrice Key
Provider/ Program Director
Key to Little Hearts Daycare



Handicapped Children's Association
18 Broad Street
Johnson City, NY 13790
607-798-7117

October 11, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo:

I am writing this letter in support of your efforts to secure federal funding for Early Childhood Education for the children in New York State through the *Race to the Top: Early Learning Challenge*.

As the Director of Education for the Handicapped Children's Association in Johnson City, New York, I have witnessed first hand the positive impact additional State and Federal funding can have on an Early Childhood Education Center. In 2009 HCA's Building Blocks Preschool participated in the QualitystarsNY pilot. Our participation in this rating and improvement system made HCA take a critical look at our staffing, program, and physical environment. From the results of the objective assessment that was made of our program and the guidance we received from our Qualitystars Improvement Consultant, my staff and I were able to develop program goals that addressed our deficient areas. The funding we received for professional development has allowed us to provide opportunities for HCA's Teachers and Teaching Assistants to pursue additional training and graduate level coursework. I can proudly say that all of our teachers are now NYS certified either in Early Childhood Education or Special Education. Through the Qualitystars Supply Grant we were able to provide materials needed to transform one of our classrooms from an Infant/Toddler room to a Preschool Classroom.

HCA is well aware that NY State is experiencing a budget crisis and has been forced to make cuts to programs and services. We applaud your determination to tackle this very complex and difficult problem. Early Childhood Education and Early Intervention Programs will save the NY State money in the future. Research is quite clear that investing in children before school age, results in long-term positive effects. Children, and especially those with special needs, are our most vulnerable citizens. We have a moral obligation to provide for them and give them the opportunity to grow to become productive adults and citizens. We urge you to continue to support responsible funding for Early Education programming and especially for the continuation of the QualitystarsNY which will make us more competitive when seeking federal funding for the *Race to the Top: Early Learning Challenge Grant*.

Sincerely,

Gail Holleran

Gail Holleran
Education Director for Handicapped Children's Association

www.hcaserves.com



**BARRY AND FLORENCE
FRIEDBERG**
JEWISH COMMUNITY CENTER
LONG BEACH BRANCH

310 National Boulevard
Long Beach, NY 11561

516-431-2929
516-431-6278 FAX

www.friedbergjcc.org

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

October 11, 2011

Dear Governor Cuomo,

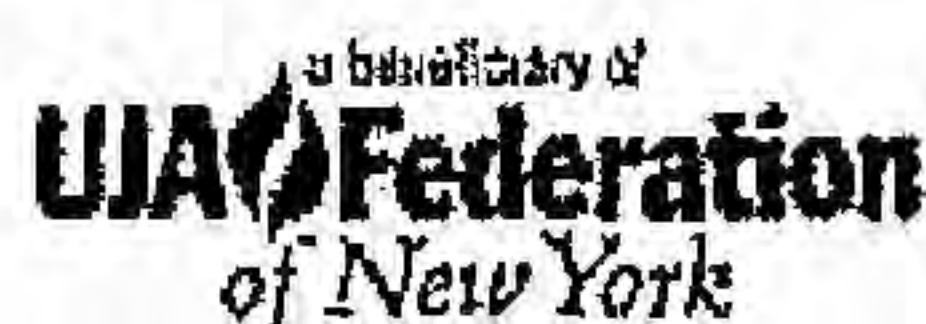
I am writing this letter in support of New York State's involvement in the Race to the Top: Early Learning Challenge initiative. Secretary of Education, Arne Duncan, said, "Children only get one chance at education." Early education can set children on a path for success which will last a lifetime. Quality early childhood educational programs provide that solid foundation for success.

The Friedberg JCC, Long Beach is committed to consistently maintaining a high quality early childhood program for its diverse community. Many of our families receive county housing and childcare assistance. In 2010, we brought the CACFP program to our facility as a means of ensuring that many of the children attending our program would receive healthy and nutritious meals. Our Bridges Summer Camp program was created to embrace the community's multiculturalism but unfortunately could not continue for lack of funding and support. Being awarded the Quality Scholars New York Award in December of 2010 has permitted this facility to play an integral part in the field test portion and future implementation of QualityStarsNY. Since that time, a Quality Improvement Plan was devised to educate staff on the importance of creating the right classroom environment as well as gaining a better awareness on how environment impacts children and their behavior. Committing ourselves to developmentally appropriate practice and the pursuit of a creative curriculum which fosters emergent thinking and activities, QualityStarsNY validates our mission. Recognizing our obligation to the community-at-large, the Friedberg JCC, Long Beach exists to enhance early childhood, thus strengthening the family life of all who pass through its doors and who use this building as a common meeting ground. Receipt of this grant is essential to our early childhood program and will greatly benefit our families and our community.

Thank you for your consideration,

(b)(6)

Paula N. Wall
Assistant Director of Early Childhood



ALTERNATIVES FOR CHILDREN

MEMBER OF THE NATIONAL ASSOCIATION OF PRIVATE SPECIAL EDUCATION CENTERS (NAPSEC)

14 Research Way, East Setauket, N.Y. 11733 - 631-331-6400 • 168 Hill Street, Southampton, N.Y. 11968 - 631-283-3272
11-16 Main Road (PO Box 1120), Aquebogue, N.Y. 11931 - 631-722-2170 • 175 Wolf Hill Road, Melville, N.Y. 11747 - 631-271-0777

October 11, 2011

Governor Andrew Cuomo
C/O Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, New York 12224

Dear Governor Cuomo:

On behalf of the administration, staff, children and families of Alternatives For Children, I submit this fervent letter of support for NYS Race to the Top: Early Learning Challenge.

Alternatives For Children is a not-for-profit private school serving children with and without disabilities from birth to 5 years. Since 1988, we have been at the forefront in providing early educational experiences to a broad spectrum of youngsters from across Long Island. Our programs include Early Intervention, Preschool Special Education, Special Education Related Services, Child Day Care Center, Nursery School and Universal Pre Kindergarten.

Our school was very fortunate to participate in Quality stars NY field test. By doing so, we were able to advocate for every child in New York who is entitled to high quality child care and developmentally appropriate early learning experiences to promote optimal social/ emotional, cognitive, physical and language development. Our motivation was to gain an objective assessment of the quality of our existing program while partnering with Quality stars NY on its journey to implement a five star quality rating system for all. Additionally, we perceived Quality stars NY to be a viable alternative to the costly NAEYC accreditation process.

The investment of our time and energy in the field test evaluation process returned high dividends for our program. With the assistance of a Quality Improvement Specialist we were able to fine tune specific program needs; we also received Quality Scholars funding for professional development and supporting materials.

Quality stars NY would raise the bar for the early care and education system in our state. Every child deserves a high quality early childhood education. Race to the Top funding would finally make this dream a reality!

Sincerely,

Dorothy Creegan, M.S. Ed.
Early Childhood Coordinator

... a nurturing environment to learn, explore and grow since 1988



Katina Fields
Creative Play Childcare
68 Saint Josephs Avenue
Yonkers, New York 10703
Tel. (914) 376-2989
Fax (914) 375-1463
E-mail: creativeplaycc@aol.com

Governor Andrew Cuomo
C/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, New York 12224

October 12, 2011

Dear Governor Cuomo:

I am writing this letter with nothing but great intentions. My program was one of the willing participants in the implementation of the QUALITstarsNY. The quality rating system is very in depth and it also will help the parents make a better choice in finding quality childcare for their child. It would help the programs that are out here to provide the quality and safe environment that parents are looking for. The standards that are expected from the programs, shows that the state has the Early Childhood education at their best interest.

The administration of a common state-wide kindergarten entry assessment would be beneficial to knowing where child strengths are and this will help to build upon their strengths. To address the need of their health, behavioral and development needs are what every Early Childhood Educator as well as the parents of the children would need/want to know in order to better provide the children and families with the positive learning experience.

Creative Play Childcare mission is to provide a QUALITY, SAFE, and EDUCATIONAL environment for the community. We want families to know that their child is in a quality, safe and educational environment and can go to work with peace of mind. We will continue to contribute to the QUALITYstarsNY by being a willing participant when the program is fully implemented and will encourage other programs to participate as well as encourage families to choose programs that are of quality, safe and nurturing.

Sincerely,

(b)(6)

Katina Fields
Director



500 Balltown Road • Schenectady, NY 12304 • Ph: 518-370-7333 • Fx: 518-370-7421 • www.poohscorner.org

October 5, 2011

Dear Governor Andrew Cuomo,

On behalf of the Board of Directors at Pooh's Corner Child Care Center in Schenectady New York, I would like to express the importance of the application for the Federal Departments of Education and Health and Human Services for the Race to the Top: Early Learning Challenge Grant.

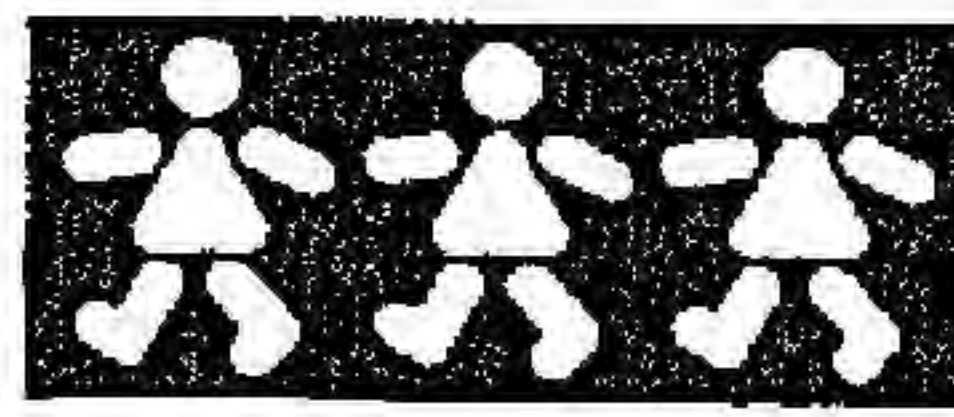
Pooh's Corner is a not-for-profit, integrated child care center. Our goal for the center is to provide high quality education for our children and families at a reasonable cost. Income for the center is provided solely through weekly tuition and fundraising. The money from this grant would be instrumental in implementing the QualitystarsNY program and NAEYC (National Association for the Education of Young Children) Accreditation as well as providing continued education to our staff and families.

We want all the children at the center to have every opportunity available to them so that they will be able to grow to their fullest potential. Therefore, I hope that you will seriously consider New York State for Early Learning Grant.

Sincerely,

(b)(6)

Megan Eiser
Board Chair



Accredited by the
National Academy
of Early Childhood
Programs



County North Children's Center, Inc.

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber State Capitol
Albany, NY 12224

October 7, 2011

Dear Governor Cuomo:

As a director of an NAEYC Accredited not-for-profit child care center in New York, I am writing to let you know we fully support the initiative Race to the Top: Early Learning Challenge.

Early childhood education is key to the growth of our economy. We need to increase the access of quality programs for families. Our Center participated in the Quality Stars NY pilot program. The program has provided essential training opportunities for our teachers. The Quality Stars gives all families and corporations a measured rating of early childhood learning standards, crucial to consumers. This high standard is what every program should attain, and what our community should expect from child care.

To do this, we need support. We need to better educate staff who work directly with children. We need to develop early learning standards that include comprehensive assessment systems and competency skills. Child care is much more than custodial care, it's early learning and early development that forms the needed base for the child's future learning. To teach the children, we need to help educate the teachers.

Our Center, being NAEYC Accredited, helps set the standard for child care in our community. We are one of three Centers that are able to provide subsidized care for families who serve in our military because of this measure of high quality. Learning begins at birth. With the support of this initiative, we can provide the necessary learning environment crucial to learning success.

Sincerely,

(b)(6)

Beth Pastel
Executive Director

"Come Grow With Us!"
205 School Road • Liverpool, N.Y. 13088 • 451-8520
www.CountyNorth.com

United Way



October 5, 2011

Governor Andrew Cuomo
c/o Katie Compos, Assistant Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo:

As the leaders of eight of the largest United Ways in the State of New York representing large numbers of early learners, together we are writing to express our steadfast support of New York State's Race to The Top Early Learning Challenge grant application.

For better than 20 years, United Ways have been at the forefront of Early Childhood Education in communities across the state working with local partners to transform early learning systems with better coordination, professional development for early child education providers, and vital efforts to promote school readiness. Moreover, our work with local government and school districts not only serves to enhance services, but are also important drivers of policy innovation. Like you, we believe that a solid early education is a critical foundation that establishes a trajectory for children to thrive and succeed later in life.

United Ways are one of the largest funders of education outside of government, investing nearly \$32 million annually in innovative and proven strategies that span the education spectrum from prenatal to college readiness. As you may know, United Ways are uniquely positioned with a footprint across the State that touches every community, school district and scores of corporations, both large and small. We are well positioned to bring traditional and non-traditional stakeholders to the table.

We would welcome the opportunity to work with the Race to the Top team and to mobilize support of the State's application in our respective communities.

We are pleased to endorse this application and are grateful for your leadership and efforts on behalf of all of New York State's children. Moreover, we look forward to supporting your administration's successful application and implementation of the Race to the Top grant for our State.

Sincerely,

Gordon J. Campbell
President & CEO
United way of New York City

Michael Weiner
President
United Way of Buffalo & Erie County

Brian Hassett
President & CEO
United Way of the Greater Capital Region

Frank Lazarski
President
United Way of Central New York

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United Way of Greater Rochester

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President
United Way of the Southern Tier

Naomi Adler, Esq.
President & CEO
United Way of Westchester County

Theresa Regnante
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United Way of Long Island

United Way of New York City

2 Park Avenue
New York, NY 10016
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unitedwaynyc.org

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October 6, 2011

Governor Andrew Cuomo
c/o Katie Compos, Assistant Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo:

I am writing to express United Way of New York City's support for New York's Race to the Top: Early Learning Challenge grant application.

United Way of New York City has a proven track record of early childhood engagement, as a funder, convener and a leader of coalition-driven initiatives. For the last decade, we have been engaged in efforts to provide professional development to early educators and public school teachers (pk-3), to support parents and families in playing an active and leading role in the education of their children and are working with childcare providers to create healthy early childcare environments that are marked by healthy and nutritious foods. Underpinning all of our work is rigorous evaluation benchmarking and making needed adjustments to achieve results.

Our work is particularly compatible with proposal elements that relate to addressing the health, behavioral and developmental needs of young children, engaging and supporting families, and supporting the critical transition from early childhood into public school systems.

We welcome the opportunity to partner with New York State on building community support and capacity to implement the goals of the State's plan.

We are pleased to endorse this application.

Sincerely,

(b)(6)

Gordon J. Campbell

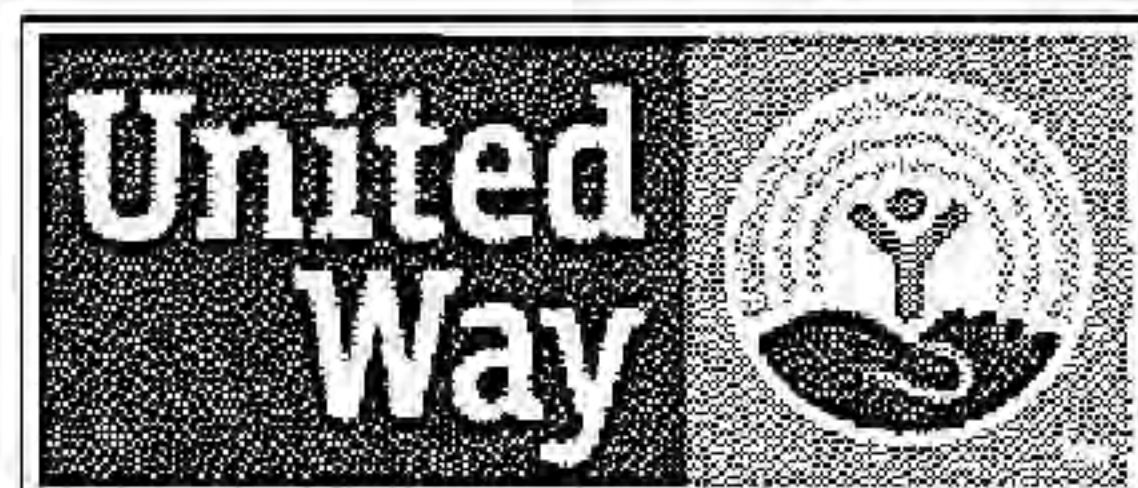
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President & CEO
Gordon J. Campbell

GIVE. ADVOCATE. VOLUNTEER.
LIVE UNITED 

A-365



Tioga United Way, Inc.
24 State Route 96
Owego, New York 13827
(607) 687-4028

"what matters, Tioga matters"

tiogaunitedway@stny.rr.com
www.tiogaunitedway.com

October 4, 2011

The Honorable Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol Building
Albany, NY 12224

Dear Governor Cuomo:

The Tioga United Way would like to offer our support to the *Race-to-the-Top: Early Learning Challenge* to develop early childhood programs and services. Approximately one-third of our member agencies are devoted to youth programs.

There are two agencies in particular who have strong education program in our community. The *Franzika Racker Center* provides community-based services for children and adults with developmental disabilities, enabling them and their families to lead more productive lives with opportunities to learn and connect with others. The *Waterman Conservation Education Center* provides environmental awareness and outdoor recreation through their nature and conservation education programs.

The Tioga United Way feels strongly about advancing the promotion of our youth, which ultimately makes a contribution to our local communities and to our State.

Respectfully,

(b)(6)

Brian J. Eldridge
Executive Director

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**United Way
of the Southern Tier**

October 4, 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo,

As a community partner in many programs related to strong families, education and financial stability, and as the administrator for the regional IRS VITA (volunteer income tax assistance) initiative, United Way of the Southern Tier would like to express our support for the New York State "Race to the Top: Early Learning Challenge" grant application. It is my understanding that the state is eligible to compete for \$100 million that will provide the essential infrastructure and tools to promote school readiness for all children, especially those with high needs.

United Way has long recognized that what happens in a child's early years is important, for success in life and for school readiness. What they learn during the first five years of life depends on the experiences they have each and every day. This is our greatest challenge – and our greatest opportunity. United Way understands that there is clearly a strong connection between the opportunities for children to succeed and vital communities.

United Way of the Southern Tier has, for many years, provided substantial financial support to local programs that conduct comprehensive health and developmental screenings for children from birth to age 6 across Chemung and Steuben Counties. Healthy Families is a best practice resulting in positive outcomes for children that we are proud to support. In 2006, United Way also provided start-up support for implementation of the Early Childhood Environmental Rating Scale – Revised (ECERS-R), which was the beginning of a quality improvement rating system in Chemung County. For home-based daycare providers and others in the early childhood workforce, the aforementioned VITA initiative provides free income tax assistance to help improve their financial stability. Additionally, United Way is involved with many regional task groups and committees that address early childhood education and school readiness in all seasons.

Again, United Way of the Southern Tier is pleased to support this request and trusts it will convey the many benefits for communities across New York to be derived from improving the quality of early care and education, especially in areas that are currently underserved. Please do not hesitate to contact me at (607) 936-3753 if you require further information.

Cordially,

(b)(6)

Ron Hatch
President and CEO

cc: Mary Shaheen, United Way of New York State

Our mission is to effectively mobilize the caring power of our community to help people improve their lives.

A-367

United Way of Seneca County

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30 September 2011

Governor Andrew Cuomo
c/o Katie Campos, Asst. Secretary for Education
State Capitol
Executive Chamber
Albany, NY 12224

We are writing to express our strong support for the **NYS Early Childhood Advisory Council's** application for the Race to the Top: Early Learning Challenge (RTT-ELC).


For more than ten years, the United Way of Seneca County has provided key leadership in launching and sustaining the *Seneca County Partners for Children Youth and Families*, a local collaborative committed to providing a high quality of life for children and families in our communities, by coordinating existing services and improving their delivery. A key component of this initiative is the complex work taking place around early childhood, to better prepare children for school readiness, success in school and in life.

Within the "*Partners for Children*" strategic plan, the need for improved quality of early care has been identified as a goal, as well as the need to develop the skills and knowledge of the early childhood workforce. It was inevitable that over that decade, aligning with and striving for elements of what is happening in the NYS Council of Children and Families has been critical to our on-going efforts and we have a great deal of confidence in the potential of this proposal.

It is our understanding that through RTT-ELC, the NYS Early Childhood Advisory Council is prepared for implementation of QUALITYstars NY; development and use of high quality early learning standards; administration of a common state-wide kindergarten assessment; and building capacity to address health and behavioral needs. We applaud those components and will support their efforts. In addition to the work in the early childhood area, the United Way of Seneca County is prepared to:

- Advocate with the local community about the importance of quality early childhood experiences;
- Provide expanded opportunities for partnerships with the greater community;
- Promote programs as a demonstrated out-come oriented accountability system;
- Strength families as the primary nurturers of their children and in meeting their own goals, including economic independence; and
- Link children and families to services to address health, behavioral and developmental needs.

In our opinion, the **NYS Early Childhood Advisory Council** is uniquely positioned and qualified to build a high-quality and accountable early education system, with the goal of ensuring that more children enter kindergarten ready to succeed. Based on the identified needs of Seneca County, collaborative energies that have been harnessed, and the potential for success, we support their application. Should you have any questions, please do not hesitate to contact us.

Sincerely,

Katie Campos
Executive Director
uwseneca@rochester.rr.com


Connie G. Richardson
Director of Community Partnerships
cgrichardson@rochester.rr.com

United Way of Westchester and Putnam

October 6, 2011

Governor Andrew Cuomo
c/o Katie Compos, Assistant Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo:

We support New York's application for a Race to the Top: Early Learning Challenge grant. United Way of Westchester and Putnam has a proven track record of early childhood engagement as funder, as convener and leader of coalition-driven early childhood program innovations and as public policy advocate. United Ways in New York State invest more than \$32 million annually in community education-related outcomes with a portion of that investment targeted to early childhood.

United Way's public policy advocacy agenda, *Success By 6*, promotes healthy birth outcomes, quality early learning opportunities, strong families and safe communities as essential to school readiness and academic achievement.

Our work is compatible with proposal elements addressing the health, behavioral and development needs of young children, engaging and supporting families, and building an early learning data system. Utilizing assessment systems already in place in local communities, United Way strongly supports the focus on comprehensive assessment and a common state-wide kindergarten assessment. NYS leadership and presence is crucial to the ultimate success of early learning goals.

United Way of Westchester and Putnam is a member of UWNYS, an organization of 39 local United Ways across New York State. Fulfilling our mission of *advancing the common good through a quality education that leads to a stable job; and income that can sustain a family through retirement and good health*, we work with community partners, other UWNYS members and state level partners to create a better life for all.

We are pleased to endorse this application.

(b)(6)

Naomi L. Adler, Esq.
President and CEO

United Way of Westchester and Putnam
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fax 914-949-6438
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GIVE. ADVOCATE. VOLUNTEER.
LIVE UNITED 



October 6, 2011

Governor Andrew Cuomo
c/o Katie Compos, Assistant Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo:

We are writing to support New York's application for a Race to the Top: Early Learning Challenge grant.

United Ways have a proven track record of early childhood engagement, as funders, as conveners and leaders of coalition-driven early childhood program innovations and as public policy advocates. Our member United Ways invest more than \$32 million annually in education-related outcomes in their communities with a portion of that investment targeted to early childhood. Data is an important driver of selecting outcomes, measuring progress and making needed adjustments to achieve results.


United Way of the Greater Capital Region is one of 17 United Ways across the country working with United Way Worldwide as an Early Grade Reading Mobilization Group. We are in the process of defining our Early Care and Education work which promotes quality early learning opportunities, strong families and safe communities as essential school readiness and academic achievement. United Way of the Greater Capital Region is also a partner in Winning Beginning New York.

Our work is particularly compatible with proposal elements that relate to addressing the health, behavioral and development needs of young children, engaging and supporting families, and building an early learning data system. Since United Ways rely on assessment systems already in place in local communities, we strongly support the focus on comprehensive assessment and a common state-wide kindergarten assessment.

Key to the ultimate success of early learning goals is United Ways' community leadership and presence across the state. We welcome the opportunity to partner with New York State on building community support and capacity to implement the goals of the State's plan.

As a partner in support of Quality Stars and Winning Beginning New York, as a result of United Way of the Greater Capital Region's long history in early childhood programs and education, we strongly support this application.

Sincerely,


(b)(6)

Brian Hassett
President & CEO

cc: Regina Canuso, Council on Children and Families



**United Way
of Broome County, Inc.**



what matters.™

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October 5, 2011

Governor Andrew Cuomo
c/o Katie Campos, asst. Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo:

Building Brighter Futures for Broome (BBFFB), a program of the United Way of Broome County, strongly supports New York State in its application to the Race to the Top Early Learning Challenge initiative. BBFFB is a comprehensive, county-wide vision for healthy children, effective parenting, and quality child care and education. With over 30 members representing early childhood, school districts, county government and the private sector, the Coalition is viewed as a reliable and knowledgeable resource on early childhood issues in Broome County.

BBFFB believes this initiative is an unprecedented opportunity for New York to develop a continuum of education from cradle, to college, to career by creating the essential infrastructure and tools to promote school readiness for all children, especially those with high needs. Positive early learning experiences can make a significant difference for children from the moment they are born. Research shows that investment in birth to five early education for children helps prevent the achievement gap, reduce the need for special education, increase the likelihood of healthier lifestyles, lower the crime rate, and reduce overall social costs.

BBFFB also recognizes the QUALITYstarsNY Program as a vital quality rating and improvement system for regulated early care and learning programs and supports the thirteen programs/agencies in Broome County which participated in last year's field test. The Race to the Top Early Learning Challenge initiative would give QUALITYstarsNY the resources and support it needs to build from the current field test, expand across the state and reach full implementation to ensure the highest quality of care for infants and young children.

Funding for the Race to the Top Early Learning Challenge initiative will set New York State apart as a leader and champion in supporting children, beginning at birth. This will strengthen community partnerships across the state as we invest our resources and expertise in early childhood development.

Respectfully submitted,

(b)(6)

Lizanne Perrault Clifford
Coordinator
Building Brighter Futures for Broome

William Perry
Chairperson
Building Brighter Futures for Broome

Please consider including United Way of Broome County in your will.

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**United Way of Dutchess
and Orange Counties**

October 4, 2011

Governor Andrew Cuomo
c/o Katie Compos, Assistant Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo:

We are writing to support New York's application for a *Race to the Top: Early Learning Challenge* grant. This New Yorkers in Orange and Dutchess Counties need these vital services and supports now more than ever.

Locally, our United Way is investing \$1,400,000.00 in programming that influences the education, health and wellbeing of children and their families. We know that quality early care produces healthy children who are ready to learn at Kindergarten entrance. We know that parents and guardians need all the information they can get in supporting their child's healthy growth. We know that skilled, trained teachers influence a child's learning and behavior.

The ripple effect of strong, healthy children cannot be overstated. Our state's economic future depends on educated workers who want to raise families in the state and spend generations enjoying the benefits of being a New Yorker. This foundation is set in childhood and can be nurtured and grown through that period.

Data is an important driver of selecting outcomes, measuring progress and making needed adjustments to achieve results. This grant will enable New York to become a leader in helping children reach developmental, learning and health outcomes through tracking, assessment and accountability of teachers and children.

As are other United Ways, we stand ready to grow partnerships focused on children. Our history shows our commitment to early care and education, as well as programming through the teen years. We would be proud to work with local Race to the Top participants and continue to strengthen New York and make it an inviting place for parents and families.

Sincerely,

(b)(6)

Dr. Donald N. Hammond
President & CEO

Our Mission: To build a stronger, healthier community by raising resources and developing partnerships to make a measurable difference in people's lives.

United Way of Rockland County, Inc.



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Orange & Rockland Utilities, Inc.

Peggy Zugibe

North Rockland Board of Education

President and CEO

Mimi Vilord

Governor Andrew Cuomo

c/o Katie Campos, Asst. Secretary for Education

Executive Chamber

State Capitol

Albany, NY 12224

Dear Governor Cuomo,

I am writing to support New York's application for a Race to the Top: Early Learning Challenge grant.

United Ways have a proven track record of early childhood engagement, as funders, as conveners and leaders of coalition-driven early childhood program innovations and as public policy advocates. Our member United Ways invest more than \$32 million annually in education-related outcomes in their communities with a portion of that investment targeted to early childhood. Data is an important driver of selecting outcomes, measuring progress and making needed adjustments to achieve results.

Our public policy advocacy agenda, called Success By 6, promotes healthy birth outcomes, quality early learning opportunities, strong families and safe communities as essential to school readiness and academic achievement.

Our work is particularly compatible with proposal elements that relate to addressing the health, behavioral and development needs of young children, engaging and supporting families, and building an early learning data system. Since United Ways rely on assessment systems already in place in local communities, we strongly support the focus on comprehensive assessment and a common state-wide kindergarten assessment.

Key to the ultimate success of early learning goals is United Ways' community leadership and presence across the state. We welcome the opportunity to partner with New York State on building community support and capacity to implement the goals of the State's plan.

The United Way of Rockland is very focused on Education. We know that it is a building block for a better life, and we believe that a quality education will lead to economic security and a healthy lifestyle.

Over the past two years the United Way has convened community leaders to determine how to best help our children and youth achieve their educational potential - both in and out of school - by identifying where needs or gaps exist.

In Rockland County school readiness was identified as an extremely important initiative. As a result, this past year, our United Way awarded over \$150,000 in grants to the following early education initiatives

Early Language & Literacy: a training for caregivers that will introduce or expand developmentally appropriate activities designed to build the cognitive and social development of children in early childhood programs from 0-5 years.

Early Literacy Home Visitation Programs: an in home program to promote literacy development designed for pre-school children and their families who are at high risk for later school failure due to poverty, limited education or language barriers,

Project Affordable Childcare: By providing tuition assistance to families in need, children receive quality childcare and families are able to maintain consistent employment knowing their children are being nurtured and cared for.

These are pro-active programs that support and strengthen our educational system by providing additional services to pre-school children.

Our children are our future and their future is in our hands.
It is up to us to ensure that they have the opportunities for success that they deserve.

Sincerely,
(b)(6)

Mimi Vilord
President & CEO

United Way of Sullivan County
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October 4, 2011

Governor Andrew Cuomo
c/o Katie Compos, Assistant Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo:

On behalf of the Board of Directors of United Way of Sullivan County, and personally, I am pleased to offer enthusiastic support for New York's application for a Race to the Top: Early Learning Challenge grant.

United Ways have a proven track record of early childhood engagement, as funders, as conveners and leaders of coalition-driven early childhood program innovations and as public policy advocates. United Ways invest more than \$32 million annually in education-related outcomes in their communities with a portion of that investment targeted to early childhood.

Our work is particularly compatible with proposal elements that relate to addressing the health, behavioral and development needs of young children, engaging and supporting families, and building an early learning data system. Since United Ways rely on assessment systems already in place in local communities, we strongly support the focus on comprehensive assessment and a common statewide kindergarten assessment.

In Sullivan County, one of the poorest counties in the state, our small United Way is addressing the needs of young children by providing support for early childhood education through three new community impact initiatives: Sullivan County Head Start's wellness and obesity prevention program, *I Am Moving, I Am Learning*; Literacy Volunteers of Sullivan County's *Family Literacy Program*, which is aimed at giving young children the best chance for success in reading; and the *Olweus Bullying Prevention Program* to be facilitated by Sullivan County Cares Coalition and incorporated into local school curriculums to prevent problems that interfere with education.

In addition, our United Way has been working with local school districts to develop a *SnackPack Program*. More than 50% of the students in Sullivan County are on free or reduced lunch. When school is not in session many of these children have a lot less to eat and some go hungry. Hungry children have trouble concentrating and difficulty learning. SnackPacks contain simple child-friendly foods that are distributed before a weekend or school break to children identified by school personnel as being at risk of food insecurity. After the break, the empty backpacks are returned and the cycle starts again. It's a simple concept, but it can make a big difference to a hungry child. By nourishing the body, you can nourish the mind.

Success in education is a key component to positive change for our community and we are pleased to endorse this application for a Race to the Top: Early Learning Challenge grant.

Sincerely,

(b)(6)

Kaytee J. Warren,
Chief Professional Officer

**United Way
of Greater Rochester**

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October 3, 2011



Governor Andrew Cuomo
c/o Katie Compos, Assistant Secretary for Education
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor Cuomo:

We are writing to support New York's application for a Race to the Top: Early Learning Challenge grant.

United Ways have a proven track record of early childhood engagement, as funders, as conveners and leaders of coalition-driven early childhood program innovations, and as public policy advocates. United Way of Greater Rochester invests over \$7.7 million annually in programs that help our youth get the best possible start in life and be "Ready by 21" for college, work, and life.

We have created strategic plans to guide our work of supporting early childhood and school age youth. We understand the value of using data to guide decision making and have included in our plans a framework for tracking key data elements and an independent evaluation to review the data and help us make any necessary program adjustments. This is work that we just have to get right.

Our work aligns well with your efforts to date to create world class standards in education for students in our State. Our work is particularly compatible with proposal elements addressing the health, behavioral, and developmental needs of young children, engaging and supporting families, and building an early learning data system. We are seeing promising results and are particularly pleased with two local collaborative efforts focused on the health, behavioral, and developmental needs of young children. One is The Behavioral and Social Interventions for Children (BASIC) program, which is an integrated hierarchy of evidence-based programs designed to meet the social and emotional needs of low income two-, three-, and four-year-old children attending accredited early learning centers in Rochester. The second effort is Building Healthy Children (BHC), which employs several evidence-based interventions addressing the complex needs of low income, young mothers who are successfully graduating from high school, going on to college, and gaining employment while creating strong attachments with their children and avoiding abuse and neglect.

We welcome the opportunity to work with you as you implement the State's plan to transform early learning systems with better coordination, clearer learning standards, and meaningful workforce development and are pleased to endorse this application.

Sincerely,

(b)(6)

Peter C. Carpino
President



Field Test Evaluation Report

Prepared by:

Samuel A. Stephens, Ph.D.

Center for Assessment and Policy Development

J. Lee Kreder, Ph.D. & Sheila Smith, Ph.D.

*National Center for Children in Poverty
Columbia University*

Lisa A. McCabe, Ph.D.

Cornell University

with

Suzanne M. Dohm, Abigail Cramer, & Sherry Davidson

April 2011

ACKNOWLEDGEMENTS

We would like to thank everyone who helped make the QUALITYstarsNY field test a success. While we cannot mention everyone by name, we hope that everyone who participated in whatever way knows that, without their commitment and hard work, we would not have been able to carry out the evaluation. At the same time, we take full responsibility for any and all errors or omissions in this report and look forward to comments and suggestions that may help us make it more useful to the many people in New York State working to make QUALITYstarsNY a reality.

The QUALITYstarsNY field test was funded with generous support from the following public and private organizations:

- New York State Office of Children and Family Services, with funds from the American Recovery and Reinvestment Act
- The Child Care and Early Education Fund
- The Community Health Foundation of Western and Central New York
- The Frog Rock Foundation
- The Hunt Charitable Foundation
- The Rauch Foundation
- The Rockland County Legislature and County Executive
- The United Way of Buffalo and Erie County

Among the many individuals who helped shape and guide the field test and the evaluation, we would like to thank:

- Sherry M. Cleary, Executive Director, New York City Early Childhood Professional Development Institute, City University of New York
- Janice Molnar, Deputy Commissioner, Division of Child Care Services, Office of Children and Family Services, State of New York
- Members of the Field Test Design Team
- Early Childhood Advisory Council Quality Improvement Work Group Co-chairs, Members and Staff

The evaluation team relied heavily on the knowledge, skills, and flexibility of the individuals across the state who carried out the observations in the centers, public schools, and family/group family child care homes participating in the field test. Suzanne Dohm, data collection manager for the field test, recruited and supervised this cadre of experienced and dedicated professionals and provided refresher training and reliability assessment on the Environmental Rating Scales (ERS). Sherry Davidson trained the observers who used the Supports for Early Literacy Assessment (SELA) and Supports for Social Emotional Growth Assessment (SSEGA) tools. She also reviewed the observation forms and prepared a summary of observer notes and comments. Lisa McCabe coordinated the Program Assessment Rating

Scale (PARS) training as well as analyzing the resulting observation data. She also attended many of the field test events on behalf of the evaluation team in the western part of the state.

The observers for the field test included:

Charlotte Bellamy	Jannie Hill	Carole Margolin
Katherine Renee Behring	Pamela Holland	Alice McAdam
Jennifer Bement	Ann Kelsey	Cristina Medellin-Paz
Janice Brown	Linda Knapp	Gerard O'Shea
Tamara Calhoun	Joyce Kostyk	Tina Rose-Turriglio
Desalyn De-Souza	Camille Lachar-Lofaro	Sara Seiden
Merrill Lee Fuchs	Toni Liebman	Cindi Swernofsky
Cathy Gelber	Rebecca Light	Ora Wagenberg
Ellen Hicks	Kelly Lockwood	Diana Webb

Suzanne assisted in the development of the document coding protocol and conducted coder training and inter-coder reliability assessments for that process. Merrill Lee Fuchs, Katherine Renee Behring, and Ora Wagenberg carried out the document review and coding; Renee also reviewed and coded the quality improvement plan documents.

Abigail Cramer developed and managed the forms tracking system, both electronic and manual, and supported the Project Coordinator in testing the WELS information management systems as it was being modified for New York State's needs. She also reviewed research related to the nutrition and physical activity observation tool used in the field test and developed the coding guidelines for those observations.

Individuals on the team who contributed their skills in data coding and analysis include Benjamin Sturges and William Schneider and Donald Yarosz of the National Center for Children in Poverty.

The lead agencies were critical in carrying out the field test. In addition, they supported the evaluation by distributing surveys, keeping records and notes from meetings, and sharing their reflections and insights in interviews with the evaluation team. These agencies and the lead person for the field test were:

- Albany -- Capital District Child Care Council (Abbe Kovacik)
- Binghamton -- Broome-Tioga BOCES, Early Childhood Center for Excellence (Becky Krise)
- Brooklyn-Kings County, New York City – Center for Children’s Initiatives (Rhonda Carloss-Smith) and the Committee for Hispanic Children and Families (Ana Noriega)
- Buffalo – Child Care Resource Network (Tracy Touris)
- Chemung County – Chemung County Child Care Council (Ruth Krusen)
- Clinton and Franklin Counties – Child Care Coordinating Council of the North Country (Jamie Basiliere)
- East Harlem-Manhattan County, New York City – The ValMyr Group (Valerie Daly)
- Long Island – Child Care Council of Nassau and Child Care Council of Suffolk (Linda Devin-Sheehan)
- Queens County, New York City – The New York City Department of Education (Nana Ofosu-Amaah and Sherry Copeland)
- Rochester-Monroe County – Early Educators’ Network of Greater Rochester (Mary Louise Musler)
- Rockland County – Child Care Resources of Rockland (David del Campo)
- Syracuse-Onondaga County – Child Care Solutions (Peggy Liuzzi and Patricia Sofranko)
- Westchester County – Child Care Council of Westchester (Susan Edelstein and Mary Ann Brendler)

Mary Hayes of the Federation of Protestant Welfare Agencies coordinated the quality improvement planning consultations, carried out by the following consultants:

Christine Ellington-Rowe
 Joyce Guimareas
 Charlene L. Harville
 Barbara Kasavana
 Theresa McKeel
 Kelly Mikulski
 Barbara Ann Nilsen
 Marlene Selig
 Karin Sperb
 Jo Ann Toth
 Brigid Daly Wagner

Of course, we wish to extend our upmost appreciation to the early care and education centers, public schools, and family/group family child care home providers who participated in the QUALITYstarsNY field test. They are dedicated to providing the children of New York State with nurturing care and rich learning experiences and their participation in the field test demonstrates their commitment to quality. Without their willingness to devote their time and share their experiences, the field test and its evaluation would not have been possible.

Finally, we thank Ola Friday, Project Coordinator for the QUALITYstarsNY field test. Her calm manner, clear thinking, good humor, management skills, and knowledge of the field were

appreciated by everyone involved with the field test. She made the evaluation team a true partner and provided guidance and inspiration to our work.

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INTRODUCTION¹

QUALITYstarsNY is New York State's Quality Rating and Improvement System (QRIS).² With its development, New York is joining the quickly growing number of states implementing these systems for early care and education programs and providers. As in other states, QUALITYstarsNY is intended to offer a clear, organized way to assess, improve and communicate the quality of the settings that serve many thousands of young children and their families across the state. Like all QRIS, QUALITYstarsNY includes standards for programs and providers based on what is known from research and best practices, procedures for monitoring and accountability, incentives and outreach to encourage participation by programs and providers, ongoing support to help them attain and sustain higher quality of care, and marketing and education with parents to help them use the system in considering care and early education options.

A. QUALITYstarsNY

1. History

Exploration of a Quality Rating and Improvement System (QRIS) in New York State began in March 2005. The New York State Child Care Coordinating Council³ (NYSCCCC), with support from several private foundations, convened a group of about 50 diverse stakeholder entities including state and local government agencies, Head Start and prekindergarten providers, professional associations, academicians, researchers, business, advocates, and child care resource and referral agencies. The full committee met several more times in 2005 and 2006 to receive reports and plan next steps. The efforts of the Work Groups fed into the Design Group, which developed a proposal for the key elements of a rating scale to be tested with parents, providers and policymakers. The Design Group brought together representatives of different sectors of early care and education with people who had considerable experience working to improve quality at the community level and those who were well-versed in research on quality and child outcomes. During 2007, focus groups were conducted in locations across the state with parents as well as child care center and family/group family child care providers. The focus groups were used to inform small groups of parents and providers about the proposed QRIS, to share the draft rating scale that had been developed by the Design Group and to obtain feedback from these critical stakeholders.

Winning Beginning NY (WBNY), the statewide early care and education coalition, adopted the implementation of QRIS as a key component of its 2006 advocacy agenda. Key members of

¹ This chapter was primarily written by Ola Friday, QUALITYstarsNY Field Test Project Coordinator.

² Some Quality Rating and Improvement Systems are known simply as Quality Rating Systems (QRS).

³ The New York State Child Care Coordinating Council is now known as the Early Care and Learning Council (ECLC).

WBNY also served on the QRIS Design Group. WBNY began an engagement process with gubernatorial candidates and other elected officials, sending them a copy of a briefing paper and meeting, when possible, with key individuals. Following the 2006 election, WBNY began meeting with members of the new administration to share information and advocate for the QRIS.

In September 2007, Gladys Carrión, Commissioner for the Office of Children and Family Services (OCFS), committed to the establishment of a QRIS in New York State. The Governor’s Children’s Cabinet Advisory Committee Subcommittee on Quality agreed in November 2007 that the implementation of QRIS would be the focus of its work. The Design Group was reconvened and expanded in January 2008 and successful proposals to several private foundations provided financial support for its work along with in-kind support from the OCFS.

In 2009 private and public funding was secured to support the field test of QUALITYstarsNY. The field test provided an opportunity to test the assumptions of the initial design of QUALITYstarsNY. Specifically, it provided a way to examine the draft quality standards. The New York City Early Childhood Professional Development Program (PDI) is coordinating the work of the field test. Currently, the State’s Early Care and Advisory Council (ECAC) is charged with facilitating work toward the full implementation of QUALITYstarsNY.

2. Key Features

The current QUALITYstarsNY standards were developed to apply to programs and providers under the regulation of one of New York’s public agencies – the State Office of Children and Family Services, the State Education Department, or the New York City Department of Health and Mental Hygiene.⁴ Two sets of standards are available, one for center-based programs and one for family/group family child care homes. Participation is voluntary, with QUALITYstarsNY ratings are assigned to individual physical sites, rather than to entire agencies or school districts.

QUALITYstarsNY has four categories of standards – Learning Environment; Family Engagement; Qualifications and Experience; and Leadership and Management. Participating programs and providers can be assigned up to 100 points total. The number of points earned will determine a site’s placement in the five-star level system. The standards, the point allocations, and other information can be found at www.qualitystarsny.org.⁵

⁴ The New York City Department of Health and Mental Hygiene conducts the licensing and monitoring of the city’s center-based programs.

⁵ The draft standards assigned centers accredited by the National Association for the Education of Young Children and in operation at least five years five star ratings; family child care homes accredited by the National Association for Family Child Care receive four star ratings based on the full 65 points for “Learning Environment,” “Family Engagement,” and “Leadership and Management,” and can earn additional points for meeting standards under “Staff Qualifications.”

In the following section, the features of QUALITYstarsNY is compared with those of other states' QRIS, based on information provided in the *Compendium of Quality Rating Systems and Evaluations*, prepared by Child Trends and Mathematica Policy Research for the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation.⁶

3. Comparison with Other State QRIS

New York State benefitted from the experiences of states with QRIS already in place as it designed the standards and rating process for the QUALITYstarsNY field test. The table below indicates, for key characteristics of QUALITYstarsNY, the number of other state quality rating and improvement systems that share that characteristic, based on information in the *Compendium* described above.

QUALITYstarsNY CHARACTERISTIC	# OTHER QRIS WITH SAME CHARACTERISTIC (out of 19 reviewed in <i>Compendium</i>)
Voluntary	6: partially voluntary; 5: link QRIS & licensing, issuing rated licenses; 1: requires all programs receiving public subsidies to participate in QRIS ⁷
Open to all licensed child care centers	19
Open to Head Start/Early Head Start programs	17

⁶ This resource, published in April 2010, is available at www.acf.hhs.gov/programs/opre/cc/childcare_quality/index.html.

⁷ While Illinois has four levels for licensed centers and homes, it has three for license-exempt homes. Tennessee has four levels for licensed homes, but three for licensed centers. See *QRIS Standards, Levels, and Rating Systems* http://nccic.acf.hhs.gov/poptopics/qris_systems.html.

QUALITYstarsNY CHARACTERISTIC	# OTHER QRIS WITH SAME CHARACTERISTIC (out of 19 reviewed in <i>Compendium</i>)
Open to school-based pre-kindergartens	12
Open to center-based, school-aged programs (standards not yet drafted)	14
Open to regulated family child care homes and licensed group family child care homes	16
Not open to legally license-exempt, home-based providers	17
Five star levels	8: Five levels; 7: Four levels
Levels based on points ⁸	3 ⁹
Use of ERS observations ¹⁰	14 ¹¹

⁸ QUALITYstarsNY does require programs at level two and higher to earn at least five points from each of the system's four categories.

⁹ Much more common is a Building Block Structure, in which all the standards at one level must be met before a program moves to the next level. Building Blocks are used by 12 of 19 in the *Compendium* and by 17 of the 23 systems reviewed in the 2010 NCCIC brief *QRIS Standards, Levels, and Rating Systems* http://nccic.acf.hhs.gov/poptopics/qris_systems.html. Two states — Iowa and Louisiana—use combinations, Building Blocks at lower levels and Points for higher levels. Also, Tennessee uses Points for homes and Building Blocks for Centers.

Specific standards within New York’s four categories map closely with the thirteen categories *Compendium* authors identified in their survey of QRISs across the country: (1) licensing compliance, (2) ratio/group size, (3) health/safety, (4) curriculum, (5) environment—activities, practices, materials that promote learning and development, (6) child assessment, (7) staff qualifications, (8) family partnership, (9) administration/management, (10) cultural/linguistic diversity, (11) accreditation, (12) provision for special needs, (13) community involvement—to connect the program and community and families to community resources. Within QUALITYstarsNY’s “Learning Environment” category, standards relate to curriculum, environment, and child assessment. In “Family Engagement,” standards relate to family partnership, cultural/linguistic diversity, provision for special needs, and community involvement. “Staff Qualifications,” both a QUALITYstarsNY and a *Compendium* category, also includes a standard related to health and safety training. Similarly, New York’s “Leadership and Management” covers the *Compendium*’s administration/management category. Thus, the only standard identified in the *Compendium* not touched on in QUALITYstarsNY is ratio/group size. For centers, the *Compendium* cites this standard for eight of 19 state systems. It was cited for just five of the 17 systems that included family child care homes. These tended to be states with less favorable ratios and group sizes in their licensing regulations.

B. FIELD TEST

1. Purpose and Goals

New York State conducted a field test to test the assumptions of its QRIS design and processes and to inform the final system design. A field test also conveyed the message to the early care and education field that the state was committed to implementing a system that worked for all participants and was informed by the people who would be most impacted by the system, programs and providers.

Through the evaluation component, the field test provided an opportunity to assess the validity of the draft standards and to assess the ease and efficiency of the initial processes around engagement. The quality improvement planning component of the field test aimed to demonstrate the value and use of community supports for quality improvement, gather information about the kinds of improvements programs planned to make and estimate the cost

¹⁰ The Environmental Rating Scales used by QUALITYstarsNY for centers and early childhood classrooms in public schools include the Infant/Toddler Environment Rating Scale (ITERS-R) and the Early Childhood Environment Rating Scale (ECERS-R), depending on the ages of the children. For family/group family child care, the Family Child Care Environment Rating Scale (FCCERS-R) is used.

¹¹ Unlike New York, several states also set minimum scores beneath which no classroom on which the center average is based may fall. Twelve of the 17 systems in the *Compendium* that included family child care homes use ERS scores in ratings, recognizing scores from 2.0-6.0. For homes and centers, some states also set required minimums for scores on certain subscales.

of quality improvements. Also, the field test implemented a Quality Improvement Framework for program improvement support that was tested to examine its applicability in full implementation.

The field test provided the opportunity to tailor the information management software previously developed for a QRIS in Miami-Dade County, Florida, to QUALITYstarsNY. The Web-based Early Learning System¹² (WELS) was modified to manage the ERS assessment data, accept the standards checklist information, collect staff and program information, and support quality improvement plans. The use of a data management system allows for streamlined data entry and processing, enhanced information sharing and robust reports to aid in quality and program improvement. WELS provides a format to track participant progress over time and show how progress aligns with financial support. It is an accountability tool that provides tailored reports for public and private funders.

Lastly, the field test examined partnership models such as the use of community agencies to act as local partners to assist in program outreach, education and support.

2. Project Management

The NYC Early Childhood Professional Development Institute at the City University of New York (PDI) was selected by the Design Group to manage the implementation of the field test. PDI is an entity of the Research Foundation of CUNY that focuses on the professional development of the early care and education work force in New York City, and policy and system-building issues that pertain to the early care and education work force in New York State. PDI hired a Project Coordinator to oversee the coordination of the numerous field test components including the evaluation component, quality improvement planning and data management. The Project Coordinator facilitated communication among the various subcontractors and consultants and addressed implementation issues as they arose. Other activities of the Project Coordinator included managing the field test budget, soliciting and managing the work of the evaluation team, designing and overseeing the design of field test materials, working with the WELS developers to customize the system, managing all contracts and consultants, communicating regularly with the field test participants, and communicating with the early care and education field about QUALITYstarsNY through presentations and conferences.

The Project Coordinator also communicated regularly with an Advisory Team¹³ that consisted of seven stakeholders from various aspects of the early care and education field including city and state agencies, unions and not-for-profits. The Advisory Team gave advice, clarity and insight

¹² For more information about WELS, see www.welsfoundation.org.

¹³ Advisory Team members: Denise Dowell (Civil Service Employees Association), Dana Friedman (Early Years Institute), Doris Hill-Wyley (State Education Department), Jackie Jones (Consultant), Kristen Kerr (New York State Association for the Education of Young Children), James Langford (Children's Aid Society), and Sherone Sanchez (NYC Administration for Children's Services).

on field test implementation issues. It acted as a sounding-board and a way to engender objective feedback regarding important field test implementation issues.

Oversight of the field test was the responsibility of the co-chairs of the Early Childhood Advisory Council (ECAC)¹⁴ Quality Improvement Work Group (Oversight Committee)¹⁵. The Project Coordinator communicated with the Oversight Committee on a bi-weekly basis to provide updates on the field test process and to discuss full implementation issues that were suggested by field test results.

The Design Group drafted a field test funding proposal that was used to solicit funds to support the field test implementation. Funding for the field test came from a combination of public and private funds. The total project budget was \$1,591,817, with \$1.2 million from the Office of Children and Family Services (OCFS) through the federal American Recovery and Reinvestment Act 2009. The balance of project funds came from a group of seven private funders. Quarterly reports were provided to OCFS and mid-term and final reports were provided to the private funders.

The field test proposal estimated a 14 – 16 month effort. The actual field test stayed within this timeframe, but the timing of various components was adjusted in response to new developments during the field test. The original design did not take into account the Institutional Review Board (IRB) process. IRB approval was required before field test applicants could be notified of their selection to participate. Although the programs and providers applied to participate by February 19, 2010, the selected participants were not fully engaged until April 2010 when IRB approval was received. The delayed engagement affected the evaluation team's ability to conduct ERS observations at school-year programs before the summer and in some instances, observations had to be scheduled in the fall.

3. Evaluation

The Request for Proposal laid out a set of goals for the field test evaluation that form the basis for the evaluation. These goals fall into four categories:

- Implementation issues, including recruitment, application, and orientation processes and required documentation
- Measurement of quality, including the validity of the standards and assessments based on observations
- Results of participation, including participant gains in understanding of quality and opinions about appropriate incentives and supports

¹⁴ The Early Childhood Advisory Council (ECAC) provides strategic direction and advice to the State of New York on early childhood issues.

¹⁵ Co-chairs of the Quality Improvement Work Group were Anne Mitchell (, Janice Molnar (Office of Children and Family Services), and Recy Dunn (NYC Department of Education). As of 1/07/2011 Doris Hill-Wyley (State Education Department) replaced Recy Dunn.

- Costs for implementation and quality improvement, including availability and use of participant and community resources

The field test of QUALITYstarsNY (QSNY) differed from the future full implementation of the system in significant ways. For example, the time frame of the field test was only a few months in length during which participating centers, public schools, and family care providers had to be recruited, apply to participate, complete a self-assessment using the standards, submit documentation to verify self-assessment results, and have an Environment Rating Scale (ERS) observation scheduled and completed. Further, the timing of the field test, in the late spring and summer, made it difficult for school-year programs to fully participate and resource constraints limited the number of ERS observations possible in each center or public school field test site. The quality improvement process was also extremely truncated. Instead of being an on-going, iterative process, consultation was a point-in-time engagement with programs and providers. Also, although funds were available through QUALITY Scholars to support professional development activities, these funds had to be expended very quickly and no resources were available to support environment improvements. Additionally, because of constraints related to the evaluation of the field test, center and public school administrators were not given detailed ERS results, limiting their ability to use this information in developing their Quality Improvement Plans. Nevertheless, lessons learned from the field test will contribute to future planning of the full implementation of QUALITYstarsNY.

Because of these field test conditions and other factors, the evaluation was not able to directly address the following issues:

- How providers would participate if various incentives or supports based on ratings were available
- How providers would respond if there was a more flexible/longer time frame for preparing and submitting applications
- What providers would do to change the learning environment in response to ERS information, before submitting an application
- How providers would use an appeal process if offered
- What quality improvement efforts providers would actually undertake and complete after receiving a rating
- How provider quality would change over time once an initial rating was given and whether providers with high quality ratings would sustain that level
- How parents would respond to the availability of information on quality ratings or to various incentives for choosing care at specific levels of quality
- Costs of maintaining a cadre of reliable assessors across the state over time
- Efficiency and effectiveness of state-level versus regional or local management and support
- How provider quality is related to child outcomes

The evaluation data collection and analysis approach included:

- Comparing characteristics of programs and providers that differed in their response to recruitment during the field test
- Describing participant perspectives on the field test experience and their assessment of the application and rating process,
- Assessing the adequacy of applications, observations, and submitted documentation to accurately and completely represent quality
- Identifying patterns of strength and weakness in program and provider quality
- Examining the priorities for quality improvement and the extent to which available local resources could support improvement plans.

More details on the evaluation data collection methods and tools can be found in Appendix A.

4. Communities

The Design Group identified 13 communities in New York State to participate in the field test. Selection criteria included the degree of support for early care and education that already existed in the community, history of collaborative approaches to community work, and identification of financial resources.¹⁶ Additionally, the communities were selected to reflect the demographic and geographic diversity of the state. The communities were: Albany County, Binghamton, Brooklyn - New York City, Buffalo, Chemung County, Franklin & Clinton Counties, East Harlem - New York City, Long Island, Onondaga County, Queens - New York City, Rochester, Rockland County, and Westchester County. In some communities certain zip codes were identified to further define the catchment area. (See Appendix B for the list of field test zip codes).

5. Lead Agencies

As part of the field test design agencies were asked to act as local partners in the field test communities. Any type of agency was eligible to participate, including, but not limited to, school districts, Child Care Resource and Referral agencies (CCR&Rs), Board of Cooperative Educational Services (BOCES), universities, non-profit agencies and local government offices. A comprehensive list of people and agencies in each community who worked in the early education services field was drafted. They were each sent an Invitation to Participate (ITP) introducing them to the field test and explaining how their community could go about selecting a lead agency. Most communities held a community meeting where they discussed options and selected an organization to be the lead agency. The Project Coordinator received 13 lead agency responses to the ITP. Each lead agency received \$10,000 for its work. (See Appendix C for a list of the lead agencies).

¹⁶ *Efficiency and Accountability in NYS Early Learning Programs through a Quality Rating and Improvement System: QUALITYstarsNY: The Proposal for Field Test of QUALITYstarsNY, 2009.*

The lead agency was responsible for recruiting participating programs and providers, marketing the field test, and supporting the participants through the application and standards checklist completion processes. They also compiled a resource directory of various quality improvement supports, including training, workshops, higher education, and specialist consultants, in their communities.

The lead agencies spearheaded the outreach and recruitment efforts in the field test. They marketed the field test to programs through special mailings, e-mail announcements, phone calls and personal meetings. They also leveraged existing relationships with programs and providers and publicized the field test in newsletters, workshops and trainings. Targeted outreach was carried out with certain groups, such as public schools and family providers, to encourage them to participate. A number of lead agencies met privately with school district leaders to discuss QUALITYstarsNY and the benefits of participating. Also, a letter from the State Education Department was sent to school district superintendents encouraging them to apply.

Eligible programs and providers were invited to attend a community information session to learn more about Quality Rating and Improvement Systems, QUALITYstarsNY and the field test. Most lead agencies held two or three information sessions, generally one during the day and the other in the evening in order to accommodate the schedules of both family providers and center and public school staff. The Project Coordinator prepared a presentation for the information sessions and attended the first session in each community to support the lead agency. The Project Coordinator also provided marketing materials for the lead agencies including a presentation, brochures and a one-page brief.

Applications to participate in the field test were available at each information session. There were two versions of the application: one for centers and public school and another for family/group family child care providers (see Appendix D for applications to participate). Applications were also available on-line as requested by a number of programs and providers. The center/ public school application included a classroom information form to gather more information on the program type in each classroom, age range of children, enrollment, number of staff assigned, etc. Large centers expressed frustration about having to document each and every classroom.

6. Participants

Eligible programs and providers in the field test communities were invited to participate in the field test. These programs and providers had to be regulated by a public agency, such as the Office of Children and Family Services (OCFS), the State Education Department (SED) or the NYC Department of Health and Mental Hygiene (DOHMH). Special efforts were made to contact and invite programs and providers in the following categories:

- Universal Pre-Kindergarten (UPK) in public schools
- Head Start/Early Head Start

- Child Care Center (non-profit) with and without UPK
- Child Care Center (for-profit) with and without UPK
- SED registered Nursery schools
- Special education schools (4410)
- Registered Family Child Care
- Licensed Group Family Child Care

The field test was open to all eligible programs and providers in the 13 field test communities. Interested programs and providers were invited to apply to participate. The evaluation team amassed a master list of eligible programs and providers, including OCFS licensed programs, NYC DOHMH regulated programs, SED public school districts with Universal Pre-Kindergarten contracts, SED registered nursery schools, SED 4410 programs¹⁷, and Head Start and Early Head Start grantees. This information was compiled from lists obtained from OCFS, SED and DOHMH. School districts were contacted to obtain the physical location of their public school UPK classrooms and Head Start grantees were contacted to obtain the locations of their programs. Nevertheless, it was a challenge to obtain a complete list of the physical locations where services were delivered. The master list of eligible programs was distributed to the lead agencies that were responsible for outreach in their communities. In some cases, lead agencies reviewed and gave feedback on the lists; in others the lead agencies used their own lists for outreach.

A total of 265 centers, 48 public schools or school districts, and 157 family providers applied to be in the field test. Of these, 246 centers, 42 public schools or districts, and 145 family providers were eligible based on their location in the designated zip codes for the field test communities. Of the eligible applicants, 145 or 59% of centers, 38 or 90% of public schools, and 89 or 61% of family providers were selected to participate in the field test. The field test sample included 16 centers that were verified as being accredited by the National Association for the Education of Young Children (NAEYC) and 2 family/group family child care homes that were verified as holding National Association for Family Child Care accreditation .

Participating programs were expected to attend a community information session, if possible, to learn more about the field test, complete all paperwork, agree to schedule Environment Rating Scale observations, comply with the evaluation team's requests for information and feedback, and prepare a Quality Improvement Plan. Programs received a modest stipend for their participation --\$250 for family/group family child care providers and \$500 for center-based programs.

Two hundred forty (240) centers, public schools and family/group family child care providers were initially invited to participate in the field test. These programs and providers were selected to include the range of centers, public schools and family providers in the state. In

¹⁷ 4410 programs are NY State Education Department preschool special education programs authorized pursuant to section 4410 of the state education law.

particular, special attention was paid to selecting centers and family care providers that offered programs such as UPK and Head Start, enrolled families with child care subsidies or vouchers, and that served children with special needs and that held national accreditation. Applicants with any characteristic that was infrequent, like accreditation, were selected first. The other programs and providers were sampled randomly and the distribution across subgroups was verified before final selection.

Selected programs and providers were sent acceptance letters and were asked to complete consent forms and additional program information. Non-selected programs and providers were sent thank you letters.

Mid-way through the field test a smaller group of programs and providers was chosen to replace participants that had left the field test. Thirty-two replacement programs and providers were chosen from the original application list in mid-July 2010. The lead agencies initially contacted these programs to gauge their interest in participating. Once confirmation was received that the programs were interested they were sent a welcome letter and the standards checklist materials. Replacement programs and providers had approximately four weeks to complete the standards checklist and were observed on the ERS tools and engaged in the quality improvement planning process. Many replacement programs and providers also received significant extensions to complete the standards checklist.

Also, mid-way through the field test, in July 2010, the National Association for the Education of Young Children (NAEYC) asked New York State to pilot a new cultural competence tool as part of NAEYC's Pathways to Cultural Competence Project. NAEYC defined the goal of the project as to "give early childhood programs that are participating in their state's quality rating and improvement system (QRIS) two checklists to help guide them in reflecting and improving upon their use of culturally-competent practices." All field test participating center-based programs were asked to participate in the Pathways Project. Family providers were not asked to participate because the Program Checklist was created for center-based programs only and public schools were omitted from the Project Coordinator's invitation because they were on summer break. Twenty nine (29) centers responded that they were interested and were sent the project materials, including the Program Guide, Program Checklist and Teacher Checklist. Twenty five (25) centers returned the completed Program Checklist and optional Teacher's Checklist. Participants were also asked to complete a brief survey based on their experience using the tools. As an incentive for completing the checklists, participants would receive resources from NAEYC to help them increase their programs' level of cultural competence in the area(s) they chose.

7. Independent Assessment Observations

The main independent assessment tools used in the field test were the Environment Rating Scales, which are a set of tools developed at the Frank Porter Graham Child Development Institute at the University of North Carolina, Chapel Hill. Three of the four tools were utilized in the field test: the Early Childhood Environment Rating Scale – Revised Edition (ECERS-R), the

Infant/Toddler Environment Rating Scale - Revised Edition (ITERS-R), and the Family Child Care Environment Rating Scale - Revised Edition (FCCERS).¹⁸

The ERS is currently the only assessment tool mandated to be used as part of the QUALITYstarsNY standards. According to the draft standards, programs can either do a self-assessment using the tools or, to achieve a 3-Star rating and higher, undergo an independent observation. The self-assessment option was not used in the field test due to the lack of time and capacity to train participants on using the tools for self-assessment and improvement planning. Instead, the design of the field test called for conducting one or more ERS observations in each participating program or family/group family child care home, depending on the variability in programs or ages of the children. For example, public schools almost always offered only UPK or Head Start classrooms for preschool children, while centers might have separate classrooms for infants, toddlers, and/or preschoolers, as well as UPK, Head Start, and other types of programs. At least one ERS observation was done in most participating sites. There were three family/group family child care homes and one center that were not observed due to scheduling issues.

The evaluation team assembled a team of 30 observers around the state to conduct the observations. Suzanne Dohm, an experienced quality improvement consultant and trainer, managed and facilitated this work. ERS observers were required to have been trained on the ERS tools and have experience administering the tools. (See Appendix E for ERS observer position description and application). The observers attended a refresher course and participated in inter-rater reliability assessments before beginning their field test work.

Programs were informed about the ERS observation component of the field test at the community information sessions and in other outreach encounters. Each site was sent a more detailed letter about the process and more information about the tools, along with a copy of the relevant tool(s) they would be observed on.

Programs and providers could indicate which dates would be most convenient and those that would not be possible (for example, because of special events or activities). Programs and providers were then called the day before and informed that the observation would occur the next day. In order to avoid special preparations in advance of the observations, centers and schools were not informed of which classroom(s) would be observed. Once on-site, the observer informed the program administrator which classroom was to be observed. ERS observations lasted approximately three hours, or less, depending on the schedule of the program. Observers completed paper score sheets on-site and submitted them to Ms. Dohm for review. Ms. Dohm examined each score sheet for accuracy. Once approved, score sheets were filed and entered into WELS.

¹⁸ For more information on the Environmental Rating Scales, see <http://ers.fpg.unc.edu/>.

In addition to the ERS observation, each observed field test classroom or family/group family child care home was assessed on supplementary nutrition and physical activity indicators. A sample of preschool classrooms in child care centers were assessed using another observation tool that focused on more specific aspects of the learning environment (Supports for Early Literacy Assessment/Supports for Social-Emotional Growth Assessment)¹⁹ and a sample of infant/toddler classrooms and family/group family child care homes were observed using a tool focused on the details of caregiver-child interactions (the Program for Infant/Toddler Care - Program Assessment Rating Scale).²⁰

Programs and providers were not informed of their assessment scores until the quality improvement planning consultation process. Due to the restrictive wording of the IRB-required consent forms, teacher assessment information could not be shared with program administrators. Additionally, assessment scores could not be shared with public school principals or other administrators because of union contract regulations. Only family providers were given their scores during the quality improvement planning consultation process. Additionally, there was no time or capacity to get the scores directly to the teachers before the quality improvement planning consultations.

8. Standards Checklist

Participating programs and providers completed a self-assessment exercise based on the relevant standards (centers or family/group family child care). The standards were reformatted into a checklist format with accompanying options of documentation listed that could be provided as proof of meeting each standard. The documentation examples were taken from the draft standards, with others added with input from the Advisory Team.

In some cases several “indicators” or specific items were used to represent a single standard. For example, the Family Engagement, Transitions standard FE IV:T1 for centers and schools reads as follows:

¹⁹ The Supports for Early Literacy Assessment (SELA) and the Supports for Social-Emotional Growth Assessment (SSEGA) are tools developed by Sheila Smith and her colleagues at New York University and have been used extensively in research and program improvement projects.

²⁰ The Program Assessment Rating Scale (PARS) is a recently developed observational tool designed to assess the quality of center and home-based infant and toddler early care and education settings. It is part of the Program for Infant/Toddler Care (PITC), a comprehensive training system for infant and toddler teachers developed by WestEd.

Program implements **at least 2 of the following:**

- Program has a written policy for transitioning children into the program;
- Program has a written policy and procedures to support children and families transitioning into the program, during transitions within the program, and transitioning out of the program;
- Program provides parents of 4-year-olds with information on kindergarten registration;
- Program transfers child records, with parent permission, when child transitions to another educational setting (e.g., other center, kindergarten)

If a center or school met this standard, two points would be awarded.

On the checklist, this standard was represented by the following indicators:

Indicator	Documentation
<p>Program implements the following (check all that apply):</p> <p>1. <input type="checkbox"/> Program has a written policy for transitioning children into the program</p>	<p><input type="checkbox"/> Copy of policies</p> <p><input type="checkbox"/> Parent handbook with relevant pages referenced</p> <p><input type="checkbox"/> Copy of information on kindergarten registration</p> <p><input type="checkbox"/> Other (please list)</p>
<p>2. <input type="checkbox"/> Program has a written policy and procedures to support children and families transitioning into the program, during transitions within the program, and transitioning out of the program</p>	<p><input type="checkbox"/> Copy of policies and procedures</p> <p><input type="checkbox"/> Parent handbook with relevant pages referenced</p> <p><input type="checkbox"/> Other (please list)</p>
<p>3. <input type="checkbox"/> Program provides parents of 4-year-olds with information on kindergarten registration</p>	<p><input type="checkbox"/> Copy of policies and procedures</p> <p><input type="checkbox"/> Parent handbook with relevant pages referenced</p> <p><input type="checkbox"/> Sample parent information on kindergarten registration, copy of flyer for meeting, or handout with kindergarten information</p> <p><input type="checkbox"/> Other (please list)</p>
<p>4. <input type="checkbox"/> Program transfers child records, with parent permission, when child transitions to another educational setting (e.g., other center, kindergarten)</p>	<p><input type="checkbox"/> Copy of policies and procedures</p> <p><input type="checkbox"/> Copy of information from parent handbook</p> <p><input type="checkbox"/> Sample records transfer letter</p> <p><input type="checkbox"/> Other (please list)</p>

Programs checked each indicator that was met and the corresponding verifying documentation that was submitted. Unlike the draft standards, programs were instructed to “check all that apply” so that information on all things they do could be obtained, not just the minimum information necessary to meet the standard. This information was entered into WELS, which assigned the appropriate number of points, based on the combination of indicators required to meet the standards and the relevant supporting documentation.

There were three versions of the checklist: centers, public schools, and family/group family child care homes. Although there are not separate standards for public schools the Advisory Team determined, in recognition of the fact that many policies and procedures under the

management and leadership standards category are carried out at the district rather than school or classroom programs level, it was appropriate to offer slightly different clarifications and instructions for public schools. Additionally, the Advisory Team agreed that due to the time constraints of the field test and programs' inability to acquire documentation in a timely fashion public schools would automatically receive 21 points in the Management and Leadership category for meeting standards pertaining to Financial Accountability and Sustainability, Policies and Procedures, Staff Compensation and Benefits and Staff Planning, if they attested to meeting those standards. Examples of these standards include "program has a current-year operating budget" and "program has written fiscal policies and procedures" (See Appendix F for the three versions of the Standards Checklist).

The checklist process applied to three of the four standards categories: Learning Environment, Family Engagement, and Management and Leadership. In order to assign points for the qualifications and experience of the classroom and administrative staff, field test participants completed a form for each relevant individual and submitted these forms along with transcripts, certificates, and other records. This information was entered into WELS and points were assigned to sites based on the average of points assigned to each individual staff person or provider.

Programs and providers were given 6 weeks to complete the checklist and qualifications and experience process.

When a standards checklist was received it was logged into a spreadsheet as having been received and an email was sent to the program or provider indicating receipt. The checklist and documentation were then filed away securely in locked file cabinets. Checklists were scored by hand by the Project Coordinator because the WELS system was still being tested as to its ability to accurately score checklists. Incomplete checklists were completed, if possible, by reviewing the documentation that was submitted. This information was then entered into WELS.

The field test process did not include a full review of the submitted documentation for either accuracy or quality. Participants generally received full credit for indicating the submission of a document. In cases where the standard was noted as being met, but no respective documentation was checked, a review of the submitted materials was made to determine if relevant documentation had been submitted. The evaluation team conducted an additional analysis that examined the accuracy and quality of a sample of documents from a random sample of participating programs and providers.

The points generated by WELS were checked against the Project Coordinator's scores. If both sets of points were identical then the information was saved and a Score Report was created. If the scores were not identical then both the Project Coordinator's scoring and WELS scoring were reviewed to assess and rectify the issue. Once the scores were identical a Score Report was created. Staff qualification and experience forms were also filed and entered into WELS.

9. Quality Improvement Planning

A team of consultants led the quality improvement planning component of the field test. The QIP Coordinator created a framework for quality improvement planning consultation, managed the work of the Quality Improvement Planning Regional Consultants (QIP Consultants), conducted a cost analysis to estimate the cost of attaining higher star levels and drafted a final report on the QIP process with recommendations for full implementation. Each QIP Consultant was designated a number of programs and providers, usually in a specific community based on her location and her particular skills.

The role of the QIP Consultants was to meet with the programs and providers to discuss their standards checklist and ERS assessment scores and to work collaboratively to develop a quality improvement plan based on those assessments. QIP Consultants contacted programs and providers after the standards checklist and ERS information were processed. Their engagement followed a protocol outlined in the QIP Framework (see Appendix G) that was created by the QIP Coordinator with input from the QIP Consultants.

The consultation preparation process included a thorough review of the programs' independent ERS and self-assessment information. The QIP Consultants were able to access a number of reports on each site's assessments in WELS including the ERS Strength-Need report that outlined the high scoring and low scoring subscales and items and the Checklist Report that listed program's responses on the Standards Checklist. Additional reports from the Project Coordinator were also reviewed, such as the Score Report that listed the points a program or provider earned in each standard category and sub-categories. QIP Consultants also asked to see the original ERS score sheet(s) and a copy of the original completed Standards Checklist. The QIP Consultants reviewed this information and made initial notes and reactions into the Consultation Work Sheet (see Appendix H) that would become the basis of the final Quality Improvement Plan.

10. Feedback

Throughout the field test applicants and participants were able to give feedback on the process in a variety of ways. Surveys were completed at each stage of the field test – during the initial community information sessions, as part of the checklist submission package, and during the forums held by lead agencies at the end of the field test after sites had received QIP consultation. During these forums, attending participants also engaged in facilitated discussions about their field test experience and recommendations for moving forward on implementation. Notes from these meetings were incorporated into the Evaluation Report. (See Appendix A for the data collection instruments used to obtain participant and lead agency feedback.) Programs and providers also provided feedback to the Project Coordinator throughout via e-mails and phone calls. Lead Agencies compiled questions and concerns and then relayed this feedback to the evaluation team and Project Coordinator.

Feedback was not only solicited from the participants but also from the lead agencies. The evaluation team conducted telephone interviews with each lead agency to gather more information on how they supported programs through the project. (See Appendix A for the data collection instruments used to obtain participant and lead agency feedback.)

11. Web-based Early Learning System (WELS)

The Web-based Early Learning System (WELS) based in Miami, Florida provided data management and rating services for the field test. The system is currently being used in Miami-Dade County's quality rating and improvement system, Quality Counts, and was customized to meet New York State's needs. WELS is able to aggregate data from a variety of resources to generate program profiles, create quality improvement plans, track resources, inform systemic investments, and provide quality control.

C. ORGANIZATION OF THE REPORT

The remainder of the report is organized into four sections:

- Field test recruitment, support, and participation
- Using the standards to measure and improve quality
- Moving toward state-wide implementation

The executive summary to the report brings together the major findings and possible implications for further development and implementation.

FIELD TEST RECRUITMENT, SUPPORT, AND PARTICIPATION

This chapter describes how the centers, public schools, and family/group family child care homes were recruited for the field test and how lead agencies in each field test community provided support for applications for the field test and submission of the standards checklist. It also describes the application and participation rates for centers, schools, and family/group family child care homes in the field test.

A. RECRUITMENT

The lead agencies in all thirteen field test communities were responsible for disseminating information about QUALITYstarsNY in their communities, recruiting participants for the field test, holding sessions to provide detailed information about QUALITYstarsNY and the field test, following up with both session attendees and potential participants who had not attended, and distributing applications to participate in the field test. To support their work, the field test coordinating organization developed a website with information including the QUALITYstarsNY draft standards, the application forms, and responses to frequently asked questions. The coordinator also developed a brochure, provided a set of slides to be used in the information sessions, and attended many of the information sessions to answer questions first hand.

1. Recruitment Methods Used by Lead Agencies

Summary Statements:

- Certain methods for informing centers, public schools, and family/group family child care home providers about QUALITYstarsNY and inviting them to participate in the field test were widely used. These included special mailings, e-mail announcements, other regular communication through newsletters, and providing information at meetings and training workshops held by the lead agencies.
- Personal visits and phone calls were often used in recruitment, particularly in follow-up after the initial information sessions.
- Potential participants who attended the information sessions most frequently mentioned being invited through personal contact.
- The methods that the lead agencies believed were the most effective in recruiting field test participants involved building on existing relationships and conducting individualized outreach.
- While only some of the lead agencies involved other community organizations in providing information about QUALITYstarsNY for the field test, a number mentioned these partnerships as valuable and recommended that they be further developed for recruitment during full implementation.

Implications:

- While state-level efforts to publicize and promote QUALITYstarsNY will be important during full implementation, recruitment of programs and providers, particularly in the early years, may be most effectively carried out by local or regional organizations.
- These organizations should be selected based on the scope of their existing communication methods and the depth and breadth of their relationships with local centers, public schools, and family providers.
- In addition, these organizations should have existing partnerships with other groups and agencies with links to local centers, public schools, and family providers, and be encouraged to expand these partnerships during implementation.

Evidence:

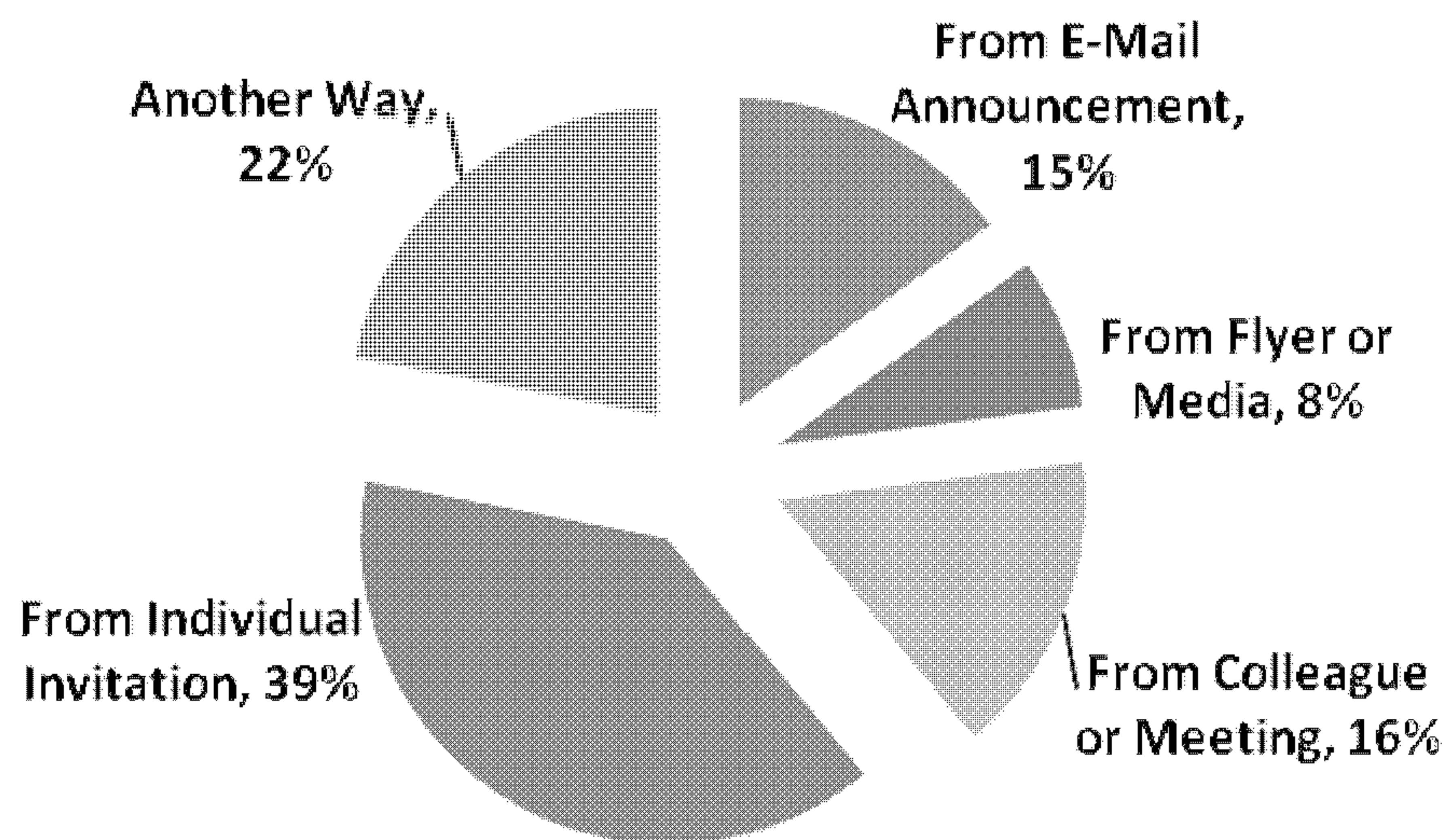
The most frequently used methods of outreach and recruitment used by the lead agencies to reach all types of programs and providers during the field test were e-mail messages and special mailings. Centers and family providers, generally already on the lead agencies' mailing lists, also received information in regular newsletters. Personal visits and phone calls were often used to invite centers, public schools, and family providers to the information sessions. (See Table 1.)

TABLE 1: Number of Lead Agencies by Methods Used for Outreach to Programs and Providers

	E-Mail	Special Mailing	Own Newsletter	Newsletters of Other Organizations	Own Meetings	Meetings of Other Organizations	Visits or Phone Calls
Inform Centers	10	11	9	5	11	1	9
Invite Centers	10	13	3	3	12	3	9
Inform Public Schools	9	10	7	5	9	1	4
Invite Public Schools	10	12	3	2	6	3	9
Inform Family/Group Family Providers	10	12	10	6	10	1	8
Invite Family/Group Family Providers	10	13	3	4	11	3	9

Staff of early childhood centers, representatives from public schools, and family/group family child care home providers who attended the information sessions were asked to indicate how they first learned about the field test. Information shared in personal contacts from the lead agency was the most frequently mentioned source, followed by e-mail messages and hearing from a colleague or at a meeting. (See Figure 1.)

FIGURE 1: Percent of Information Session Attendees By Way First Hearing About Field Test



During interviews conducted with lead agency staff, several outreach methods were seen as particularly effective in getting people to attend the information sessions and to apply to participate in the field test. One effective method was personal contact via telephone or visit. These contacts were often made as follow-up to mailings or e-mail announcements or to the information session itself. (See Figure 2 and Table 2.) As one lead agency representative pointed out, “Follow-up [to mailings] phone calls were key in getting people to come out – they liked the personal touch.” Another pointed out the value of contacting those who had attended the information sessions: “One thing I recognized was that when people came to the information sessions, they were just seeking information. We made follow-up visits and phone calls to encourage actual applications.” These follow-up contacts allowed programs and providers to ask additional questions and air concerns.

FIGURE 2: Number of Follow-Up Methods Used by Lead Agencies

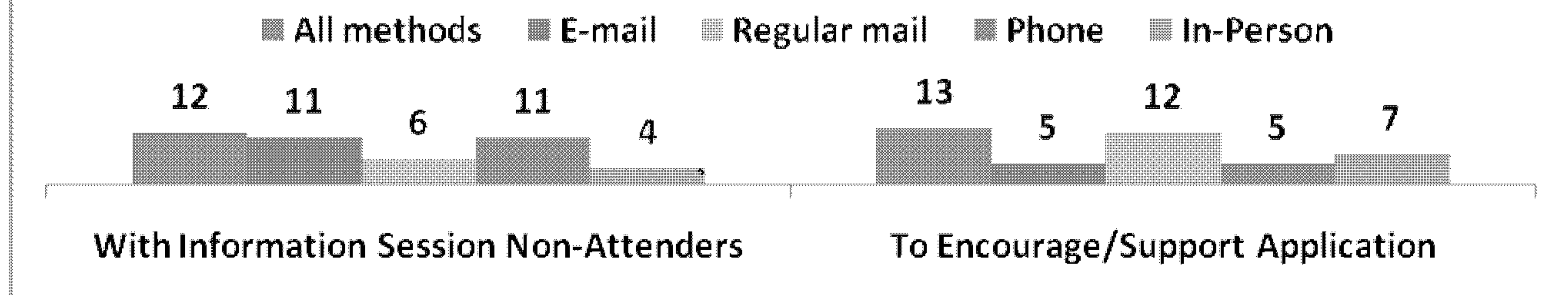


TABLE 2: Number of Lead Agencies by Type of Follow-Up Methods Used

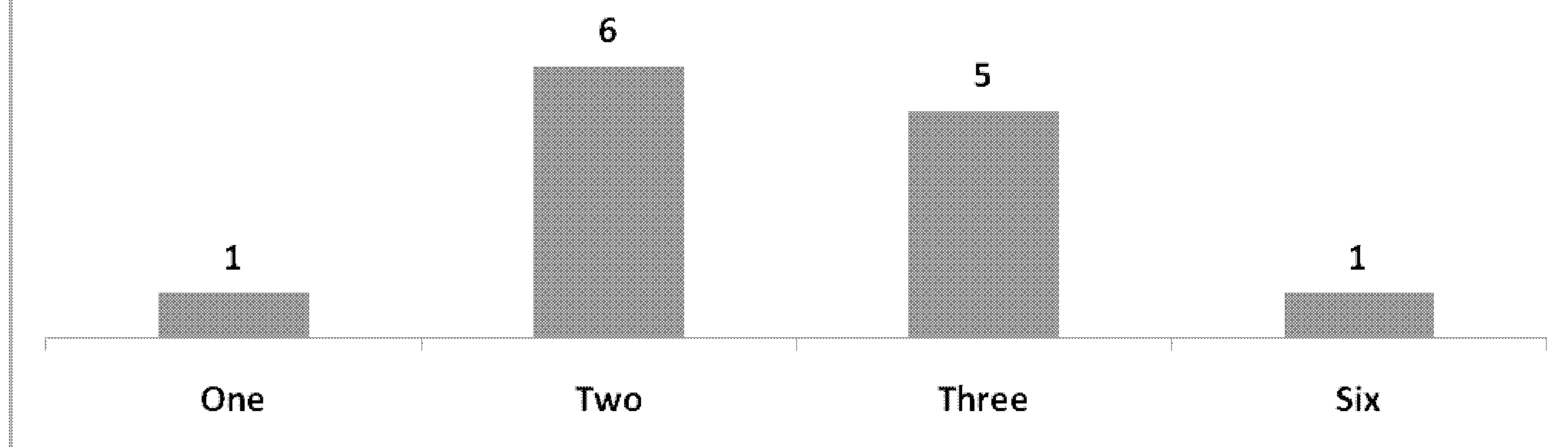
	All methods	E-mail	Regular mail	Phone	In-Person
With Information Session Non-Attendees	12	11	6	11	4
To Encourage/Support Application	13	5	12	5	7

Another common theme in lead agency reflections on effective outreach and recruitment was the importance of existing relationships programs and providers had with the lead agencies. As one representative commented, “You need to be in relationship with programs and providers when you ask them [to participate].” In most cases these relationships had been forged between the lead agency and programs and providers over the years through training workshops, other quality improvement initiatives (such as accreditation), and regular communication via newsletters and regular meetings, especially of program directors and home providers. Some lead agencies had been using these relationships to build awareness of and interest in QUALITYstarsNY well before the field test through regular meetings, newsletters, and e-mail updates.

A number of lead agencies also found it particularly effective to work with partners in reaching out to programs and providers. Depending on the community, these field test partners included program administrator or family provider networks or support groups organized by other agencies, the local OCFS office, community events or professional groups related to early childhood, and public school administrators. Lead agencies also mentioned the future possibility of working with affinity groups such as campus-based early childhood programs, church-affiliated centers or nursery schools, and Head Start grantee groups.

Most lead agencies held two or three information sessions in their communities, generally one during the day and the other in the evening, with the goal of accommodating the schedules of both family providers and staff from centers and public schools. (See Figure 3.)

FIGURE 3: Number of Information Sessions Scheduled by Lead Agencies



Based on sign-in log sheets, attendance at the information sessions varied across the field test communities. Generally more center-based program staff attended a session than family providers, with public school staff least likely to attend. (See Table 3.)

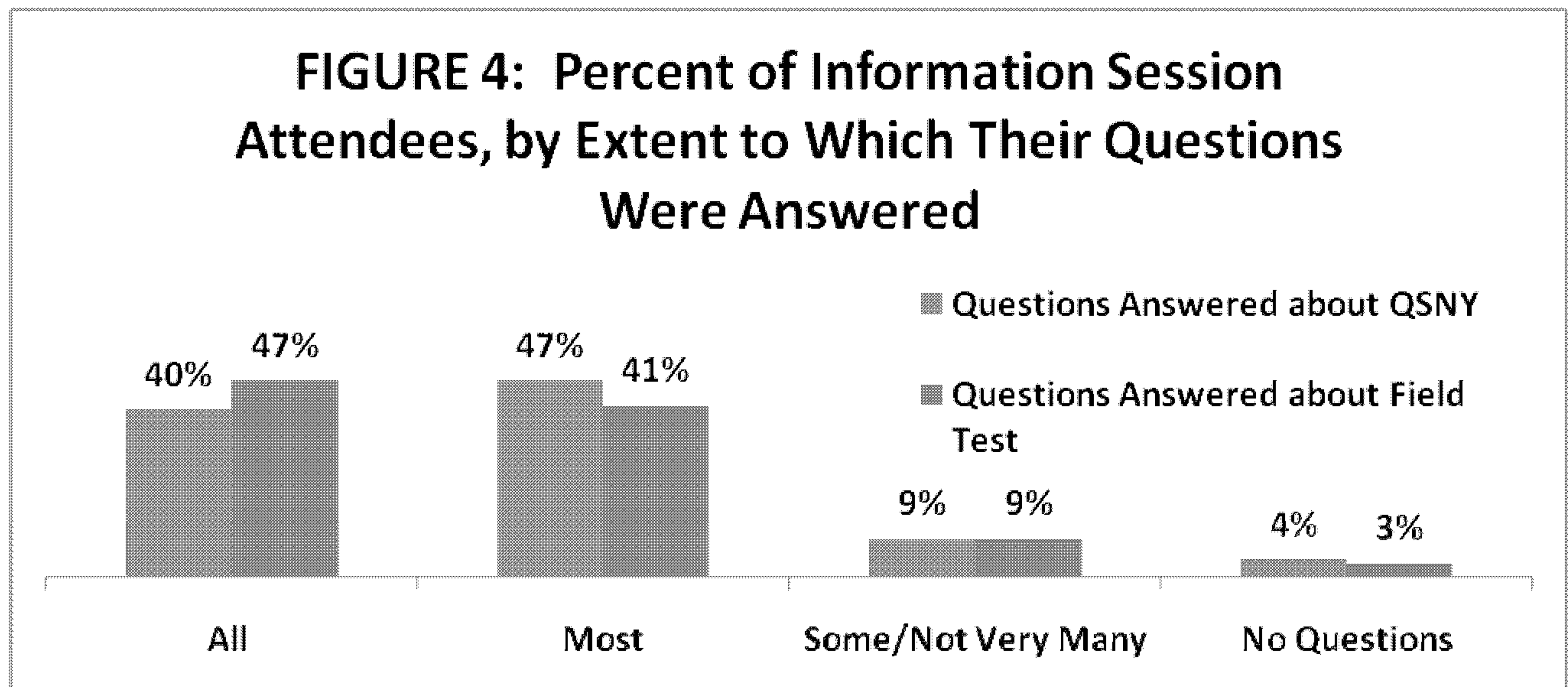
TABLE 3: Number of Individuals Attending Information Sessions by Type of Setting

	Mean Number Attending	Median Number Attending	Minimum Number Attending	Maximum Number Attending
Family Child Care Providers	7	4	1	20
Group Family Child Care Providers	8	5	0	41
All Family Child Care Providers	15	11	2	58
Centers	28	22	3	111
Public Schools	4	3	0	12

The lead agencies were asked during their interviews to indicate what had been the most frequently asked questions raised at the information sessions and during outreach and recruitment. The following major questions and concerns were expressed across the field test communities around the state:

- Questions about whether QUALITYstarsNY will become mandatory and how it will be linked with licensing
- Concern that QUALITYstarsNY is unlikely to be implemented statewide, given the current fiscal climate
- Concern about the time involved
- Questions about the value of participation in QUALITYstarsNY – specifically, how it is related to accreditation and what might be the potential financial benefits for participation

Almost all (close to 90%) information session attendees who filled out questionnaires at the end of the session reported that their questions about QUALITYstarsNY and the field test had been completely or mostly answered. (See Figure 4.) As will be noted later in this report, however, many field test participants did not understand the level of effort that would be required and would have liked to have more details on those requirements and the process more clearly outlined at the information sessions.



2. Application Rates and Applicant Characteristics

Summary Statements:

- Although there are generally more family/group family child care home providers in most communities than licensed centers, in the field test communities more licensed centers applied to participate than did family/group family providers. This was true in most communities in absolute numbers and in the ratio of eligible centers and family/group family providers to applicants.
- Public schools were often difficult to recruit for the field test. Lead agencies with existing relationships with school staff and the local district found them useful in engaging schools in the field test.

Implications:

- Considerably greater effort and probably different outreach and recruitment approaches are likely to be needed to recruit family providers and public schools for full implementation.
- Based on other information gathered during the field test, family/group family child care home providers are likely to need additional guidance and support in providing

documentation, while public schools may need more information about how the quality standards are appropriate to preschool programs within districts.

Evidence:

While generally more centers applied to participate in the field test than family providers, the two most rural communities – Clinton-Franklin Counties combined and Chemung County – recruited more family providers than centers. Success in recruiting public schools also varied considerably across the field test sites. (See Table 4.)

TABLE 4: Number of Applicants in Each Field Test Community by Type

	Centers	Public Schools	Family/Group Family Child Care Homes
Albany	15	4	10
Broome	15	4	3
Chemung	5	6	7
Clinton-Franklin	4	4	11
Erie	10	0	6
Kings	18	3	13
Monroe	24	2	6
Nassau-Suffolk	66	5	48
New York	6	1	2
Onondaga	20	3	11
Queens	24	8	13
Rockland	11	0	5
Westchester	28	2	10
Total	246	42	145

Because the master lists of potentially eligible programs and providers varied in completeness across the sites, it is not possible to accurately compare the application rates for all types of settings. The most complete information was available for licensed centers and registered family providers. Table 5 illustrates the substantial differences between these two types of early care and education settings in their interest in the QUALITYstarsNY field test. In general, the ratios of eligible centers to applicants were no greater than 20 to 1 and in most cases they were less than 10 to 1. For family providers, the ratios were all much larger, ranging from 3 to 30 times larger than the ratio in the same community for centers.

TABLE 5: Ratio of Eligible Family/Group Family Child Care Homes and Centers to Applicants

	Ratio: Registered Family/Licensed Group Family Child Care Providers to Applicants	Ratio: Licensed Centers to Applicants
Albany	15 to 1	5 to 1
Broome	25 to 1	2 to 1
Chemung	12 to 1	4 to 1
Clinton	18 to 1	5 to 1
Erie	41 to 1	5 to 1
Kings	83 to 1	19 to 1
Monroe	106 to 1	3 to 1
Nassau-Suffolk	24 to 1	5 to 1
New York	85 to 1	11 to 1
Onondaga	29 to 1	3 to 1
Queens	52 to 1	7 to 1
Rockland	41 to 1	6 to 1
Westchester	40 to 1	6 to 1
Total	35 to 1	5 to 1

There was no pattern across the field test communities in the numbers or ratios of applicants associated with the outreach and recruitment methods used by the lead agencies.

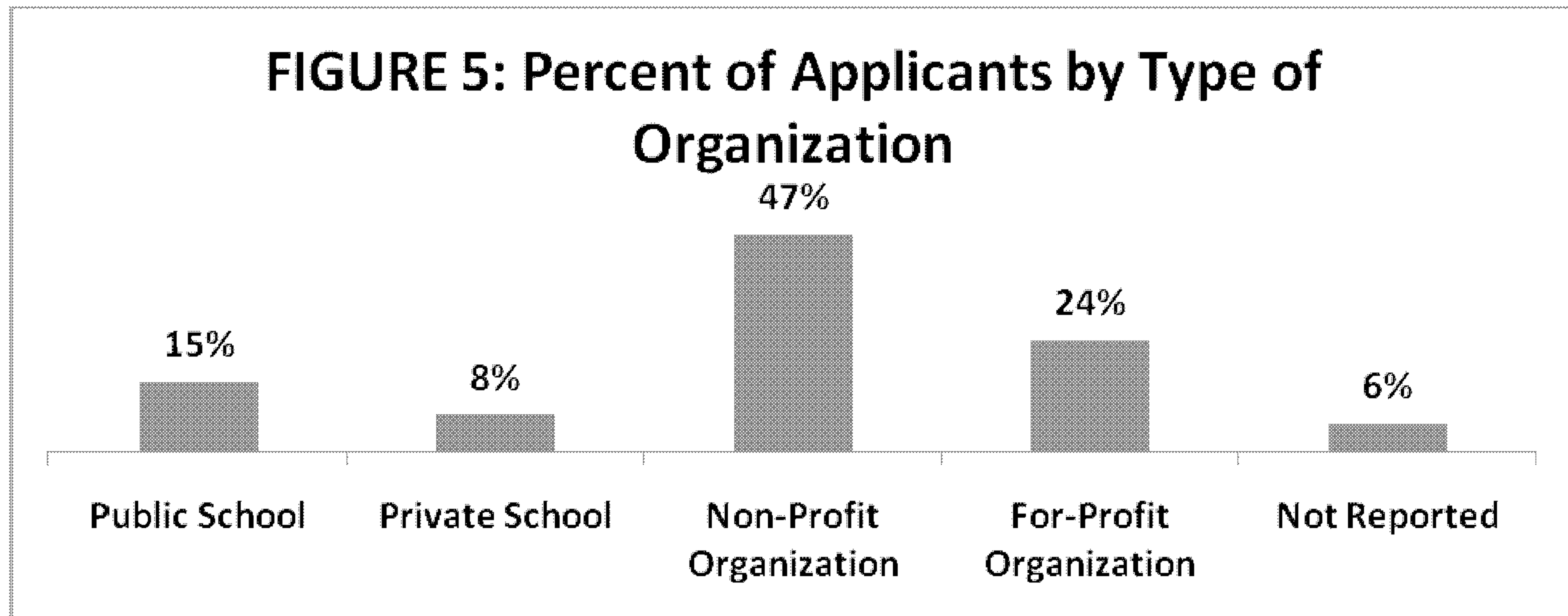
There was considerable variation across the field test communities in the groups the lead agencies believed were not well represented among those attending the information sessions and those selected to participate in the field test.²¹ Most often mentioned were family and group family child care providers, followed by public schools. Depending on the community specific groups were under-represented, according to the lead agencies. These included faith-based programs, nursery schools, providers whose first language is not English, Head Start programs, and those serving low income families. There were different experiences among the field test communities with proprietary programs that are part of national chains – in some communities these programs generally were not interested, while in another this group was seen as eager to be able to present their programs in the best light. In a number of sites, the lead agencies reported that many of those interested in QUALITYstarsNY were the “usual suspects” – individuals and programs that frequently participated in training and other professional activities.

The sections below describe the field test applicants, first for centers and public schools, and then for family/group family child care home providers.

²¹ The lead agency staff were asked to describe groups of programs or providers that they believed were not well represented among those attending the information sessions and those selected to participate in the field test. Lead agencies were not provided with lists of the applicants so they could not comment directly on the types of programs or providers that did or did not apply to be in the field test.

Applicant Center and Public School Characteristics:

- **Type of Organization**



- **Ages of Children Served**

Almost all (91%) of the center and public school applicants served preschool-age children, two-thirds (66%) served infants and toddlers, and 34% provided care to school-age children during the school year.

- **Children Whose Home Language Is Not English**

Just over three-quarters (77%) of the applying centers and public schools served some children for whom English was not their home language. Very few (7%) had enrollments with more than 75% of non-native English speakers.

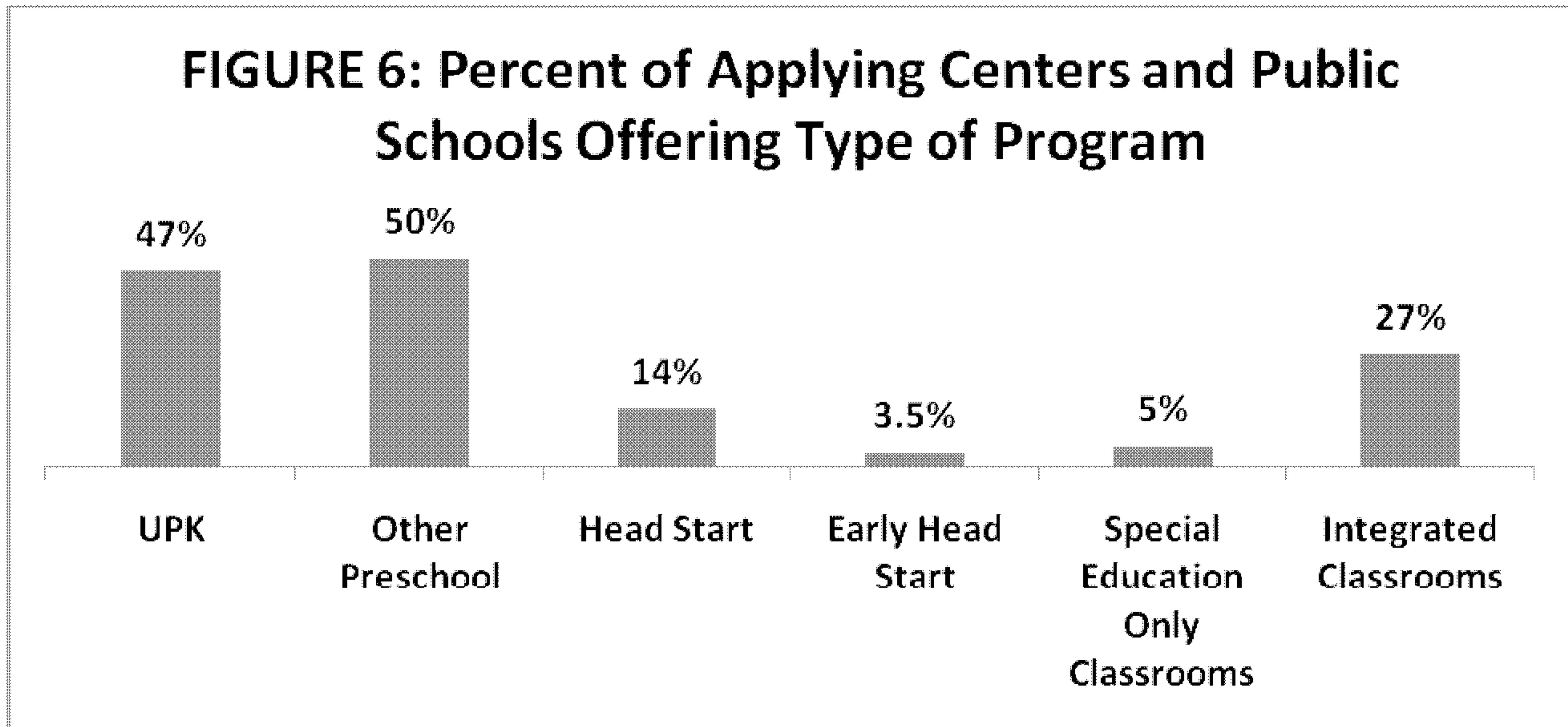
- **Children with Special Health, Development, or Educational Needs**

A large majority (86%) of center and public school applicants served children with special needs, although very few (2%) had enrollment of more than 75% of children with these needs.

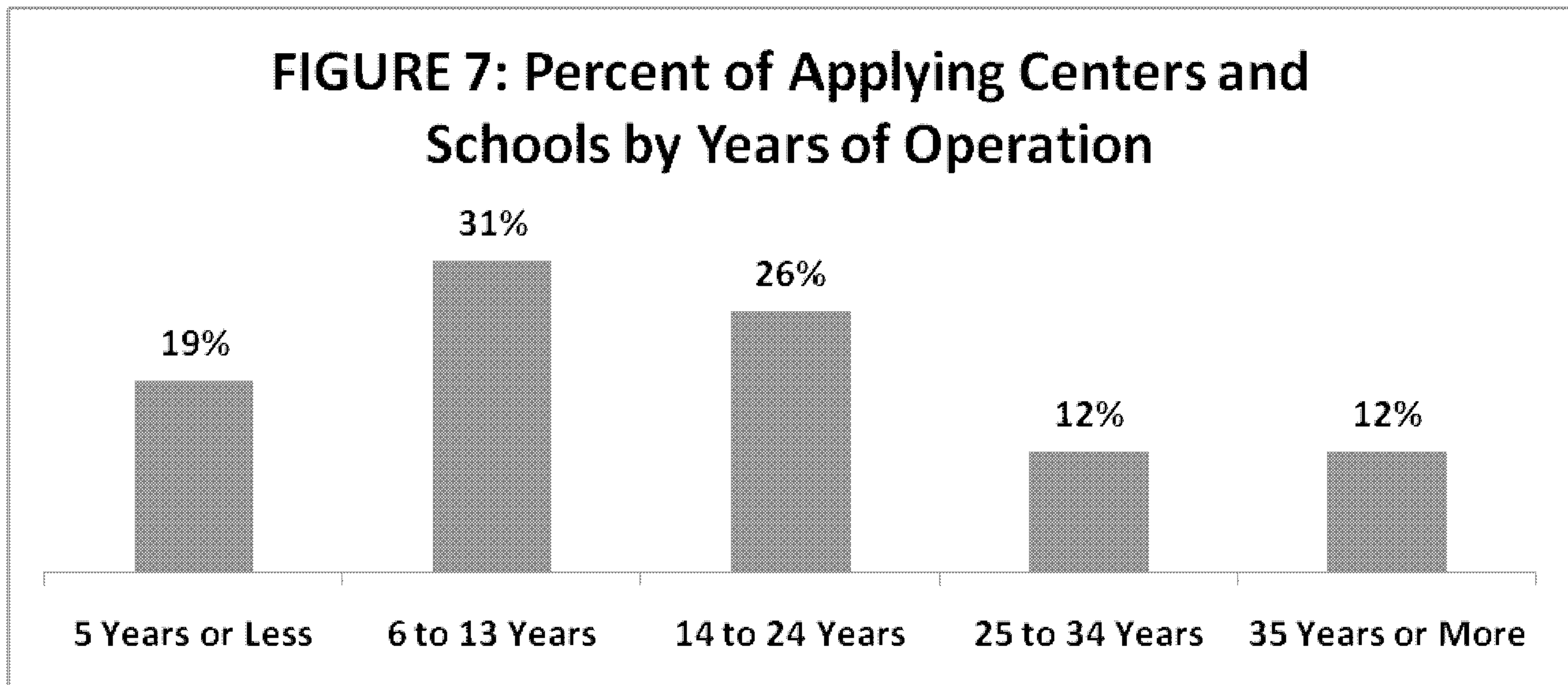
- **Centers Serving Any Children Receiving Public Subsidy**

Among centers applying for the field test, 62% had children received public subsidies or vouchers for child care.

- Type of Program Offered²²

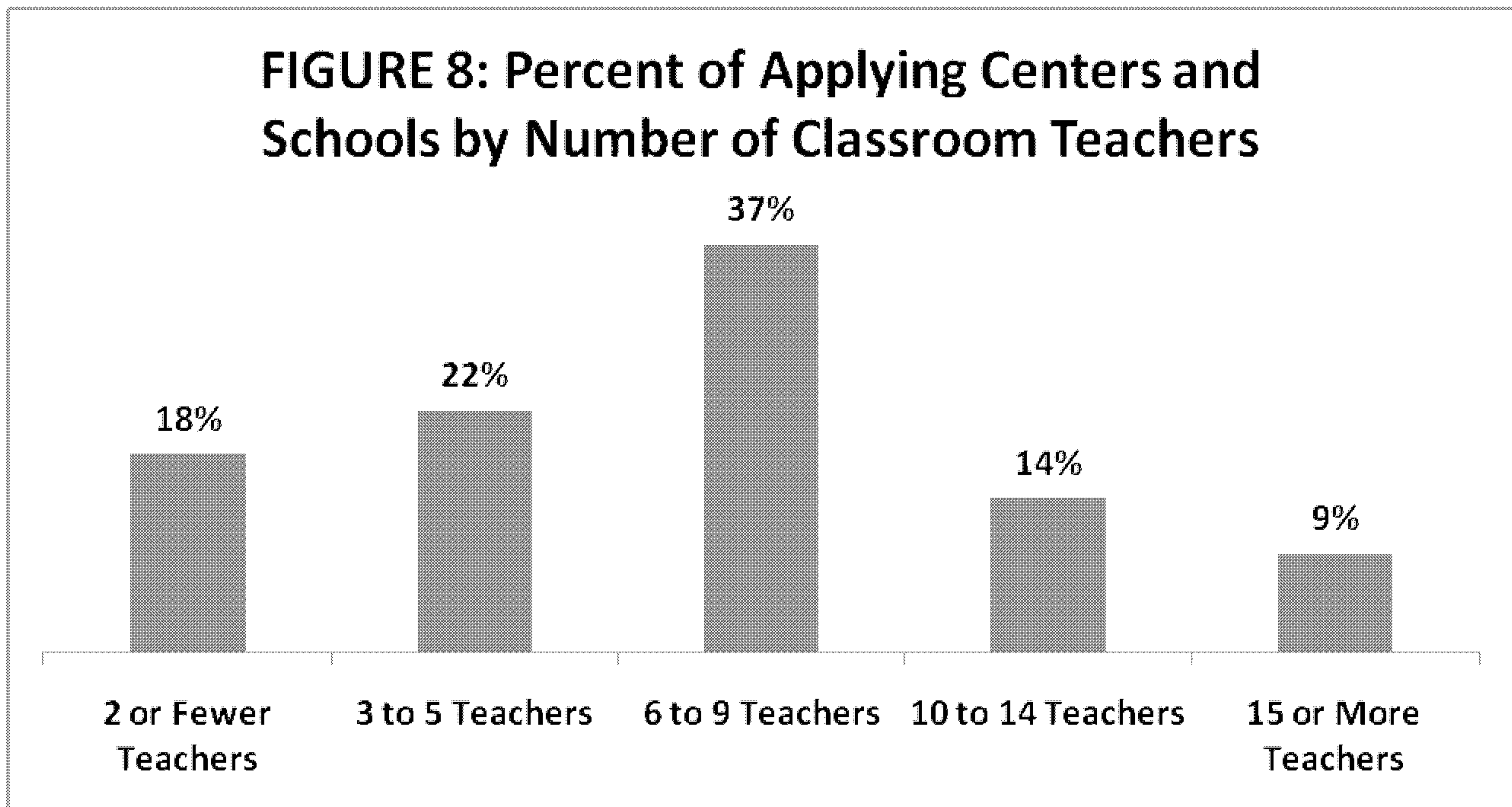


- Years of Operation



²² “Other Preschool” refers to classrooms or programs for preschool-age children that were not UPK-funded.

- **Number of Classroom Teachers**



Applicant Family/Group Family Child Care Home Characteristics:

- **Ages of Children Served:**

Family/group family child care homes that applied to participate in the field test very often were serving children of all age groups. Most served infants and toddlers and preschool-age children (81% each) and many served school-age children (72%).

- **Type of Program Offered**

Small numbers of applying family/group family child care homes offered Head Start (9%) or Early Head Start (11%) programs.

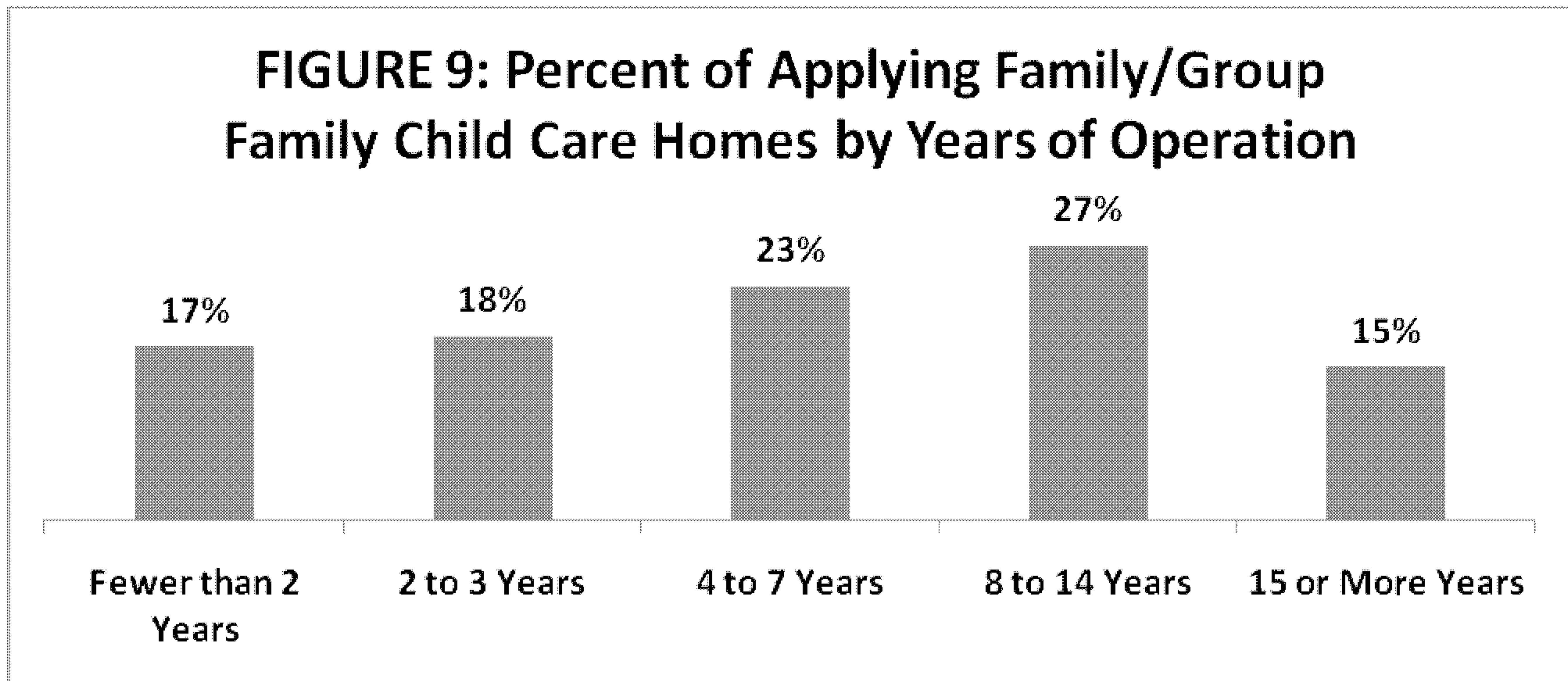
- **Number of Children Whose Home Language is Not English**

More than one-third (37%) of family/group family child care home applicants served children whose home language was not English and in 12% of all applying family/group family child care homes more than half of the children they served were non-native English speakers.

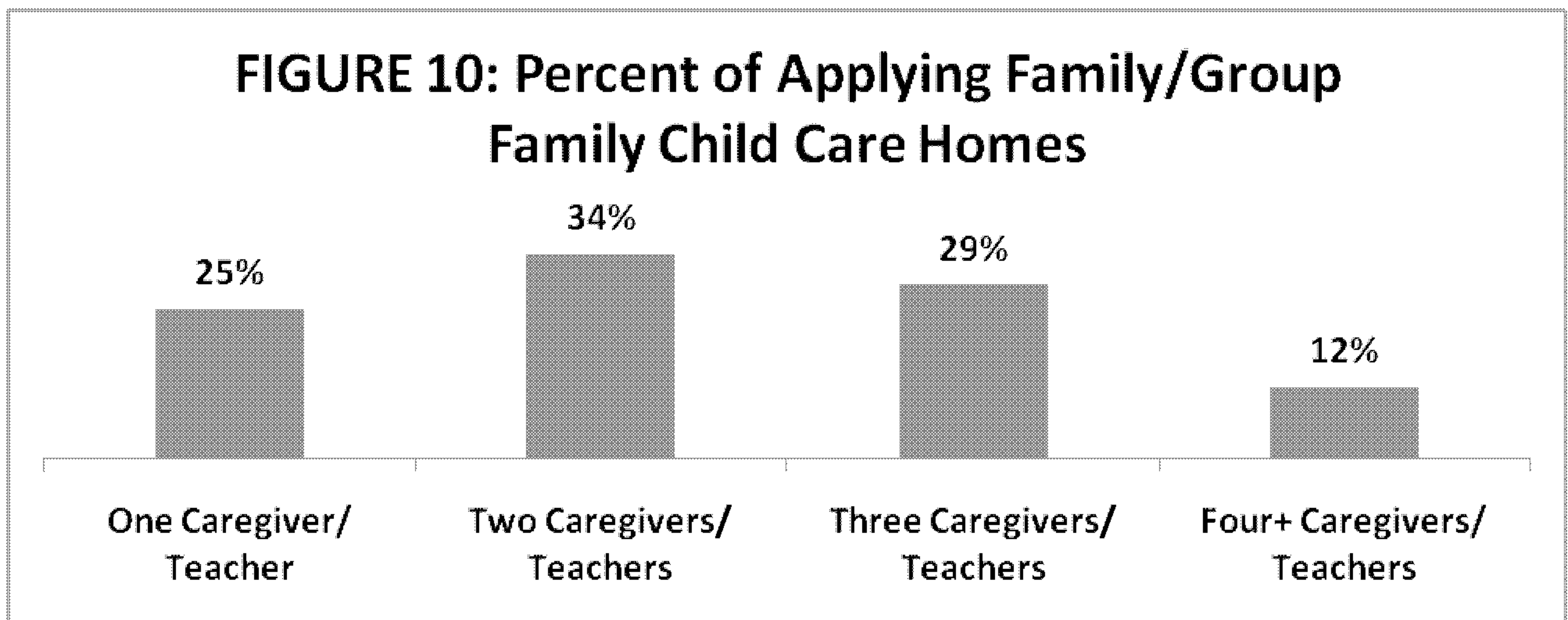
- **Number of Children with Special Health, Development, or Learning Needs**

Forty-one (41) percent of applying family providers served children with special needs.

- **Years of Operation:**



- **Number of Adult Caregivers/Teachers:**



While type of license was not asked on the field test application, Figure 14 suggests that at least 40% were group family child care homes.

B. SUPPORT

Once applicants were selected for the field test, the lead agencies were encouraged to offer them support in completing the checklist and submitting the required documentation. This section describes the ways in which the lead agencies offered support to the field test participants and participant feedback on that support.

1. Ways Used by Lead Agencies to Support Participation in QUALITYstarsNY

Summary Statements:

- Initial group sessions to review the checklist and responses to individual questions by phone were methods used by all or most of the lead agencies to support participation in the QUALITYstarsNY field test.
- While the initial orientation sessions were valuable, the lead agencies found that follow-up group sessions and individual support via telephone calls and personal visits were the most effective methods of support.
- In addition to needing orientation to the QUALITYstarsNY standards, checklist, and documentation process, many participants – particularly family providers and public schools – were unfamiliar with the Environmental Rating Scales.

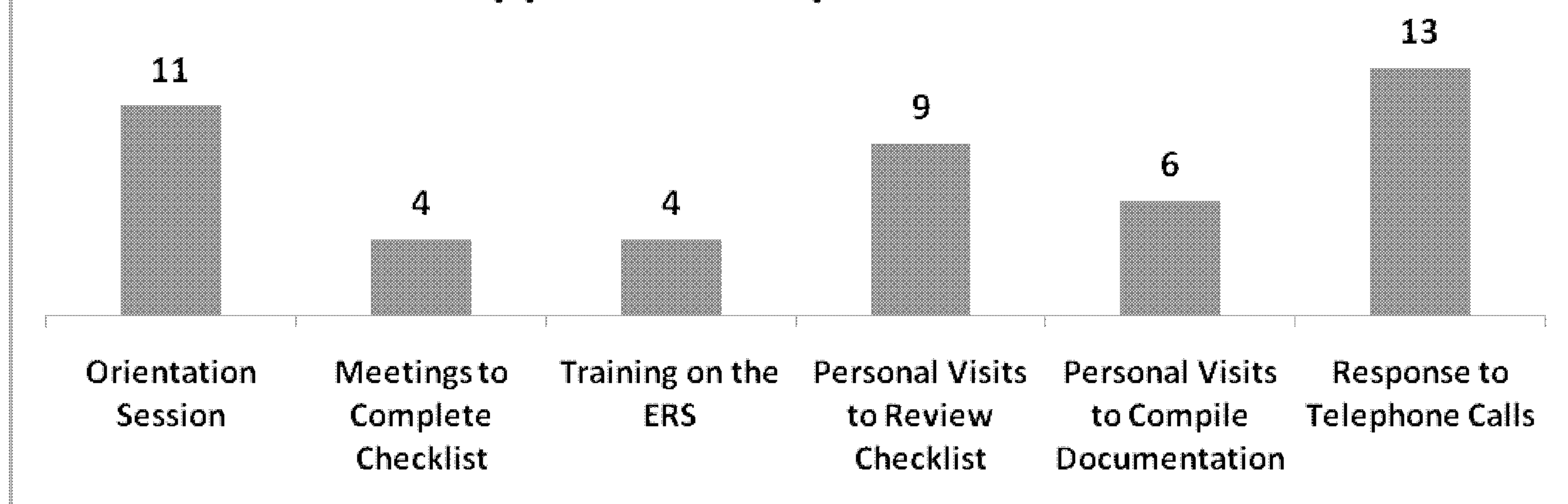
Implications:

- Successful participation in QUALITYstarsNY by a diverse array of programs and providers will require that a “menu” of supports be available. This menu would ideally include both individual and group supports and ones offered using technology as well as personal contact.
- As suggested by several of the lead agencies, organizing professional development and training for all early childhood programs and providers around the standards and in line with the ERS instruments would help prepare those who participate in QUALITYstarsNY be successful.

Evidence:

Almost all of the lead agencies held a group session with participants to review the standards, the checklist, and the documentation requirements. All the lead agencies reported responding to telephone calls from individual participants who called with questions about the checklist or the documentation. Other methods of providing support were used less frequently. (See Figure 11.)

FIGURE 11: Number of Lead Agencies Offering Support to Complete Checklist



The lead agency representatives were asked to reflect on their experiences offering support to the field test participants and to identify approaches that they found particularly helpful or that they would consider using in the future. A frequent comment during this part of the interview was that it was difficult to prepare to support the participants when the lead agencies themselves were not familiar with the checklist and documentation requirements. Several mentioned that in the future it would be helpful to organize professional development workshops and trainings around the standards and the Environmental Rating Scale criteria, so that programs and providers would be aware of the expectations and be prepared with the necessary documentation before participating in QUALITYstarsNY.

Some programs and providers – particularly in larger agencies and those that reported having participated in similar efforts either through accreditation or with performance standards associated with their funding (for example, Head Start) – appeared to need little assistance as they did not respond to offers from the lead agency for support. However, this was not the case for most participants. While most of the lead agencies believed that the initial orientation session held after the participants received the checklist was helpful in providing an overview of the requirements,²³ all noted that there were many follow-up questions. Many of these questions were answered in telephone calls from participants, but a number of lead agencies made personal visits to centers and family providers to encourage and assist them. One lead agency described this as “going over questions, letting them air their concerns, reviewing the checklist section by section, reiterating that not having all the documentation was acceptable, hand-holding as they went through the steps to reassure them that they were on the right path.”

²³ The Project Coordinator prepared a Checklist Completion Tip Sheet based on questions and suggestions that came up at the initial orientation sessions. This document was available for later sessions.

A number of lead agencies either offered sessions (and in one case, webinars) after the initial orientation for groups of participants to go over sections of the checklist. Some found that this was a particularly helpful way of providing support and noted that some participants found this a less stressful approach than working on the checklist on their own. Other lead agencies believed that it would be difficult to organize and facilitate these working groups, given the diversity in needs and capacities among participants. Some also felt that group sessions might be intimidating if the participants had not already established some level of trust among themselves. There were also concerns about participant-organized working groups, particularly if not facilitated by someone well-versed in best practices and the quality standards, as the participants themselves may not have sufficient knowledge to provide appropriate guidance to each other. Even with these concerns in mind, several lead agencies suggested that offering facilitated group sessions that could be attended on an as-needed basis would be valuable during full implementation.

It became evident that many participants, particularly family/group family child care providers and public schools, were not familiar with quality criteria embedded in the Environmental Rating Scale instruments nor with the observation and assessment process itself. Some lead agencies offered training specifically on the ERS and others have organized or hosted similar sessions in the post-field test period.

2. Participant Feedback on Support

Summary Statements:

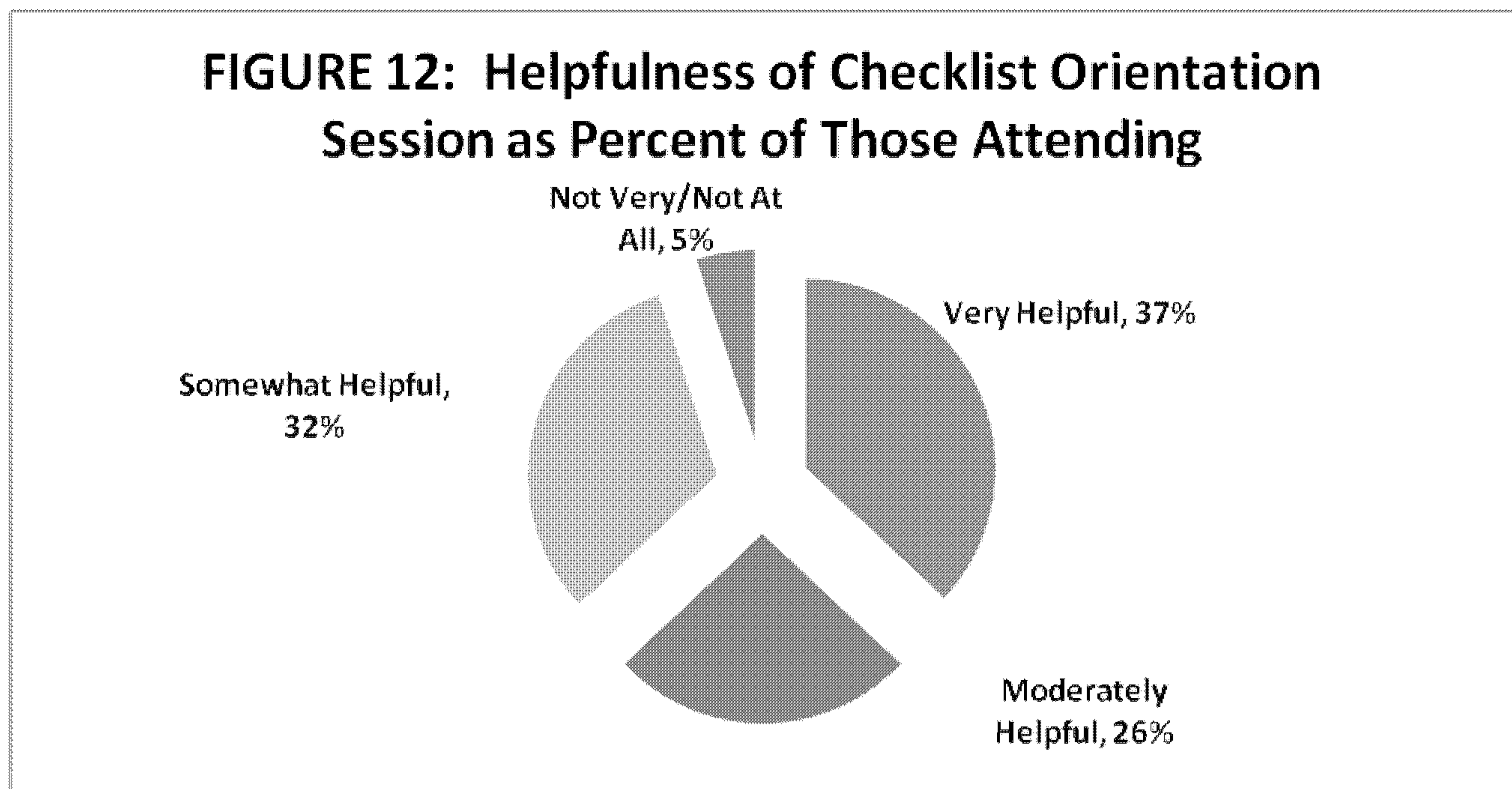
- The initial orientation sessions provided by the lead agencies were attended by many field test participants and were generally seen as helpful.
- Many field test participants got individual support from the lead agencies via telephone calls or e-mail exchanges.
- Fewer (between 20% and 30%) received personal visits or participated in groups to go through the checklist.
- Most of those who did not receive a particular type of support would have liked to have had it.

Implications:

- As suggested from the lead agency reflections described above, participants valued the orientation sessions but discovered that they had questions and needed support beyond that initial meeting. However, given the field test experience, it is likely that the initial orientation sessions during full implementation can anticipate many of the follow-up questions and provide more specific instructions. In addition, additional resources can be made available on-line.
- As also noted earlier, it will be valuable to have a “menu” of supports available to QUALITYstarsNY participants, including both individual and group supports.

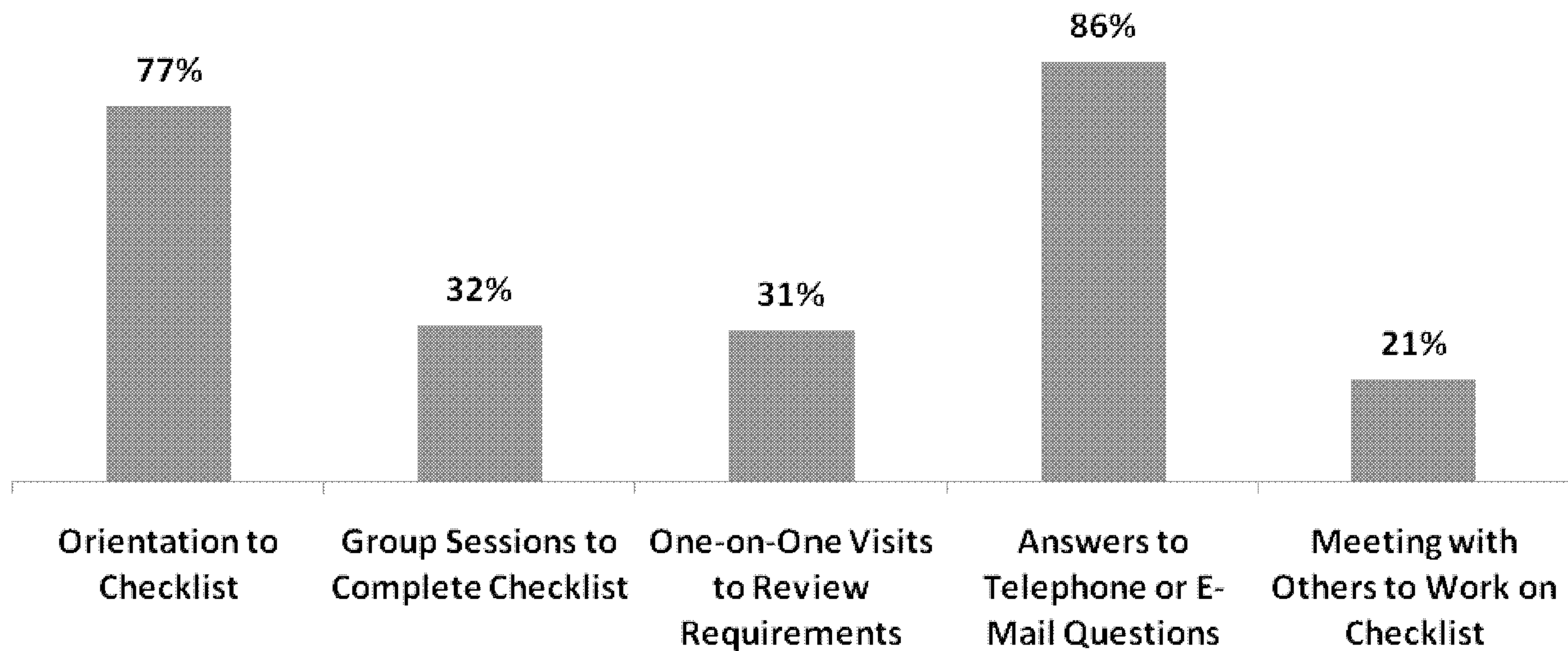
Evidence:

As mentioned above, most of the lead agencies (11 out of 13) offered initial orientation sessions to the checklist and documentation requirements. Participants were asked to assess the helpfulness of these sessions on a survey submitted with their completed checklists. Of the 164 participants who submitted a survey, 83% had attended an orientation session or another session on the standards and checklist. Figure 12 indicates that many of the responding participants found these sessions helpful to some degree.



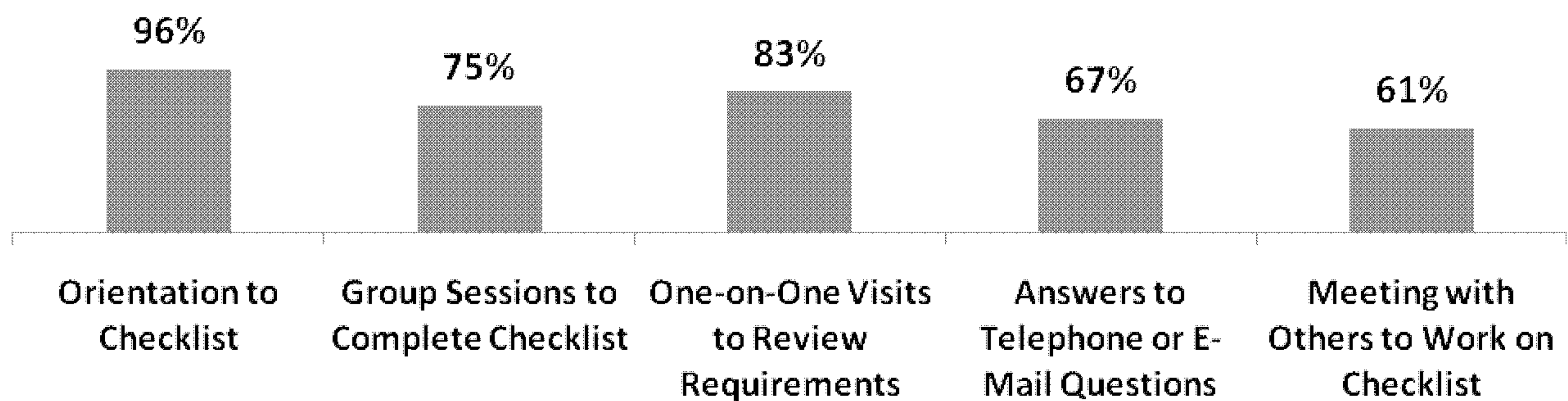
After the field test was completed, participants were invited to forums organized by the lead agencies in each site. At the forums, attending participants completed a survey that included questions about the support they received during the field test and other support they would have liked to receive. As expected, most of the 124 responding participants had attended a checklist orientation session and received answers from the lead agency to telephoned or e-mailed questions. (See Figure 13.)

FIGURE 13: Percent of Participants Receiving Support to Complete Checklist



Participants who did not receive a particular type of support during the field test were asked to indicate whether they would have liked to have the support. The majority of these participants would have liked to receive each type of support, with more than four out of five wanting personal visits and almost all wanting to attend an orientation session. (See Figure 14.)

FIGURE 14: Percent of Participants Wanting Each Type of Support to Complete Checklist, If Didn't Receive It



C. FIELD TEST COMPLETION RATES

A total of 470 applications to participate in the field test were received; of these, a few (37) were from communities or zip codes outside of the field test areas. Of the remaining 433 applicants, 272 were selected to participate in the field test, 240 in the first selections made in March and 32 in the second selections made in the summer to replace initially selected programs and providers that were no longer participating in the field test.

As noted in the previous section, the lead agencies in the field test communities were encouraged to provide supports they felt would be helpful to assist selected programs and providers. This section describes the field test completion rates and the programs and providers that completed the field test, compares some of the characteristics of programs and providers that completed the field test with those that did not, and examines how the types of supports provided by lead agencies were associated with completion rates.

1. Field Test Selection and Completion

Summary Statements:

- Centers and public schools selected for the field test were more likely than selected family/group family child care home providers to complete the standards checklist and submit the required documentation.
- Reasons for not completing the field test differed among the types of participants, but the compressed field test schedule and amount of paperwork involved were factors in a number of cases.

Implications:

- Some factors associated with selected programs and providers not continuing to complete the field test are likely to continue to be present during full implementation, particularly the requirement for some amount of documentation as part of the process. Making the documentation process more manageable may increase the rate of completion among those interested in participating in QUALITYstarsNY.
- Additional time to complete the standards checklist and recognizing that public schools and school-year only programs may not be able to conduct some of the required steps, particularly classroom observations, during the summer would also increase the completion rates.
- Family/group family child care home providers, on the other hand, are more likely to be affected by circumstances that cannot be addressed in the implementation of QUALITYstarsNY. These circumstances include health, family, or other factors that cause the provider to cease operations permanently or temporarily.

Evidence:

A total of 265 centers, 48 public schools or school districts, and 157 family/group family child care home providers applied to be in the field test. Of these, 246 centers, 42 public schools or districts, and 145 family/group family child care home providers were eligible based on their location in the designated zip codes for the field test communities. Of the eligible applicants, 145 or 59% of centers, 38 or 90% of public schools, and 89 or 61% of family/group child care home providers were selected to participate in the field test. (See Figure 15 and Table 6.)

FIGURE 15: Percent of Applicants by Eligibility, Selection, and Participation Status

■ Applicant Not in Field Test Community ■ Applicant Not Selected
 ■ Selected Applicant Completed Checklist ■ Selected Applicant Did Not Complete Checklist

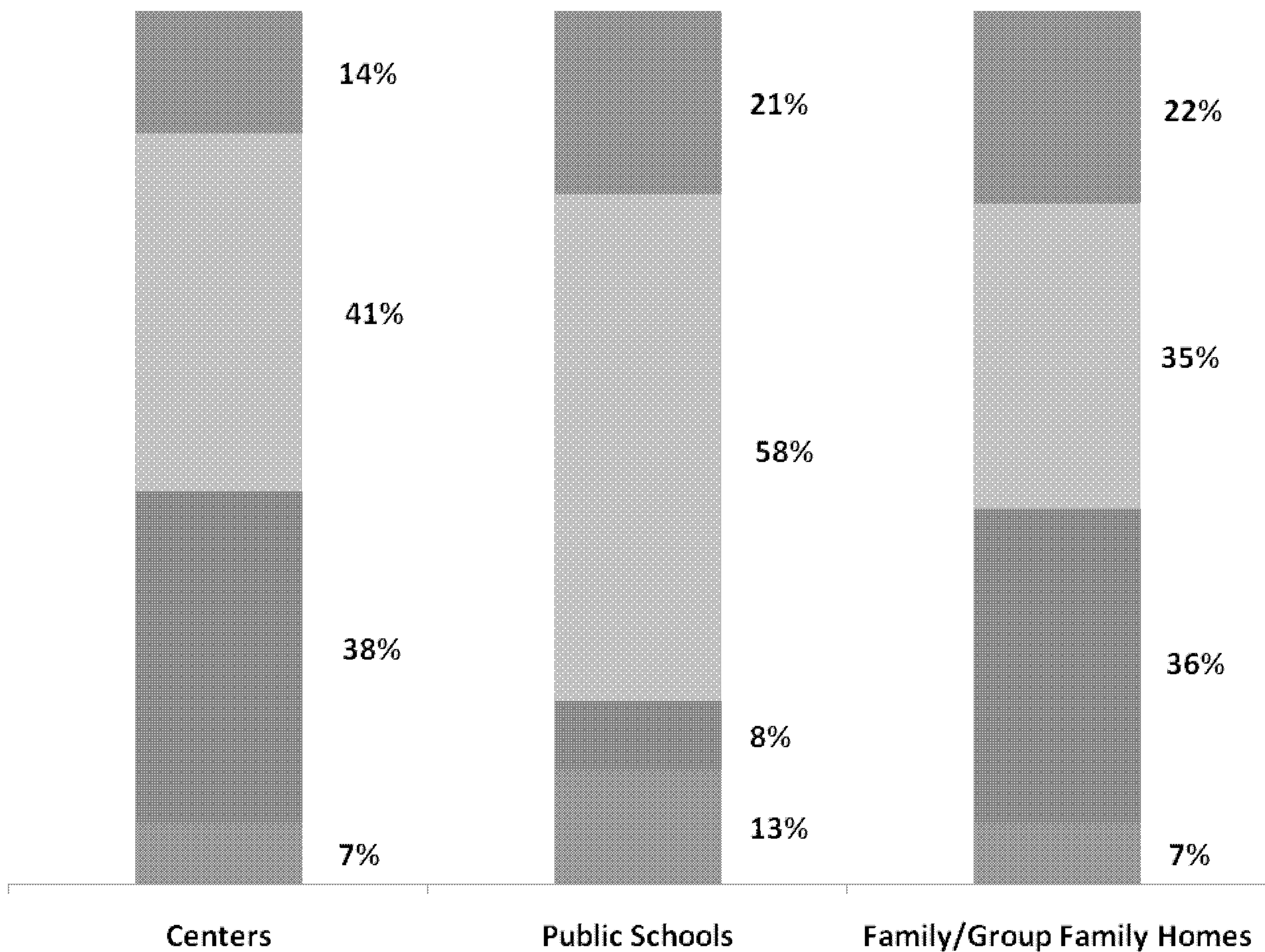
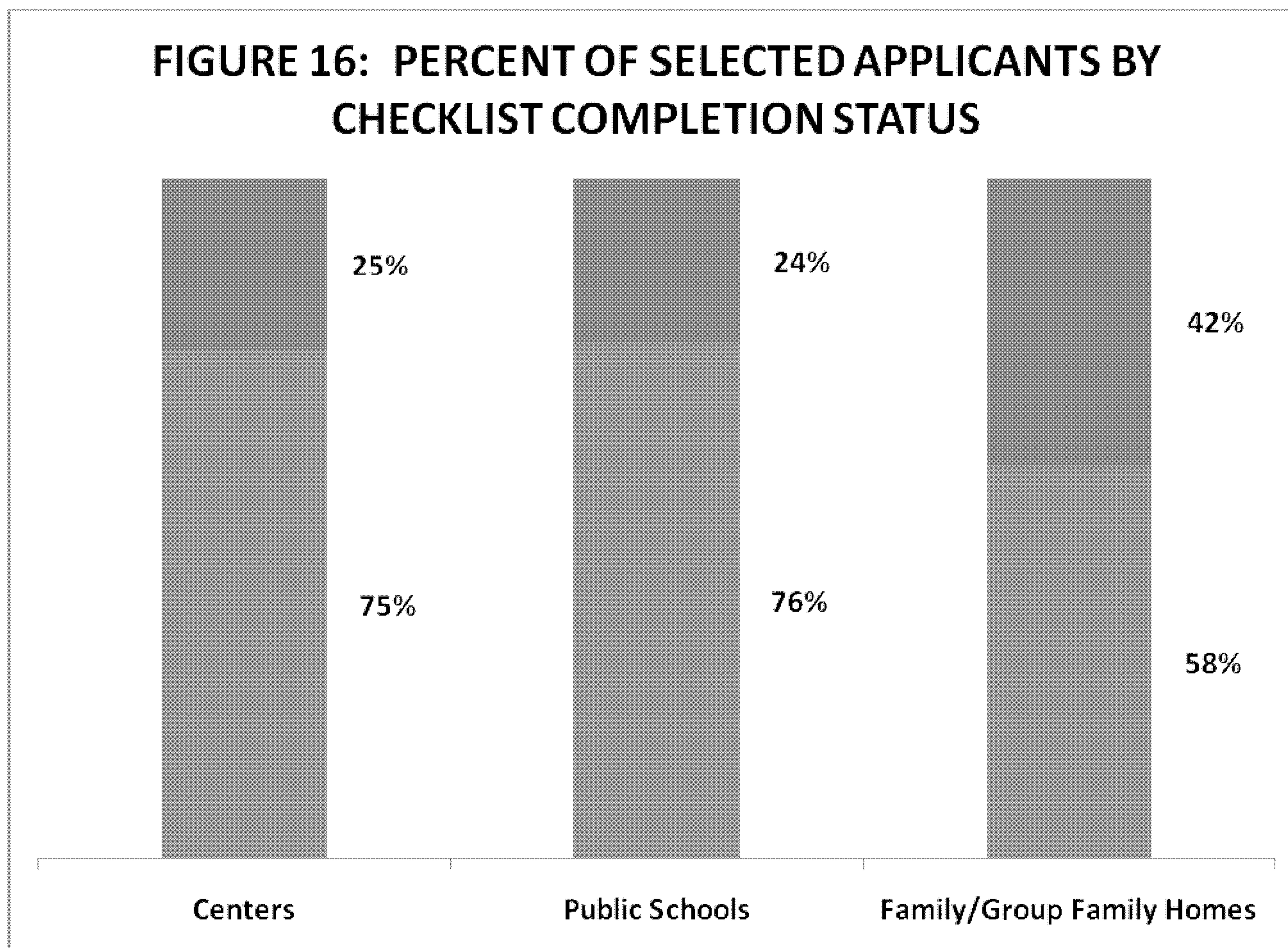


TABLE 6: Number of Applicants by Eligibility and Selection Status and Type

	Number of Applicants Not in Field Test Community	Number of Eligible Applicants Not Selected	Number of Selected Applicants Completing Checklist	Number of Selected Applicants Not Completing Checklist
Centers	19	101	109	36
Public Schools	6	4	28	10
Family/Group Family Child Care Homes	12	56	55	34

Approximately three-quarters of centers and public schools selected for the field test completed the standards checklist, the criterion for completion. A substantially smaller percentage of family/group family child care home providers – not quite three-fifths – completed the field test.²⁴ (See Figure 16.)



Not all the non-completers provided an explanation of why they did not complete the field test and many of the reasons provided were specific to individual circumstances. However, there were some patterns of reasons for non-completion that varied by type. The reasons for family/group family child care home providers fell into two main categories – insufficient time or resources to participate and withdrawing permanently or temporarily from providing care. A major factor for schools was the timing of the field test, given that the checklists were not received until late in the school year; another factor was the difficulty in compiling

²⁴ One center and three family/group family providers that completed the checklist did not have an ERS observation, due to scheduling issues. One selected center and four selected family/group family providers were observed but did not complete their checklists.

documentation that resided at the district rather than school level. Centers that did not complete the field test also were challenged by the documentation requirements as well as by timing of the field test (as staffing schedules and programs often differ in the summer from the school year). Overall, however, family/group family providers were substantially less likely to complete the field test than centers or public schools, suggesting that this difference is likely to be the case in full implementation as well.

2. Characteristics of Centers, Public Schools, and Family/Group Family Child Care Home Providers That Completed the Field Test

Summary Statements:

- The centers, public schools, and family/group family child care home providers that completed the field test – while not necessarily representative of all types of settings across the state – were quite diverse in the specific types of early care and education services they offered, in the children they served, and in other characteristics such as size (number of teachers or adults) and years of operation.
- Characteristics that were least frequently represented among the field test participants were those where this would be expected: holding national accreditation, primarily serving children whose first or home language is not English, and in the case of centers and schools, offering classrooms that only enrolled children with special needs.

Implications:

- The field test experience suggests that a wide range of types of early care and education programs and providers are likely to be interested in and be able to complete the requirements of QUALITYstarsNY.
- The diversity among completing applicants also lends strength to confidence in the field test findings.

Evidence:

Figures 17 through 23 below illustrate the range of characteristics among centers, public schools, and family/group family child care home providers that completed the field test.

FIGURE 17: Percent of Centers Completing Field Test, by Programs Offered and Other Characteristics

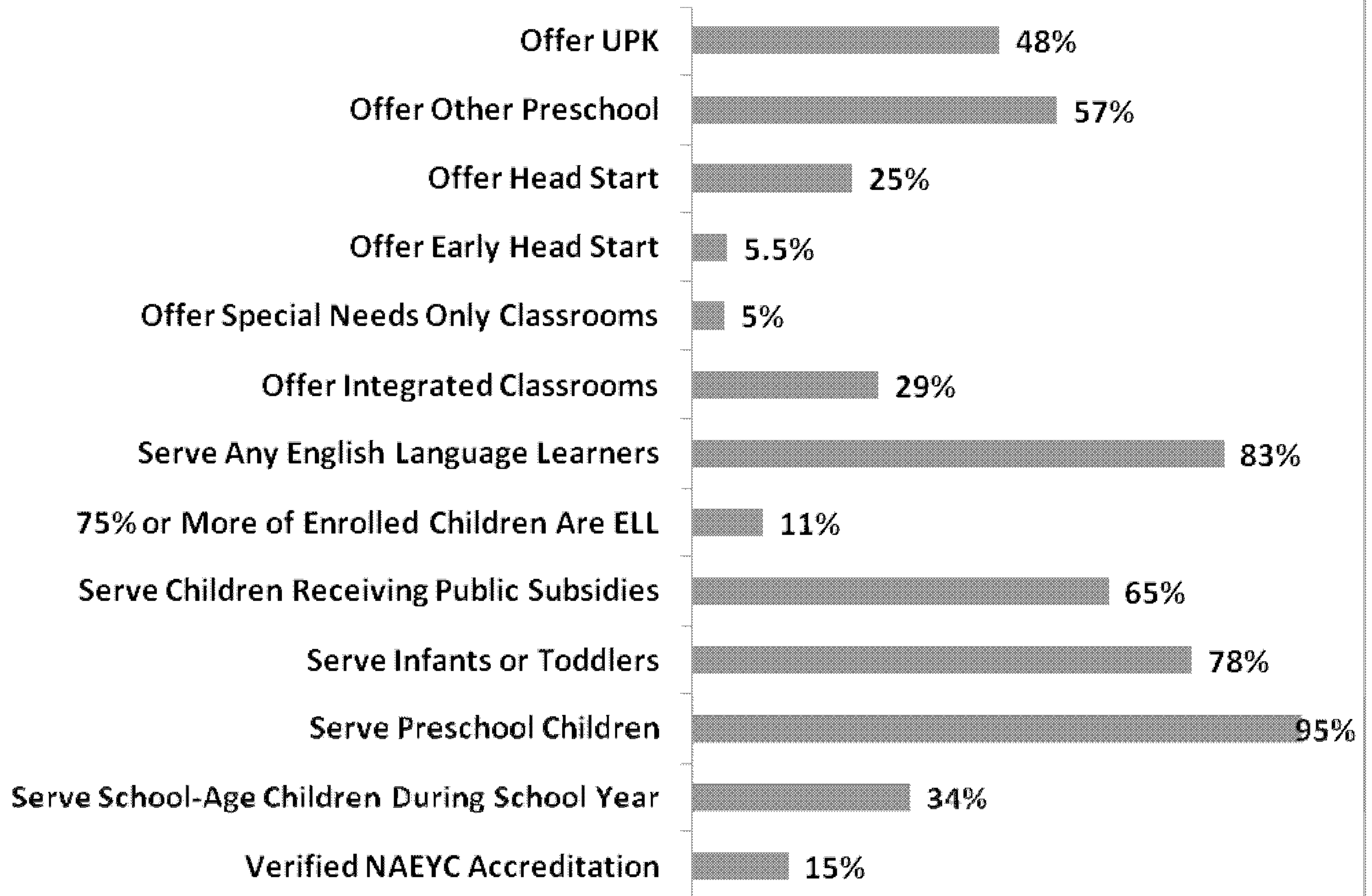


FIGURE 18: Percent of Centers Completing Field Test, by Number of Teachers On Staff

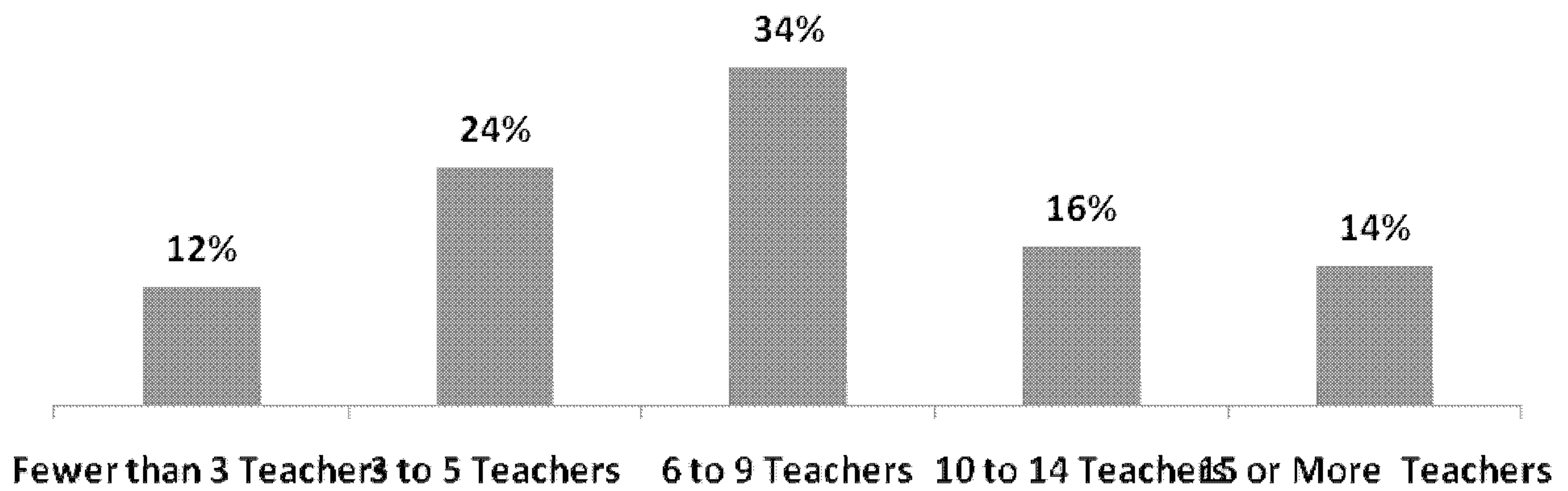


FIGURE 19: Percent of Centers Completing Field Test, by Years of Operation

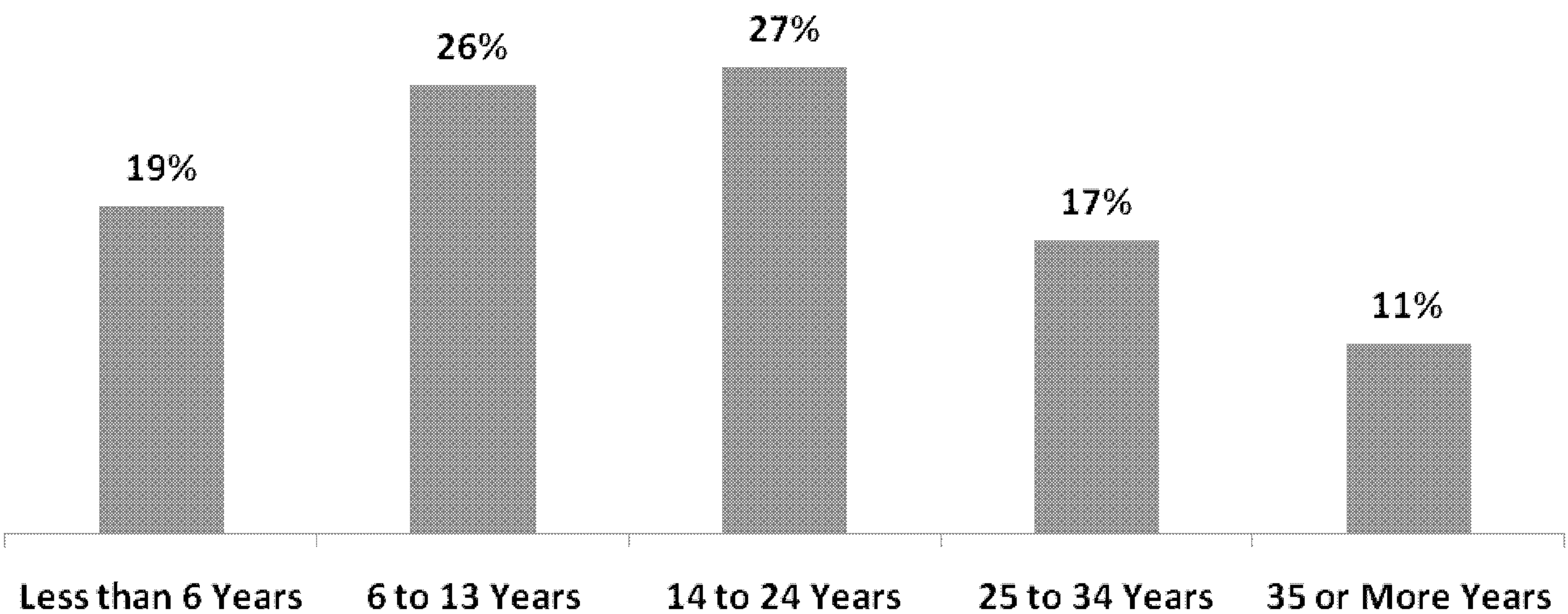


FIGURE 20: Percent of Public Schools Completing Field Test, By Type of Program Offered

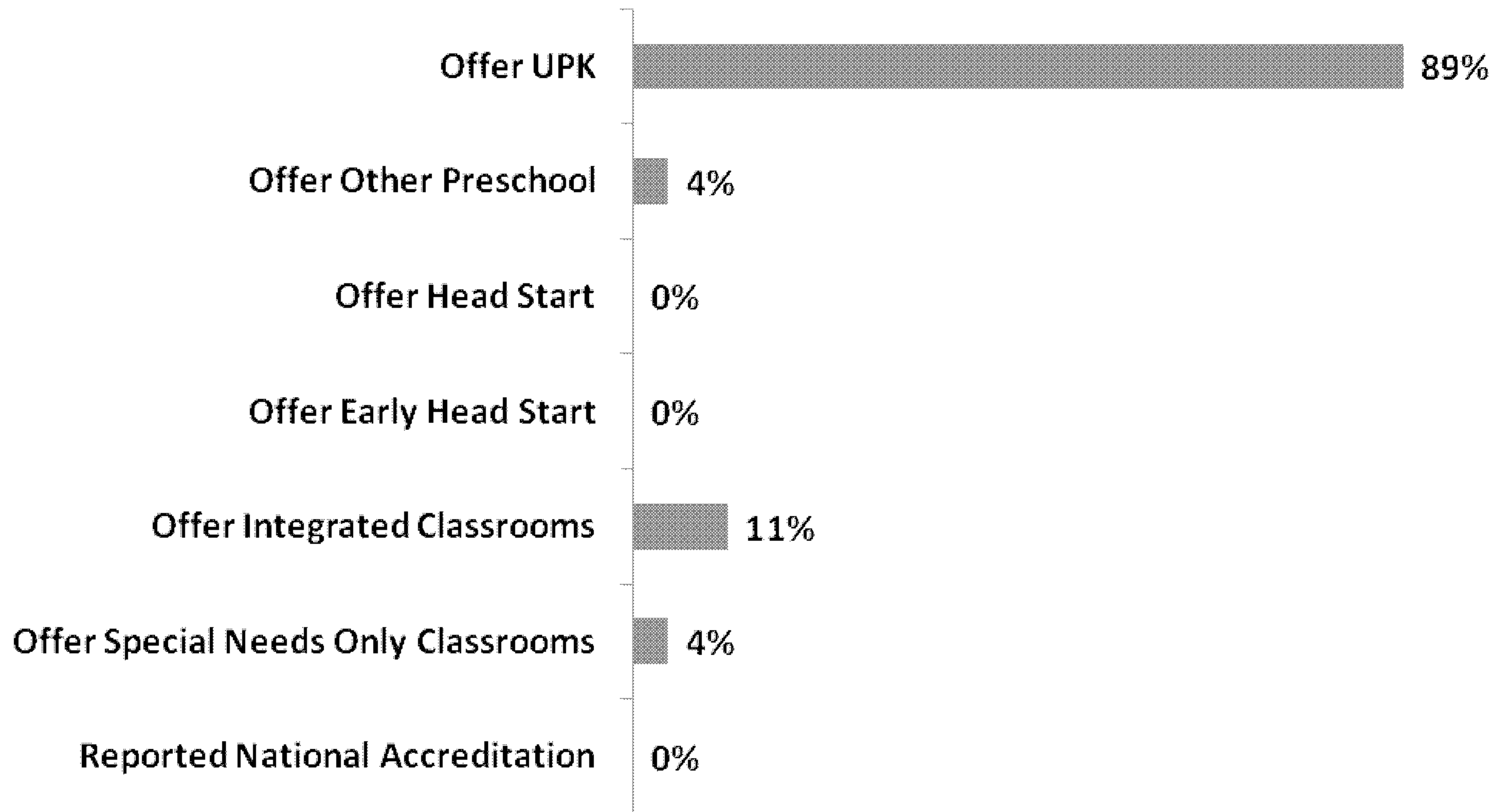


FIGURE 21: Percent of Family/Group Family Child Care Home Providers Completing Field Test

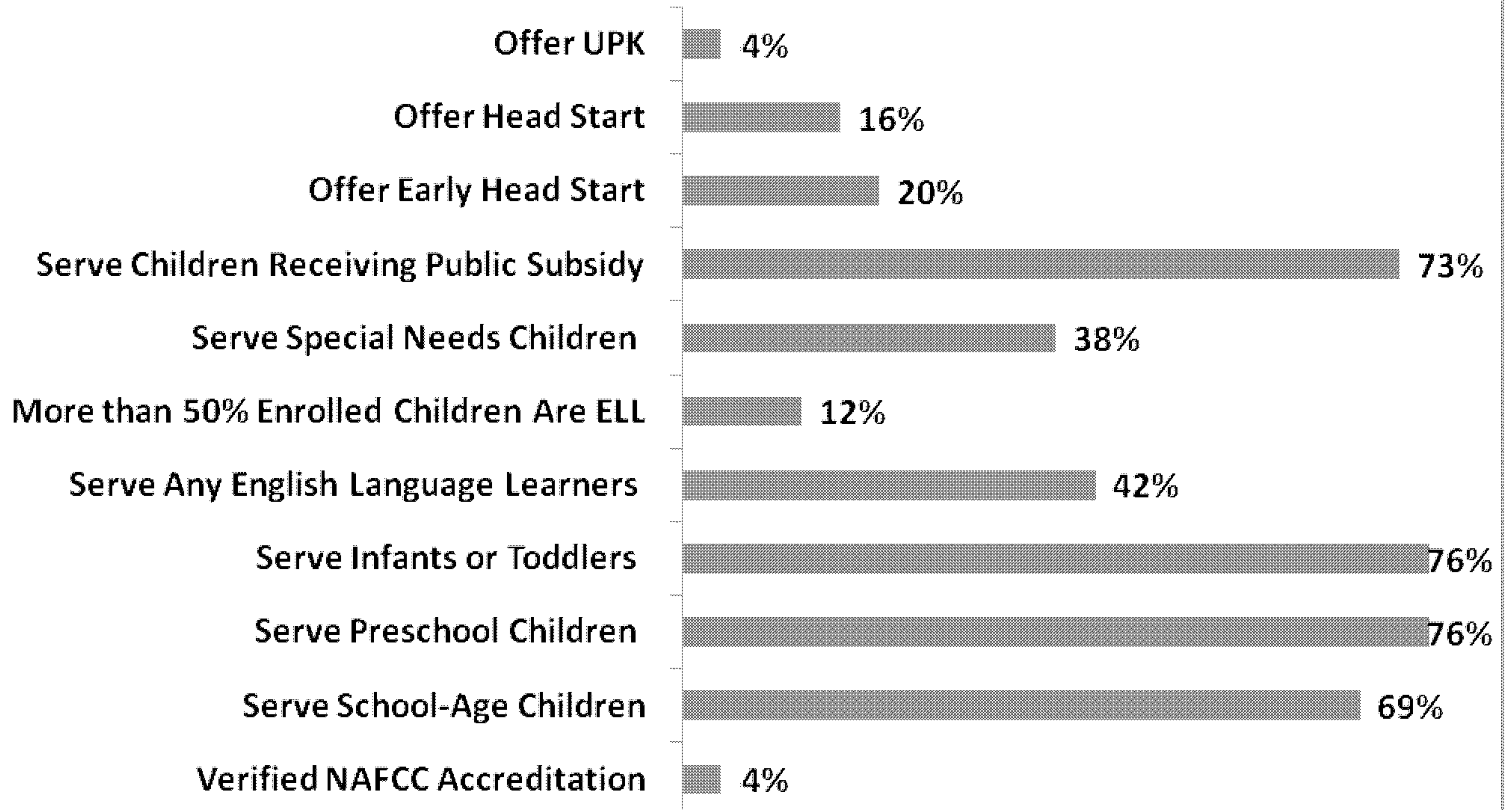


FIGURE 22: Percent of Family/Group Family Child Care Home Providers Completing Field Test, by Number of Adults

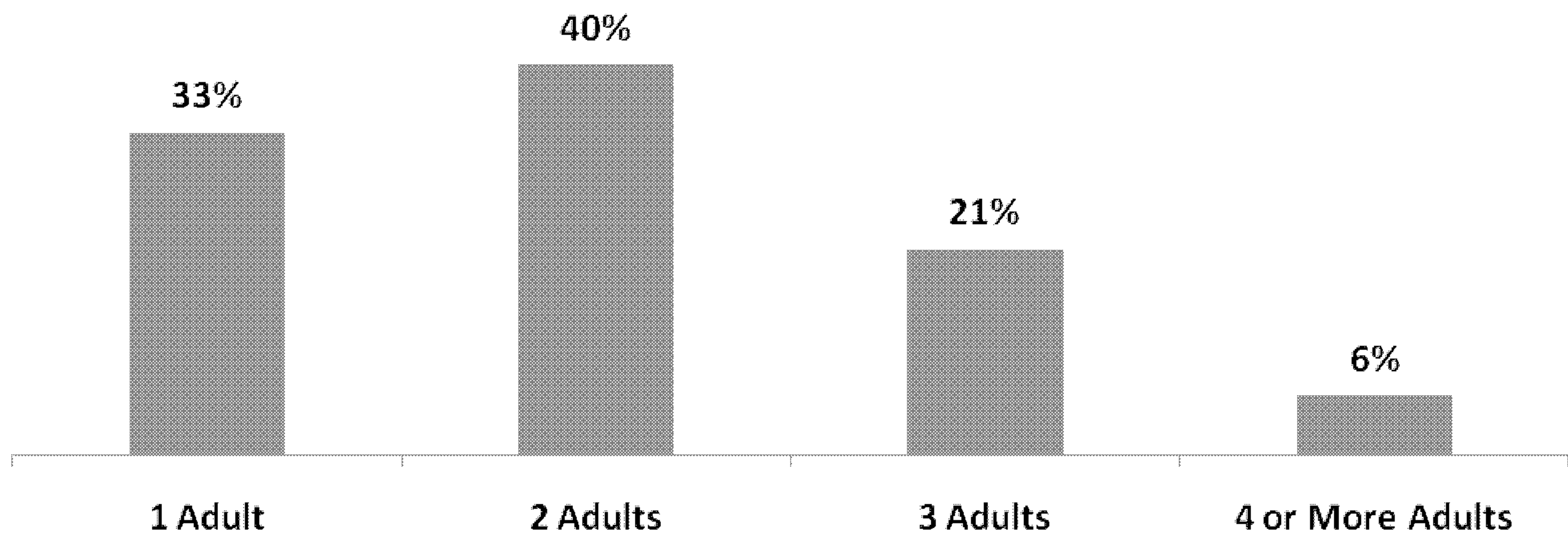
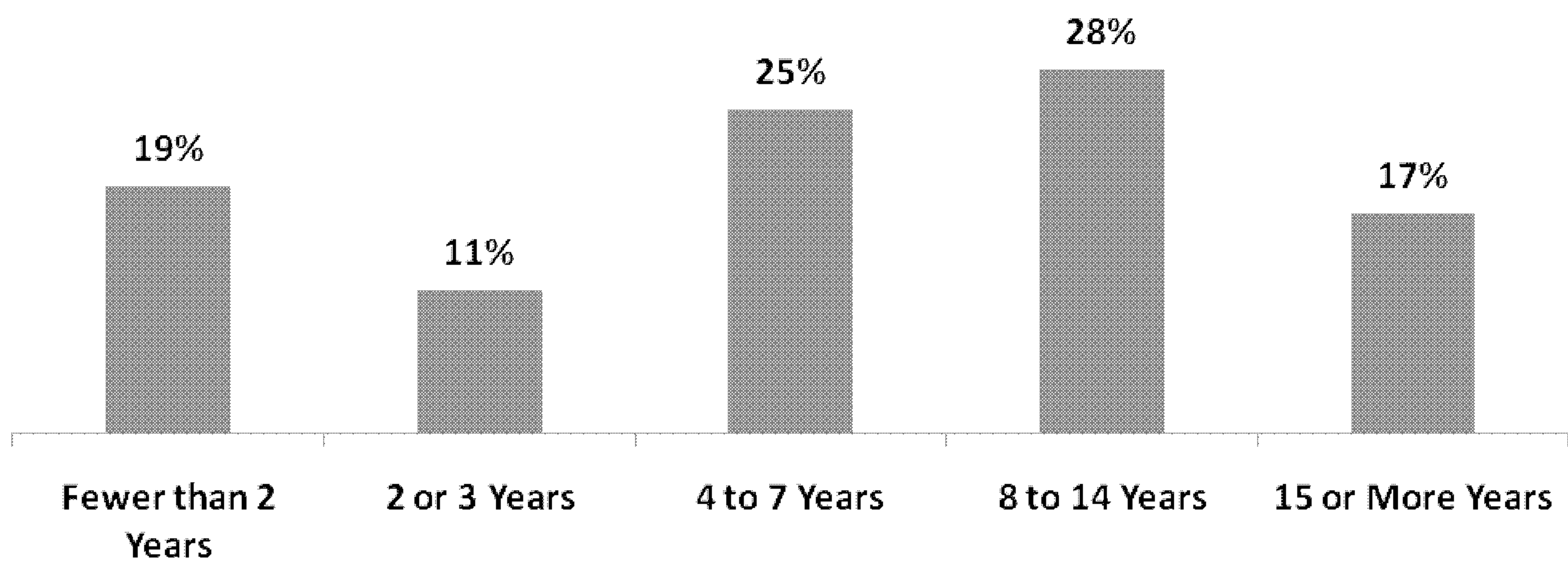


FIGURE 23: Percent of Family/Group Family Child Care Home Providers Completing Field Test, by Years of Operation



3. Characteristics of Selected Applicants By Completion Status

Summary Statements:

- Centers with experience with documentation and reporting requirements were more likely to complete the field test than centers without this experience.
- The same is true for family/group family child care home providers.

Implications:

- Increasing the fit between the documentation and reporting requirements between QUALITYstarsNY and federal or state funded programs, the child care subsidy system, and national accrediting bodies will make it easier for centers and family/group family child care home providers in these circumstances to participate.
- Centers and family/group family providers without this experience are likely to need additional support to participate fully in and benefit from QUALITYstarsNY.

Evidence:

Comparing information from the applications to participate in the field test for selected centers²⁵ indicates that those with experience with documentation and reporting requirements

²⁵ Only centers are included in this analysis because public schools generally do not vary on the characteristics being compared.

– such as centers offering Head Start and Early Head Start programs – were more likely to complete the field test than other centers. Centers reported to hold NAEYC accreditation were also somewhat more likely to complete the field test than those without this experience, as were centers serving children receiving child care subsidies. (See Figure 24 and Table 7.)

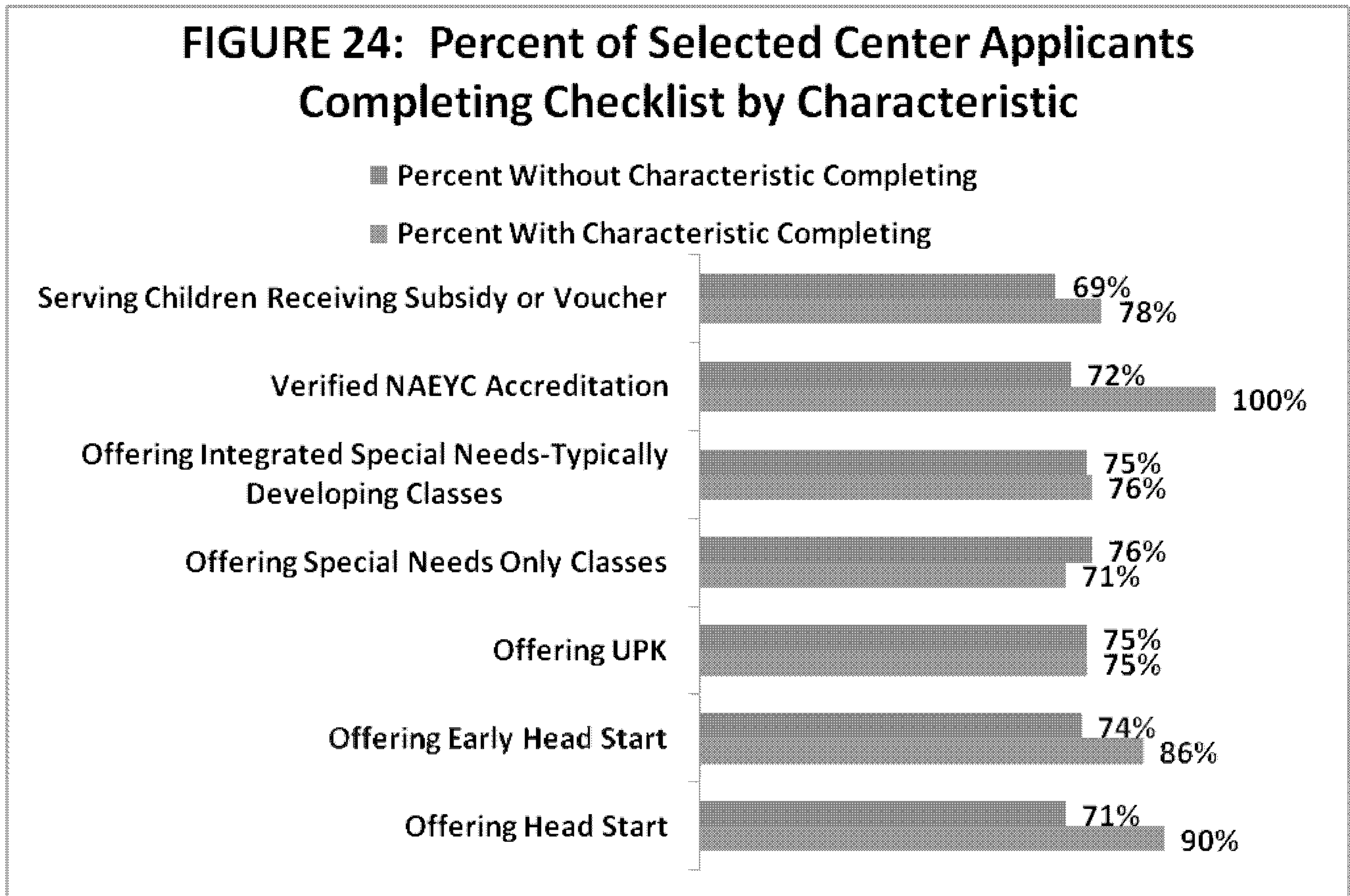


TABLE 7: Percent of Centers Completing Checklist by Characteristic

	Percent With Characteristic Completing Checklist	Percent Without Characteristic Completing Checklist
Offering Head Start	90%	71%
Offering Early Head Start	86%	74%
Offering UPK	75%	75%
Offering Special Needs Only Classes	71%	76%
Offering Integrated Special Needs-Typically Developing Classes	76%	75%
Verified NAEYC Accreditation	100%	72%
Serving Children Receiving Subsidy or Voucher	78%	69%

Similar to centers, family/group family child care providers with experience in documentation and reporting were more likely to complete the field test, as shown in Figure 25 and Table 8.

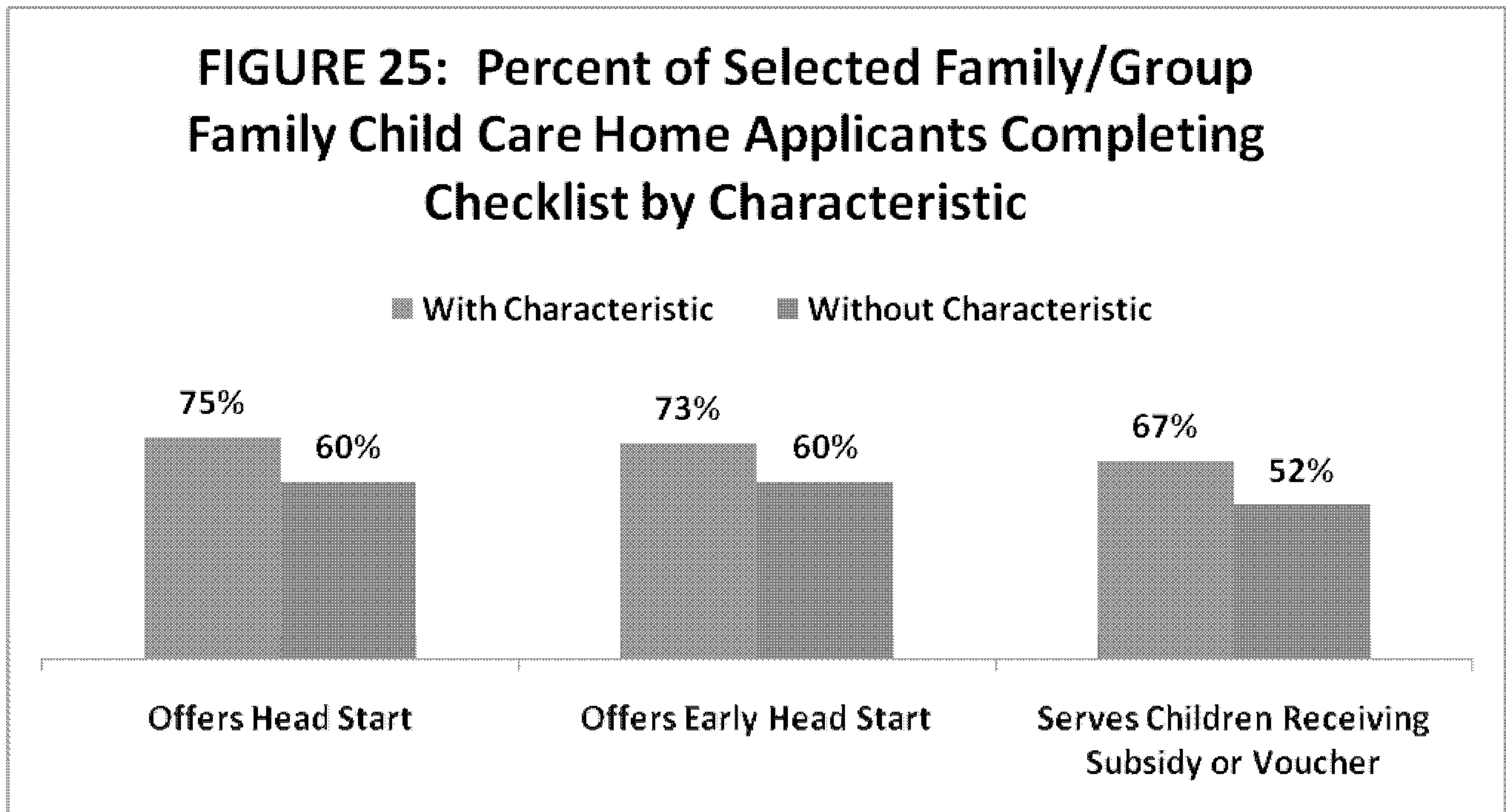


TABLE 8: Percent of Family/Group Family Child Care Homes Completing Checklist by Characteristic

	Percent With Characteristic Completing Checklist	Percent Without Characteristic Completing Checklist
Offers Head Start	75%	60%
Offers Early Head Start	73%	60%
Serves Children Receiving Subsidy or Voucher	67%	52%

4. Completion Rates Associated with Support Strategies

Summary Statements:

- No specific support strategy or combination of strategies was uniformly associated with completion rates for centers, public schools, or family/group family child care home providers.

Implications:

- Successful support strategies are likely to vary by area or region, depending on the specific needs and experiences of programs and providers. Offering a menu of

different types of support is likely to be most effective in encouraging participation and supporting completion of the QUALITYstarsNY process.

Evidence:

As noted in the earlier section, lead agencies offered a range of types of supports to selected field test applicants. These supports included three types of group sessions – to orient programs and providers to the checklist and documentation requirements, to work as a group on completing the checklist and assembling documentation, and to learn more about the ERS observation process and criteria. Three types of individualized supports were provided by some or all of the lead agencies, including personal visits to review the checklist, personal visits to help compile documentation, and response to telephone questions.

There was no significant correlation between the total number of supports offered, the number of group supports, or the number of individual supports and the completion rates for centers, public schools, or family providers. There was also no significant relationship between whether a specific type of support was offered and these completion rates.

USING THE STANDARDS TO MEASURE AND IMPROVE QUALITY

The New York State quality rating and improvement system, QUALITYstarsNY, establishes a set of standards for measuring the quality of early care and learning settings. These standards are intended to apply to licensed child care centers, regulated nursery schools, early childhood classrooms in public schools, and family and group family child care homes.²⁶ The draft standards that were used in the field test can be found at www.qualitystarsny.org.

The QUALITYstarsNY standards are organized into four categories: the classroom or home learning environment, family engagement, provider qualifications and experience, and management and leadership. Specific elements or aspects of quality under each category are assigned a specified number of points, totaling a maximum of 100. Provider qualifications and experience has a maximum of 35 possible points, the learning environment and management and leadership categories each have a maximum of 25 possible points, and family engagement has a maximum of 15 possible points. Based on the number of points, a participating center, school, or family provider would be assigned between one to five stars. Centers, schools, and family/group family child care homes with fewer than 20 points would receive one star; those with points from 20 through 25 would receive two stars; those with points from 26 through 50 would receive three stars; those with points from 51 through 75 would receive four stars; and those with 76 or more points would receive five stars – if, at all levels above one star, at least five points were achieved in each category.

In this chapter, we examine these standards and rating algorithm as they were applied to the centers, schools, and family providers participating in the field test. We begin by looking at the distribution of points based on the standards and examine how variations in the weighting of categories within the standards might affect the site's overall star rating. In this first section, we also examine how assessing the adequacy of documentation submitted to verify that the standards were met affects the points earned. The next section of this chapter examines how well one critical measure of quality of the classroom or home learning environment – the scores from observations using the appropriate Environmental Rating Scale – captures what is known about the factors that most directly impact children's development and learning. This section also examines how a different dimension of quality – providing nutritious meals and opportunities for physical activity – is related to the other measures of quality and what feedback from participating sites suggests might be other aspects of quality valuable to include in the standards. This chapter ends with a section on the quality improvement planning consultation that was provided to participating sites, highlighting those dimensions of quality that were given highest priority.

²⁶ Plans for QUALITYstarsNY are for it to include school-age care programs at a future point.

A. STANDARDS, RATING PROCESS, AND POINT ASSIGNMENT

Centers, schools, and family/group family child care home providers participating in the field test were provided with a checklist based on the draft QUALITYstarsNY standards. Items on the checklist were derived from the standards, although in some cases several items were used to represent the standard. For example, the Family Engagement, Transitions standard FE IV:T1 for centers and schools reads as follows:

Program implements **at least 2 of the following**:

- Program has a written policy for transitioning children into the program;
- Program has a written policy and procedures to support children and families transitioning into the program, during transitions within the program, and transitioning out of the program;
- Program provides parents of 4-year-olds with information on kindergarten registration;
- Program transfers child records, with parent permission, when child transitions to another educational setting (e.g., other center, kindergarten)

If a center or school met this standard, two points would be assigned.

On the checklist, this standard was represented by the following items:

INDICATORS	DOCUMENTATION
Program implements the following (check all that apply): 5. <input type="checkbox"/> Program has a written policy for transitioning children into the program	<input type="checkbox"/> Copy of policies <input type="checkbox"/> Parent handbook with relevant pages referenced <input type="checkbox"/> Copy of information on kindergarten registration <input type="checkbox"/> Other (please list)
6. <input type="checkbox"/> Program has a written policy and procedures to support children and families transitioning into the program, during transitions within the program, and transitioning out of the program	<input type="checkbox"/> Copy of policies and procedures <input type="checkbox"/> Parent handbook with relevant pages referenced <input type="checkbox"/> Other (please list)

INDICATORS	DOCUMENTATION
7. <input type="checkbox"/> Program provides parents of 4-year-olds with information on kindergarten registration	<input type="checkbox"/> Copy of policies and procedures <input type="checkbox"/> Parent handbook with relevant pages referenced <input type="checkbox"/> Sample parent information on kindergarten registration, copy of flyer for meeting, or handout with kindergarten information <input type="checkbox"/> Other (please list)
8. <input type="checkbox"/> Program transfers child records, with parent permission, when child transitions to another educational setting (e.g., other center, kindergarten)	<input type="checkbox"/> Copy of policies and procedures <input type="checkbox"/> Copy of information from parent handbook <input type="checkbox"/> Sample records transfer letter <input type="checkbox"/> Other (please list)

Representatives of the participating centers and schools checked each indicator that was met and the corresponding verifying documentation that was submitted. This information was entered into the WELS on-line data management system that assigned the two points for this standard only if at least two of the four indicators, and the relevant supporting documentation, were checked.

This process applied to three of the four standards categories: classroom or home learning environment, family engagement, and management and leadership. In order to assign points in the fourth category -- the qualifications and experience of the classroom and administrative staff in centers and public schools and of family/group family child care home providers and their assistants -- field test participants completed a form for each relevant individual and submitted these forms along with transcripts, certificates, and other records. This information was entered into the WELS on-line data management system and points were assigned to sites based on the average points assigned to each individual staff person or provider.

1. Distribution of Points Among the Field Test Sites

Summary Statements:

- The average number of points assigned to field test participants was less than half the number possible.
- The average points assigned to the Qualifications and Experience category of the standards were particularly low – about 14% of the 35 possible.
- There were some field test participants that were assigned no (zero) points in each of the standards categories, except the ERS points in the Learning Environment category.

Implications:

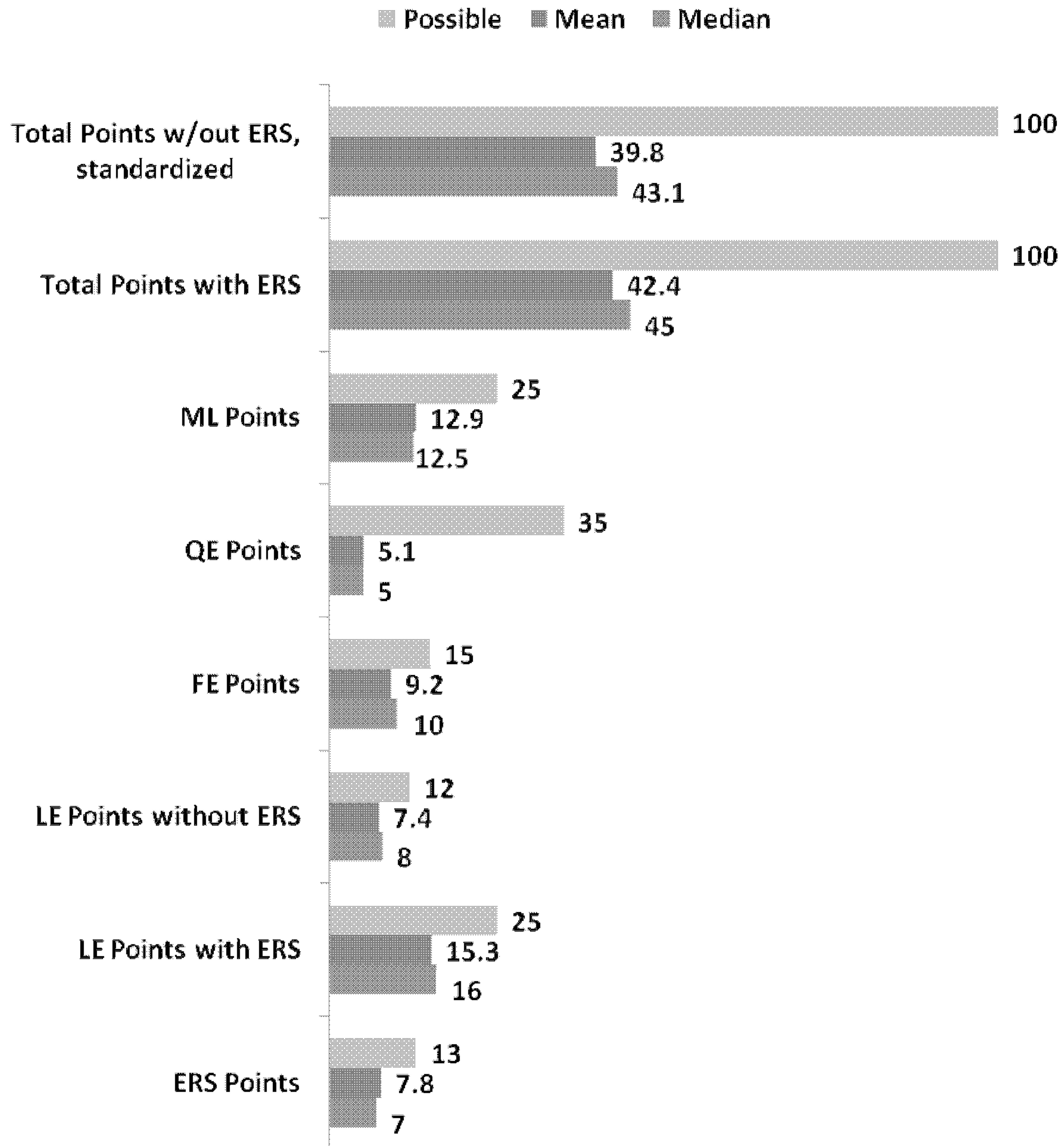
- The observed distribution of points assigned based on the draft standards suggests that programs and providers have considerable room for improvement.
- The fact that some sites are assigned the greatest possible number of points in three of standards categories (learning environment, family engagement, and management and leadership) suggests that these standards are attainable.
- However, some participants could not be assigned any points in some standards categories because no documentation was submitted. This suggests that some interested programs and providers may need assistance in preparing to take part in QUALITYstarsNY, particularly if the requirement that a minimum of 5 points be achieved in each category.
- The difficulty for all field test participants in meeting the Qualifications and Experience standards is partially due to the burden of providing the required documentation, such that some sites submitted none at all. A state-wide early childhood education workforce registry would help alleviate this barrier.
- Even so, it appears that the Qualifications and Experience standards may be difficult for most programs and providers to meet, at least in the immediate term. It may be worth considering whether partial points in this category could be assigned when the staff or provider is pursuing additional training, education, or credentials.

Evidence:

Figure 26 and Table 9 describe the points given for all 188 field test sites that submitted a standards checklist and were observed using the appropriate Environmental Rating Scale instruments.²⁷

²⁷ A total of 192 sites submitted checklists, but 4 had no ERS observations. For the purposes of consistency and comparability across the standards categories, only the sites with both checklist and ERS data are included in this analysis.

FIGURE 26: All Field Test Participants Submitting Standards Checklist & With ERS Observation



Notes to Figure 1: ERS Points refers to the points given based on an average of the Environmental Rating Scale scores in a site (from one to four classrooms in centers and schools, and the single score in family/group family child care homes); LE Points=points for the Learning/Home Environment standards; FE Points=points for the Family Engagement standards; QE points=points for the Qualifications and Experience standards; ML Points=points for the Management and Leadership standards.

TABLE 9: Points Assigned by Standards Category to All Field Test Participants

	Range	Highest	Lowest	Median	Mean	Possible
ERS Points	9	13	4	7	7.8	13
LE Points with ERS	20	24	4	16	15.3	25
LE Points without ERS	11	11	0	8	7.4	12
FE Points	15	15	0	10	9.2	15
QE Points	17	17	0	5	5.1	35
ML Points	25	25	0	12.5	12.9	25
Total Points with ERS	62	70	8	45	42.4	100
Total Points w/o ERS, standardized²⁸	60.9	65.5	4.6	43.1	39.8	100

As the data above indicate, the average number of points assigned to field test participants was less than half the number possible and even the highest number achieved (70 points) is 30 points below what would be theoretically possible and below the number necessary to achieve the 5 star level.²⁹ Looking at the average points assigned in the standards categories shows a similar pattern – the average is well below the maximum possible in every category, particularly in the Qualifications and Experience category where 17 sites were assigned zero points because they did not submit any documentation. There were 4 sites (2%) with zero points assigned for the Learning/Home Environment category when the ERS observations points were not considered. There were 6 sites (3%) with zero points assigned in the Family Engagement category and 8 sites (4%) with zero points in the Management and Leadership category.

There were sites where all or almost all of the possible points were assigned – in points based on the ERS scores, in Learning Environment overall and in the indicators other than the ERS, in Family Engagement and in Management and Leadership. However, even when documentation was provided, the highest number of points assigned for Qualifications and Experience was 17, less than half the number possible.

²⁸ Because the ERS is an independently obtained measure of quality, and one that is analyzed separately in this report, the number of points assigned for the LE standard and in total was calculated with and without the points assigned based on ERS score. The total without the ERS points was “standardized” to 100, by dividing the points assigned without the ERS points by 87 (100 – minus 13, the maximum points for the ERS) and multiplying by 100.

²⁹ The following numbers of sites did not achieve at least 5 points in specific categories of the standards: Learning Environment: 3 family/group family providers, Family Engagement: 11 centers, 4 public schools, and 17 family/group family providers; Qualifications and Experience: 73 centers, 11 public schools, and 44 family/group family providers, Management and Leadership: 6 centers and 22 family/group family providers. It should be noted that 17 sites did not submit any documentation related to Qualifications and Experience and were assigned zero points.

2. Distribution of Points by Type of Site

Summary Statements:

- On average public schools participating in the field test were assigned the highest number of points based on the standards (52.9 points), just over half of the maximum possible.
- The average number of points assigned to centers was just under half of the maximum points possible (46.5 points).
- Family/group family child care homes were assigned, on average, somewhat over one-quarter of the points possible (28.4 points).
- NAEYC-accredited centers were, on average, assigned more points (54.6) than were non-accredited centers (45.1), although both had a wide range of points assigned.

Implications:

- The differences between family/group family child care home settings and centers and public schools confirms what has been observed in other studies in which standards of quality were applied in the same way to all early care settings – the measured quality is substantially lower in family/group family child care home settings than in centers and schools. However, it is worth considering whether the standards or the documentation requirements capture aspects of the quality of each setting equally well.
- The differences between the average points assigned to centers and public schools is almost fully accounted for by the difference in the Management and Leadership category, in which public schools were automatically given 21 points. Center field test participants that were part of a larger multi-site agency or a corporate chain often noted that they also had difficulty in getting the documentation needed for the Management and Leadership section from their central office or corporate headquarters. It may be worth considering an approach similar to that used with the public school sites during the field test. Another approach suggested by field test participants would be to have letters from accountants, auditors, corporate officers, or other authorities attesting that particular procedures are followed and documents produced, rather than requiring that the documents themselves be provided.
- Since accredited centers did not uniformly demonstrate higher quality than non-accredited centers, this may warrant changing the current standards with regard to how they are assigned to a 5-star level.

Evidence:

The overall average number of points assigned, out of a maximum of 100, was 42.4. On average, public schools were assigned 52.9 points, centers were assigned 46.5 points, and family/group family child care homes, 28.4 points. The point distributions for participating centers, public schools, and family/group family child care home providers for each standards category are given on the next three pages in Figures 27 through 29 and Tables 10 to 12.

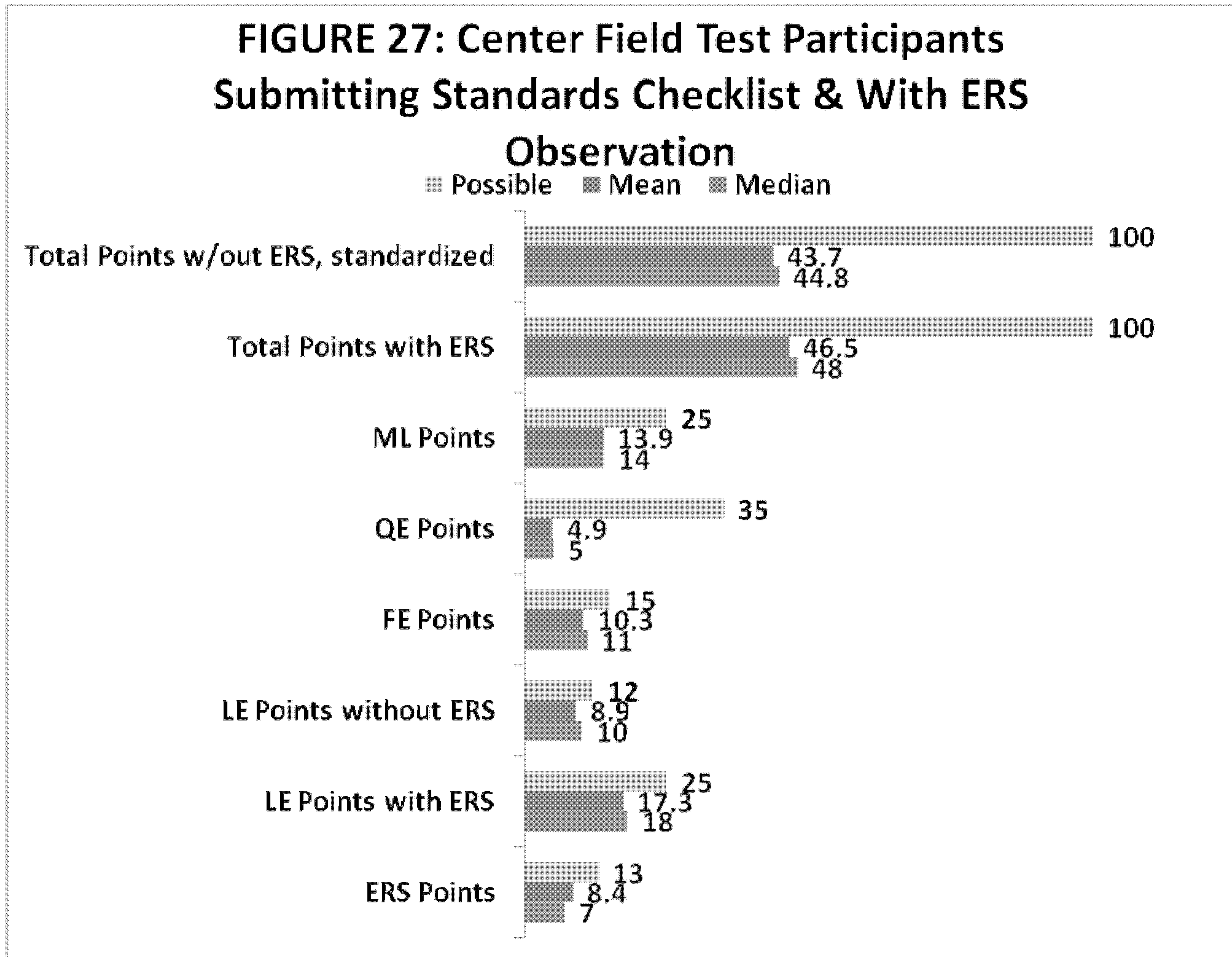


TABLE 10: Points Assigned by Standards Category to Center Participants

	Range	Highest	Lowest	Median	Mean	Possible
ERS Points	9	13	4	7	8.4	13
LE Points with ERS	19	24	5	18	17.3	25
LE Points without ERS	10	11	1	10	8.9	12
FE Points	15	15	0	11	10.3	15
QE Points	17	17	0	5	4.9	35
ML Points	25	25	0	14	13.9	25
Total Points with ERS	60	70	10	48	46.5	100

Total Points w/o ERS,
standardized to 100

58.6

65.5

6.9

44.8

43.7

100

**FIGURE 28: Public School Field Test Participants
Submitting Standards Checklist & With ERS
Observation**

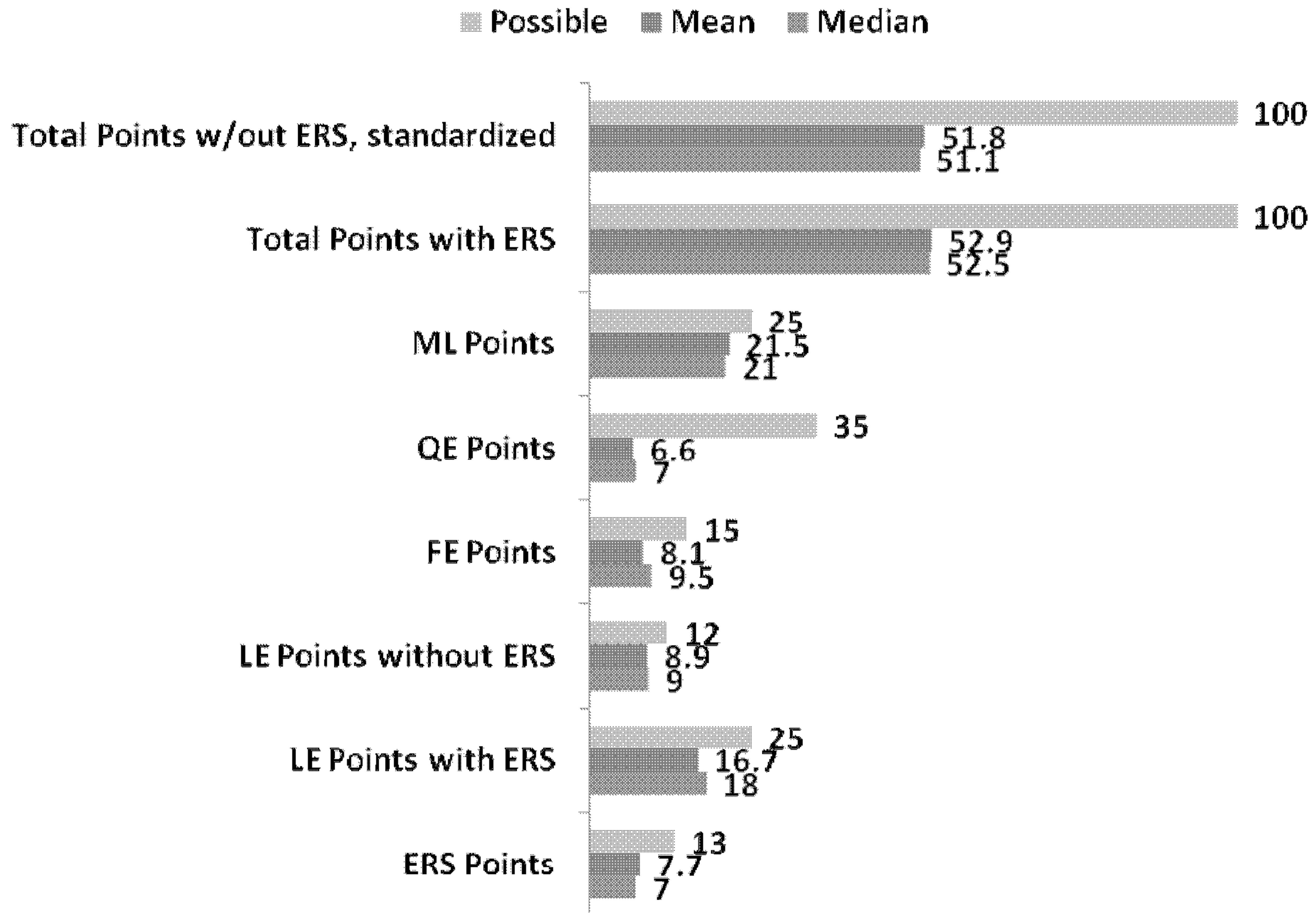
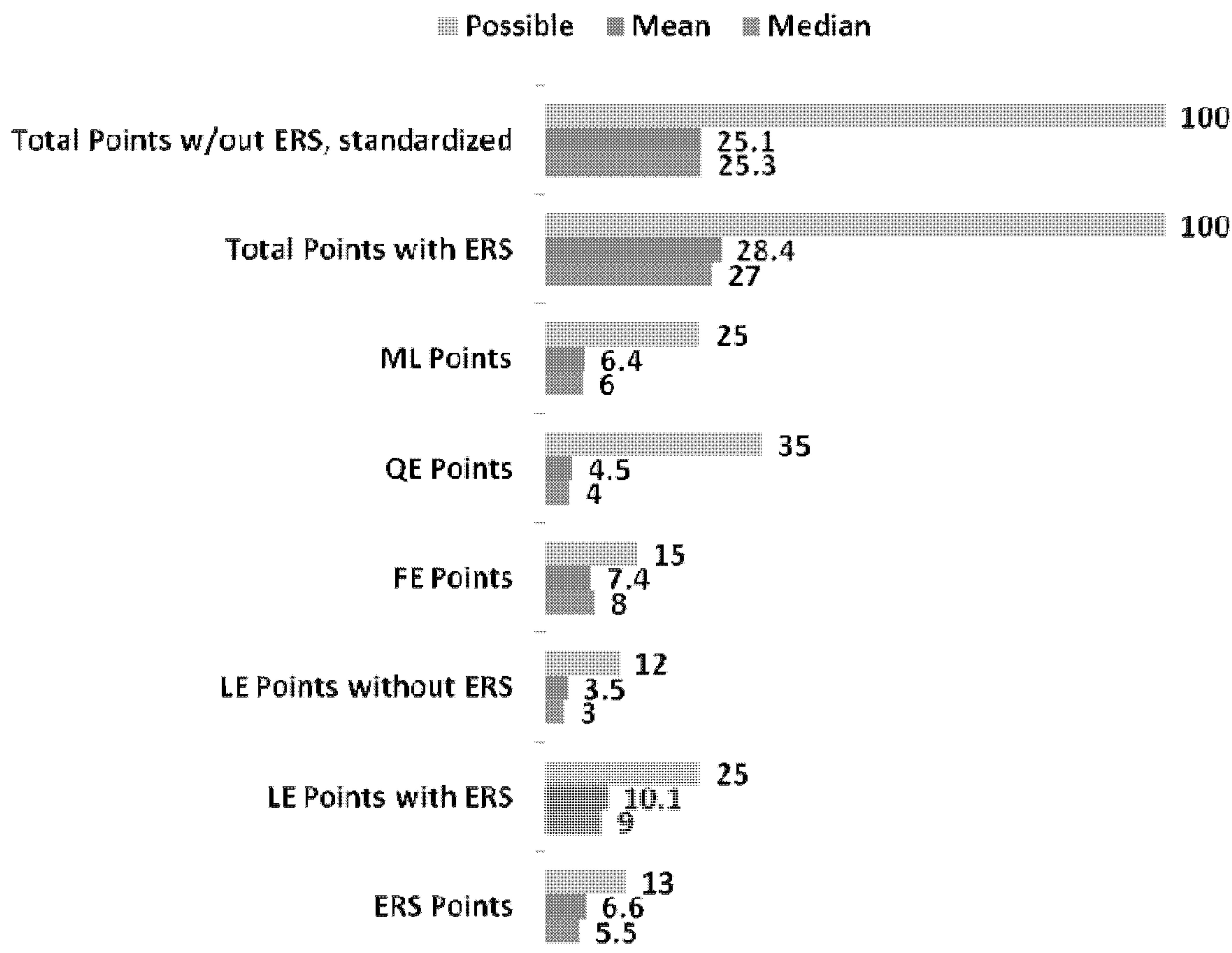


TABLE 11: Points Assigned by Standards Category to Public School Participants

	Range	Highest	Lowest	Median	Mean	Possible
ERS Points	9	13	4	7	7.7	13
LE Points with ERS	19	24	5	18	16.7	25
LE Points without ERS	10	11	1	9	8.9	12
FE Points	13	13	0	9.5	8.1	15
QE Points	17	17	0	7	6.6	35
ML Points	7	23	16	21	21.5	25
Total Points with ERS	25	64	39	52.5	52.9	100
Total Points w/o ERS, standardized to 100	24.2	64.4	40.2	51.1	51.8	100

**FIGURE 29: Family/Group Family Child Care Home
Field Test Participants Submitting Standards
Checklist & With ERS Observation**



**TABLE 12: Points Assigned by Standards Category to Family/Group Family Child Care Home
Participants**

	Range	Highest	Lowest	Median	Mean	Possible
ERS Points	9	13	4	5.5	6.6	13
LE Points with ERS	16	20	4	9	10.1	25
LE Points without ERS	11	11	0	3	3.5	12
FE Points	15	15	0	8	7.4	15
QE Points	15	15	0	4	4.5	35
ML Points	20	20	0	6	6.4	25
Total Points with ERS	49	57	8	27	28.4	100
Total Points w/o ERS, standardized to 100	52.9	57.5	4.6	25.3	25.1	100

NAEYC-accredited centers³⁰ were assigned an average of 54.6 out of 100 points, while non-accredited centers were assigned 45.1 points on average. However, the range of points assigned was similar for both types of centers – from 15 to 68 for accredited centers and from 10 to 70 for non-accredited centers. Accredited centers were assigned significantly more points in the Family Engagement and Management and Leadership categories than non-accredited centers (12.7 points compared with 9.9 points in Family Engagement and 16.6 points compared with 13.3 points in Management and Leadership). However, there were no significant differences in points assigned in the Learning Environment and Qualifications and Experience categories.

3. Levels of Quality Based on Points

Summary Statements:

- None of the participating field test participants was assigned sufficient points to be at the 5 star level.
- Almost all (95%) center participants and all public school participants were assigned points at the 3 or 4 star level. (Public schools were automatically assigned 21 points in the Management & Leadership category, based on the fact that regulations require that schools comply with certain requirements for financial and other policies and procedures.)
- A large percentage (31%) of family/group family child care home participants were assigned points at the 1 star level, with another large group (52%) at the 3 star level.
- No NAEYC-accredited centers were at the 5 star level, and some were below the 4 star level.

Implications:

- The differences in quality as measured by the number of points and potential star levels assigned by type of site was noted earlier. The large number of family home sites at the one star level and the fact that a number were not assigned at least 5 points in each category have several possible implications. One might be to ensure that these providers receive additional support to prepare for participation to have the best chance for success. Another would be to review the standards to ensure that they adequately capture quality in home care settings.
- It appears from the field test results that very few programs and providers across the state will be assigned points at the 5 star level, at least in the early stages of implementation. This suggests that public and parent education on the value of a 3 and 4 star rating will be needed, to avoid giving the impression that the system is not meaningful if 5 stars is unattainable or that there is no way to provide children with a quality experience.

³⁰ Verified based on lists provided by NAEYC in March 2011.

Evidence:

As was noted earlier, none of the field test participants was assigned sufficient numbers of points to be at the 5 star level (which requires 76 or more points in total). Overall, most participants would be at the 3 or 4 star level, although this differs considerably by type. In particular, no public school participants would be below the 3 star level while over two out of five family/group family child care home providers would be at the 1 or 2 star level. (See Figure 30 and Table 13.)

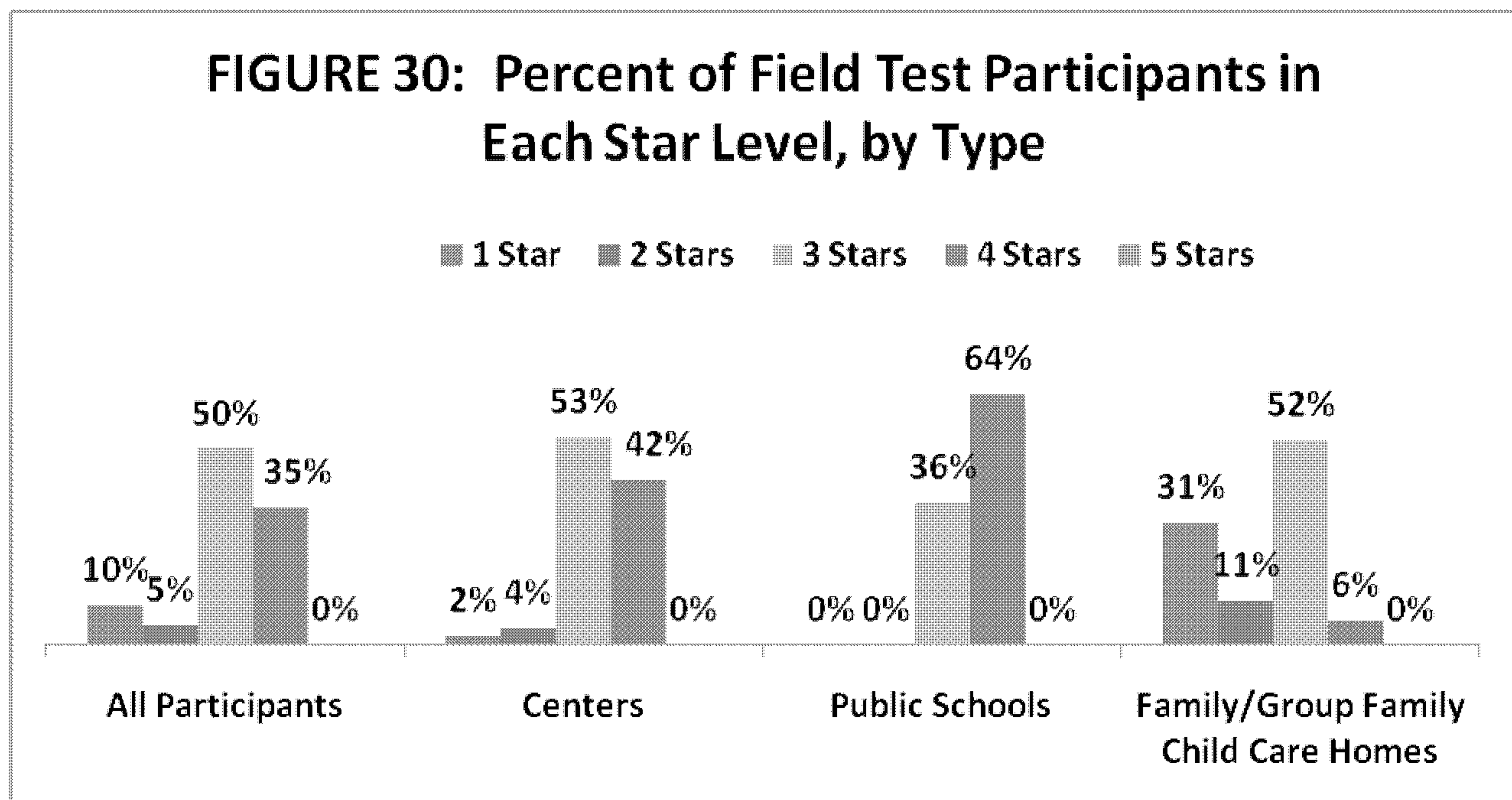


TABLE 13: Percent of Field Test Participants in Each Star Level, by Type

	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
All Participants	10%	5%	50%	35%	0%
Centers	2%	4%	53%	42%	0%
Public Schools	0%	0%	36%	64%	0%
Family/Group Family Child Care Home	31%	11%	52%	6%	0%

Among the 16 participating centers that were verified as holding NAEYC accreditation, 10 were at the 4 star level, 5 were at the 3 star level, none were at the 2 star level, and 1 was at the 1 star level.

4. Distribution of Levels Under Different Weighting of Standards Categories

Summary Statements:

- On average, field test participants recommended a distribution of points across the standard categories that was considerably different from the current standards, weighing the learning environment and family engagement more heavily and staff or provider qualifications and management procedures less heavily. At the same time, there was considerable variability among participants in their recommendations in each category.
- Using alternative weighting of the standards categories – equal weight and the participant average recommended weight – results in some differences in the distribution of field test sites across quality levels. In particular, there is an overall shift from quality level 3 to quality level 4.
- The percent of field test sites that would increase their quality level under the alternative weighting systems averages about 20%, with more family/group family child care home providers potentially experiencing an increase in level than centers or public schools.

Implications:

- More work in developing consensus among programs and providers in New York State about the relative importance of different aspects of quality will be needed for QUALITYstarsNY ratings to be perceived as valid.
- The shift in distribution across quality levels, depending on the relative weights given to different categories of the standards, demonstrates the impact of this critical dimension of the standards. It may be worth exploring how other weighting patterns – particularly those that give greater weight to the learning environment – might be applied. It may also be worth exploring whether differential weighting across the standards might apply for different types of sites.

Evidence:

As noted in the introduction to this section and illustrated above, the four categories of standards in QUALITYstarsNY had different possible maximum number of points, essentially weighting some categories more heavily than others. Some early care and education settings by default receive more points than others in specific categories; for example, public schools were automatically assigned 21 points for the management and leadership section by virtue of legal requirements for certain policies and procedures, while family/group family child care homes tended to have fewer written policies and procedures. Further, while long-standing evidence of the correlation between caregiver or teacher education and experience and child outcomes lends credence to giving this category greater weight, some recent research³¹

³¹ For example, a 2010 brief from Zero To Three, “Building a Strong Infant-Toddler Workforce,” noted that teachers and providers with higher levels of education are more “sensitive and non-directive” in their interactions with young children and that the children they care for are “more sociable, exhibit more sophisticated use of

indicates that other categories – particularly, the learning environment and caregiver-child interactions – have more direct effects. Therefore, understanding how the distribution of points and quality levels would differ if the categories were weighted differently will inform whether the current weighting should be reconsidered and whether the same weighting should be applied to all settings.

Many field test participants did not appear to be aware of the numbers of points assigned to each standards category until the Quality Improvement Planning consultants met with them to review the points they had been assigned. The survey completed at the forums held by the lead agencies after participants had had their consultation visits asked the following question: “Out of a total of 100 points, how many points do you think QUALITYstarsNY should give to each of the following areas: Learning environment and curriculum; Family communication and engagement; Provider/Staff education, credentials, and experiences, and Business and financial management procedures and written policies. While these descriptions are not precisely how the standards categories are worded, on face value they appear to address the same dimensions of quality.

The distribution of points recommended by field test participants was quite different from that in the QUALITYstarsNY standards, as illustrated below in Figure 31 and Table 14.

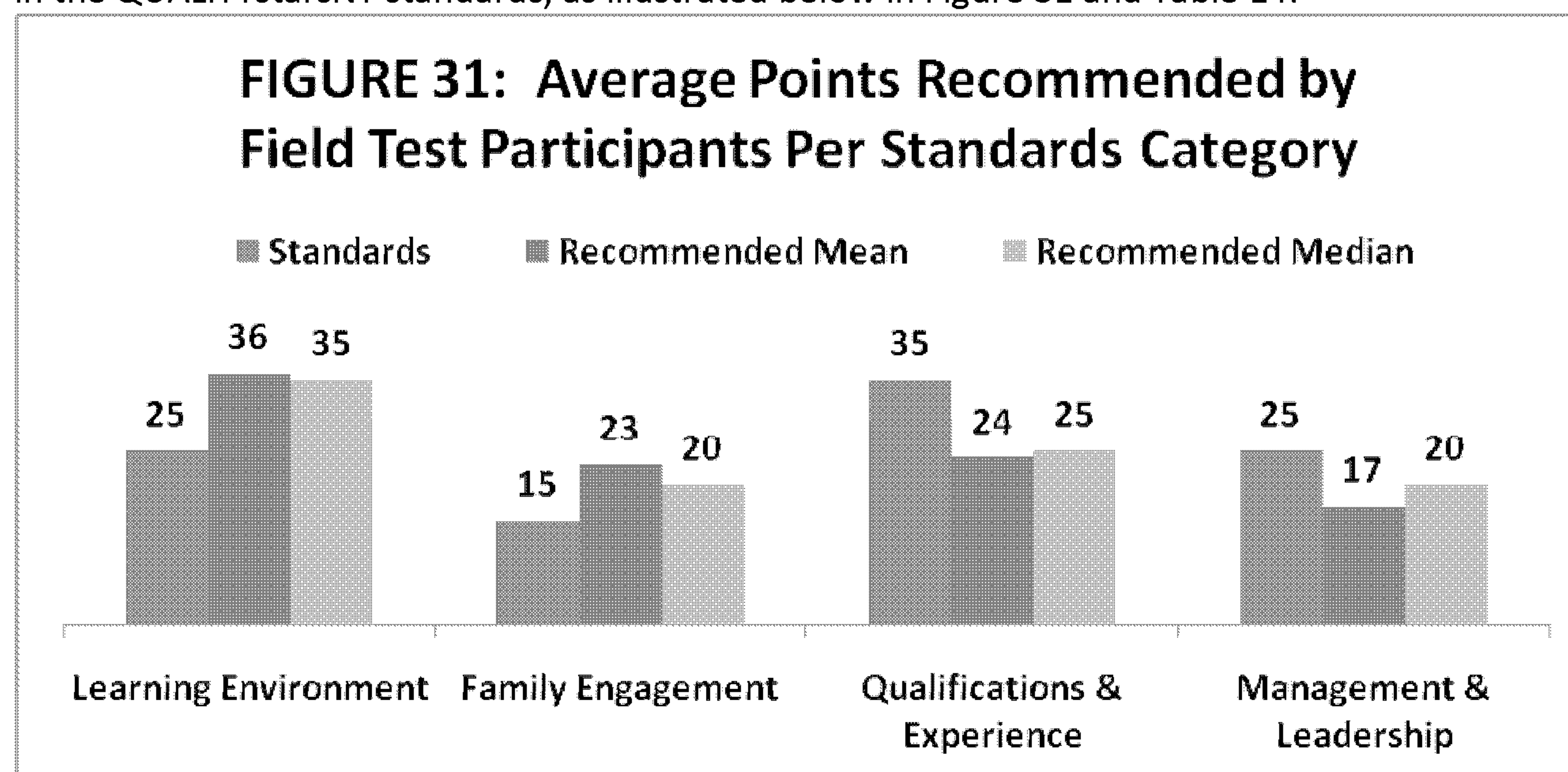


TABLE 14: Average Points Recommended by Field Test Participants Per Standards Category

STANDARD CATEGORY	MEAN NUMBER OF	MEDIAN NUMBER OF	RANGE OF POINTS
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language, and perform better on cognitive tasks” (page 13). The same brief also notes the challenges in assuming that training and credentials ensures knowledge and skills that will be put into practice in the caregiving environment and emphasizes the importance of mentoring and coaching for all staff, even those with specialized education and certification (page 14).

	POINTS	POINTS	
Learning Environment & Curriculum	36	35	20-80
Family Communication & Engagement	23	20	9-35
Qualifications & Experience (education, credentials, & experience)	24	25	5-50
Management & Leadership (business & financial management procedures & written policies)	17	20	0-30

The two standards categories that field test participants would like to have weighted more heavily than in the current standards are Learning Environment and Family Engagement. Conversely, field test participants would assign fewer points than the current standards to staff or provider Qualifications and Experience and to Management and Leadership. This was equally the case for centers, public schools, and family/group family child care home providers.

At the same time, it is clear from the range of recommended points in each category that there are field test participants who would give each category many more points than either the average or the current standards, and similarly those who would give the same category many fewer points. The fact that the mean and the median recommended points for each category are very close indicates that there are about equal numbers of participants who would give fewer points as would give more points.

In order to examine how different weighting of the standards would affect the distribution of levels based on points, two alternative weighting systems were used: one in which the points were adjusted to give equal weighting per category – that is, each category of the standards had a maximum of 25 points, with a possible total of 100, and another in which the points were adjusted to match the average weighting recommended by field test participants – that is, 35 for Learning Environment, 20 for Family Engagement, 25 for Qualifications and Experience, and 20 for Management and Leadership. Figure 32 illustrates how the percent of field test participants at each level of quality would differ between the original weighting and alternative weighting across the standards. (See also Table 15.)

FIGURE 32: Percent of All Field Test Participants by Quality Level

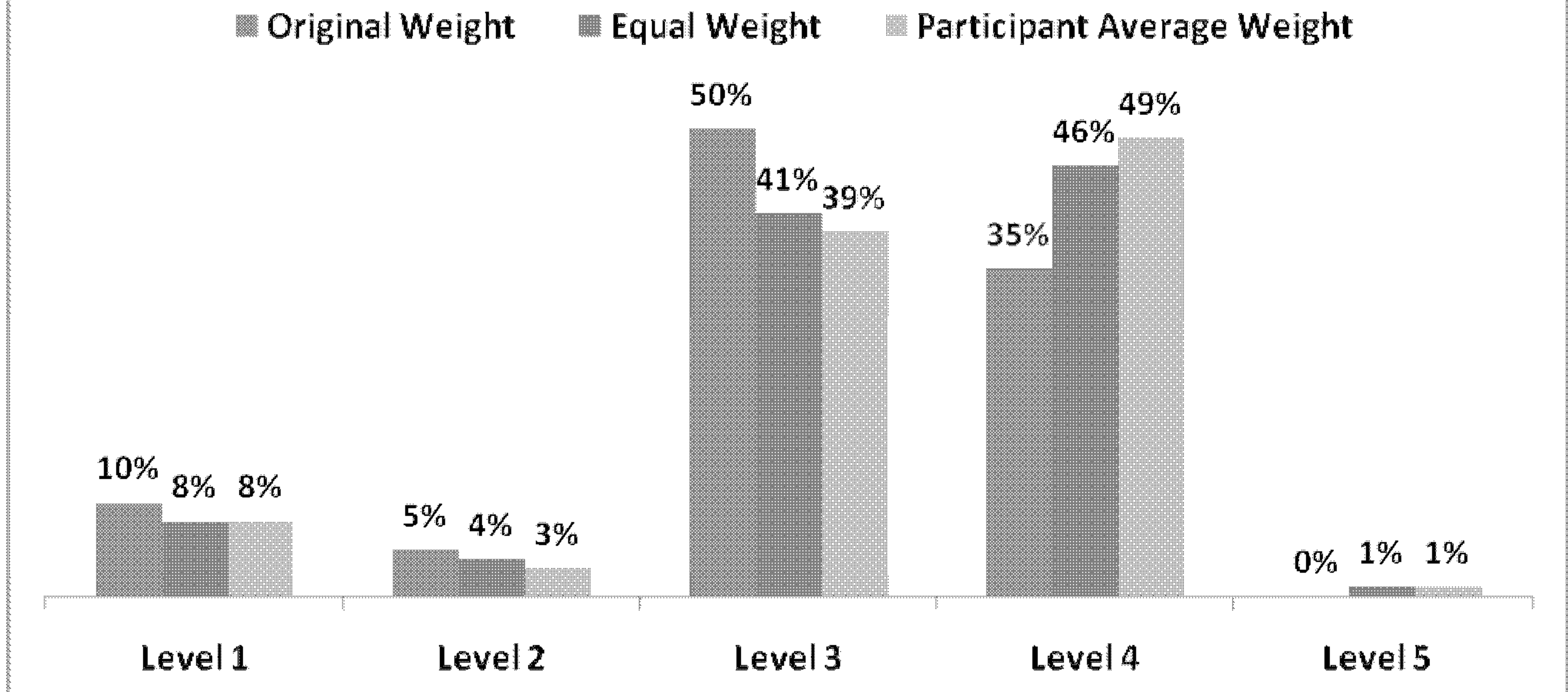


TABLE 15: Percent of All Field Test Participants by Quality Level

	Original Weight	Equal Weight	Participant Average Weight	ERS Score
Star Level 1	10%	8%	8%	6%
Star Level 2	5%	4%	3%	16%
Star Level 3	50%	41%	39%	31%
Star Level 4	35%	46%	49%	33%
Star Level 5	0%	1%	1%	14%

As can be seen in Figure 36, both the equal weighting and participant average weighting systems would result in an upward shift in quality levels, primarily from the third to fourth level. This overall shift in distribution applied most strongly for centers, somewhat less so for public schools, and very little for family/group family child care home providers, as shown in Figures 33-35 and Tables 16-18 below.

FIGURE 33: Percent of Centers in Field Test by Quality Level

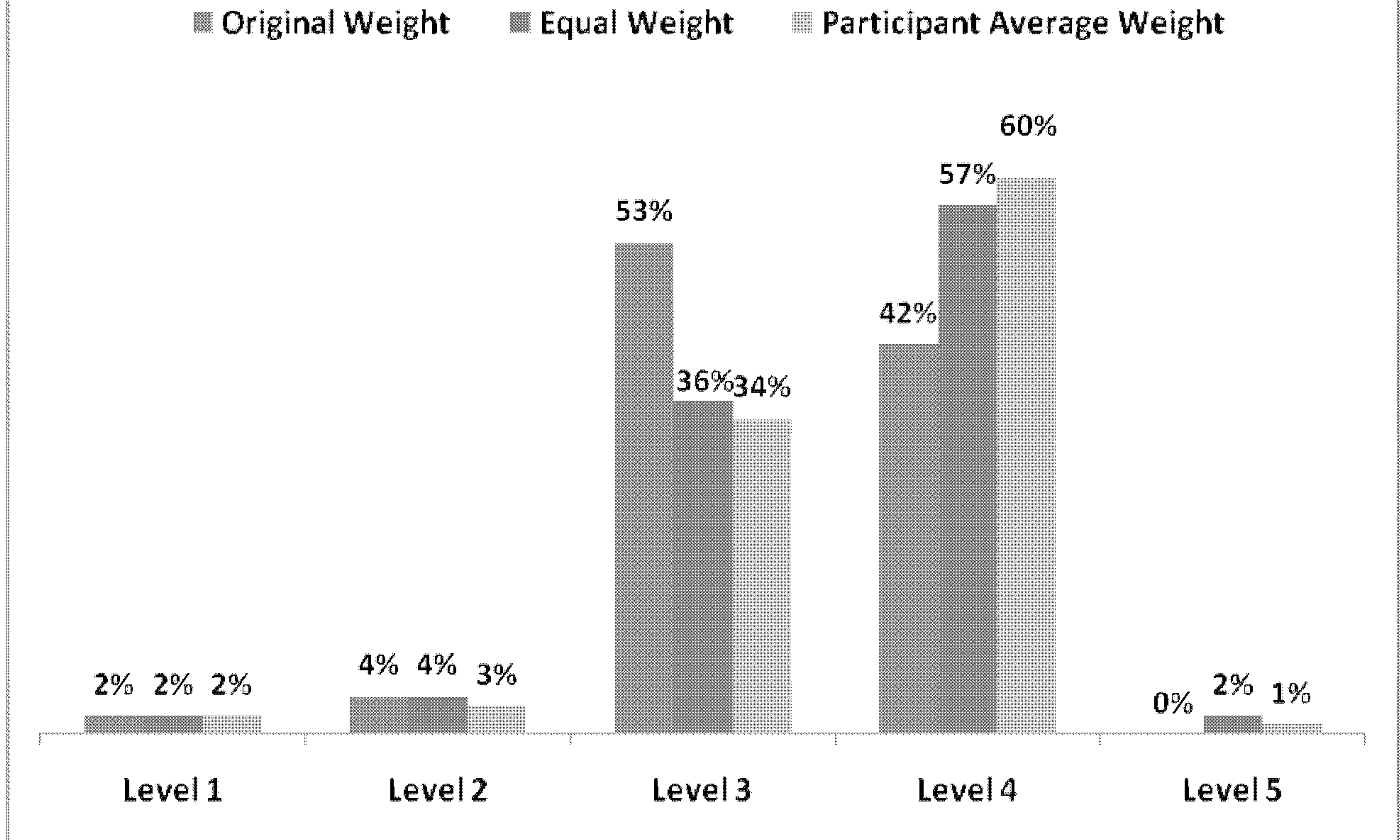


TABLE 16: Percent of Center Field Test Participants by Quality Level

	Original Weight	Equal Weight	Participant Average Weight	ERS Score
Star Level 1	2%	2%	2%	4%
Star Level 2	4%	4%	3%	13%
Star Level 3	53%	36%	34%	33%
Star Level 4	42%	57%	60%	33%
Star Level 5	0%	2%	1%	17%

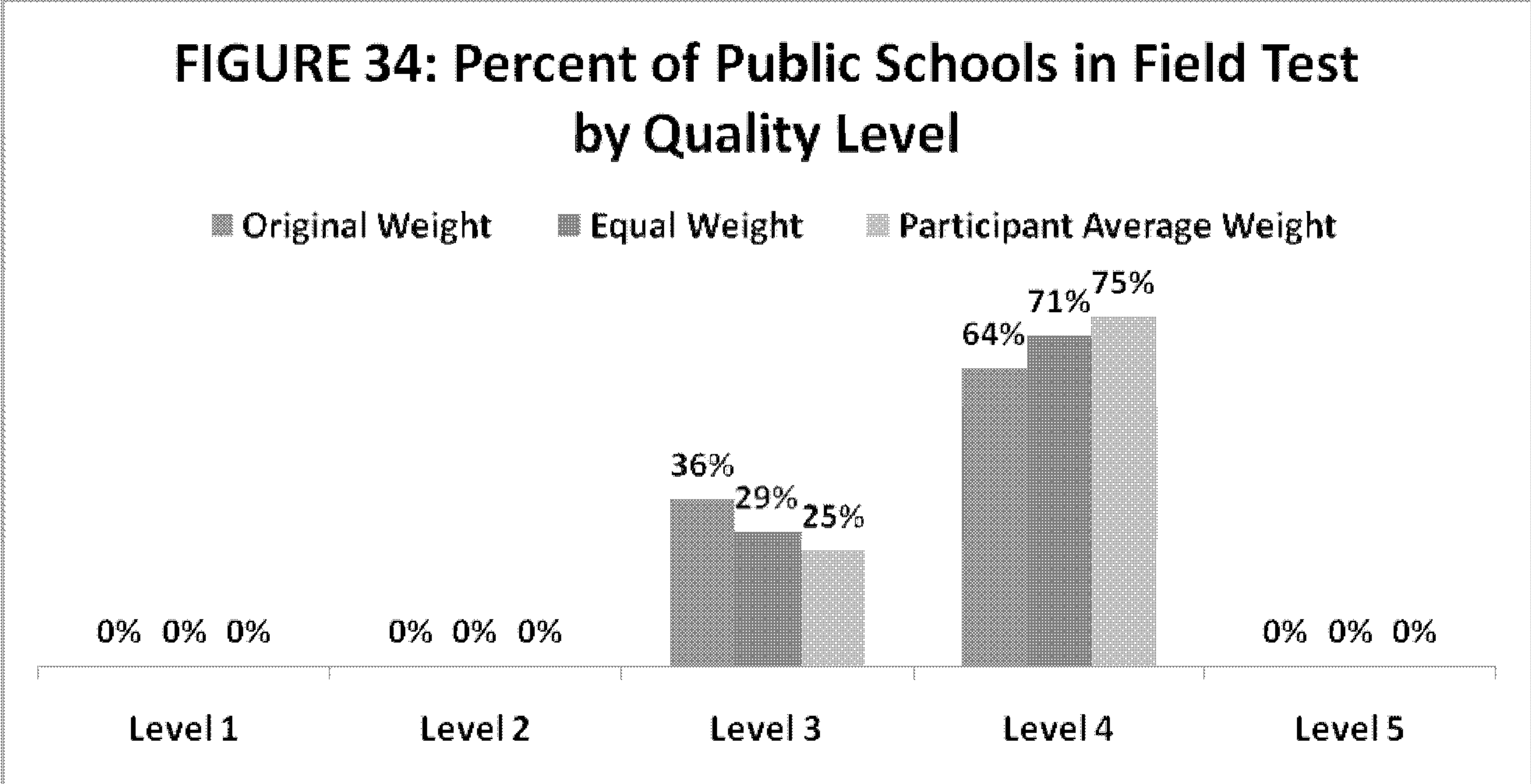


TABLE 17: Percent of Public School Field Test Participants by Quality Level

	Original Weight	Equal Weight	Participant Average Weight	ERS Score
Star Level 1	0%	0%	0%	7%
Star Level 2	0%	0%	0%	17%
Star Level 3	36%	29%	25%	21%
Star Level 4	64%	71%	75%	38%
Star Level 5	0%	0%	0%	17%

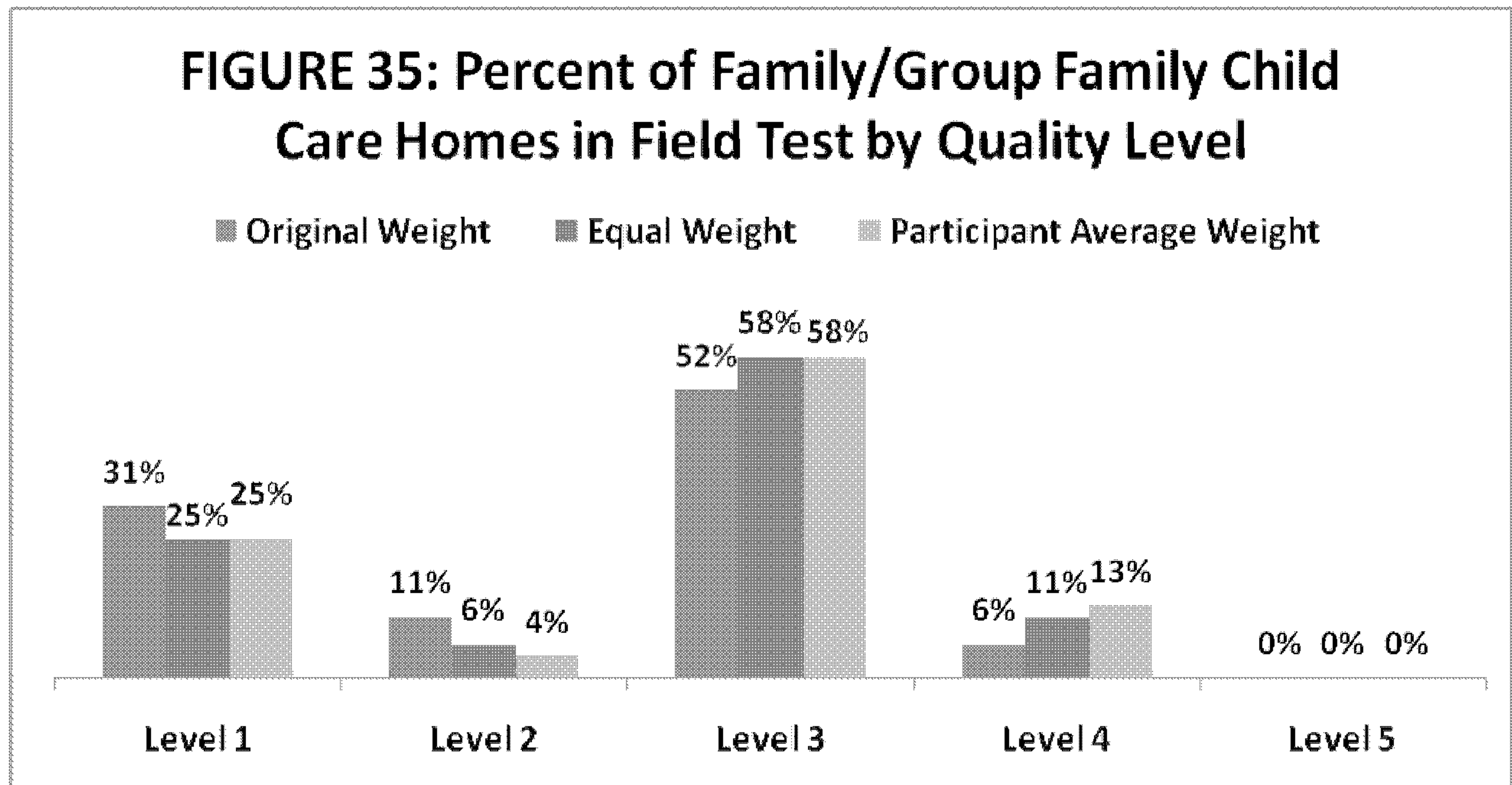


TABLE 18: Percent of Family/Group Family Child Care Home Field Test Participants by Quality Level

	Original Weight	Equal Weight	Participant Average Weight	ERS Score
Star Level 1	31%	25%	25%	12%
Star Level 2	11%	6%	4%	23%
Star Level 3	52%	58%	58%	32%
Star Level 4	6%	11%	13%	28%
Star Level 5	0%	0%	0%	5%

At the same time, the percent of participants that would change quality level, if alternative weighting of the standards categories were applied, was not inconsequential, even for family/group family child care home providers. (See Figures 36 and 37 and Tables 19 and 20.) While only small percentages of participants of any type would decline a level, as many as one-quarter of family providers and about one-fifth of centers and public schools would increase at least one level and, in a small number of cases, two levels.

FIGURE 36: Percent of Participants At Same, Lower, or Higher Quality Level Using Equal Weighting Compared to Original Weighting

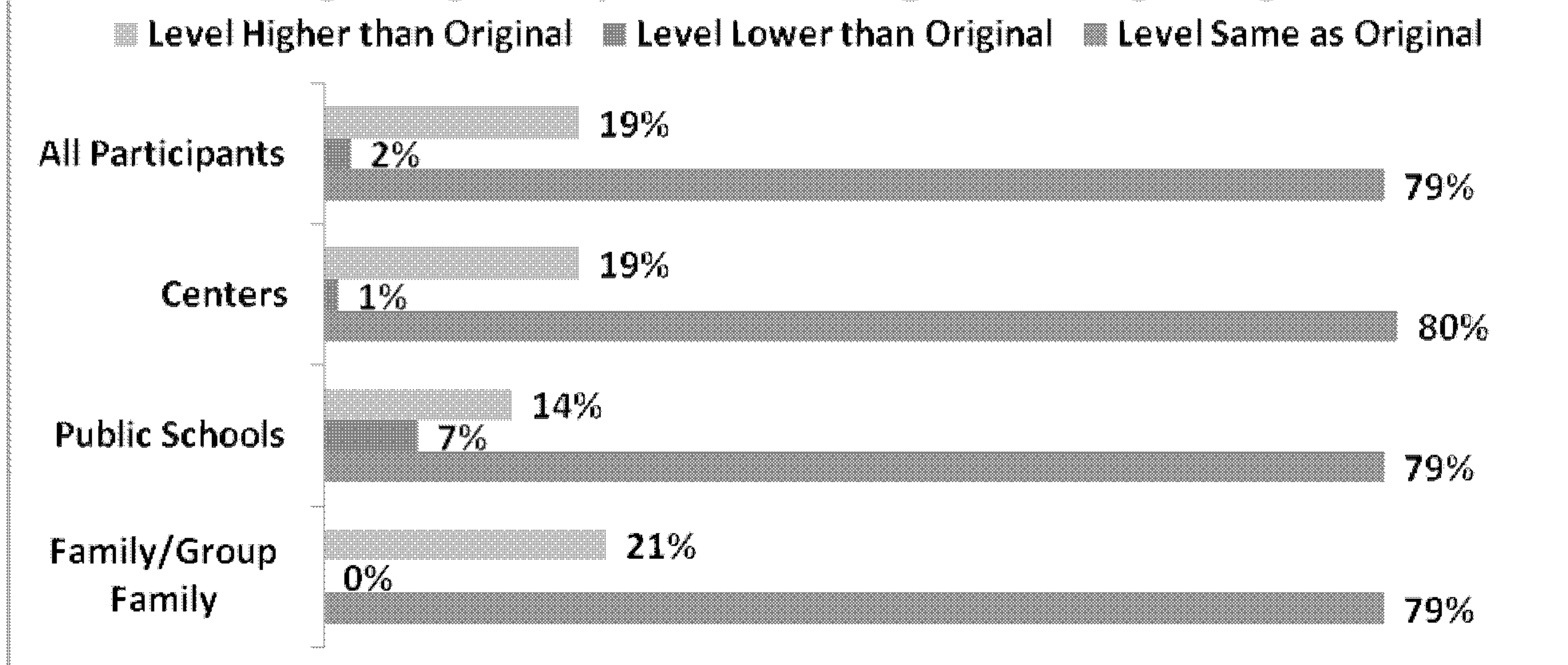


TABLE 19: Percent of Participants at Same, Lower, or Higher Quality Level Using Equal Weighting Compared to Original Weighting

	Level Same as Original	Level Lower than Original	Level Higher than Original
Family/Group Family Child Care Homes	79%	0%	21%
Public Schools	79%	7%	14%
Centers	80%	1%	19%
All Participants	79%	2%	19%

FIGURE 37: Percent of Participants At Same, Lower, or Higher Quality Level Using Participant Average Weighting Compared to Original Weighting

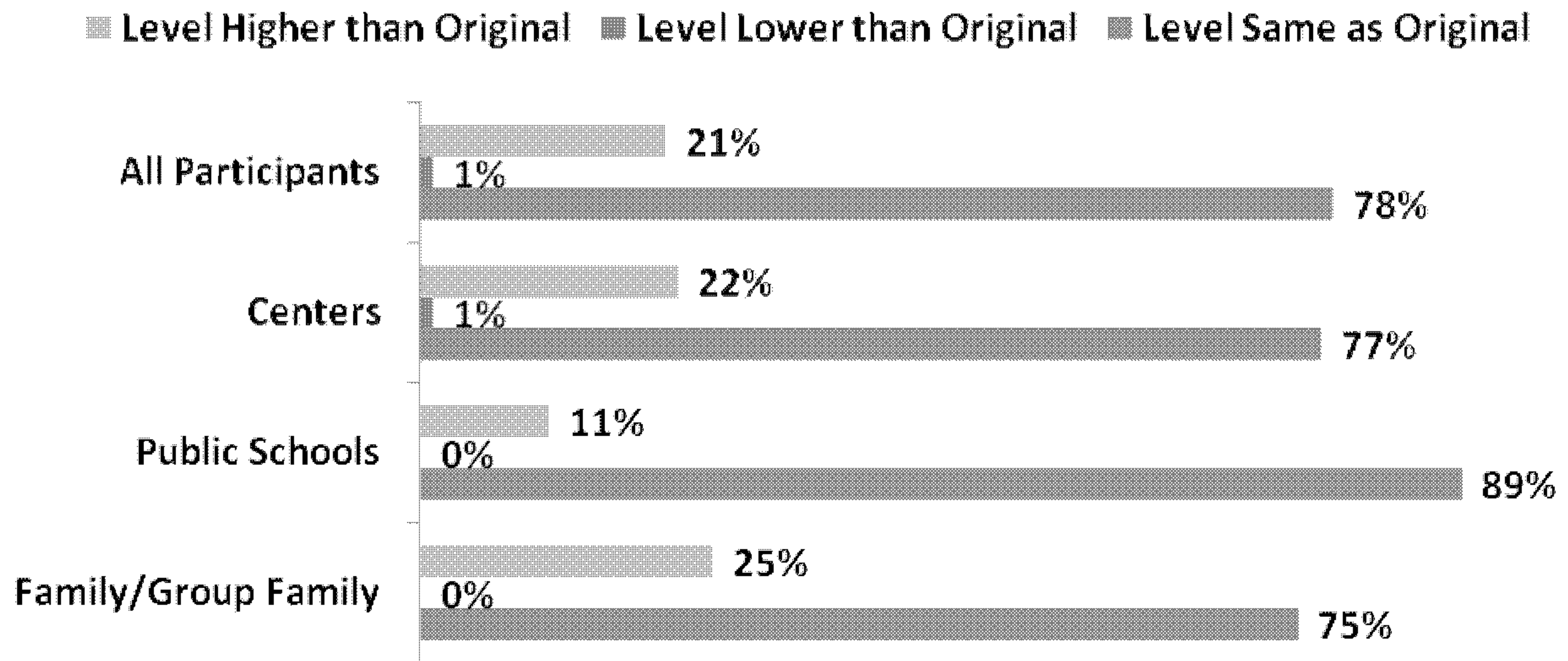


TABLE 20: Percent of Participants at Same, Lower, or Higher Quality Level Using Participant Average Weighting Compared to Original Weighting

	Level Same as Original	Level Lower than Original	Level Higher than Original
Family/Group Family Child Care Homes	75%	0%	25%
Public Schools	89%	0%	11%
Centers	77%	1%	22%
All Participants	78%	1%	21%

5. Adequacy of Documentation and Point Assignment

Summary Statements:

- Centers and schools were likely to have submitted documents that met at least some of the adequacy criteria in most of the areas reviewed: child intake form, child developmental record, curriculum materials, and family handbook. However, only about one-quarter submitted individual staff professional development plans. While most family/group family child care home providers also submitted intake and parent handbook documents, only about half kept child development records, just

- over two-thirds did not have curriculum materials, and more than four-fifths did not submit a budget showing categories of expenses.
- The average number of elements included on child intake forms, child development records, and parent handbooks, when submitted, generally met or were close to meeting the adequacy criteria established by the evaluation. About half of the documents reviewed for a sample of field test participants met the adequacy criteria for intake forms, about 60 percent met the criteria for developmental records, and about 70 percent met the criteria for parent handbooks. However, on average the submitted curriculum documents were given about 4 of the 9 possible points.
 - Based on the definition of “adequacy” set by the evaluation, the points originally assigned to field test participants in the sample were reduced if inadequate documentation had been submitted. This resulted in 28% of centers, 27% of public schools, and 14% of family/group family child care home providers decreasing at least one quality level.

Implications:

- In order to increase the credibility of QUALITYstarsNY, it will probably be necessary to set some criteria for documentation submitted as evidence of meeting the standards.
- As recommended by many field test participants, more guidance on documentation to support the standards checklist would be valuable. Examples or templates would be one strategy, although there is the potential for rote reproduction rather than adaptation to the individual setting. Another approach would be to offer a set of rubrics, perhaps similar to those used in the evaluation.
- Administrators in centers and schools often do not develop individualized plans to help their staff improve their knowledge and skills. This is likely to be due to various factors, including inadequate administrator skills in staff assessment, insufficient knowledge of options for helping staff meet professional development goals, and limited time available for supervising and supporting individual staff members. Quality improvement consultation, similar to that provided in the field test, as well as the availability of resources for training and coursework are likely to be valuable in improving quality in this area.
- To be able to continue providing care and to allocate expenses to best meet the needs of the children they serve, many family/group family child care home providers would appear to benefit from support in budgeting and financial management. In addition, QUALITYstarsNY may wish to develop procedures that provide greater reassurance to family providers about the confidentiality of financial information requested, which is closely linked with personal finances in many cases.³²

³² The issue of confidentiality of submitted documents also arose with centers and public schools, sometimes for financial documents but also for personnel information.

- Overall, adequacy of the curriculum documentation in verifying that the standards in this area were met was the most difficult to assess because of the wide diversity of materials submitted. This area is one that would benefit from greater guidance and technical assistance in helping programs and providers use learning goals and teaching strategies to support child development and learning.

Evidence:

For each specific standard, a list of potential types of documents to verify compliance with the standard was provided to the field test participants in the form of a checklist, as illustrated earlier. During the field test, participating sites were given the maximum possible points for each standard for which they submitted documentation, regardless of the characteristics of the documentation itself. That is, the documentation submitted was not reviewed for adequacy before the points were assigned. Both cursory examination of the documents and comments from field test participants made it clear that there was a not common understanding about what would constitute “adequate” documentation, even with the guidelines provided.

Based on consultation with the QUALITYstarsNY field test advisory group, several key types of documents were selected to be reviewed and assessed for adequacy. The goals of this process were to help determine the range of understanding in the field about these documents, to begin to develop rubrics or standards regarding what should be included in the documents in order for them to be considered adequate evidence of the standard, and to estimate the effect of applying such rubrics to the distribution of points and quality levels for a sample of field test participants.

The documents selected for review and assessment were:

- Child enrollment or intake form (Learning Environment, Child Observation and Assessment, standard 1a – one point)
- Child developmental record (Learning Environment, Child Observation and Assessment, standards 1b and 1c – two points)
- Curriculum materials (Learning Environment, Curriculum Planning and Implementation, standards 1a through 1d and standard 2a and 2b – six points)
- Family or parent handbook (Family Engagement, Communication, standard 1b – one point)
- Centers and School only: Individual staff member professional development plan (Management and Leadership, Policies and Procedures, standard 1d1 – two points)
- Family Providers only: Budget (Management and Leadership, Financial Accountability and Sustainability, standard 1a2 – 1 point)

For each of the documents above, with the exception of curriculum materials, a simple checklist was used in reviewing what was submitted; each checklist contained between 5 and 11 items of information pertinent to the document. Curriculum materials were scored to reflect the type of

curriculum reported (with curricula with evidence of positive association with child learning and/or broad use in the field receiving more points); whether the curriculum showed evidence of breadth in areas of learning, recognition of cultural diversity, differentiation by child age or learning style; whether there was evidence of explicit staff training on the curriculum; and whether child observation and assessment was used to guide curriculum implementation. More details on the document review are provided in Appendix I.

A total of 80 sites -- 43 centers, 15 public school sites, and 22 family providers -- were randomly selected for review and coding from among those submitting binder checklists and documentation. Four experienced early childhood professionals, all of whom had extensive training and practical experience in the field, conducted the review and coding. The initial documents of each type were independently coded by each reviewer and compared across reviewers to establish inter-coder reliability.

In some cases among the 80 selected field test participants, no documents were submitted that had any of the coded elements; in these cases it was assumed that no points had been assigned originally. Figure 38 and Table 21 show the percent of the reviewed cases in which no documents were submitted with the standards checklist. Individual professional development plans for staff were frequently not submitted by centers and public schools, while budgets were very often not submitted by family/group family child care home providers. Family home documentation submitted with the standards checklist also frequently did not include child developmental records or curriculum materials.

TABLE 21: Percent of Field Test Participants Selected for Document Review That Did Not Submit Documents

	Intake Form	Developmental Record	Curriculum	Parent Handbook	Professional Development Plan	Budget
Centers/ Schools	2%	9%	5%	9%	73%	NA
Family/Group Family Child Care Homes	9%	50%	68%	5%	NA	82%

FIGURE 38: Percent of Center/School and Family/Group Family Child Care Home Field Test Participants Included in Review That Did Not Submit Documents

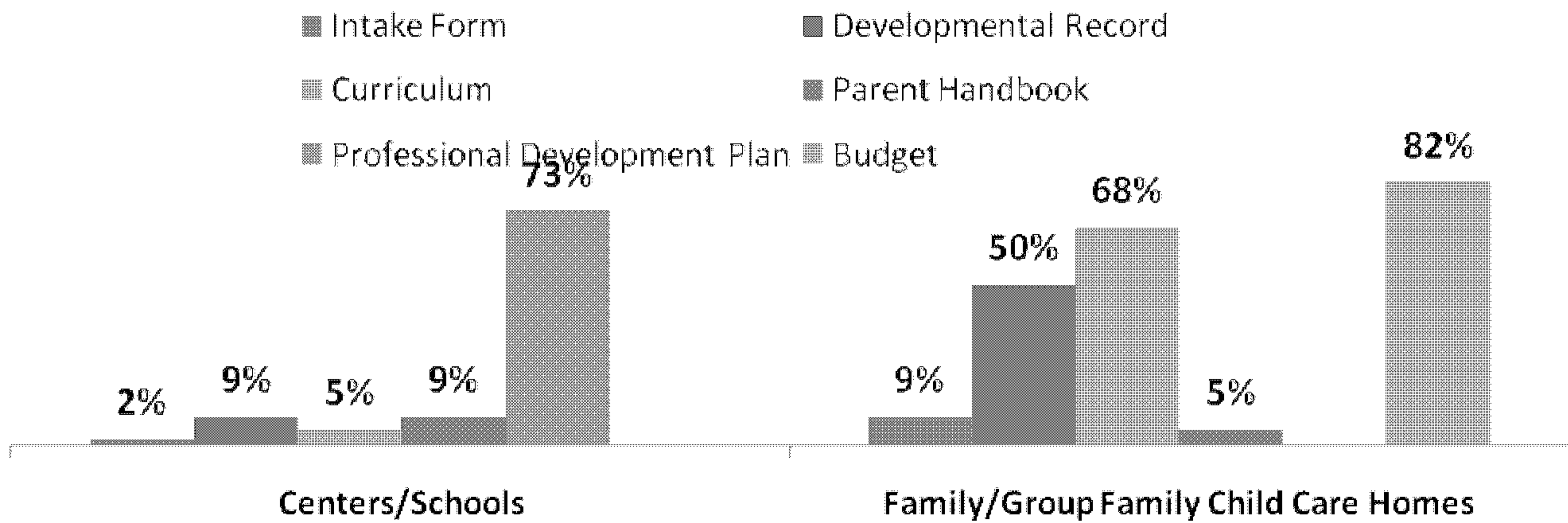


Table 22 shows the maximum number of points possible for each document, an arbitrary number of points set for an “adequate” document, and the average number of points assigned in cases where points were assumed to have been assigned originally.

TABLE 22: Elements Coded, Adequacy Standard, Number of Elements Found in Review of Sampled Documents, and Percent of Sampled Documents Meeting Adequacy Standard

	Maximum Possible Elements	Adequate Number of Elements	Mean Number of Elements	Percent with Adequate Document
Intake/Enrollment Form	9	6	5.2	49%
Developmental Record	9	6	5.2	61%
Curriculum	9	6	3.9	33%
Family Handbook	9	6	6.1	71%
PD Plan	11	6	2.0	15%
Budget	5	3	0.5	14%

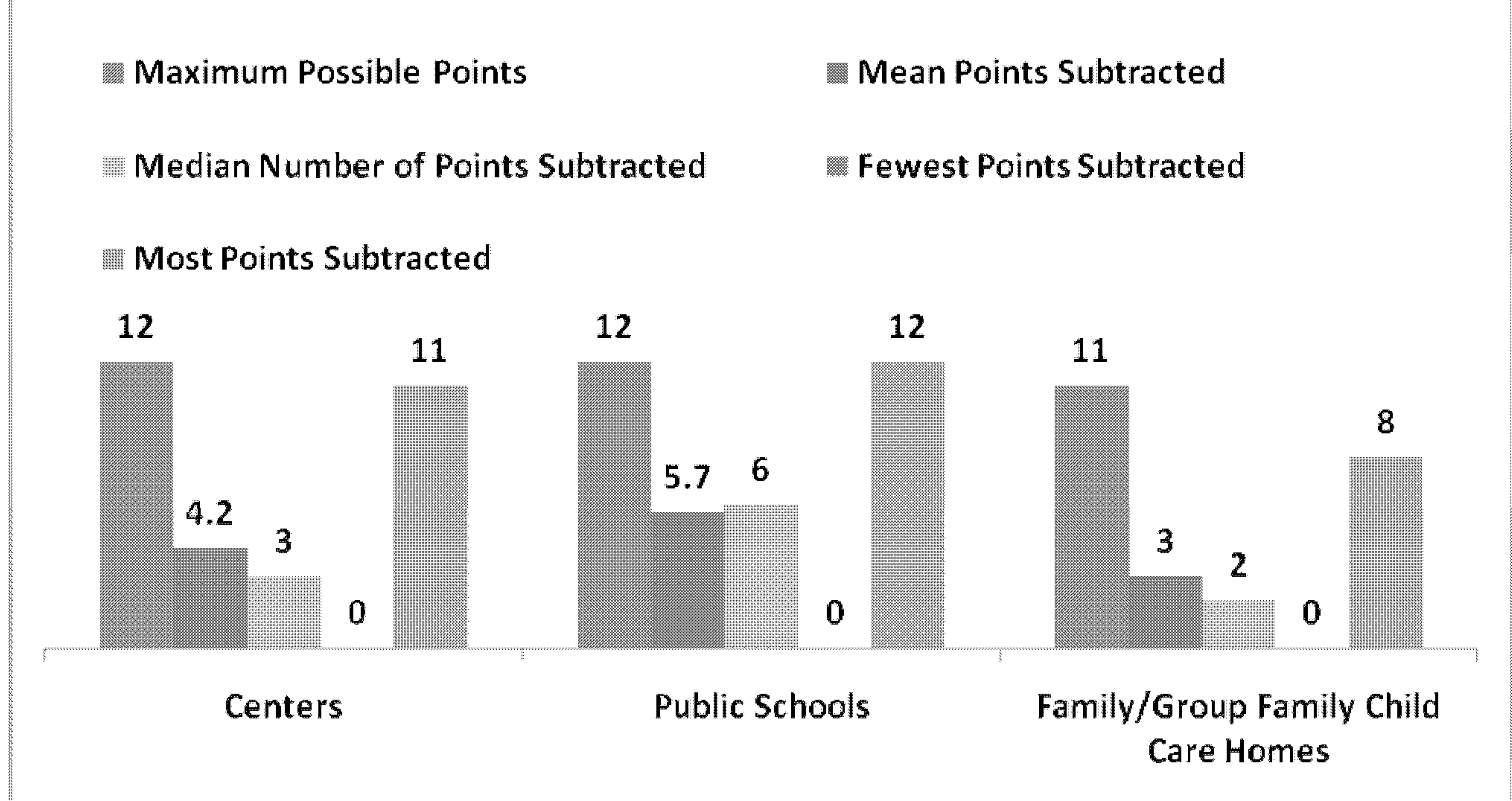
For each of the 80 field test participants included in the document review, the appropriate number of points was subtracted from the original total for documents that did not meet the adequacy level. Table 23 and Figure 39 show the maximum possible points for the documents that were reviewed and the averages and ranges of points subtracted for inadequate documentation if any was submitted for centers, public schools, and family providers separately.

TABLE 23: Number of Points Subtracted Due to Inadequate Documentation

	Maximum Possible Points	Mean Points Subtracted	Median Number of Points Subtracted	Minimum Points Subtracted	Maximum Points Subtracted
Centers	12	4.2	3	0	11
Public Schools	12	5.7	6	0	12
Family/Group Family Child Care Homes	11	3	2	0	8

FIGURE 39: Number of Points Subtracted Due to Inadequate Documentation

[NOTE: If no documentation submitted, no points were subtracted as it was assumed that no points had initially been awarded.]

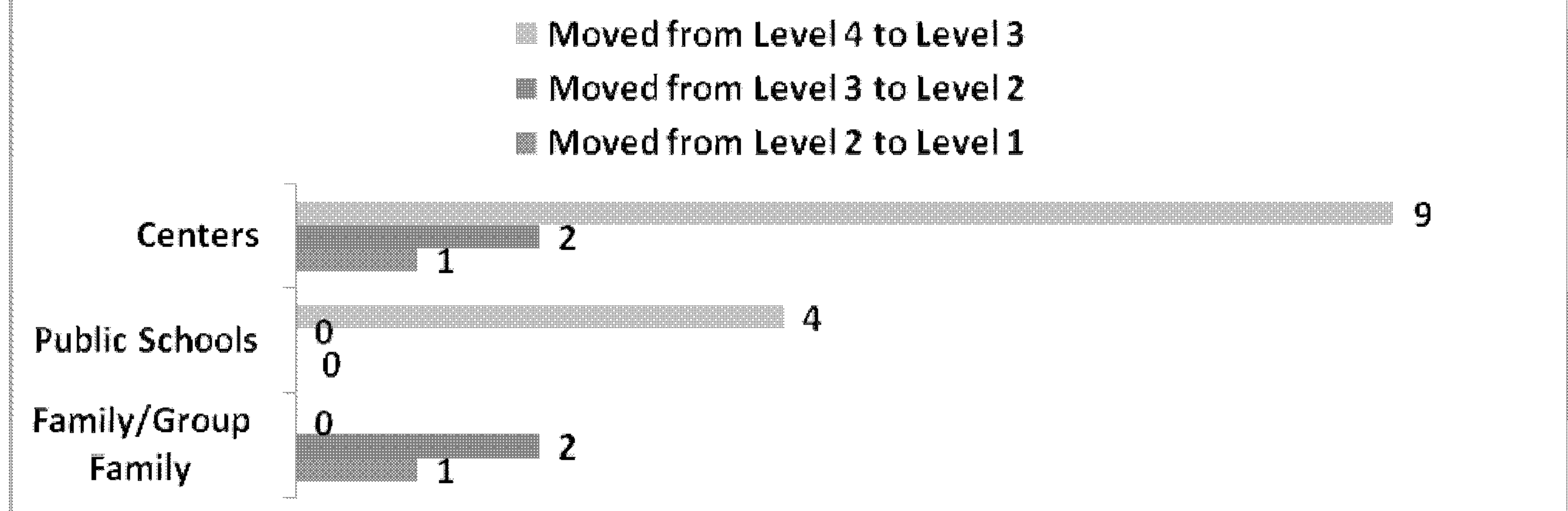


Using the revised total number of points, after subtracting the points due to inadequate documentation, a total of 19 out of the 80 sites included in the document review moved down at least one quality level. (See Table 24 and Figure 40.)

TABLE 24: Number of Field Test Participants That Decreased in Quality Level, If Inadequate Documentation Considered

	Moved from Level 2 to Level 1	Moved from Level 3 to Level 2	Moved from Level 4 to Level 3
Family/Group Family Child Care Homes	1	2	0
Public Schools	0	0	4
Centers	1	2	9

FIGURE 40: Number of Field Test Participants in Document Review that Decreased in Level, if Adequacy of Documentation Considered



The centers and public schools that decreased in quality level represent over one-quarter of those sites in the document review sample – 28% of the sampled centers and 27% of the sample public schools. The family/group family child care homes that decreased in level were a smaller percentage of those sampled (14%), in substantial part because many did not submit documentation related to child developmental record and curriculum and therefore were not assigned points in these areas initially.

B. OBSERVATIONAL MEASURES OF QUALITY

Within the classroom or home learning environment category, there is provision in the draft standards for points to be assigned based on assessment scores obtained using the appropriate Environmental Rating Scale (ERS).³³ Depending upon whether the assessment is conducted by

³³ The Environmental Rating Scales were developed at the Frank Porter Graham Center for Child Development at the University of North Carolina and have been used extensively in the field of early childhood. Three instruments are available, varying by setting and ages of children served. The ECERS-R is the revised version of the Early Childhood Environmental Rating Scale that is used in center and school classrooms with older toddlers and

the program or provider itself or by an independent observer, the overall ERS score, and if an improvement plan is submitted, a total of up to 13 points could be assigned. During the field test, in order to obtain ERS score information for evaluation purposes and because of the limited time available during the field test, this component of the standards was administered differently than called for in the standards as written. Specifically, observers employed by the evaluation conducted ERS observations at the same time the field test participants were completing the checklist and gathering and submitting documentation. The ERS observations by themselves were used to assign points; participating sites did not receive information on the results of the observations until the quality improvement planning consultations at the end of the field test process.³⁴

Observations were made in the homes of participating family providers and in one or more classrooms in participating centers and public schools. Where details on classrooms were provided as part of the field test application, an effort was made to sample classrooms that represented the range of age groups served (infants, toddlers, and preschoolers) as well as other dimensions, such as type of program offered in the classroom (UPK, Head Start), whether the classroom primarily served children with special needs or was integrated, and in half-day programs, both morning and afternoon sessions. In a few situations, where recent ERS observations had been made by the Rochester Children's Institute, teachers requested that information from these observations be submitted instead of having another observation conducted.

A total of 363 observations were completed,³⁵ 97 using the ITERS in centers, 168 using the ECERS in centers and 41 using the ECERS in public schools, and 57 using the FCCERS in family/group family child care homes. A total of 327 ERS observations were completed in 188 of the 192 sites that submitted checklists and documentation for the field test. These observations were distributed as follows:

- Observations in family/group family child care homes – 52 observations using the FCCERS
- Observations in centers – total of 226 observations, 148 using the ECERS and 88 using the ITERS; 25 or 23% of the centers had one classroom observed, 37 or 34% had two

preschool age children; the ITERS-R is the revised version of the Infant and Toddler Environmental Rating Scale that is used in center and school classrooms with infants and younger toddlers; the FCCERS-R is the revised version of the Family Child Care Environmental Rating Scale that is used in family home care settings with children from infants to preschoolers. See <http://ers.fpg.unc.edu/> for more information on these instruments.

³⁴ Data confidentiality provisions of the protection of human subjects review required for the evaluation did not allow observation information to be shared with the center or school administrator.

³⁵ Seventeen (17) observations using the ECERS were obtained from teachers who had been observed by the Rochester Children's Institute for another project. These observations had occurred within the previous 12 months and the teachers did not want another observation.

classrooms observed, 45 or 42% had three classrooms observed, and 1 or 1 % had 4 classrooms observed

- Observations in public schools – total of 39 observations, all using the ECERS; 21 or 75% of the schools had one classroom observed, 4 or 14% had two classrooms observed, 2 or 7% had 3 classrooms observed, and 1 or 4% had 4 classrooms observed.

The ERS instruments assess many features of the quality of the caregiving or learning environment, including aspects of the physical environment, and to a lesser extent, the quality of caregiver-child interactions. Scores on individual items range from 1 to 7, with 1 indicating “inadequate” quality, 3 indicating “minimal” quality, 5 indicating “good” quality, and 7 indicating “excellent” quality. Although the ERS instruments contain a few items related to supports for particular areas of children’s development, they are considered to be an assessment of global quality that does not provide an in-depth focus on quality related to specific domains of children’s development and learning. There is now considerable evidence that young children’s development and learning in specific domains contributes to school readiness and school success. Children’s acquisition of language, literacy, and social-emotional skills are especially critical to positive school outcomes (NICHD Early Child Care Research Network, 2005; Dickinson, McCabe, & Essex, 2006; Ladd, Herald, & Kochel, 2006). Therefore, in order to assess whether the ERS instruments were sufficient to measure those aspects of the home or classroom learning environment found to be most closely related to child development and learning, two other observational tools were used in small samples of the field test sites (described later in this chapter).

In addition, while the ERS observations were being made, the observers used a checklist modified from the NAP SACC (Nutrition and Physical Activity Self-Assessment for Child Care) instrument. This form collected information on the types of foods offered to children and the opportunities for organized physical activity during the observation period. This information was collected for 331 of the total number of ERS observations and for 305 of the observations in sites that submitted their checklist and had ERS observations.

1. Distribution of Sites Based on ERS Observations

Summary Statements:

- Quality of the care or learning environment as measured by observation using the ERS instruments indicates that overall the field test participants were at the adequate to good levels. There were important differences among the quality levels based on the type of setting.
- The quality of the environment in family/group family child care homes was lower than in centers or public schools; there were fewer homes observed at the good and excellent levels and more at the fair and poor levels than in either of the other settings.

- While classrooms in centers and schools were equally likely to be judged as good or excellent, the percent at the fair and poor levels was about 50% higher in schools as in centers.
- The average ERS scores in NAEYC-accredited centers were higher than in non-accredited centers (5.5 compared with 4.9), although both averages fell in the “good” range.

Implications:

- A number of field test participants, especially family/group family child care home providers and public school representatives, were not familiar with the Environmental Rating Scales. Further education and training on the aspects of quality addressed in these tools would both relieve anxiety associated with being observed, and help interested programs and providers make modifications in their learning environment before being rated.

Evidence:

The distribution of the quality of the home or learning environment among the field test participants, based on the ERS, indicates that, on average across all the sites, quality was in the adequate to good range. (See Figure 41 and Table 25.)

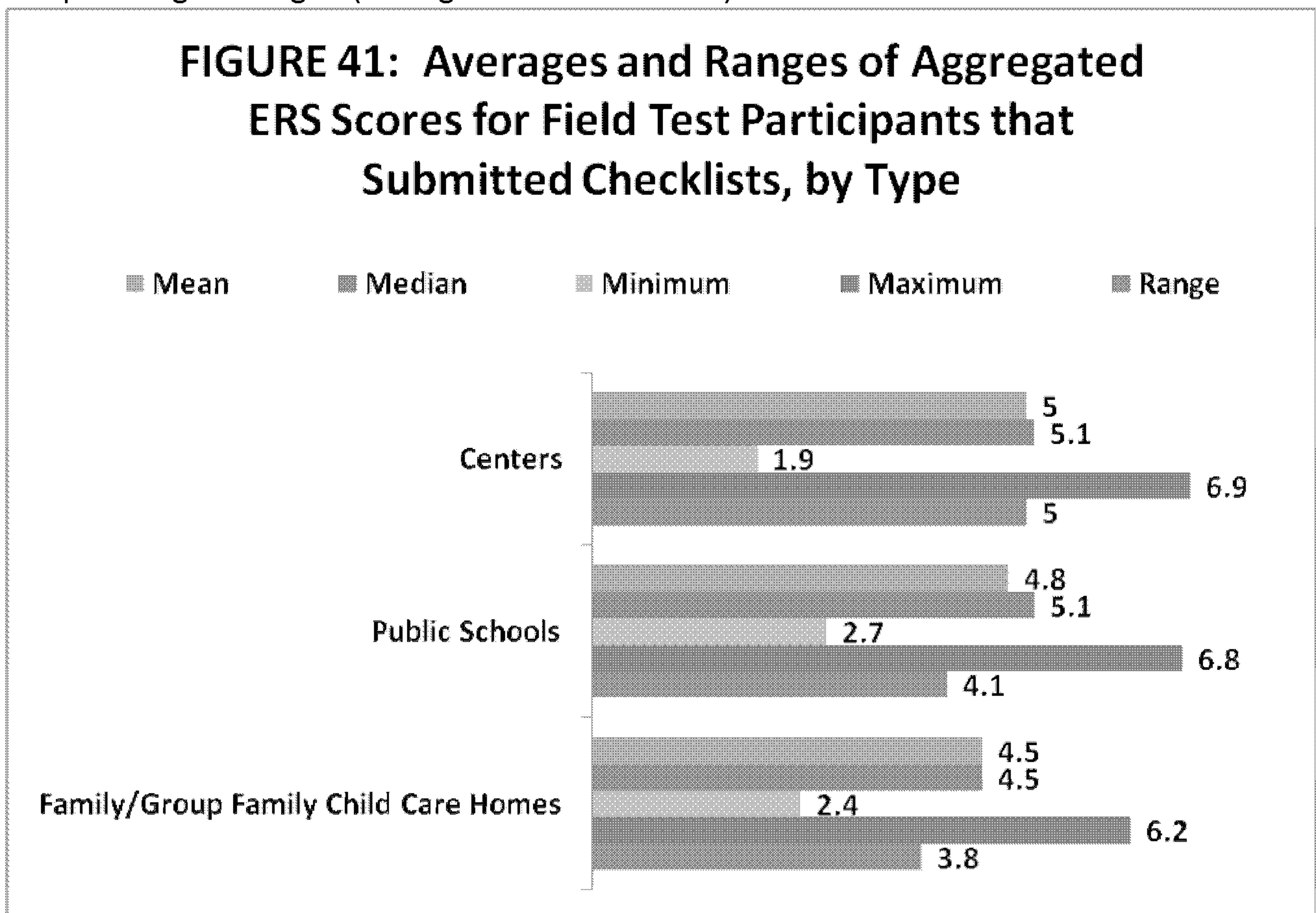
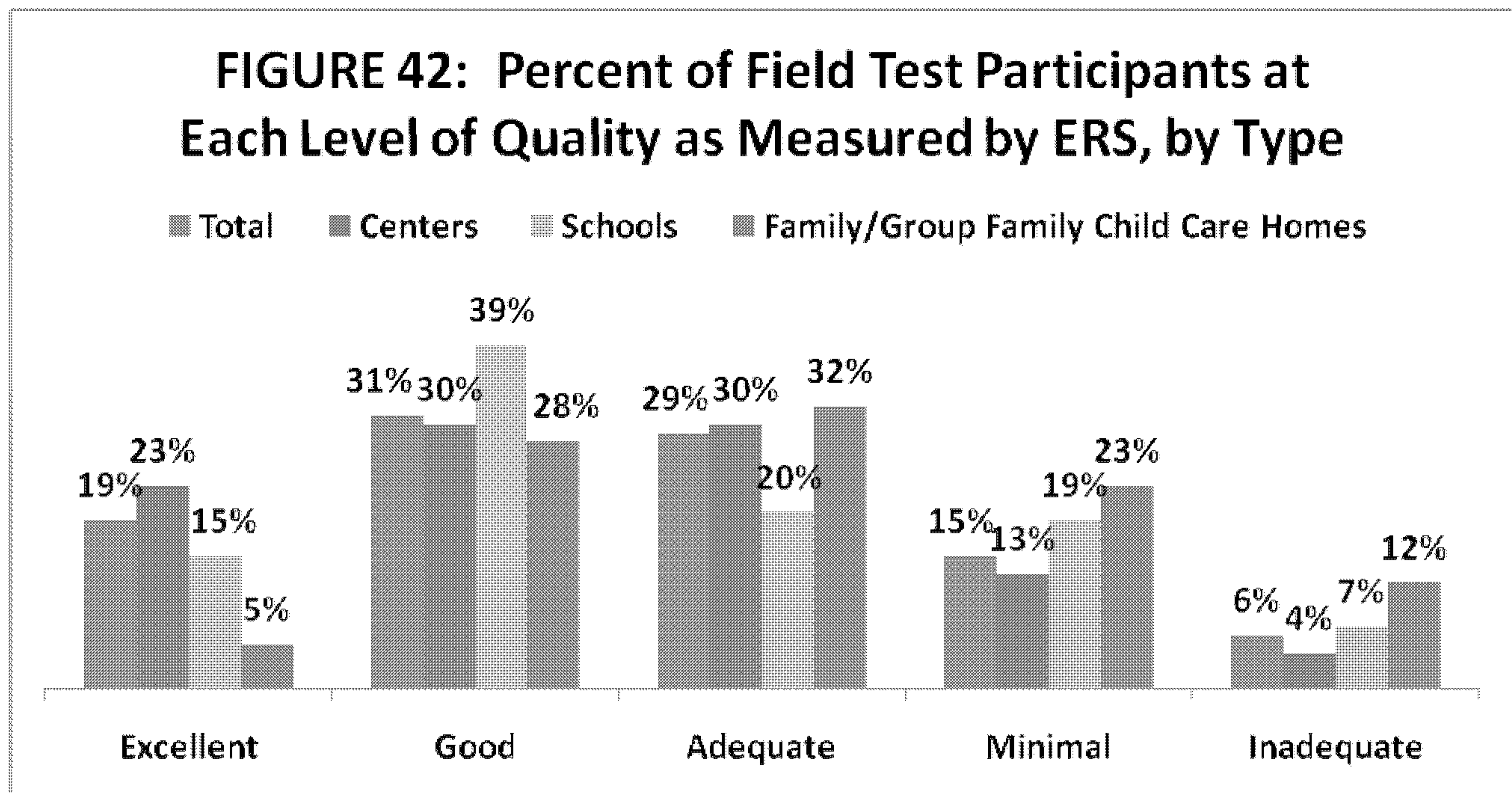


TABLE 25: Aggregated ERS Scores for Field Test Participants

	Range	Maximum	Minimum	Median	Mean
Family/Group Family Child Care Homes	3.8	6.2	2.4	4.5	4.5
Public Schools	4.1	6.8	2.7	5.1	4.8
Centers	5	6.9	1.9	5.1	5

When the ERS scores were divided into quality levels (less than 3 = Inadequate; 3 up to 4 = Minimal; 4 up to 5 = Adequate; 5 up to 6 = Good; 6 and above = Excellent),³⁶ about one-fifth of the sites were at the minimal to inadequate level and another one-fifth at the excellent level. (See Figure 46 and Table 26.)

There were substantial differences in the distribution of quality levels based on the ERS among the three types of settings, as shown in Figure 42. Over half of the observed classrooms in centers and public schools (53% and 54%, respectively) were at the good to excellent level, while one-third (33%) of family/group family child care homes scored at those levels. At the other end of the quality levels, over one-third (35%) of family/group family homes, about one-quarter (26%) of public school classrooms, and less than one-fifth (17%) of center classrooms were at the fair to poor levels.



³⁶ ERS scores were grouped into these five categories in order to make comparisons with the five star levels in QUALITYstarsNY.

TABLE 26: Percent of Participants at Each Level of Quality, As Measured by ERS

	Total	Centers	Schools	Family/Group Family Child Care Homes
Excellent (6 & 7)	19%	23%	15%	5%
Good (5)	31%	30%	39%	28%
Adequate (4)	29%	30%	20%	32%
Minimal (3)	15%	13%	19%	23%
Inadequate (1 & 2)	6%	4%	7%	12%

2. Alignment of Quality Levels Based on Observations and Points

Summary Statements:

- As expected, quality scores based on learning environment observations using ERS instruments are correlated with quality levels based on points associated with the standards.
- However, there is considerable variability in ERS observation scores within each quality level based on the number of points assigned.

Implications:

- The value of including an observational tool in QUALITYstarsNY is confirmed, as it adds information not fully captured in other standards. Further, since the learning environment is the area that is seen as the most relevant to early care and education practitioners, its inclusion gives additional credibility to the system.
- As noted earlier, however, it will be important to ensure that QUALITYstarsNY participants understand both the content of the ERS tools in terms of what they cover and the criteria for scoring and the procedures for its administration. In particular, the ERS as taking a “snapshot” of the learning environment did not appear to be always understood, nor did how the policies and procedures documented in other components of the Learning Environment category would provide evidence of sustained and ongoing quality to supplement this “snapshot.”

Evidence:

There is a significant but relatively small correlation³⁷ between the number of points assigned based on the standards checklists submitted by field test participants (excluding points based on the ERS scores) and the average site ERS score (.32). This correlation is the same for centers and greater for family/group family child care home providers (.42), but not statistically different from zero for public schools.³⁸

Regardless of the overall association between ERS scores and number of points assigned, there is considerable variability in ERS scores within the quality levels based on the points. The range between the lowest ERS score within a quality level and the highest ERS score in that level can be as much as almost 4 on the ERS scale, which runs from 1 to 7. The smallest range at any quality level is about 2 on the ERS scale. For example, in Figure 46, for field test participants at quality level 3 (mid-range in quality) the average ERS score was 4.8 out of 7, but at least one site at this level had an ERS score of 1.9 (indicating poor quality) and at least one other had an ERS score of 6.8 (indicating excellent quality). These patterns were apparent for each type of participant as well as overall. (See Figures 43-46 and Tables 27-30.)

TABLE 27: ERS Scores by Star Level, All Field Test Participants

	Range	Maximum	Minimum	Mean
Star Level 1	3	5.6	2.6	4.1
Star Level 2	3.6	6	2.4	4.9
Star Level 3	4.9	6.8	1.9	4.8
Star Level 4	2.5	6.9	2.7	5.2
Star Level 5	NA	NA	NA	NA

³⁷ Using Pearson product moment correlation procedures, in which -1.0 indicates a one-to-one inverse correspondence between the values of two variables, +1.0 indicates a one-to-one direct correspondence between two variables, and 0 (zero) indicates that the distribution of the two variables are completely independent.

³⁸ The variability in points for public schools was limited because all were assigned 21 points in the Management and Leadership standards category automatically; this was a likely factor in the low correlation between points and ERS scores for public schools.

FIGURE 43: ERS Scores by Star Level, All Participants With Checklist & ERS Observation

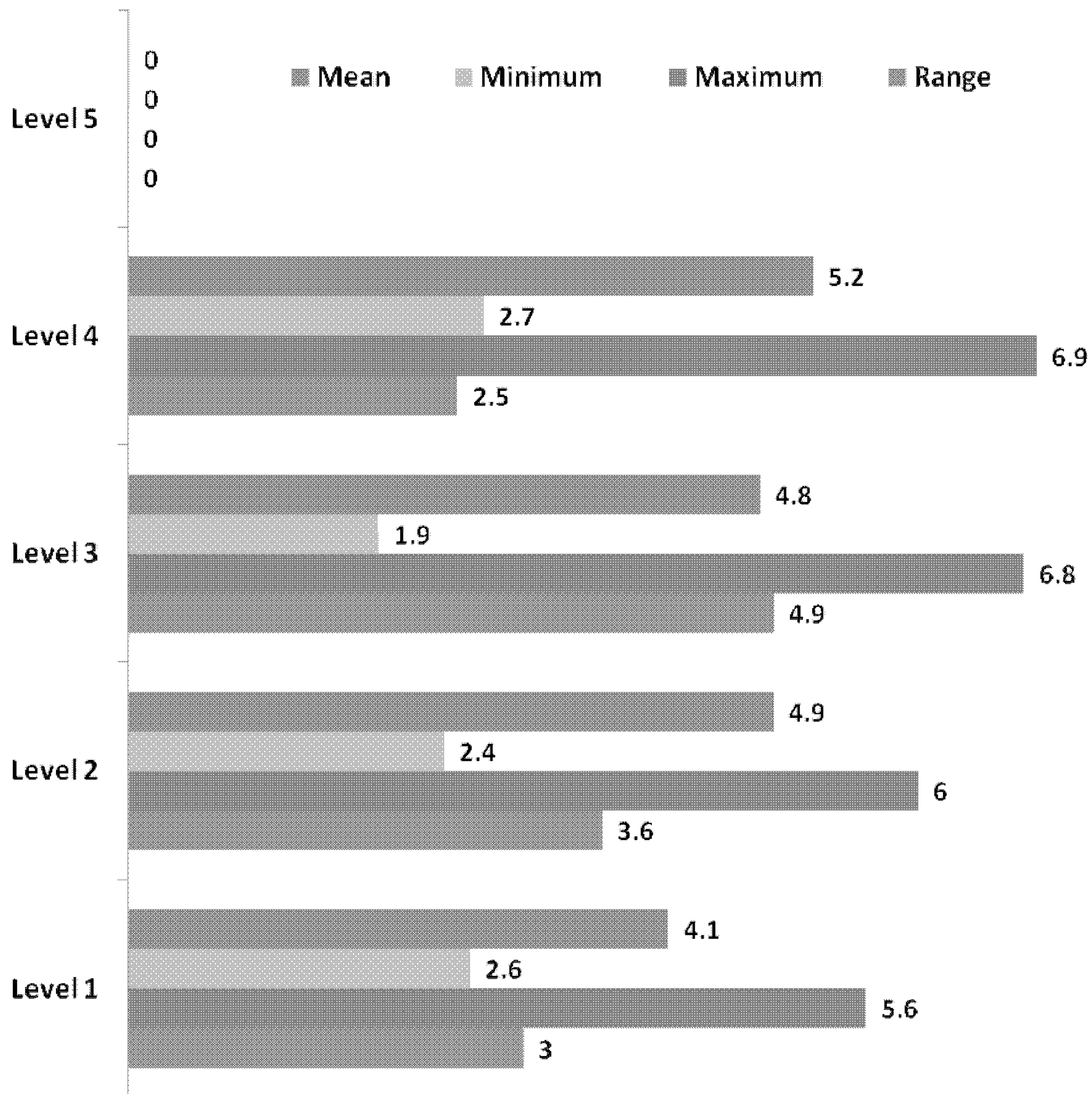


TABLE 28: ERS Scores by Star Level, Center Field Test Participants

	Range	Maximum	Minimum	Mean
Star Level 1	1.8	5.5	3.7	4.4
Star Level 2	1.6	6	4.4	5.2
Star Level 3	4.8	6.7	1.9	4.9
Star Level 4	3.7	6.9	3.2	5.3
Star Level 5	0	0	0	0

FIGURE 44: ERS Scores by Star Level, Centers

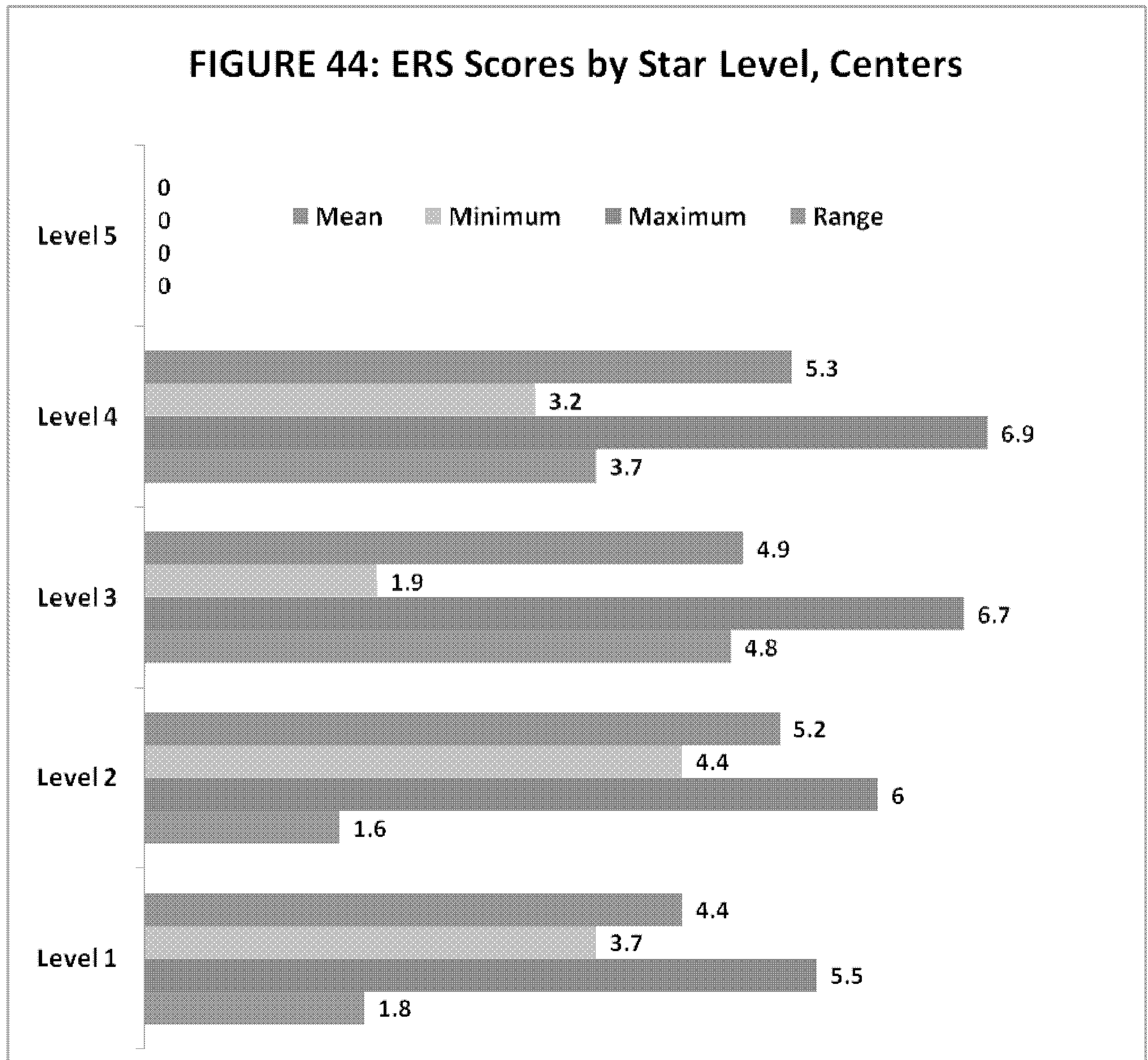


TABLE 29: ERS Scores by Star Level, Public School Field Test Participants

	Range	Maximum	Minimum	Mean
Star Level 1	0	0	0	0
Star Level 2	0	0	0	0
Star Level 3	3.8	6.8	3	4.6
Star Level 4	3.8	6.5	2.7	4.9
Star Level 5	0	0	0	0

FIGURE 45: ERS Scores by Star Level, Public Schools

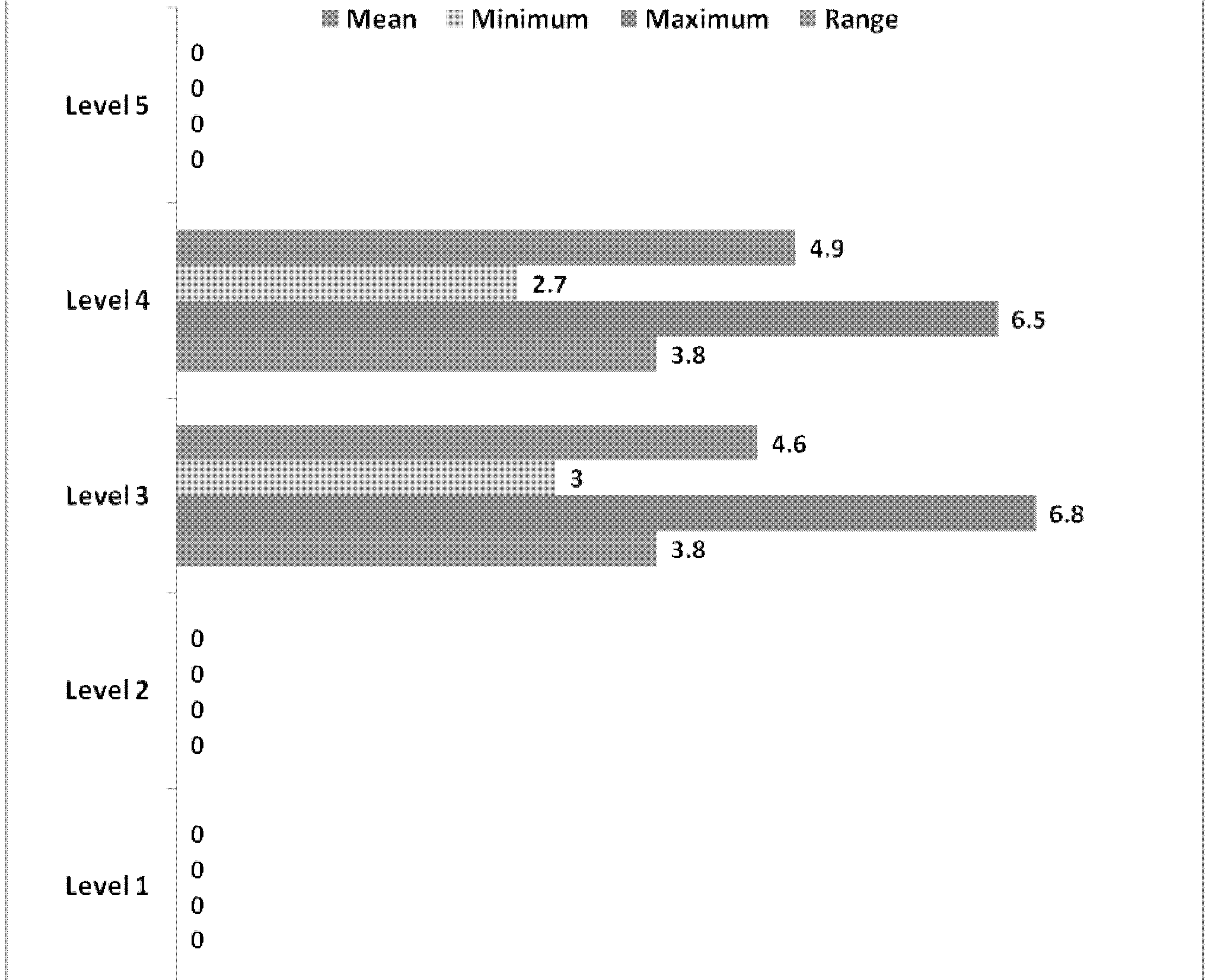
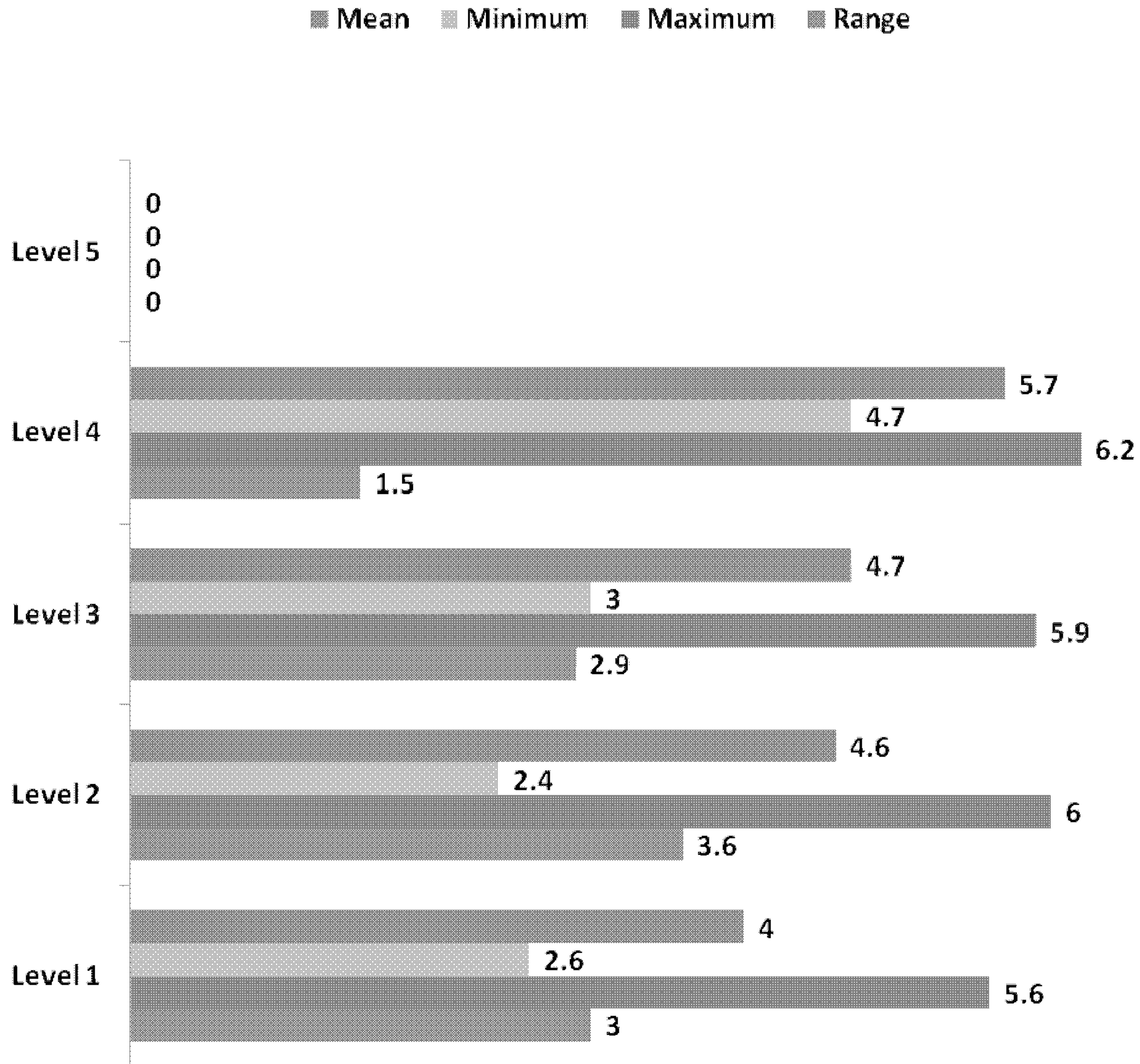


TABLE 30: ERS Scores by Star Level, Family/Group Family Child Care Home Field Test Participants

	Range	Maximum	Minimum	Mean
Star Level 1	3	5.6	2.6	4
Star Level 2	3.6	6	2.4	4.6
Star Level 3	2.9	5.9	3	4.7
Star Level 4	1.5	6.2	4.7	5.7
Star Level 5	0	0	0	0

FIGURE 46: ERS Scores by Star Level, Family/Group Family Child Care Homes



3. Alignment of Quality in Preschool Classrooms Based on Different Observation Instruments

Summary Statements:

- Overall, observations of global quality (using the ECERS) and of specific supports for language and literacy development and social-emotional growth in preschool

classrooms (using the Supports for Early Literacy Assessment (SELA) and the Supports for Social-Emotional Growth Assessment (SSEGA) instruments) are correlated. However, classrooms judged to be of high quality based on ECERS scores have significant weaknesses in supports for children’s language, literacy, and social-emotional growth.

- The discrepancy between global quality based on ECERS scores and the more domain specific scores are also evident in classrooms judged to have adequate global quality; these classrooms were found to have substantial weaknesses in the supports for language, literacy, and social-emotional skills.

Implications:

- These findings suggest that QUALITYstarsNY might consider using one or more additional preschool classroom assessment instruments that measure the quality of supports for preschoolers’ language, literacy, and social-emotional growth in addition to the global measure of quality obtained from the ERS.
- Selecting an additional assessment or subscale will require careful consideration of candidate measures’ technical features and research on their ability to predict positive learning outcomes. In addition, the complexity of the measure and costs of training should be considered.³⁹

Evidence:

As part of the field-test evaluation, an additional assessment was conducted in a subset of 31 preschool classrooms to explore whether global ratings of the quality of the learning environment based on the ECERS corresponded with ratings of the quality of supports within the classroom for children’s language, literacy, and social-emotional development. This assessment included a subset of items from two instruments: 1) The Supports for Early Literacy Assessment (SELA) and 2) The Supports for Social-Emotional Growth Assessment (SSEGA).⁴⁰

In each classroom, one observer administered the ECERS and another administered a consolidated assessment comprised of SELA and SEGA items; these assessments were conducted at the same time by the two trained raters. The classrooms included in the sample were all from the New York City metropolitan area, including the Brooklyn, Manhattan, and Queens boroughs of the City and in the suburban counties of Nassau, Suffolk, and Westchester.

³⁹ More detailed information on resources for considering additional observational instruments are provided in Appendix M.

⁴⁰ See Appendix J for a full description of the SELA and SSEGA and a summary of items used in the field test evaluation.

The SELA and SSEGA scores were divided into quality levels as follows: 0-1.4 = Very Poor; 1.5-2.4 = Poor; 2.5-3.4 = Fair; 3.5-4.4 = Good; 5 = 4.5 and above = Excellent. The distribution of SELA and SSEGA scores for the 31 classrooms is shown in Figure 47 and Table 31, and reflects overall fair to poor support for children’s language, literacy, and social-emotional development.

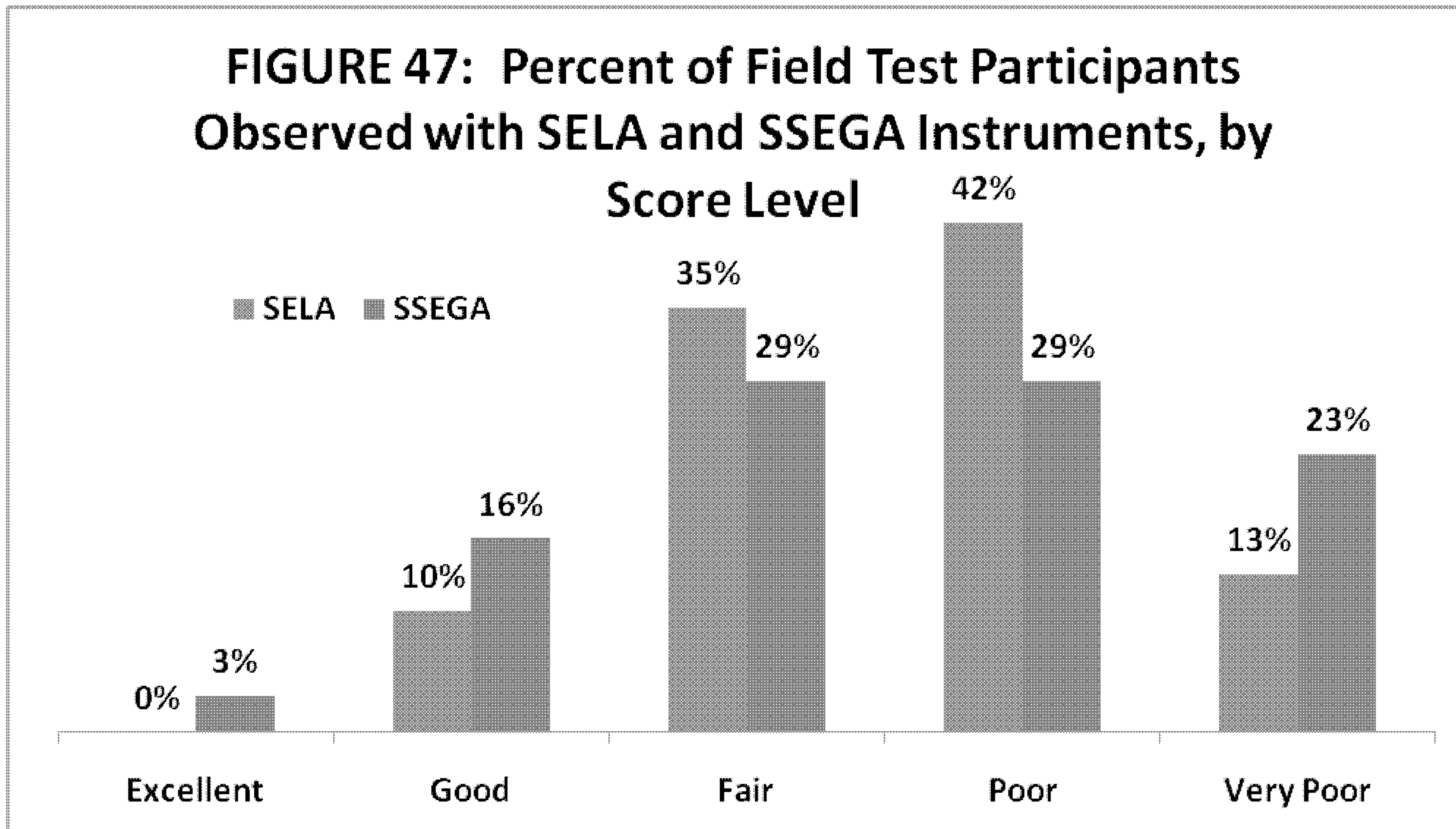


TABLE 31: Percent of Observed Classrooms by Level of SELA or SSEGA Score

	SELA			SSEGA	
	TOTAL	ORAL LANGUAGE	PRE-READING SKILLS	TOTAL	SOCIAL-EMOTIONAL SKILLS
Excellent	0%	3%	3%	3%	3%
Good	10%	13%	7%	16%	16%
Adequate	35%	29%	16%	29%	29%
Fair	42%	39%	61%	29%	23%
Poor	13%	16%	13%	23%	29%

Statistically significant moderate to strong correlations were found between ECERS total scores and both SELA (Pearson’s $r = .64$) and SSEGA (Pearson’s $r = .68$) total scores. These correlations indicate that, overall, classrooms rated lower or higher on the ECERS also were similarly rated lower or higher on the SELA/SELA assessment. However, as discussed below, an examination of SELA and SEGA scores across classrooms with ECERS scores ranging from inadequate to excellent suggests that ECERS scores do not fully reflect the quality of classroom supports for preschoolers’ language, literacy, and social-emotional growth.

As Table 32 shows, there is more consistency between the ECERS scores and SELA and SSEGA scores in the lowest level of global quality than in the higher levels. Classrooms with ECERS scores indicating minimal to inadequate global quality had average SELA and SSEGA scores that fell mostly in the very poor and poor levels. Classrooms with ECERS scores indicating adequate quality had a range of SELA and SSEGA scores from very poor to good, with average scores in the poor to fair range. Classrooms showing good to excellent global quality on the ECERS had average SELA and SSEGA scores mostly at the fair level. Among the ten classrooms with ECERS ratings in the good to excellent levels, 8 had SELA scores in the poor to fair levels and 7 had SSEGA scores in the poor to fair levels.

TABLE 32: Mean and Range of SELA and SSEGA Scores by ERS Level

ERS LEVEL	SELA			SSEGA		
	Mean	Highest-Lowest	Range	Mean	Highest-Lowest	Range
Excellent (6 & 7)	3.3	2.9-3.9	1.0	3.3	2.1-4.8	2.7
Good (5)	2.9	2.5-3.9	1.4	3.5	2.4-4.4	2.0
Adequate (4)	2.4	1.1-3.9	2.8	2.7	1.2-3.9	2.7
Minimal (3)	1.7	1.2-2.5	1.3	1.7	1.1-2.7	1.6
Inadequate (1)	1.7	1.5-1.8	0.3	1.3	1.0-1.7	0.7

Further, an examination of SELA and SSEGA subscale scores suggests particular weaknesses in classroom quality that may be obscured by global ECERS ratings. Classrooms with ECERS scores in the good range had a mean score for the SELA oral language scale in the fair range. Classrooms with ECERS scores at the good and excellent levels had mean scores for the SELA pre-reading skills subscale in the fair and poor levels, respectively. Overall, the SELA subscale scores reflect only fair to weak supports for oral language and pre-reading skills in classrooms rated as good to excellent on the ERS. (See Table 33.)

TABLE 33: Mean and Range of SELA Subscale Scores by ERS Level

ERS LEVEL	SELA Supports for Oral Language			SELA Supports for Pre-Reading Skills		
	Mean	Highest-Lowest	Range	Mean	Highest-Lowest	Range
Excellent (6 & 7)	3.6	2.7-4.7	2.0	2.3	2.3-2.3	0
Good (5)	3.1	2.3-4.3	2.0	2.6	1.7-4.5	2.8
Adequate (4)	2.5	1.3-4.0	2.7	2.1	1.0-4.0	3.0
Minimal (3)	1.7	1.3-2.5	1.2	1.7	1.0-2.5	1.5
Inadequate (1 & 2)	1.5	1.3-1.7	0.4	1.5	1.0-1.7	0.7

In these classrooms, teachers are using some supports for children’s oral language, but are also missing many opportunities to promote language growth, such as:

- Using and explaining new vocabulary during read-alouds and interactions throughout the day (e.g., “let’s ‘stretch’ our arms high the way Peter stretches to reach the top of his tower”);
- Planning activities which provide experiences in rich, extended conversation (e.g., a small-group, hands-on activity with discussion about a concept related to the current curriculum theme); and
- Actively encouraging children’s use of new language (e.g., “Can you think of a time when you were ‘frustrated?’”).

In place of frequent use of these language supports, teachers tend to use a fair amount of management language (e.g., “let’s sit tall to listen to this book,” “time to clean up”). Pre-literacy development associated with phonemic awareness and exposure to print are not supported in classrooms where teachers spend little or no time on these skills. Examples of supports for these skills include helping children learn letters and become aware of sounds in words through games (e.g., the “memory” game played with pictures of objects starting with different letters and sounds) and calling attention to print (e.g., the teacher helps children find a labeled bin for round-shaped blocks, by saying, “let’s look for ‘r,’ the first letter of ‘round’”).

As was found with the SELA, classrooms with good to excellent global ECERS scores show a mean score for the SSEGA subscale measuring classroom supports for social-emotional skills in the fair range. (See Table 34.)

TABLE 34: Mean and Range of SSEGA Subscale Scores by ERS Level

ERS LEVEL	SSEGA Supports for Social-Emotional Skills		
	Mean	Highest-Lowest	Range
Excellent (6 & 7)	3.2	2.0-4.7	2.7
Good (5)	3.3	2.4-4.4	2.0
Adequate (4)	2.7	1.3-3.7	2.4
Minimal (3)	1.6	1.0-2.6	1.6
Inadequate (1 & 2)	1.2	1.0-1.4	0.4

In these classrooms, teachers are likely to show general warmth toward children, but are missing opportunities to intentionally promote children’s social-emotional competence through such methods as coaching children to use friendship or conflict resolution skills, helping children find ways to manage frustration, and teaching children emotion vocabulary.

Appendix J includes a table with comments by observers for classrooms with SELA and SSEGA scores at different levels. This appendix also provides more information about these observation tools.

4. Alignment of Quality in Infant and Toddler Care Settings Based on Different Observation Instruments

Summary Statements:

- The Program Assessment Rating Scale (PARS) captures specific and comprehensive indicators of interaction quality in infant and toddler care settings in both center-based classrooms and family/group family child care homes. Overall, scores on PARS appear largely unrelated to overall ERS scores.

Implications:

- Results from the field test indicate that the PARS assessment tool provided useful information about critical aspects of quality that was not captured by the ERS tools. Observations using the PARS should be considered for QUALITYstarsNY to complement the ERS in measuring the quality of the care environments for infants and toddlers.

- Detailed observer comments, which are used in the PARS scoring, should be used in developing quality improvement plans as they provide concrete examples of areas of strength and areas for improvement.⁴¹
- New York State is currently investing in training Infant Toddler specialists in the PITC program (the modality of care for which the PARS assessment tool was originally developed).

Evidence:

The Program Assessment Rating Scale (PARS) is a recently developed observational tool designed to assess the quality of center and home-based infant and toddler early care and education settings. It is part of the Program for Infant/Toddler Care (PITC), a comprehensive training system for infant and toddler teachers developed by WestEd.

The PARS is grounded in research that points to the interrelatedness of social-emotional, intellectual, language, and physical development and learning and shows that young children’s learning is best supported through responsive, relationship-based nurturance (Bornstein & Bornstein, 1995; Shonkoff & Phillips, 2000, Lally & Mangione, 2006). Based on this research, the PARS assesses the extent to which program policies and procedures, the care environment, and interactions with care teachers support infants and toddlers’ social-emotional development. More information on the PARS instrument is provided in Appendix K.

For the purposes of the QUALITYstarsNY field test, items from 2 subscales (Quality of Adult Interactions with Infants/Toddlers and Relationship-Based Care) were selected for inclusion in the program observation.⁴² These subscales assess provider-child interactions in great detail, and thus complement the information gathered as part of the Environment Rating Scales. The Quality of Adult Interactions with Infants/Toddlers subscale consists of 7 items and 28 sub-items, with each sub-item scored as “met” or “not met.” This subscale assesses the responsiveness of individual caregiver interactions with the infants and toddlers in their care, and covers responsiveness and sensitivity to children, positive tone and attentiveness, responsive engagement and intervention, respect for infants’ initiative and choices, facilitation of cognitive development and learning, adult use of language and communication and adult support of children’s language development and communication. The Relationship-Based Care subscale assesses the extent to which caregiving practices and program procedures satisfy infants’ and toddlers’ individual needs by building predictable and supportive relationships with 1 or 2 caregivers. One item (4 sub-items), assessing the extent to which the caregiver follows children’s individual schedules, was included for use in the field test observations.

⁴¹ Additional suggestions for using the PARS in QUALITYstarsNY are provided in Appendix K.

⁴² While there are items specific to family/group family child care homes and center settings in the full PARS instrument, the items selected for the field test were identical across settings.

The QUALITYstarsNY field test included PARS observations in 18 infant and toddler center-based classrooms and 9 family/group family child care homes where infants or toddlers were present. The sites in which PARS observations were made were in the central and western parts of the state including Albany, Broome, Chemung, Erie, Monroe, and Onondaga counties.

The observations for the PARS assessments are conducted at the individual caregiver level. In center-based programs, PARS scores were averaged across the observed caregivers for these analyses. Sub-items were averaged in order to create subscale scores, which range from 0 to 4. For the purposes of this analysis the one item from the Relationship-Based Care subscale was included with the items from the Quality of Adult Interactions with Infants/Toddlers when computing caregiver and site averages. PARS scores can range from 1 (inadequate) to 4 (excellent).⁴³

In order to score the PARS assessment tool, observers watch for very specific examples of how providers interact with and support individual children's care and development. Appendix K provides examples of individual PARS items and comments provided by observers to support ratings of "met" or "not met," as well as other information about the PARS.

Overall, the largest number of settings (41%) scored in the "good" range. Only one site was assessed at the "excellent" level, while about one-quarter (26%) were rated as inadequate. However, there were striking differences in the distribution of quality levels based on the PARS between center and family/group family child care home settings. More than half of the family/group family child care settings were "inadequate" as rated by the PARS and none received a rating of "excellent". Center-based classrooms were most often rated as "good" (50% of classrooms), with only 11% rated as inadequate. (See Figure 48 and Table 35.)

⁴³ Scores ranging from 0 to 1.79 are classified as "inadequate," scores from 1.8 to 2.79 are classified as "minimal," scores from 2.8 to 3.99 as "good," and scores of 4 as "excellent." Care settings at the inadequate level meet 45 percent or less of the total number of items, settings at the minimal level meet between 45 and 70 percent of the items, settings at the good level meet between 70 and 99 percent of the items, and settings classified as excellent meet 100 percent of the items.

FIGURE 48: Percent of Field Test Participants Observed, by PARS Score Level

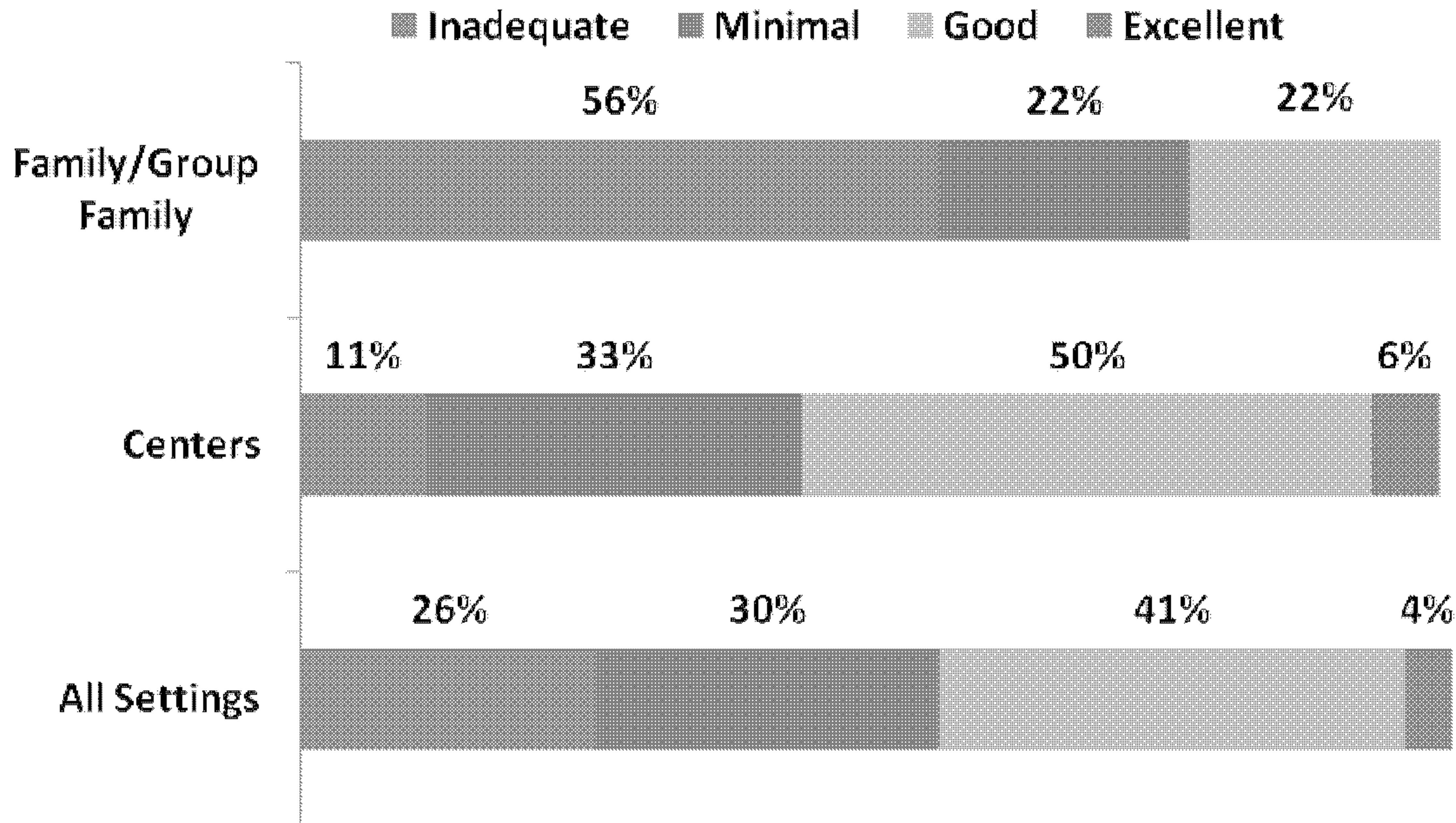


TABLE 35: Percent of Field Test Participants by PARS Score Level

	Inadequate	Minimal	Good	Excellent
All Settings	26%	30%	41%	4%
Centers	11%	33%	50%	6%
Family/Group Family Child Care Homes	56%	22%	22%	0%

Overall, scores on PARS appear largely unrelated to overall ERS scores. (See Figure 49 and Table 36.) In nearly half (44%) of the observations conducted, programs scored as adequate, good, or excellent on the ERS, but as inadequate or minimal on the PARS. This pattern is especially striking when comparing PARS scores to the Interaction subscale of the ERS observation tool, where more overlap in scores might be expected because of more similar content. In this case, 51% of programs that scored in the adequate to excellent range of the ERS scored in the inadequate or minimal range on the PARS.

FIGURE 49: Percent of Field Test Participants Observed with PARS Instruments, by Score Level

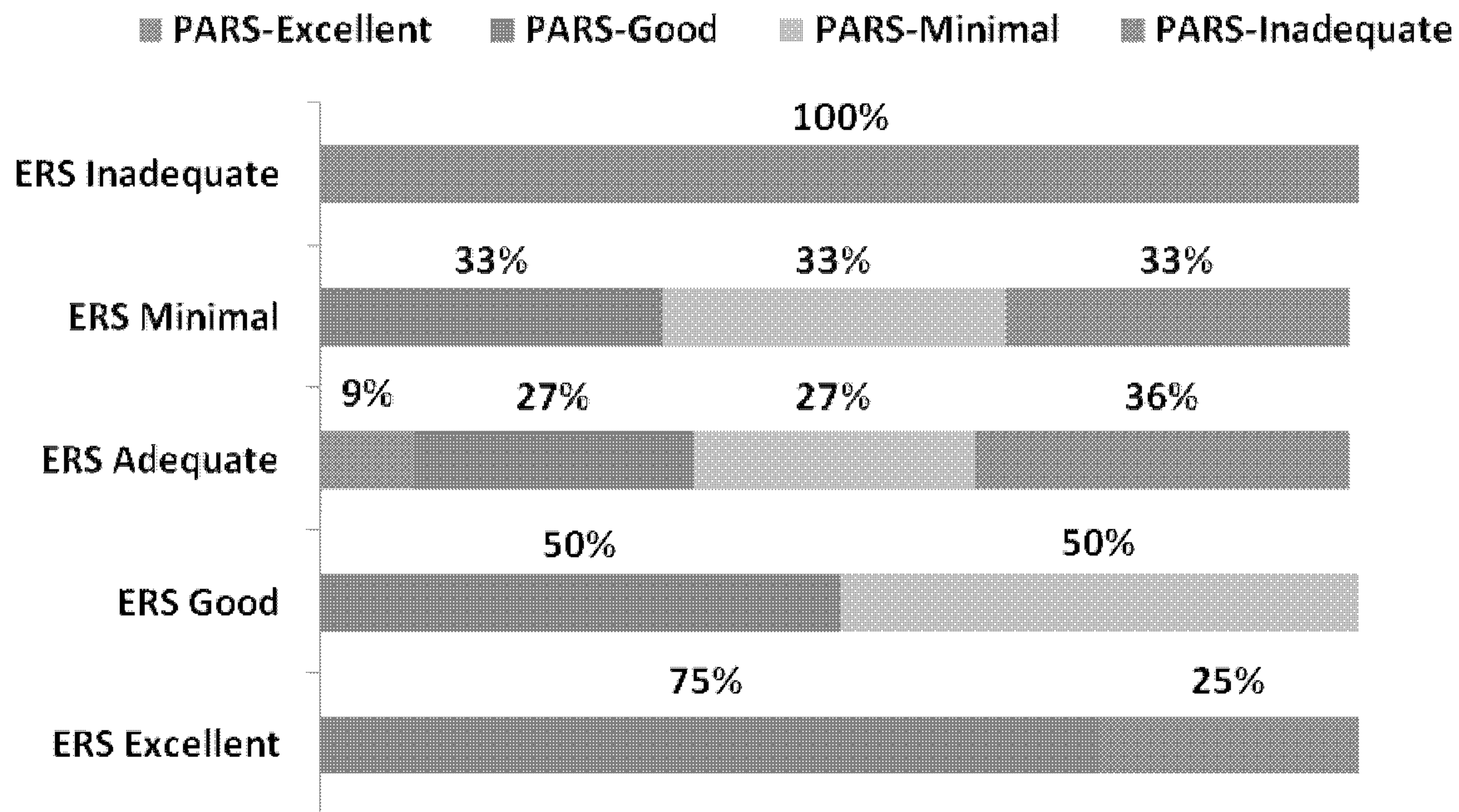


TABLE 36: Mean and Range of PARS Scores by ERS Level

ERS Level	PARS		
	Mean	Highest -Lowest	Range
Excellent (6 & 7)	3.0	1.7-3.7	2.0
Good (5)	2.7	2.0-3.4	1.4
Adequate (4)	2.3	0.7-4.0	3.3
Minimal (3)	2.1	1.0-3.1	2.1
Inadequate (1 & 2)	1.0	1.0-1.0	0

The PARS emphasis on *individual* children likely explains some of differences in quality ratings as assessed by the PARS and ERS tools. To be rated well on many of the individual PARS items, caregivers must be meeting the needs of each *individual* child in their care. If a caregiver meets some children’s needs well, but fails to address the needs of others on a consistent basis, items on the PARS are scored as “not met.” The ITERS, in contrast, tends to place an emphasis on individual children only at the “excellent” level of care (e.g., item 7.1 states “interaction is responsive to each child’s mood and needs”).

The PARS also breaks down interactions into individual components with specific requirements. For example, items on the PARS include the following:

- The infant/toddler care teacher regularly communicates with mobile and older infants to find out whether they would like to interact or engage in an activity.
- The infant/toddler care teacher frequently talks with children (birth to 36 months) at appropriate times and consistently gives the children opportunities and time to respond.

In contrast, the ITERS includes more general items such as “Staff talk to the children frequently throughout the day during both routines and play” (indicator 5.1 from the “Helping children understand language” item). Thus the PARS captures more subtle and specific indications of quality related to caregiver-child interactions. By deliberately separating out different aspects and types of communication, the PARS aims to provide a detailed picture of the types of communication (both verbal and non-verbal) between caregivers and children.

Three out of the four PARS observers also had experience using the ERS instruments. All three indicated that the PARS was a helpful complement to ERS ratings and seemed to capture aspects of quality different from those emphasized in the ERS. In some instances, they even indicated that the PARS allowed them to more accurately assess providers on some quality dimensions. Observers made the following kinds of comments during a focus group:

“I had to give a higher score than I wanted to if followed FCCERS exactly for interaction items. The provider did ask questions, and made eye contact, but it was all while sitting on the couch knitting or talking from other room.”

“I found the ITERS interaction sub scale lacking. Especially after doing PARS, it’s really apparent how lacking interaction is on ITERS. I hate to circle high scores on ITERS, knowing that it’s really inadequate.”

“There is a disconnect between those two tools completely. Programs can be very rich in relationships, but don’t have a lot of “stuff” or a gorgeous playground. Or you can have teachers not interacting with kids, standing around talking with each other.”

5. Alignment of Quality Based on Points, ERS Observations, and Observations of Nutrition and Physical Activity

Summary Statements:

- The nutrition and physical activity scores for observed field test participants were about half of the maximum possible. While no set levels for quality have been established and the maximum scores in some categories could not be assigned when not apparent

to the observer,⁴⁴ these scores appear to indicate some weakness in these aspects of quality.

- The nutrition observation scores were not correlated with the ERS scores or with the points assigned based on the standards checklist.
- The physical activity observation scores were only with the points assigned based on the standards had low but positive correlations with the ERS scores and the points.

Implications:

- As measured in the field test, the nutritional quality of food served and opportunities for physical activity are independent of the other measures of quality. This suggests that adding nutrition and physical activity to the existing standards areas could both increase program and provider knowledge in these areas and improve the health of young children in early care and education settings.

Evidence:

At the same time that the ERS observations were being made, the observers used a checklist modified from the NAP SACC (Nutrition and Physical Activity Self-Assessment for Child Care) instrument. This form collected information on the types of foods offered to children and the opportunities for organized physical activity during the observation period. Nutrition observations were made in 45 (79%) of the family/group family child care homes, in 209 (79%) of the center classrooms, and in 20 (49%) of the public school classrooms in the field test. Physical activity observations were made in 42 (74%) of the family/group family homes, in 201(76%) of the center classrooms, and in 22 (54%) of the public school classrooms in the field test.

The nutrition observations were coded to represent healthy foods in the following categories:⁴⁵

- Fruits/Vegetables (with serving raw fruits and vegetables, 100 percent fruit juice, vegetables cooked without fat and not fried, and dark green, yellow, or orange vegetables given the highest values, for a maximum possible score of 14)
- Beverages (with serving low fat milk and having water readily available given the highest values, for a maximum possible score of 7)
- High Sugar/High Fat Foods (with serving no high fat meats, fried meats, or sugary drinks given the highest values, for a maximum possible score of 6)

⁴⁴ For example, two points were assigned if milk was served; another one or two points were assigned depending on the fat content of the milk. In cases where the observer could not determine the fat content (for example, when the milk was served out of a pitcher rather than a carton), the initial two points were assigned but no points were assigned for the fat content.

⁴⁵ The observation instrument is included in Appendix A and coding instructions are shown in Appendix N.

- Grains/Lean Meats (with serving wheat bread, non-sugared cereals made with oats, and lean meats given the highest values, for a maximum possible score of 5)

These scores were then summed into a total nutrition score, with a maximum possible score of 32.

The average nutrition score among all observations (13.8) was less than half of the maximum possible, with Grains/Lean Meats, Fruits/Vegetables, and Beverages being particularly low, as shown in Figure 50 and Table 37.

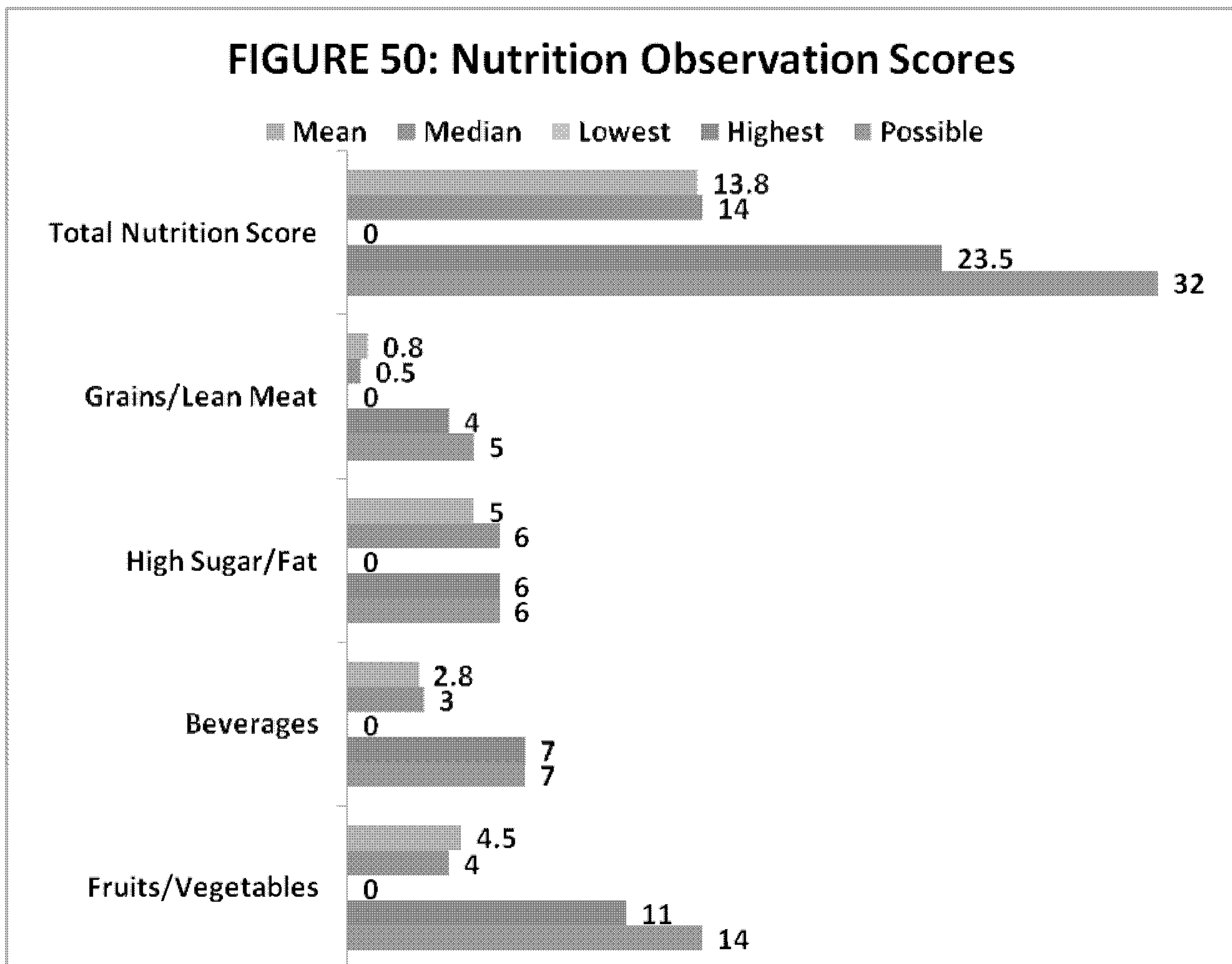


TABLE 37: Nutrition Observation Scores

	Possible	Highest	Lowest	Median	Mean
Fruits/Vegetables	14	11	0	4	4.5
Beverages	7	7	0	3	2.8
High Sugar/Fat	6	6	0	6	5
Grains/Lean Meat	5	4	0	0.5	0.8
Total Nutrition Score	32	23.5	0	14	13.8

The total nutrition score was divided into levels, by 5 point increments, as shown in Figure 51 and Table 38. While there were no observations at the highest level (25 points or more), observations in public school classrooms and family/group family child care homes were somewhat lower than in center classrooms. The average (mean) score in center classrooms was 14.5, while the average in public school classrooms was 13.2 and in family/group family child care homes the average was 12.6.

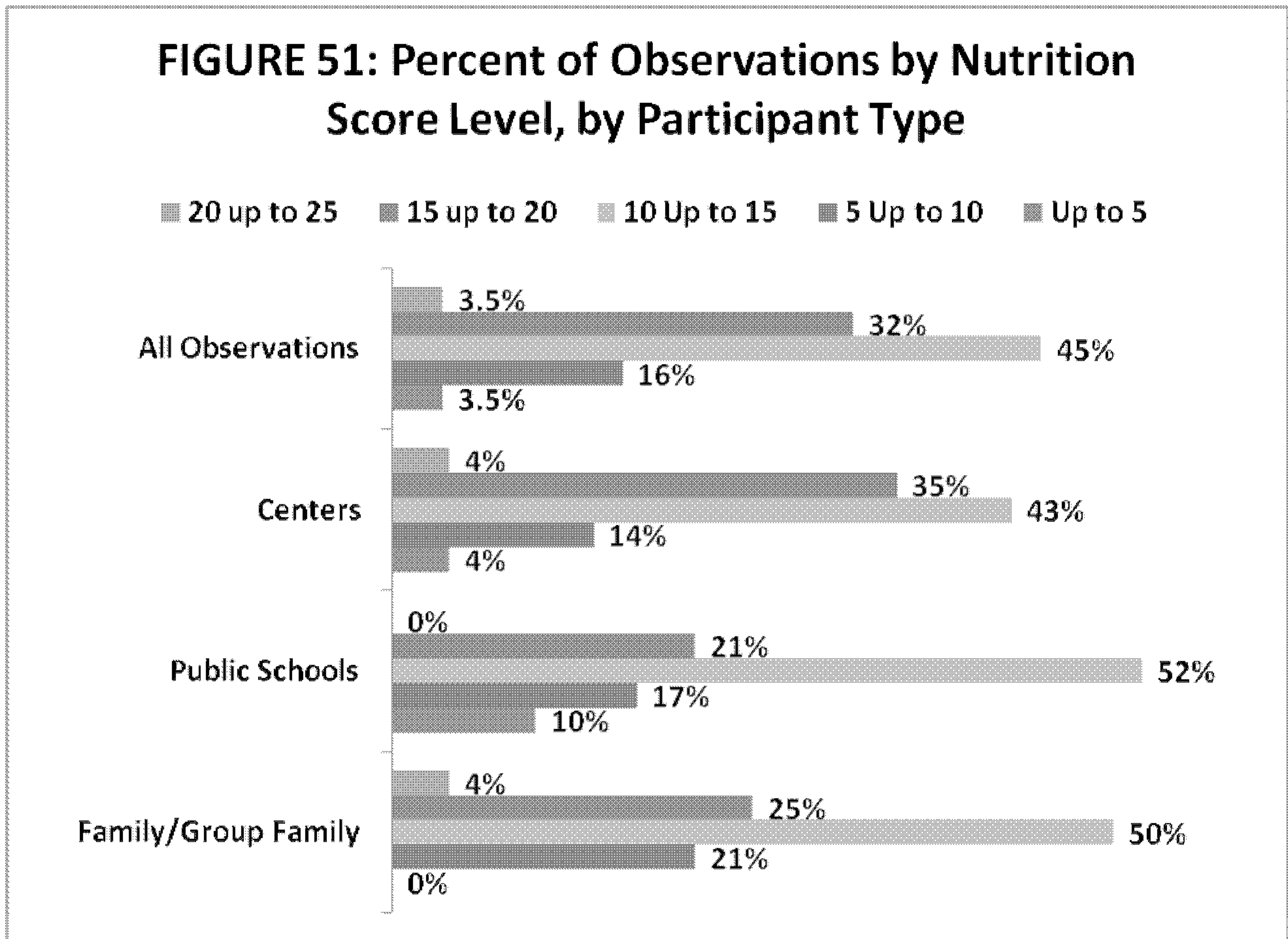


TABLE 38: Percent of Observations by Nutrition Score Level

	Up to 5	5 Up to 10	10 Up to 15	15 up to 20	20 up to 25
Family/Group Family Child Care Homes	0%	21%	50%	25%	4%
Public Schools	10%	17%	52%	21%	0%
Centers	4%	14%	43%	35%	4%
All Observations	3.5%	16%	45%	32%	3.5%

The maximum possible score on the physical activity observations was 10, based on whether space outside the classroom (or normal area where care was provided) was used for these activities, the availability of equipment specifically designed for gross motor play, and the

engagement of staff with the children in activities. The scores were divided into five levels, based on the overall distribution; scores through 3 were assigned to the first level, scores of 4 and 5 to the second level, 6 and 7 to the third level, 8 to the fourth level, and 10 to the fifth level.

In the case of physical activity as with nutrition, center classrooms tended to score the highest, followed by public school classrooms and family/group family child care homes. The average (mean) score for centers was 6.6, for public school classrooms it was 5.3, and for family/group family child care homes 5.4. (See Figure 52 and Table 39.)

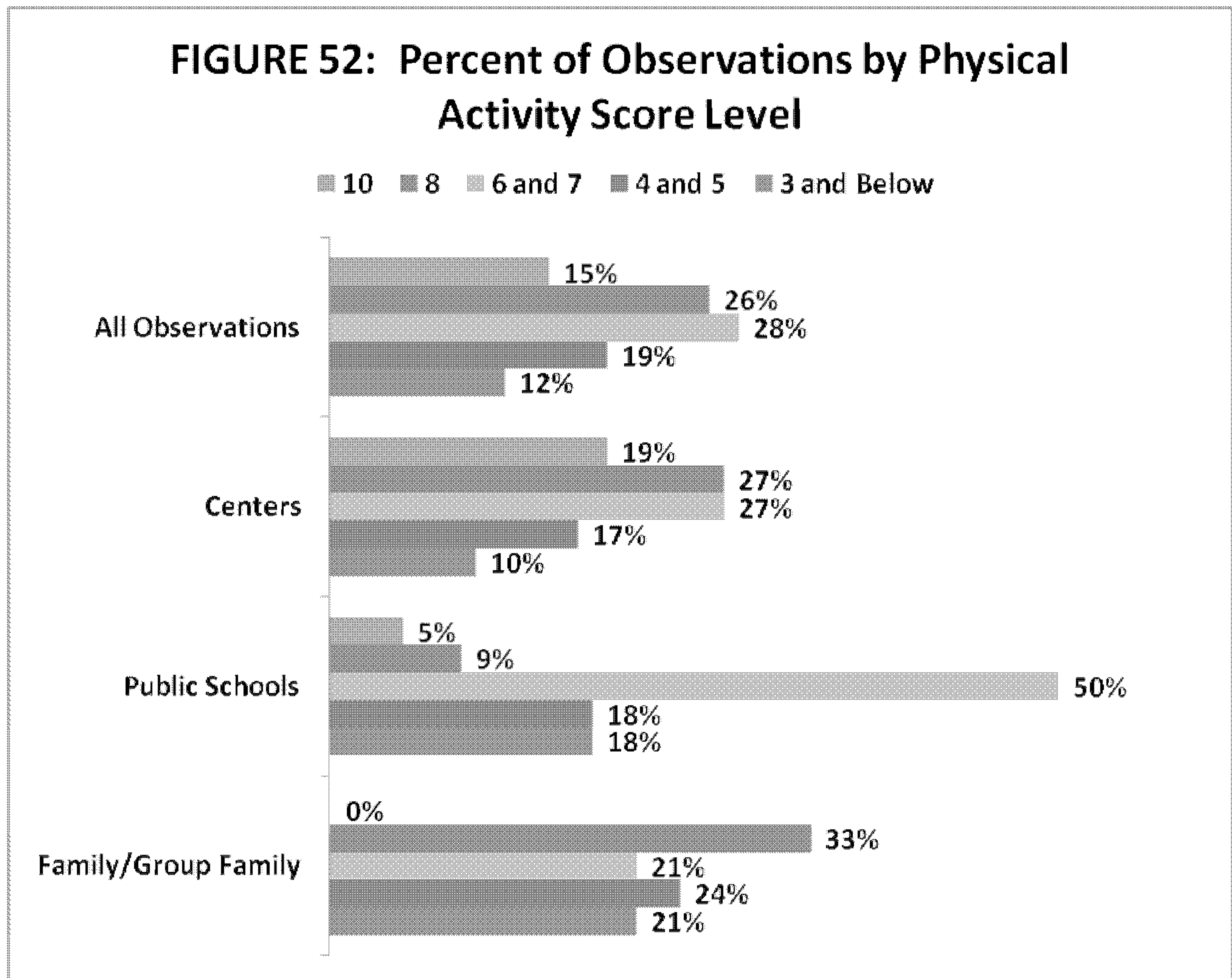


TABLE 39: Percent of Observations by Physical Activity Score Level

	3 and Below	4 and 5	6 and 7	8	10
Family/Group Family Child Care Homes	21%	24%	21%	33%	0%
Public Schools	18%	18%	50%	9%	5%
Centers	10%	17%	27%	27%	19%
All Observations	12%	19%	28%	26%	15%

There was no relationship between global quality of the classroom or home environment as measured by the ERS and the classroom's nutrition score. However, the physical activity scores and the ERS scores were correlated, although only modestly. The Pearson product moment correlation coefficient between these two scores was .28 (compared to a perfect one-for-one correlation of 1.0), statistically significant but not strong. When the relationship between physical activity score and ERS score was examined separately by type of site, only in center classrooms were these scores correlated at .36. There was no correlation between physical activity and ERS scores in public school classrooms or family/group family child care homes.

The nutrition and physical activity scores were averaged across observed classrooms in centers and public schools so that the relationship between these average scores and the number of points assigned based on the standards checklist could be analyzed. (Since there was only one observation in family/group family child care homes, the observation scores and the site scores were the same.) There was no correlation between nutrition score and number of points. The correlation between physical activity score and number of points, while statistically significant, was quite small at .17.

C. PARTICIPANT UNDERSTANDING OF QUALITYstarsNY STANDARDS

Summary Statements:

- Many test participants reported knowing more about the quality of early care and education settings after the field test.
- This finding was particularly true for participants who had not previously been involved in a quality assessment and improvement effort.
- Even many participants who holding national accreditation reported now knowing more about quality.
- Field test participants reported difficulty with the standards, particularly those in the areas of curriculum and financial policies and practices.
- Many more participants had difficulty determining how to complete the checklist and supply documentation related to the standards than understanding the standards themselves.
- There were a few subcategories of the standards that gave family providers more difficulty than they did for centers and public schools, particularly when these

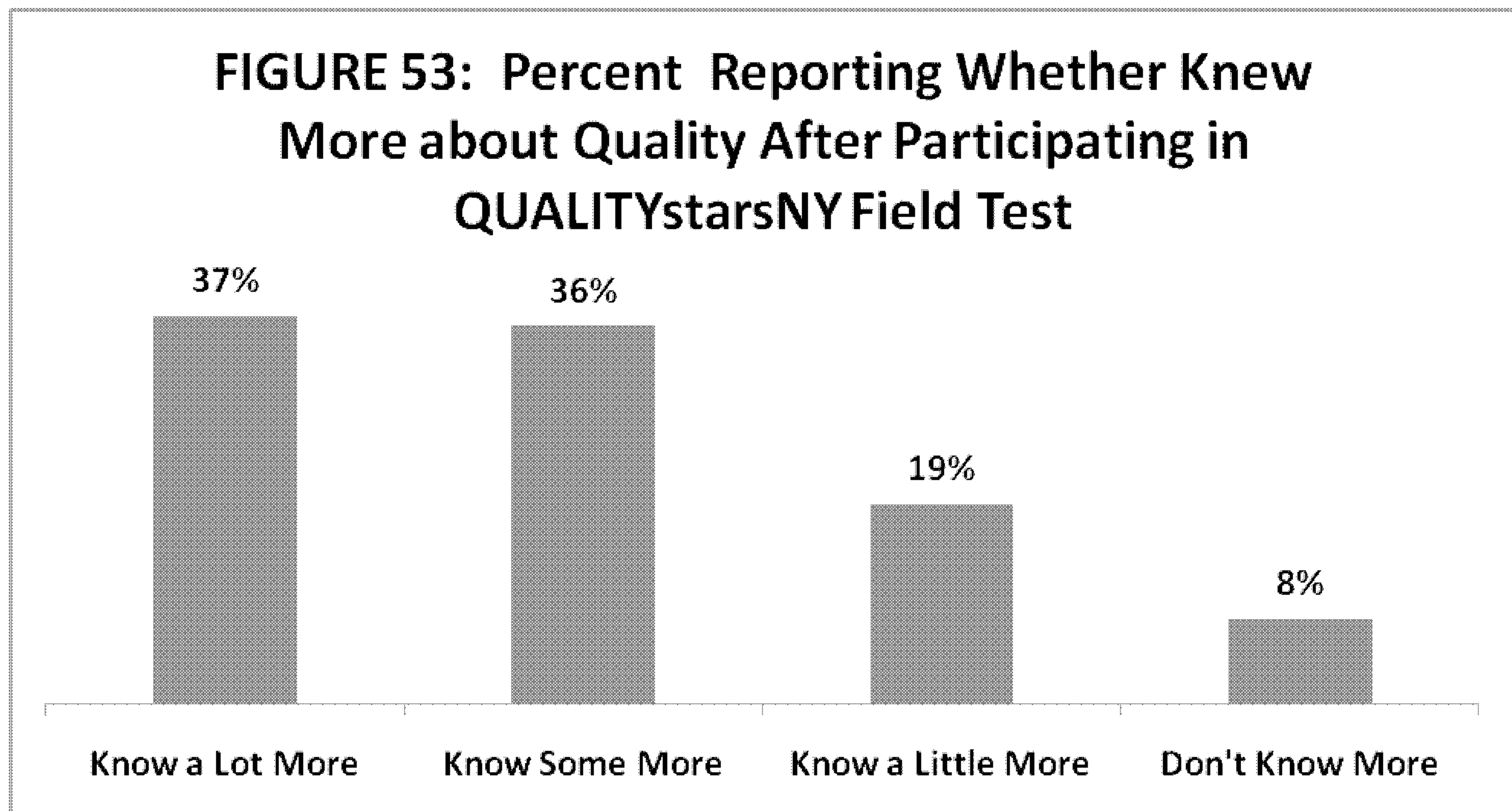
providers relied on verbal communication with families and believed that documentation was not needed for management procedures where they were the “manager” as well as the provider.

Implications:

- As intended, QUALITYstarsNY is an effective way to inform programs and providers – as well as parents and other stakeholders – about the critical dimensions of quality.
- More attention to explaining the rationale for the standards and how written documentation is related to quality of practice may help avoid rote compliance with the standards without actually affecting practice, a potential risk of heavy reliance on submitted documentation without on-site review.
- More detailed guidance on possible evidence of the standards, including the expected elements in acceptable documents, would likely reduce the burden on participants as well as lead to improved practice.

Evidence:

Almost three-quarters of the field test participants noted that going through the QUALITYstarsNY process had increased their knowledge of what makes a quality early care and education setting. More than one-third reported “I feel I know a lot more now” to the question “After going through the QUALITYstarsNY process, do you feel you know more about what makes a quality early care and education setting.” (See Figure 53.)



Field test participants who had previously been through a similar quality assessment and improvement process such as accreditation were better informed about what makes a quality early care and education setting. Fewer center participants reported holding NAEYC or NAFCC accreditation indicated that going through QUALITYstarsNY substantially increased their knowledge; 19% of those reporting national accreditation indicated that they knew a lot more about quality after the field test, compared with 37% of those with other similar experiences and 37% with no comparable prior experience. However, among the 60 percent of responding participants who had had no prior experience with quality assessment and improvement, more than half (53%) learned a great deal and another third (33%) learned some. (See Figure 54 and Table 40.)

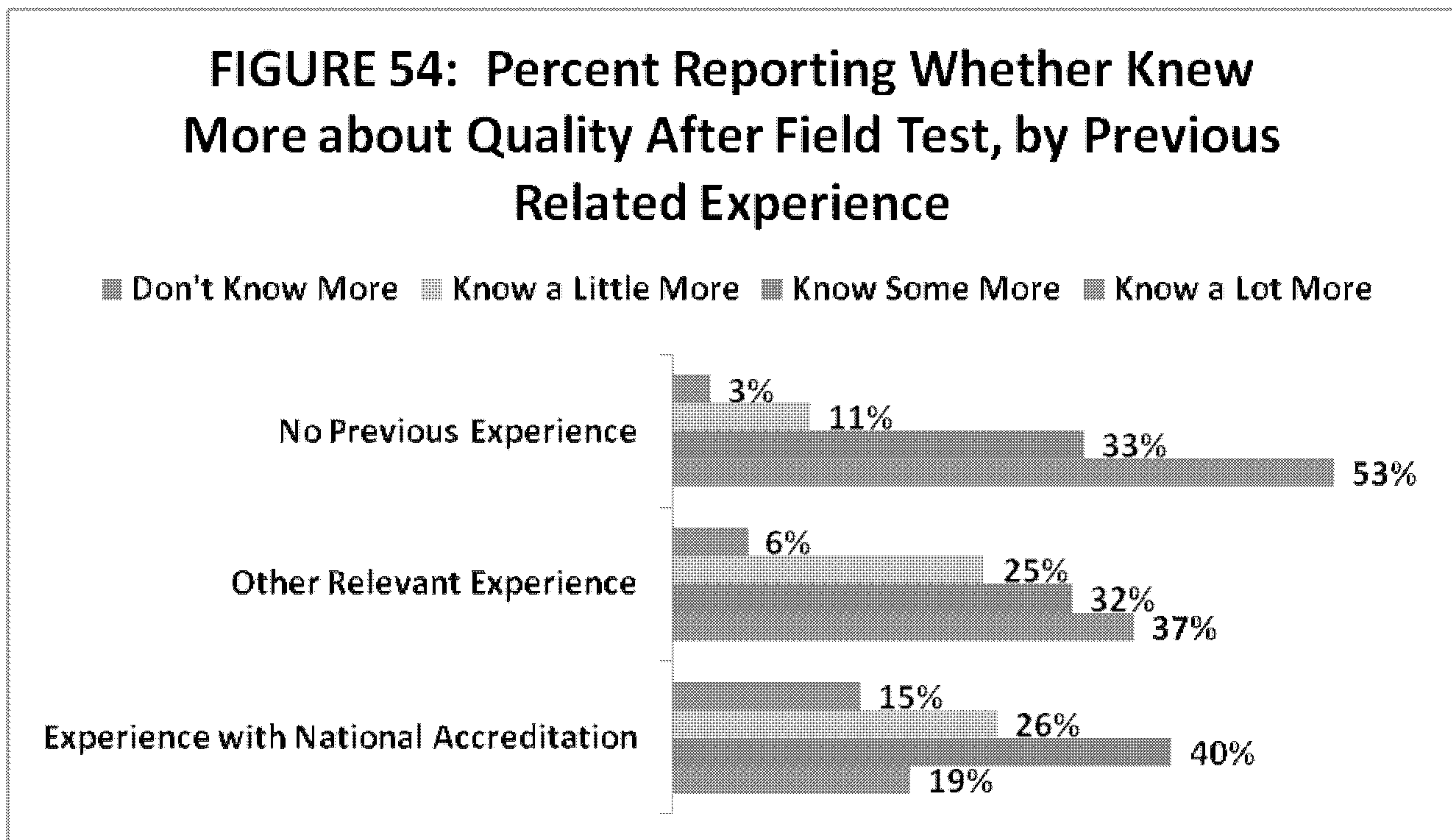


TABLE 40: Percent Reporting Whether Knew More about Quality After Field Test

	Know a Lot More	Know Some More	Know a Little More	Don't Know More
Experience with National Accreditation	19%	40%	26%	15%
Other Relevant Experience	37%	32%	25%	6%
No Previous Experience	53%	33%	11%	3%

The survey submitted with the checklist and documentation included the opportunity for participants to indicate whether they had difficulty in understanding the standards in particular areas and whether they had difficulty deciding how to answer the items about the standards. (See Table 41.)

Generally, the standards themselves appeared to be understood by most field test participants. However, about one-fifth reported having difficulty understanding the standards related to curriculum planning and implementation and to financial accountability and sustainability. As noted below, these were also the subcategories of the standards for which participants had difficulty determining how to respond on the checklist.

Field test participants had much more difficulty determining how to respond to the standards as presented on the checklist – generally, the number reporting difficulty understanding the standards themselves was at least half the number having difficulty determining how to respond on the checklist.

TABLE 41: Percent of Participants Reporting Difficulty with Standards Subcategories

Standards Subcategories	Difficulty Understanding	Difficulty Answering	Both
Child Observation & Assessment	7%	32%	7%
Curriculum Planning & Implementation	20%	47%	17%
Communication with Families	9%	28%	7%
Family Involvement & Support	5%	34%	5%
Transitions	13%	29%	10%
Staff Retention	15%	30%	13%
Administrative Self-Assessment	13%	26%	12%
Financial Accountability & Sustainability	22%	47%	20%
Policies & Procedures	11%	32%	11%
Compensation & Benefits	12%	19%	9%
Planning	16%	30%	13%

Certain subcategories of the standards presented greater difficulty for many of the field test participants. One-third to one-half of participants reported difficulty in knowing how to respond for the following subcategories:

- Learning Environment: Child Observation & Assessment
Curriculum Planning & Implementation
- Family Engagement: Family Involvement & Support
- Management & Leadership: Financial Accountability & Sustainability
Policies & Procedures

Participants, regardless of whether they were family/group family child care providers, public schools, or centers, generally reported the same levels of difficulty with the standards. The exceptions, in which family/group family providers reported more difficulty than centers or schools were in the subcategories of child observation and assessment, family communication, family involvement and support, and staff retention.

The survey also provided opportunities for field test participants comment on whether the standards covered all important elements of quality. While only a few of the participants (generally between 10 and 15 in each subcategory) provided responses, typical comments are provided in Appendix L. Several major themes are apparent in these comments:

- Family/group family child care providers did not feel that the standards and the documentation requirements – particularly related to family engagement and management procedures – took into account the unique characteristics of their setting. They believed that the standards did not provide them opportunity for demonstrating their close relationships and informal communication with families. Family providers also believed that written policies and procedures were not necessary in settings in which they were the only or primary caregiver.
- Some participants of all types reported that the standards did not seem to dovetail with state requirements, either those of OCFS or SED. In some cases, participants believed that the standards were inconsistent with those requirements or did not reflect what was already required.
- Similarly, field test participants in all settings believed that some information was confidential and were reluctant to provide to an external body, although willing to provide for an on-site review.
- Some participants were also unsure or made suggestions about alternative practices or documents that they felt were equivalent to those described in the standards.

D. USING THE QUALITY MEASURES TO INFORM QUALITY IMPROVEMENT

As in all QRIS, QUALITYstarsNY is intended not only to measure quality and assign ratings to help families make informed choices about care settings for their children. One of its principal goals is to assist early care and education settings improve in the quality of care they provide to children. Therefore, the field test offered the opportunity to develop materials, tools, and processes for quality improvement based on the standards and the individual areas of strength and weakness identified for each participating center, public school, and family/group family child care provider. More details on the field test quality improvement materials, tools, and processes can be found in the Project Coordinator’s report. This section of the evaluation report describes the areas for improvement most often identified in the field test and how participants, in concert with quality improvement planning consultants, used information from the standards rating process to set priorities for quality improvement activities.

1. Standards Categories in Which Improvements Were Most Often Needed

Summary Statements:

- Based on the field test point assignments and weighting, the category of the QUALITYstarsNY standards that fell short the most was Qualifications and Experience. This was true for all settings – centers, public schools, and family/group family child care homes. Administrator qualifications and experience was

particularly weak in centers, while teaching qualifications and experience was particularly weak in family/group family homes.

- Family/group family child care home settings were assigned only a fraction of the possible points in most areas of Management and Leadership and very few in the curriculum subcategory of the Learning Environment category, while strong in the subcategory of family involvement and support under Family Engagement.
- The weakest area – other than Qualifications and Experience – for centers was policies and procedures under Management and Leadership and for public school was communication under Family Engagement.

Implications:

- Increasing the quality of many early care and education settings to the level specified in the Qualifications and Experience category of QUALITYstarsNY will require considerable resources and time to achieve. Teaching staff and family/group family child care home providers will need both credentials and specific education and training in early childhood development, while center administrators and family providers will need to develop business management and administrator skills.
- Family/group family child care home providers, in particular, need across-the-board support in developing and/or documenting their management procedures and their approach to supporting children’s development and learning.

Evidence:

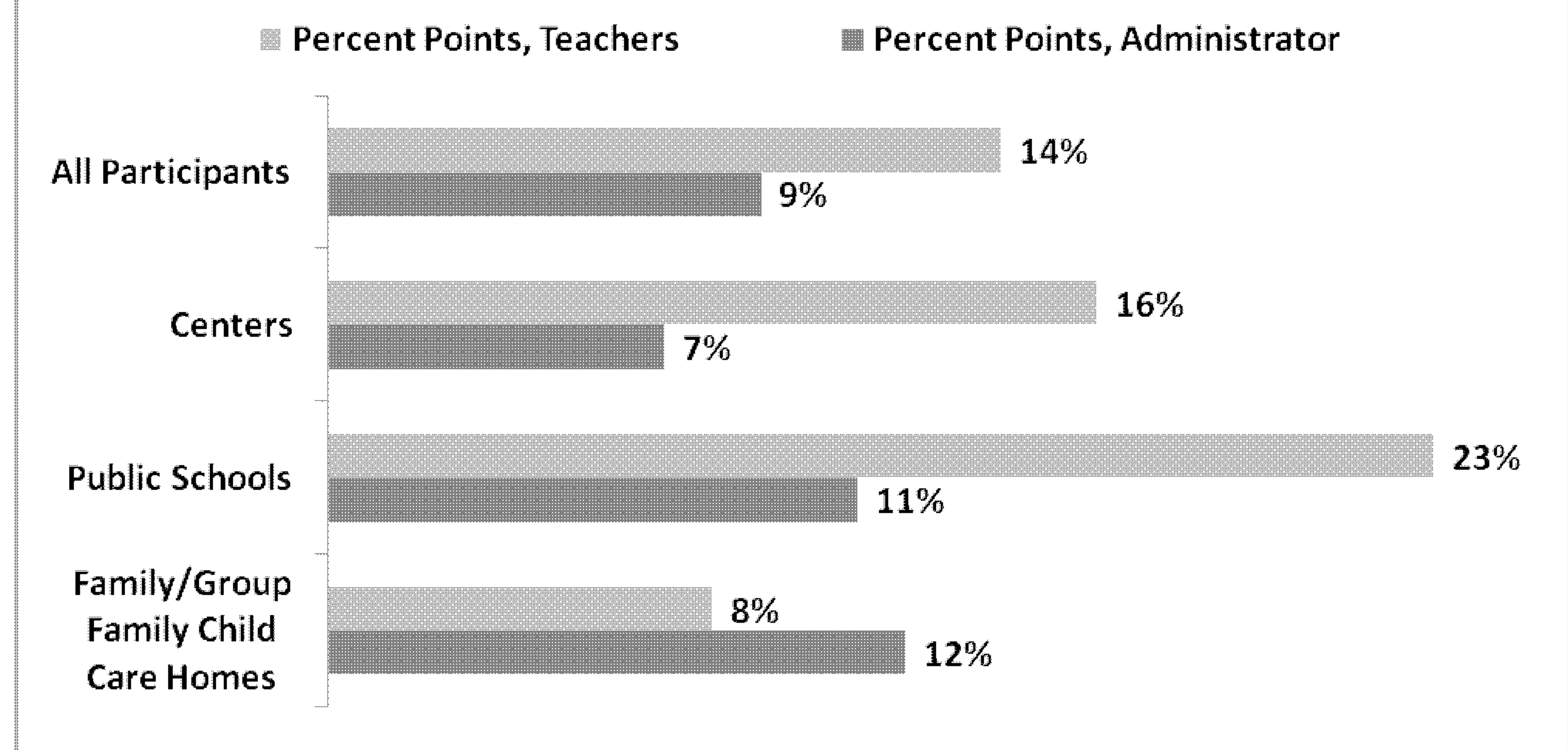
Information provided in Section A.1 above indicates that the standards category in which field test participants were assigned the lowest percentage of possible points was Qualifications and Experience. Points assigned were based on degrees and certificates earned, amount of formal education and training in early childhood development and early education, and years of experience in the field of early care and education. Administrators also needed education, training, and experience specifically in management and supervision.

On average, field test participants were assigned 15% of the maximum possible for Qualification and Experience – 14% for centers, 18% for public schools, and 13% for family/group family child care home settings. As can be seen in Table 42 and Figure 55, it was administrator credentials and experience that contributed most to the difference between points assigned and the maximum in centers and public schools. For family/group family child care home settings, it was teaching credentials and experience (for either the sole provider or for the lead provider and assistants) that was assigned the lower percentage of possible points.

TABLE 42: Average Percent of Possible Qualifications & Experience Points Assigned

	Percent Points, Administrator	Percent Points, Teachers
Family/Group Family Child Care Homes	12%	8%
Public Schools	11%	23%
Centers	7%	16%
All Participants	9%	14%

FIGURE 55: Average Percent of Possible Qualifications & Experience Points, by Participant Type



Management and Leadership was the standards category for which field test participants were, on average, assigned the next lowest percent of possible points – 52% for all participants, 56% for centers, 86% for public schools, and 26% for family/group family child care home settings. It should be noted that public schools were automatically assigned 21 of the possible 25 points in this standards category, in recognition of their regulatory requirements for financial and other policies and procedures. Looking in detail at the subcategories within Management and Leadership for centers, the weakest area was in policies and procedures for which less than half of the possible points were assigned on average. (See Figure 56 and Table 43.) For family/group family child care home settings, participating providers on average were assigned less than one-third the possible points in financial accountability, policies and procedures, and planning. Perhaps surprisingly, the percentage of points assigned for staff compensation in both center and family/group family child care home settings were, on average, the highest of

all the Management and Leadership subcategories. However, for family/group family child home settings the average was still less than half of the possible points in the compensation subcategory.

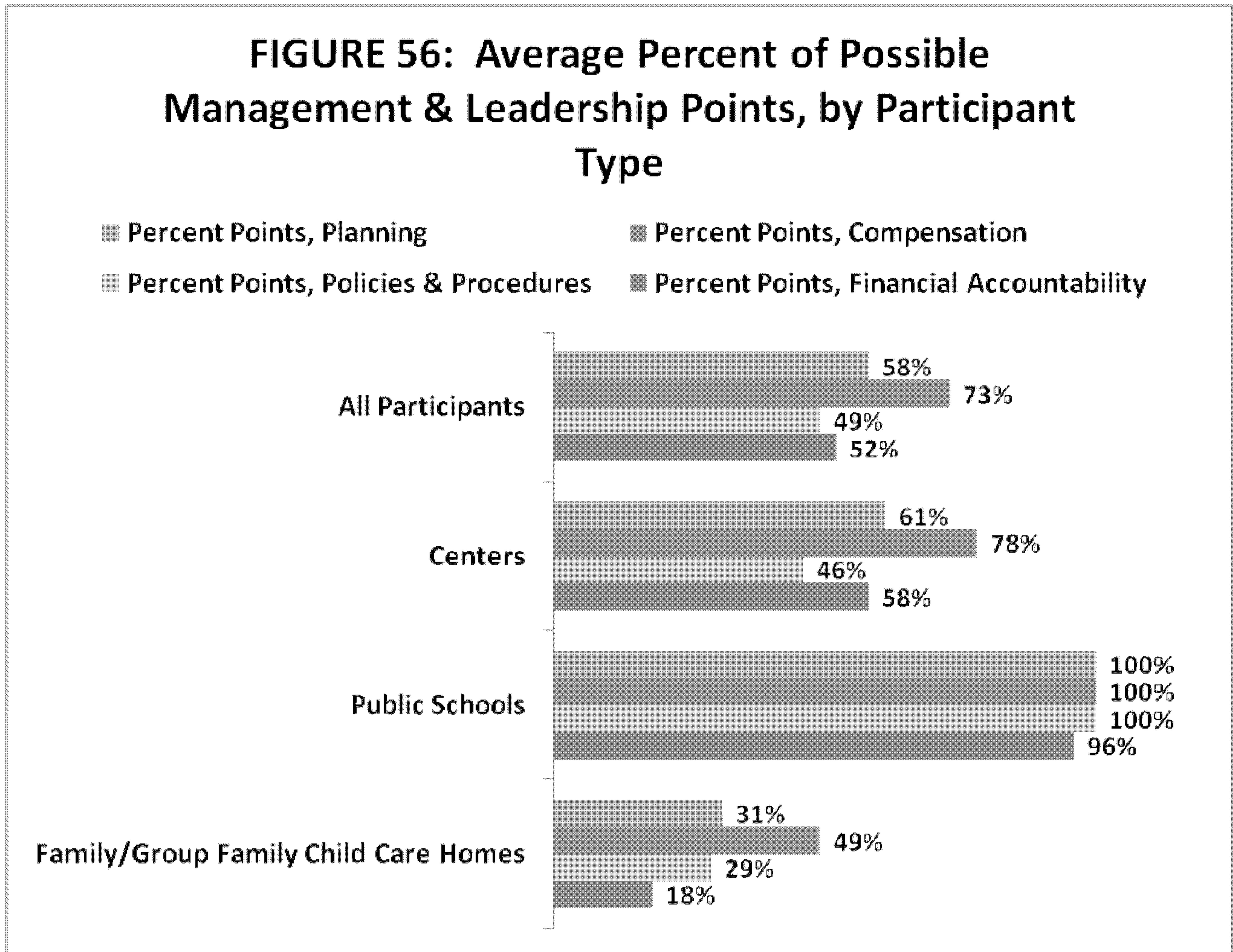


TABLE 43: Average Percent of Possible Management & Leadership Points Assigned

	Percent Points, Self-Assessment	Percent Points, Financial Accountability	Percent Points, Policies & Procedures	Percent Points, Compensation	Percent Points, Planning
Family/Group Family Child Care Homes	27%	18%	29%	49%	31%
Public Schools	39%	96%	100%	100%	100%
Centers	89%	58%	46%	78%	61%
All Participants	65%	52%	49%	73%	58%

Overall, field test participants were assigned an average of 61% each of the possible points in the Learning/Home Environment and Family Engagement standards categories. For the

Learning/Home Environment standards category, the average percent of points assigned to centers was 69%, to public schools 67%, and to family/group family child care home settings 40%. The average percent of possible points in the curriculum and child observation subcategories for both centers and public schools was relatively high – in the 80 percent range. (See Figure 57 and Table 44.) This subcategory, on the other hand, was particularly weak for family/group family child care home settings, with an average of 11 percent of the possible points assigned to field test participants. On the other hand, all three settings were assigned the percentage of points for the classroom or home environment as measured by the ERS that were closer to each other – between 51% for family/group family child care home settings and 65% for centers, with public school classrooms at 60%.

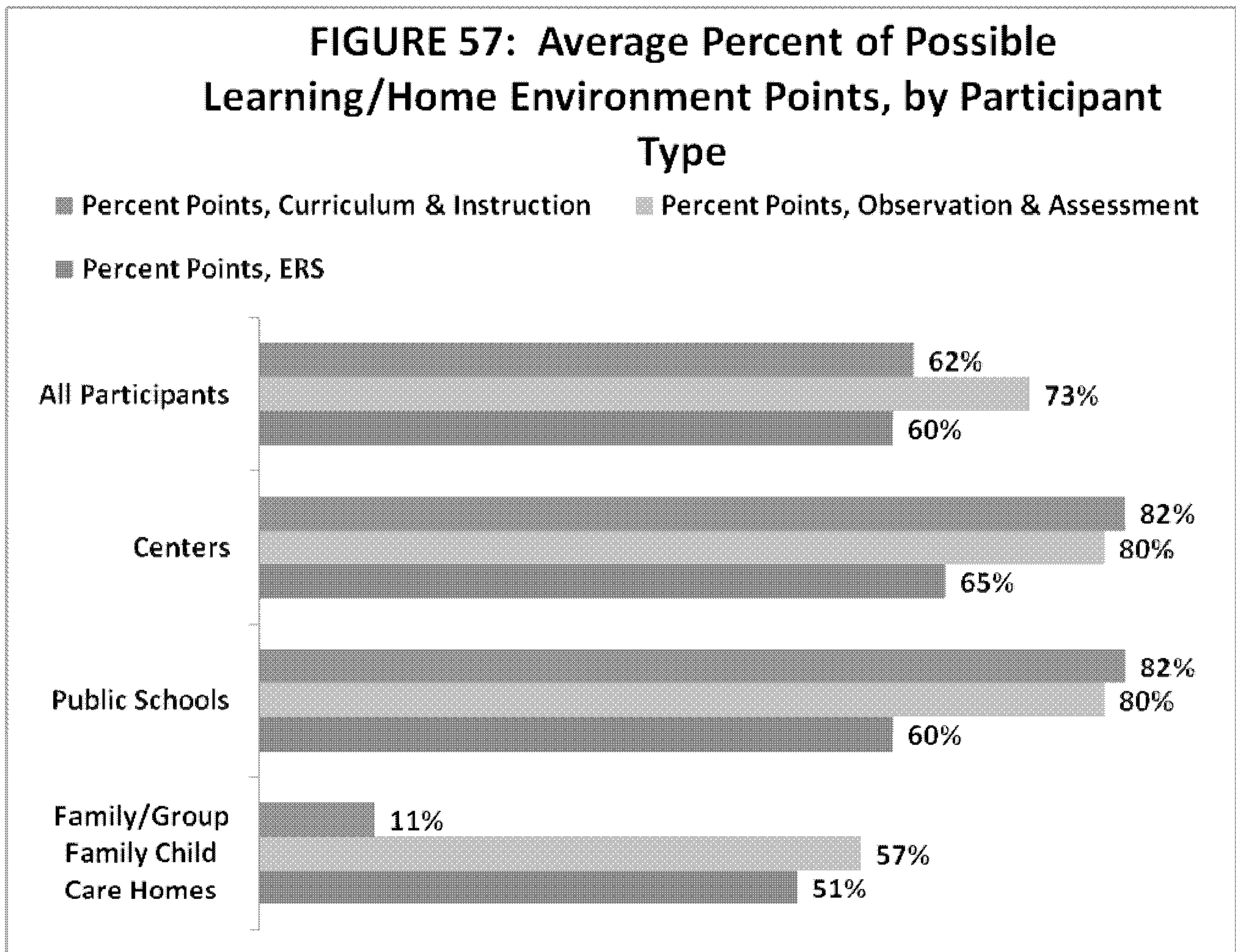


TABLE 44: Average Percent of Possible Learning/Home Environment Points Assigned

	Percent Points, ERS	Percent Points, Observation & Assessment	Percent Points, Curriculum & Instruction
Family/Group Family Child Care Homes	51%	57%	11%
Public Schools	60%	80%	82%
Centers	65%	80%	82%
All Participants	60%	73%	62%

The average percent of points assigned in the Family Engagement standards category overall was 61% -- 69% for centers, 54% for public schools, and 49% for family/group family child care home settings. Family/group family home settings and centers were particularly strong in the family involvement and support subcategory, while family/group family home settings and public schools were relatively weak in the communication subcategory. (See Figure 58 and Table 45.)

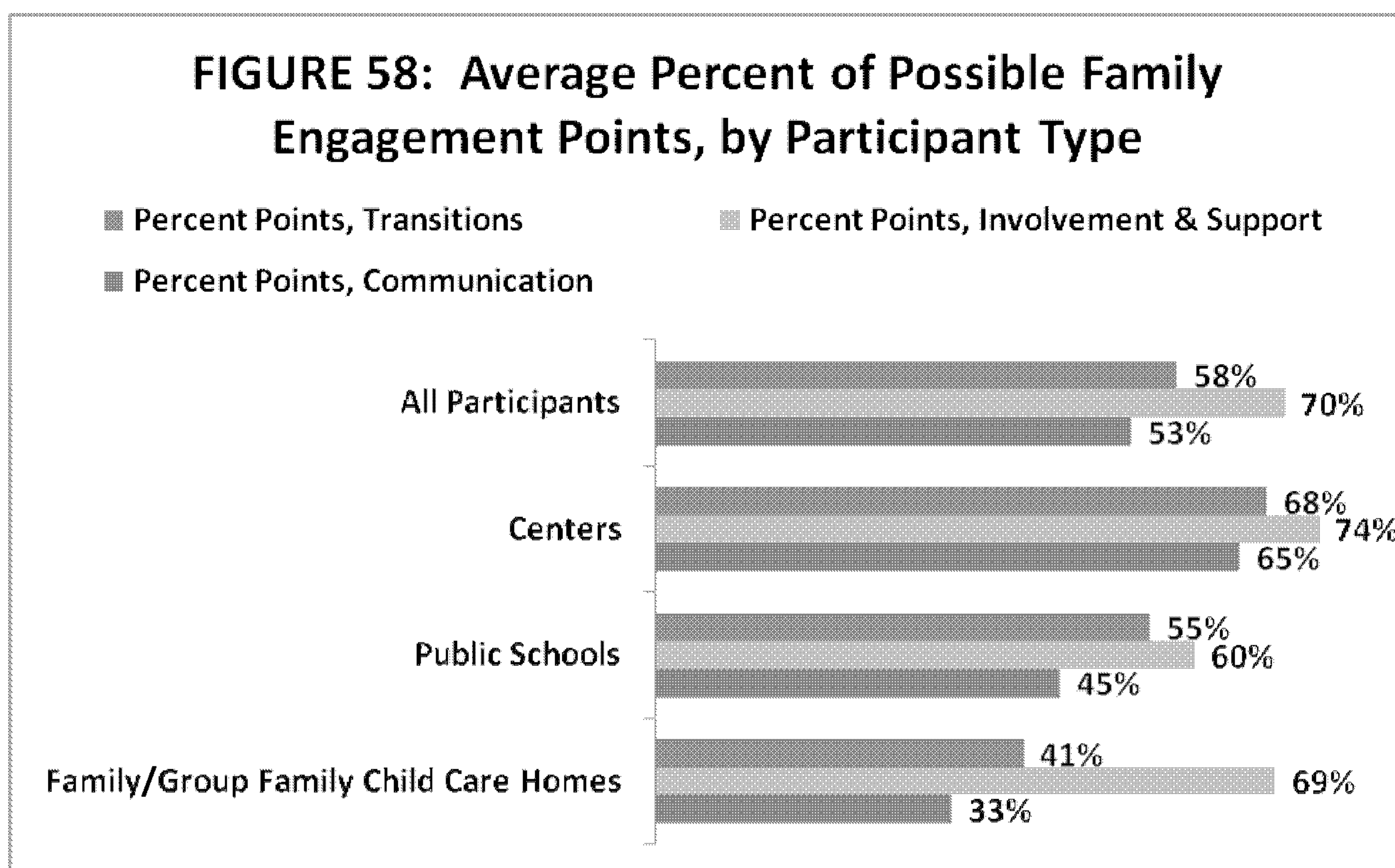


TABLE 45: Average Percent of Possible Family Engagement Points Assigned

	Percent Points, Communication	Percent Points, Involvement & Support	Percent Points, Transitions
Family/Group Family Child Care Homes	33%	69%	41%
Public Schools	45%	60%	55%
Centers	65%	74%	68%
All Participants	53%	70%	58%

To summarize:

- **For all settings, credentials, training, and experience were low compared to the standards**, with a range of possible points assigned from 7% for administrative staff in centers to 23% for teaching staff in public schools.
- **In centers, policies and procedures under the Management and Leadership category was relatively weak**, with an average of 46% of points assigned.
- **In public schools, family communication was the one subcategory** with average percent of possible points less than 50% (at 45% of points assigned).
- **In family/group family child care home settings, there were several areas in which the number of points assigned was less than half of those possible** – curriculum (average of 11%), financial accountability (18%), policies and procedures (29%), planning (31%), family communication (33%), support for transitions (41%), and compensation (49%).

Many of these relate to activities that family/group family child care home providers believe they can carry out without written documentation – such as family communication, planning, and financial and non-financial policies and procedures.

However, the area in which family/group family child care home providers were the least well prepared was in curriculum. Since New York State’s application for a family day care license requires description of daily activities that foster cognitive, social, emotional, language, physical, and other areas of development, it is likely that many family/group family child care home providers interpreted “curriculum” as meaning something more formal such as a published curriculum. Quality improvement work in this area could begin by building from the family/group family child care home providers’ own applications.

2. Areas of Quality and Standards Categories Chosen by Participants for Improvement

Summary Statements:

- When asked to select the area for investment that would yield the greatest improvement in quality for them, the majority of family/group family child care home providers surveyed chose equipment, materials, and supplies, while centers were more evenly divided between those items and training and professional development.
- In working with the quality improvement planning consultants, field test participants of all types gave highest priority to working on improvements in curriculum, teacher-child or provider-child interactions, and gaining greater knowledge and skills in teaching and learning. These areas were most often selected as goals for the professional development plans funded by QUALITYScholarsNY funds. When implemented, these plans are intended to increase quality in the Learning Environment standards category.

Implications:

- Given that funds were only available for professional development during the field test, participants of all types – centers, public schools, and family/group family child care homes – were focused on improvement activities that could be supported by QUALITYScholarsNY. For many family/group family child care home providers, having resources to add to the richness and variety of the materials and equipment for children to use would be a high priority and could be a powerful recruitment incentive.
- As is well known, professional development workshops and training have the greatest chance to improve practice if part of an ongoing plan and with coaching and other support. While efforts were made to help administrators and family providers develop longer term plans, the short time horizon for use of the available funding and the very limited opportunities to meet with the consultants made this more difficult to accomplish. Between one-quarter to one-third of field test participants had such elements in their professional development plans. Support beyond what the QI consultants provided during the field test is likely, at least in some cases, to be required for QUALITYstarsNY participants to develop and implement plans that effectively change practice.

Evidence:

In the survey sent to a sample of programs and providers in the field test communities, respondents were asked, ““If you had the funds, what **one thing** would you spend money on that would make the **biggest improvement** in quality?” with the following response categories provided:

- Training, professional development, or education for myself or staff
- Equipment, materials, supplies for children’s use
- Renovations of the space or facility
- Something else .

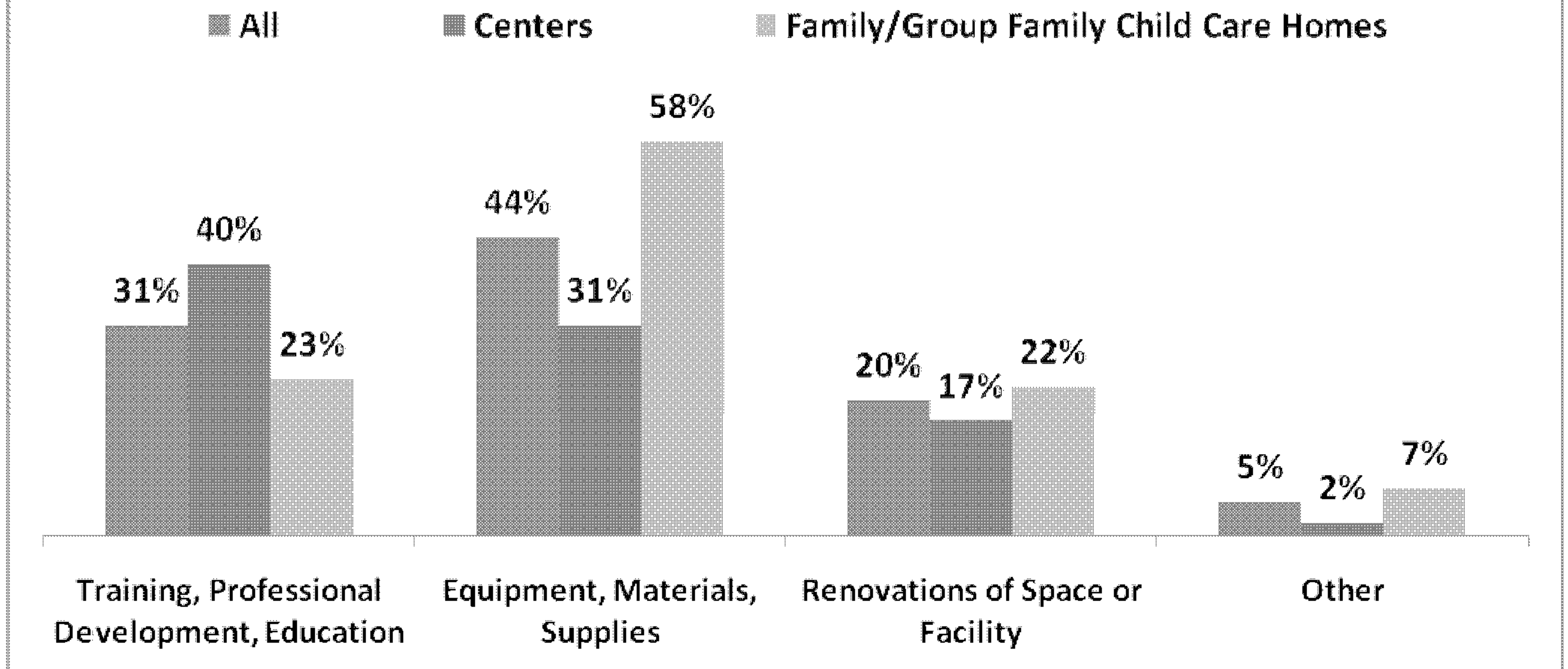
Overall, the largest number (44%) of responding centers and family/group family child care home providers would invest in purchasing equipment, materials, and materials.⁴⁶ This was particularly true for family/group family child care home providers. Another substantial number overall (31%) would invest in training, professional development, or education, with centers being more likely to choose this option than family providers. About one-fifth of all groups of survey respondents would use funds to improve their physical space or facility. (See Table 46 and Figure 59.)

TABLE 46: Percent of Survey Respondents by Investment Choice

	All	Centers	Family/Group Family Child Care Homes
Training, Professional Development, Education	31%	40%	23%
Equipment, Materials, Supplies	44%	31%	58%
Renovations of Space or Facility	20%	17%	22%
Other	5%	2%	7%

⁴⁶ The number of responding public schools was too small for subgroup analysis.

FIGURE 59: Percent of Survey Respondents by Investment Choice, by Type



Before developing specific quality improvement plans during the field test, participating center or school administrators and family/group family child care home providers, working with the QI consultants, identified their priorities. Overall, while the specific numbers varied, there was considerable consistency across all types of participants. (See Table 47 and Figure 60.)

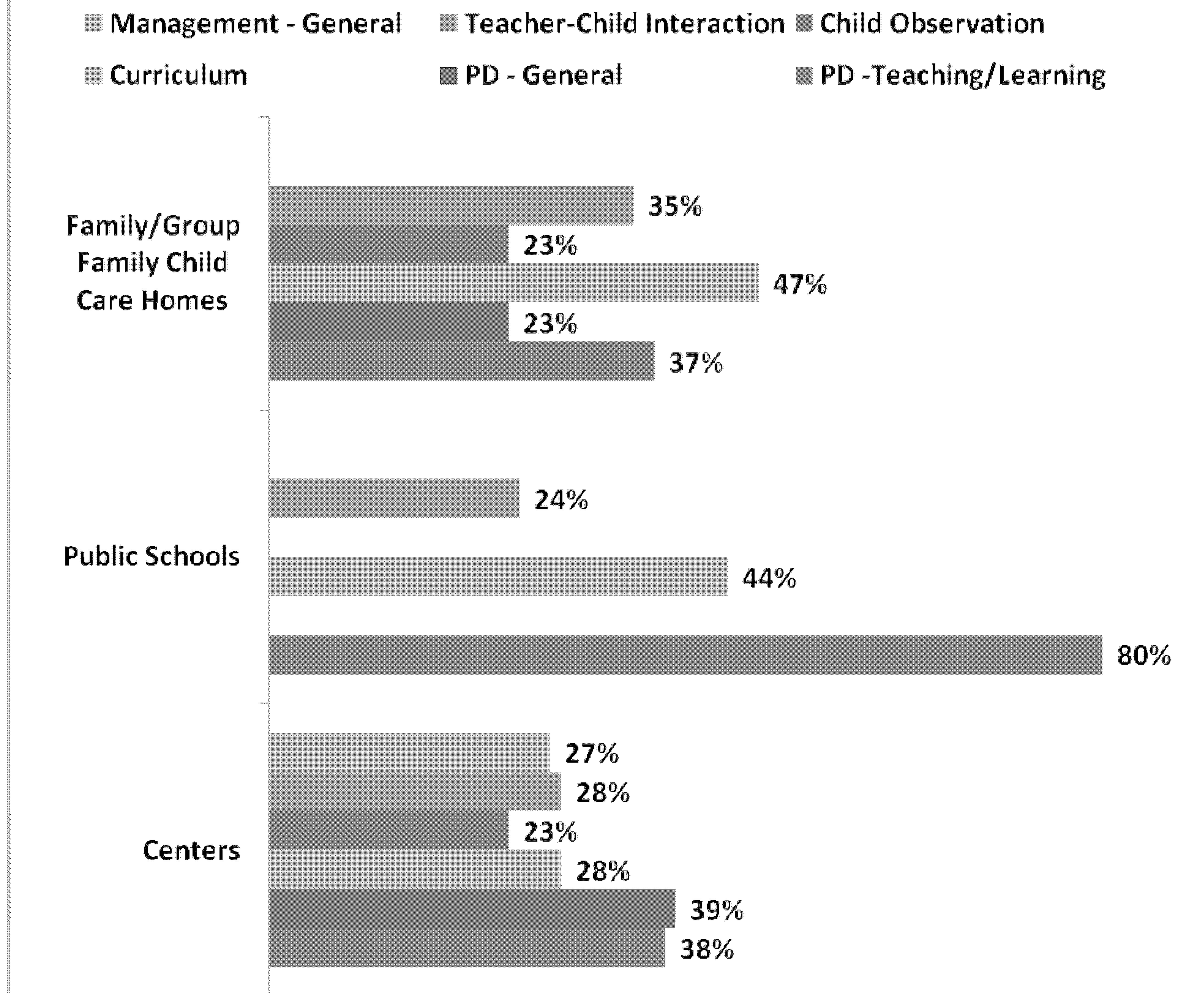
Substantial numbers of participants – whether centers, public schools, or family/group family child care homes – identified quality improvement priorities in the following areas:

- Curriculum
- Teacher- child or provider-child interaction
- Knowledge and skill building in teaching and learning

TABLE 47: Percent of Participants by Priorities Identified in Quality Improvement Planning Process, If Reported by At Least 20 Percent

	PD - Teaching/ Learning	PD - General	Curriculum	Child Observation	Teacher-Child Interaction	Management - General
Centers	38%	39%	28%	23%	28%	27%
Public Schools	80%	NA	44%	NA	24%	NA
Family/Group Family Child Care Homes	37%	23%	47%	23%	35%	NA

FIGURE 60: Percent of Participants by Priorities Identified in QI Process (if reported by 20%+)



In the field test, while the Quality Improvement Planning consultants worked with centers, public schools, and family/group family child care home providers to identify a comprehensive set of improvement goals, funds were only available for professional development. Across all types of participants, three of the priority areas were often stated as goals in their professional development plans – curriculum, teacher or caregiver interactions with children, and knowledge and skills related to teaching and learning. Substantial numbers of center administrators and family child care home providers also included improving management practices or administrative skills as goals in their professional development plans. (See Figure 61 and Table 48.)

FIGURE 61: Percent of Participants by PD Plan Goals (if reported by 20%+)

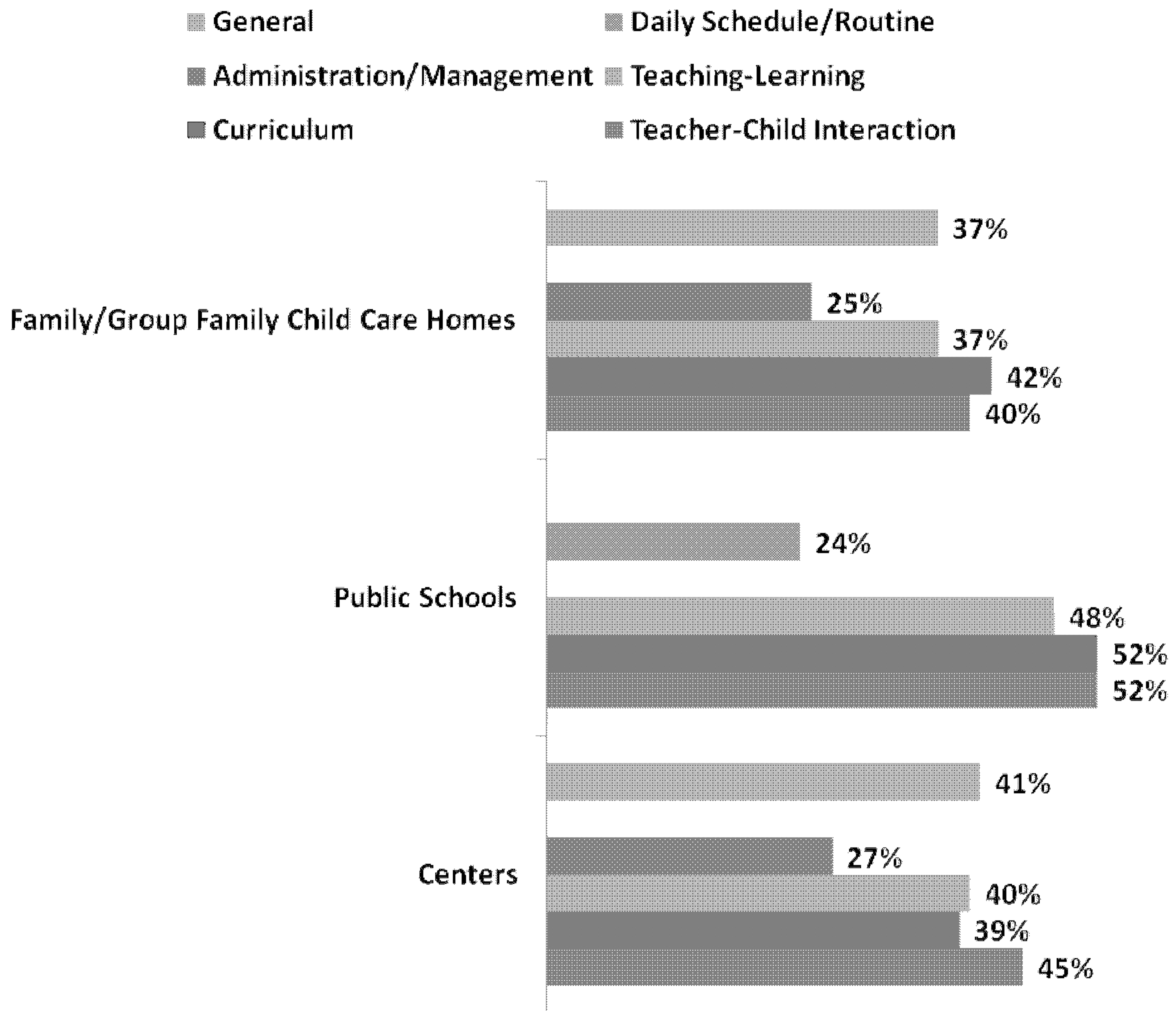


TABLE 48: Percent of Participants by Professional Development Plan Goals, If Reported by At Least 20 Percent

	Teacher-Child Interaction	Curriculum	Teaching-Learning	Administration/Management	Daily Schedule/Routine	General
Centers	45%	39%	40%	27%	NA	41%
Public Schools	52%	52%	48%	NA	24%	NA
Family/Group	40%	42%	37%	25%	NA	37%

Family Child Care Homes						
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As expected, participants' professional development plans primarily addressed the Learning Environment standards in the areas of learning/home environment and curriculum. Centers' plans also addressed the development of policies and procedures (under the Management and Leadership standard), especially as these related to staff supervision and overall program improvement. (See Figure 62 and Table 49.)

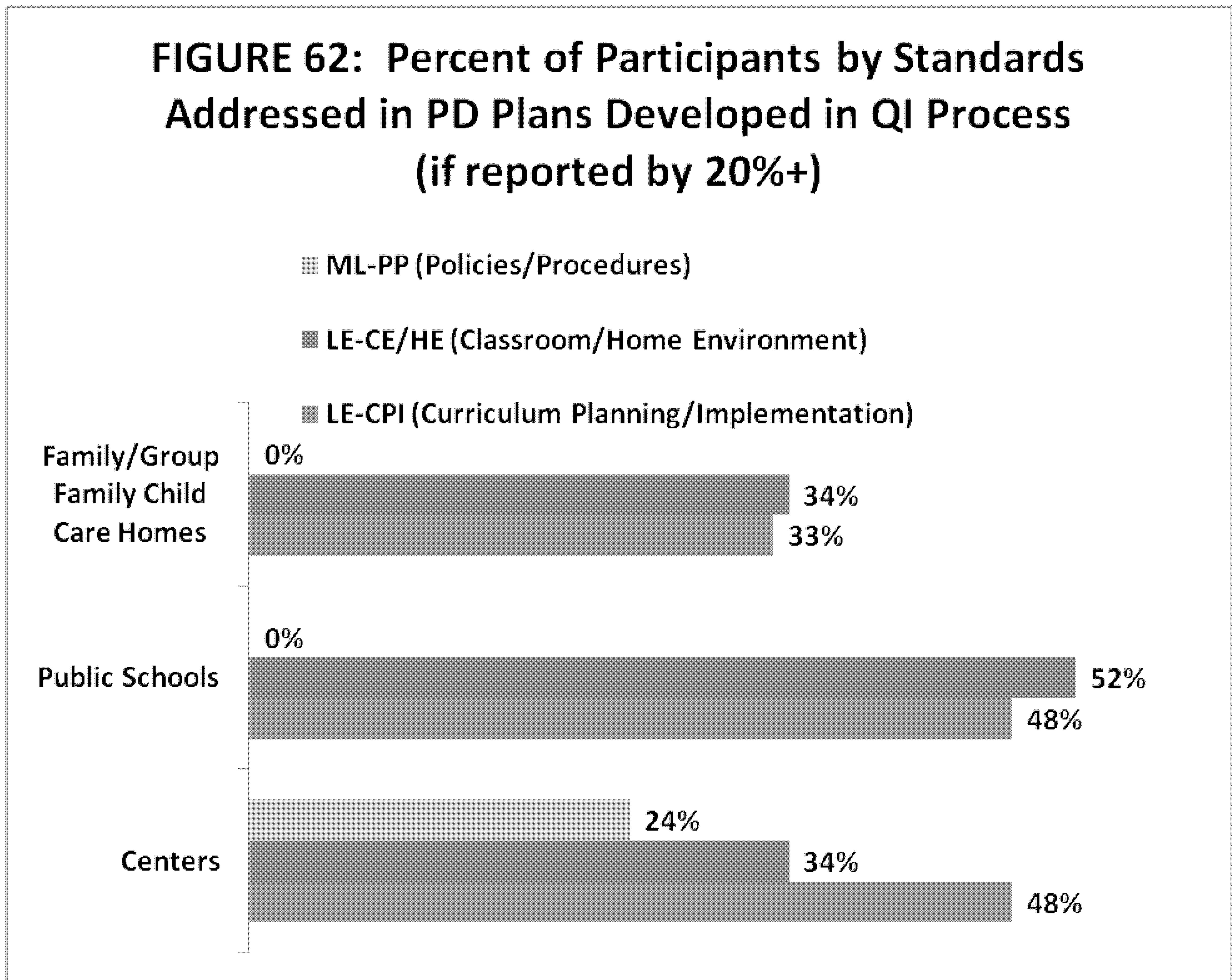


TABLE 49: Percent of Participants by Standards Addressed in Professional Development Plans, If Reported by At Least 20 Percent

	LE-CPI (Curriculum Planning/ Implementation)	LE-CE/HE (Classroom/Home Environment)	ML-PP (Policies/Procedures)
Centers	48%	34%	24%
Public Schools	48%	52%	NA

Family/Group Family Child Care Homes	33%	34%	NA
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Field test participants were also encouraged to incorporate action items other than professional development into their quality improvement plans, although there were no additional resources available to support implementation of these action items. Not all participants developed non-professional development plans, but among those that did (88 or 56% of the sites with coded quality improvement documents) there was considerable diversity in the standards that these plans addressed. Action items related to two substandards were mentioned by substantial numbers of participants – for family/group family child care homes, it was the home learning environment (in 27% of their plans) and for public schools, family involvement and support (in 21% of their plans).

MOVING TOWARD STATE-WIDE IMPLEMENTATION – CLIMATE IN THE FIELD, RECOMMENDATIONS FROM PARTICIPANTS, AND AVAILABLE RESOURCES

Field test participants – the lead agencies as well as centers, public schools, and family/group family child care homes – shared their reflections on the experience and their recommendations for moving forward. This chapter summarizes their opinions about the climate in the field with regard to support for QUALITYstarsNY and their recommendations for improving specific aspects of the system. It also describes what participant and community resources were available for implementing quality improvement for QUALITYstarsNY participants.

A. CLIMATE IN THE FIELD

1. Awareness of QUALITYstarsNY

Summary Statements:

- Many field test participants said they were unfamiliar with QUALITYstarsNY even after having some introduction before applying.
- Among a sample of programs and providers in the field test communities, more than two in five had never heard of QUALITYstarsNY.

Implications:

- More education and communication on QUALITYstarsNY will be needed to make it more familiar and possibly more attractive to potential participants.

Evidence:

At two points, participants in the field test were asked about their prior familiarity with QUALITYstarsNY – when they submitted their checklist and documentation and at the forums held by lead agencies after participants had completed the field test process. While the individuals responding to this question at these two points are not identical, the responses show comparable patterns. (See Figure 67 and Table 50.) Only about one-tenth believed they were very familiar with QUALITYstarsNY before applying or being selected, even after community information sessions were offered and materials on QUALITYstarsNY had been distributed, while between one-quarter and one-third of responding participants felt they were not at all familiar with QUALITYstarsNY after these experiences. These patterns were true for all types of participants – centers, public schools, and family/group family child care home providers.

FIGURE 67: Percent of Participants Indicating Level of Familiarity with QUALITYstarsNY

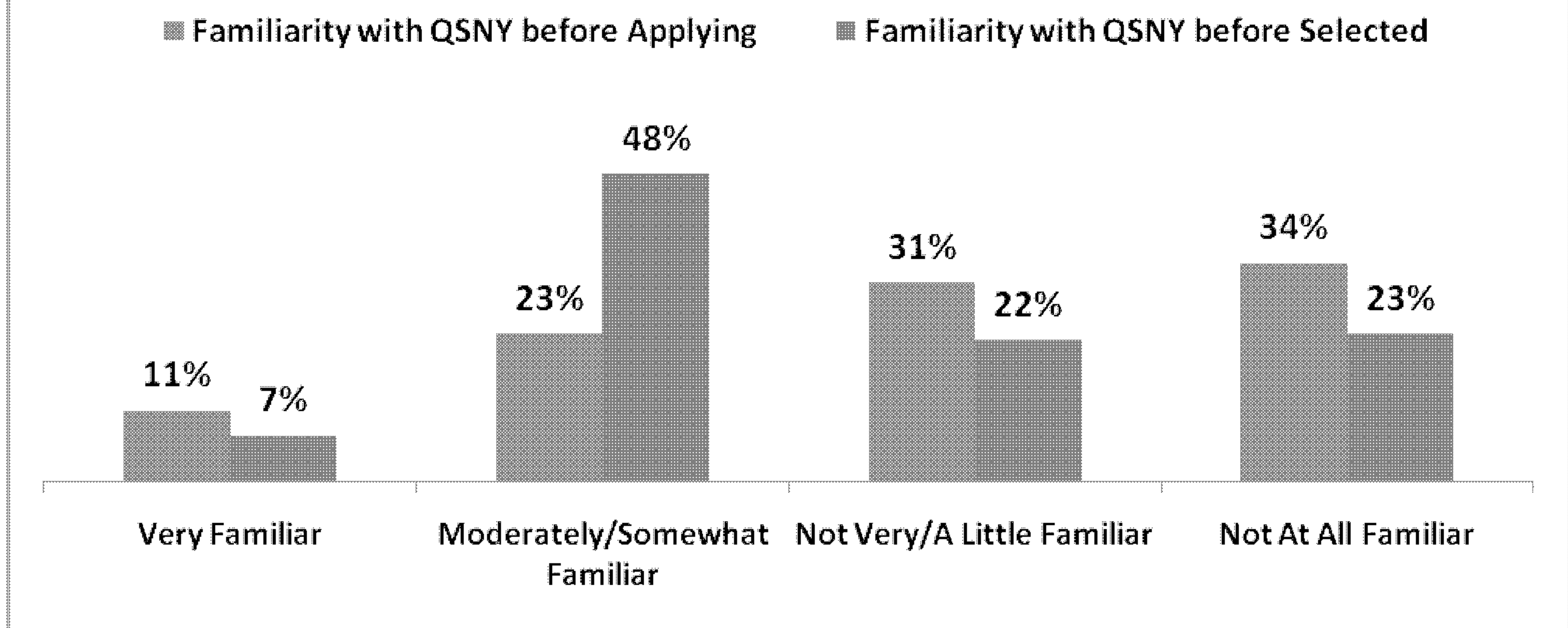


TABLE 50: Percent of Participants Indicating Level of Familiarity with QUALITYstarsNY

	Familiarity with QSNY before Applying	Familiarity with QSNY before Selected
Very Familiar	11%	7%
Moderately/Somewhat Familiar	23%	48%
Not Very/A Little Familiar	31%	22%
Not At All Familiar	34%	23%

A sample from the lists of licensed centers, registered nursery schools, public schools, Head Start sites, and special education programs compiled in each field test community was mailed a survey in fall 2010. This survey yielded 266 responses, approximately 20 percent of the sample. Among these respondents, 44% reported having never heard of QUALITYstarsNY, despite the outreach and community awareness efforts of the lead agencies and other organizations and individuals involved in its development.

2. Estimated Participation in State-wide Implementation

Summary Statements:

- Approximately half of programs and providers with some involvement in the field test would definitely participate in QUALITYstarsNY when it is implemented statewide.
- Considerably fewer of those who had never heard of QUALITYstarsNY before being surveyed would definitely participate.

- Overall, between 60% and 70% of those surveyed – regardless of type of setting or involvement with the field test – believed that at least half of similar programs and providers would participate in the statewide system.

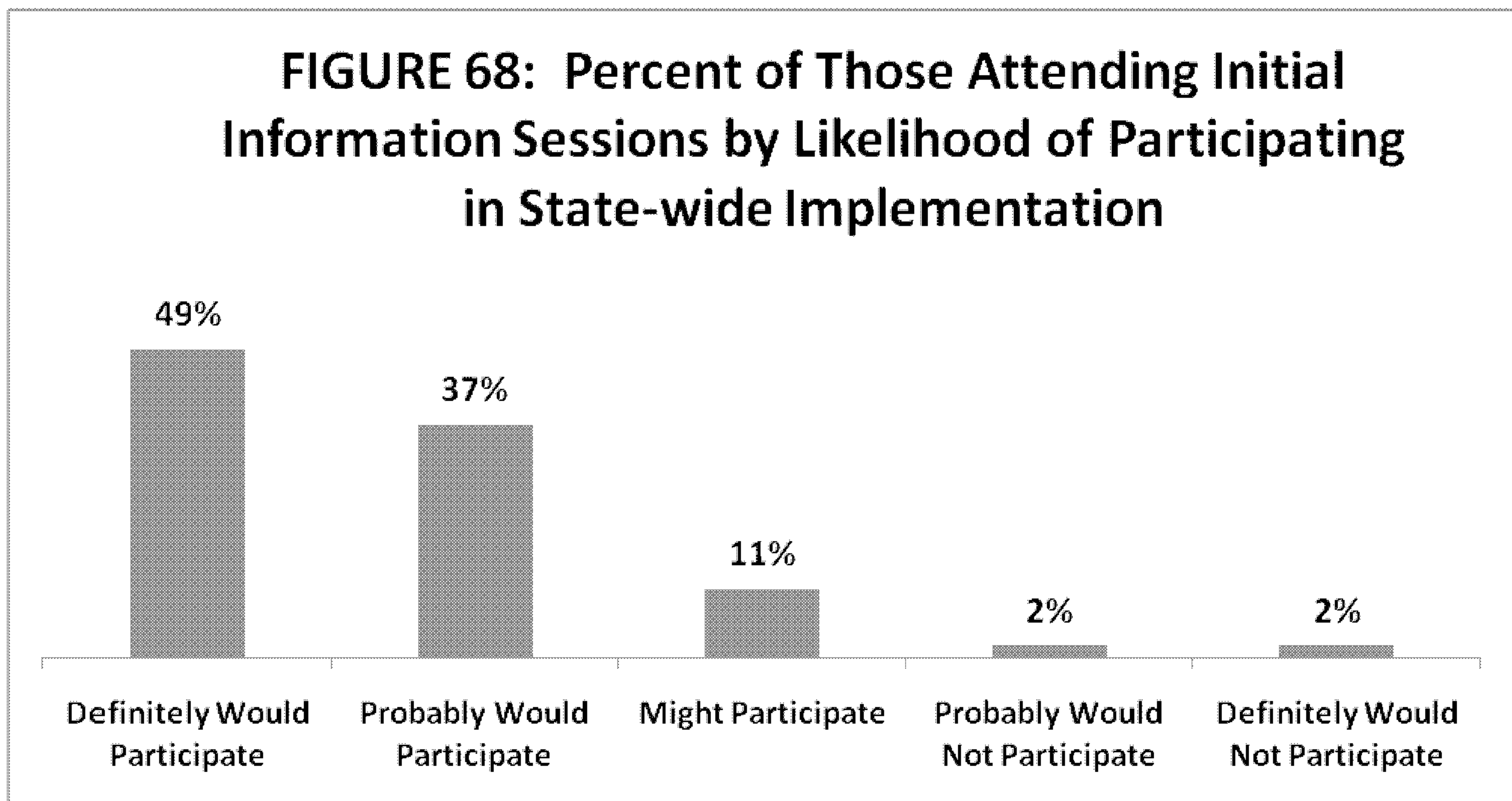
Implications:

- While almost all programs and providers indicate at least some interest in their own participation in QUALITYstarsNY when it is implemented statewide, many believe that substantial numbers of their peers would not. This type of response pattern often indicates that respondents are actually less certain of their own interest.
- Building a broader base of awareness, interest, and involvement among programs and providers is likely needed to encourage participation.

Evidence:

Participants in the field test and a sample of programs and providers in the field test communities were asked about the probability that they and others like themselves would participate in QUALITYstarsNY once it was implemented statewide.

Almost half (49%) of those attending the initial information sessions on QUALITYstarsNY in each field test site indicated that they would definitely participate when it was implemented statewide. (See Figure 68.)



Among field test participants, about half -- regardless of whether center or school programs or family/group family child care providers -- reported that they would definitely participate in the statewide system. (See Figure 69 and Table 51.)

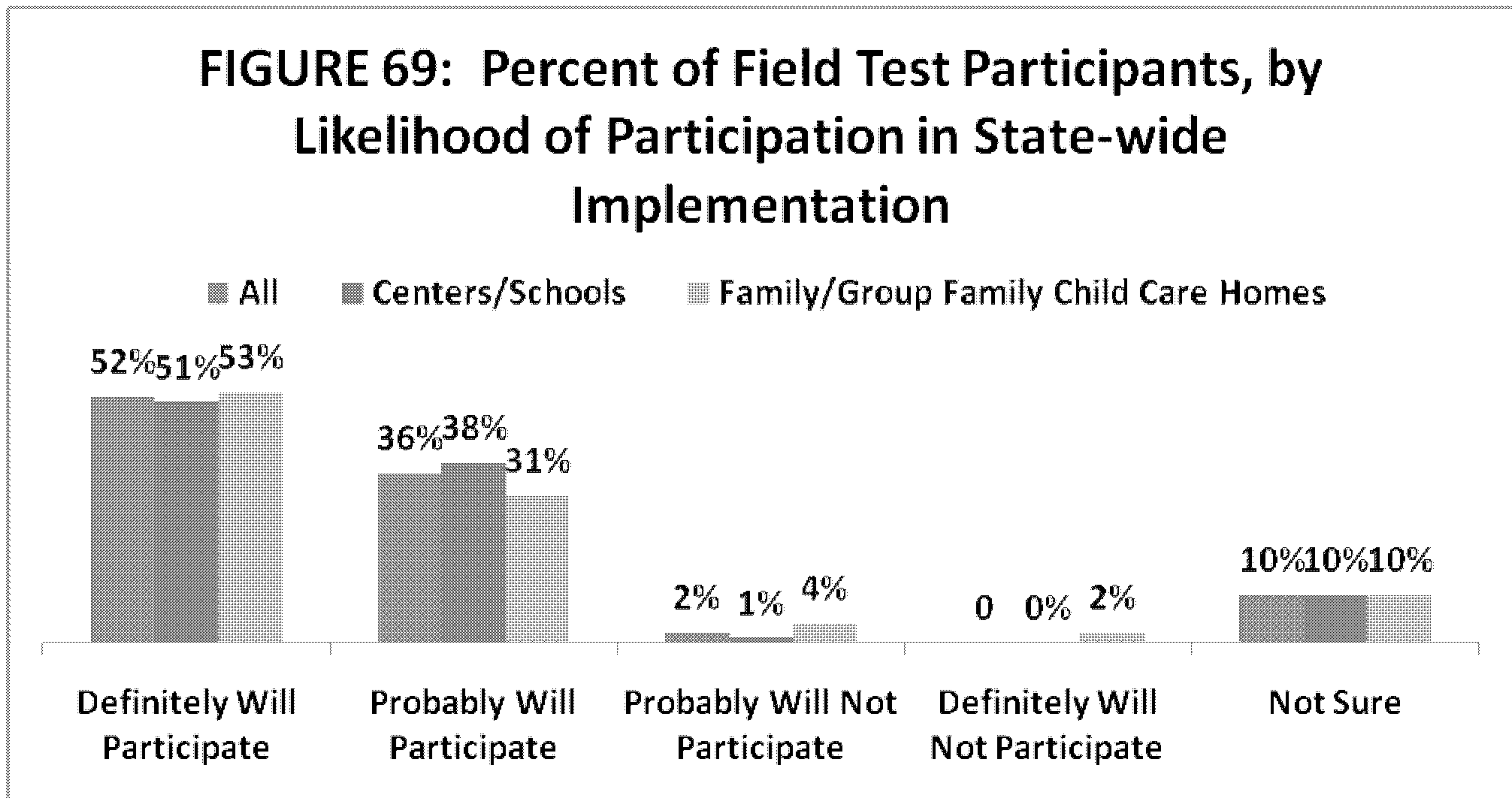


TABLE 51: Percent of Participants by Likelihood of Participation in State-wide Implementation

	All	Centers/Schools	Family/Group Family Child Care Homes
Definitely Will Participate	52%	51%	53%
Probably Will Participate	36%	38%	31%
Probably Will Not Participate	2%	1%	4%
Definitely Will Not Participate	<1%	0%	2%
Not Sure	10%	10%	10%

As noted earlier, among the programs and providers responding to the sample survey in the field test communities, 44% had never heard of QUALITYstarsNY. As expected, these survey respondents were less likely than field test participants to report that they would definitely participate in statewide implementation. (See Figure 70 and Table 52.) However, their estimates of the percent of programs or providers like themselves who would participate are actually somewhat more optimistic than the field test participants.

FIGURE 70: Percent of Surveyed Programs and Providers Indicating Likelihood of Participation in State-wide Implementation, by Previous Familiarity with QUALITYstarsNY

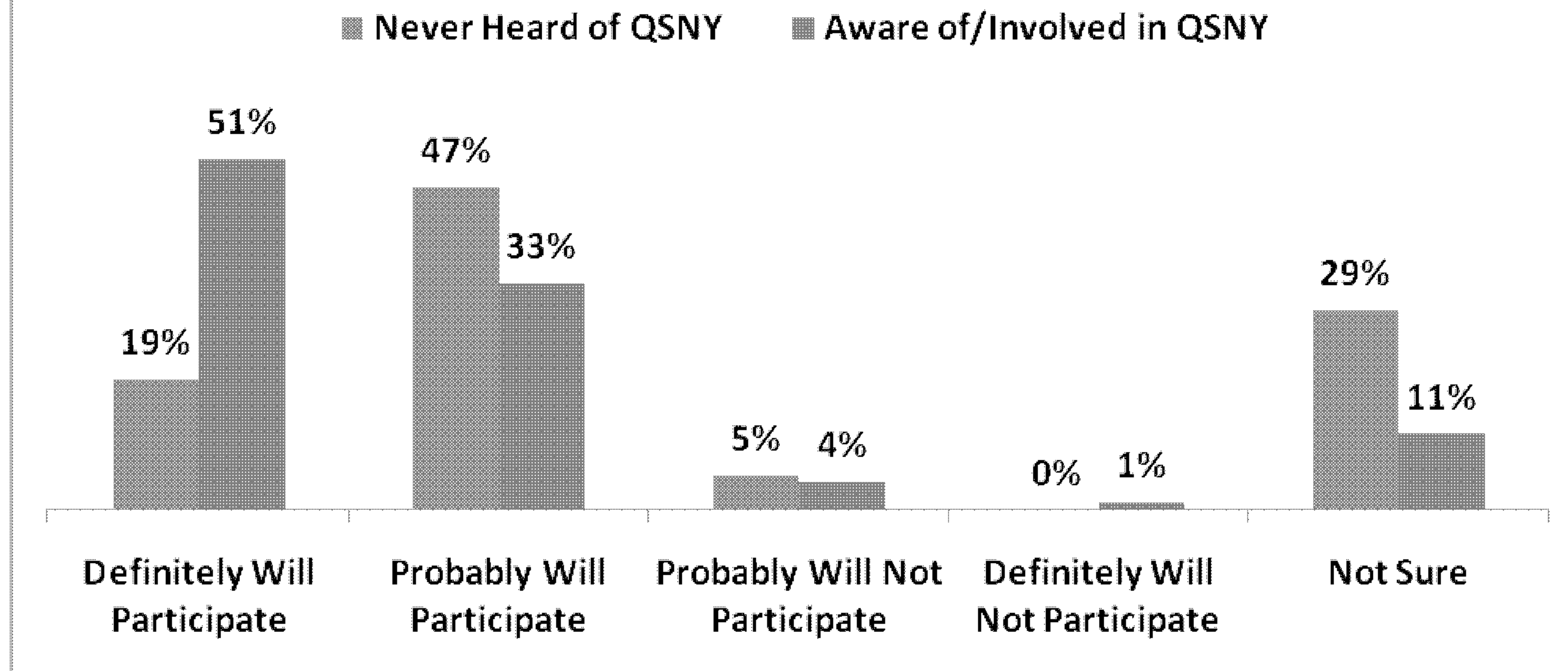


TABLE 52: Percent of Surveyed Programs and Providers Indicating Likelihood of Participation in State-wide Implementation, by Previous Familiarity with QUALITYstarsNY

	Never Heard of QSNY	Aware of/Involved in QSNY
Definitely Will Participate	19%	51%
Probably Will Participate	47%	33%
Probably Will Not Participate	5%	4%
Definitely Will Not Participate	0%	1%
Not Sure	29%	11%

The surveys submitted by field test participants with their checklists and of the sample of programs and providers in the field test communities both asked respondents to estimate the percent of programs and providers like themselves that would participate in QUALITYstarsNY when implemented statewide.

Among field test participants, between 60% and 70% believed that half or more of other programs and providers would participate in the statewide system, depending on type. About 60% of respondents to the sample survey came up with the same estimated participation rate among their peers. (See Table 53.)

TABLE 53: Percent of Programs and Providers Giving Estimated Participation in the Field

	Field Test Centers/ Schools	Field Test- Family/ Group Family Providers	Sample Survey- Never Heard of QSNY	Sample Survey- Aware/ Involved in QSNY
90% or More Would Participate	9%	8%	9%	16%
Between 75% and 90% Would Participate	22%	19%	28%	7%
Between 50% and 74% Would Participate	38%	31%	25%	36%
Between 25% and 49% Would Participate	12%	25%	6%	32%
Less than 25% Would Participate	3%	10%	31%	9%
Not Sure	16%	7%	1%	0%

3. Anticipated Benefits of QUALITYstarsNY

Summary Statements:

- Depending on when, how, and from whom information was gathered, programs and providers reported different types of benefits.
- Field test participants, upon completing their checklists, were most likely to see participation in QUALITYstarsNY as a way to demonstrate their commitment to quality and to get information about where they could improve.
- Respondents to the sample survey of programs and providers were especially likely to see benefits from the support provided to QUALITYstarsNY participants for quality improvements.
- At the end of the field test, about three-quarters of participants from centers and just over half of those from public schools and family/group family child care homes believed that statewide implementation of QUALITYstarsNY was very important to New York State.
- Benefits to the state as a whole from QUALITYstarsNY included improving the quality of early care and education environments and children’s experiences in those environments, assisting parents in making informed choices about their children’s care, and building commitment and confidence among policymakers and citizens about the value of quality.
- These themes were echoed in the group discussions among participants and interviews with lead agency representatives at the end of the field test.

Implications:

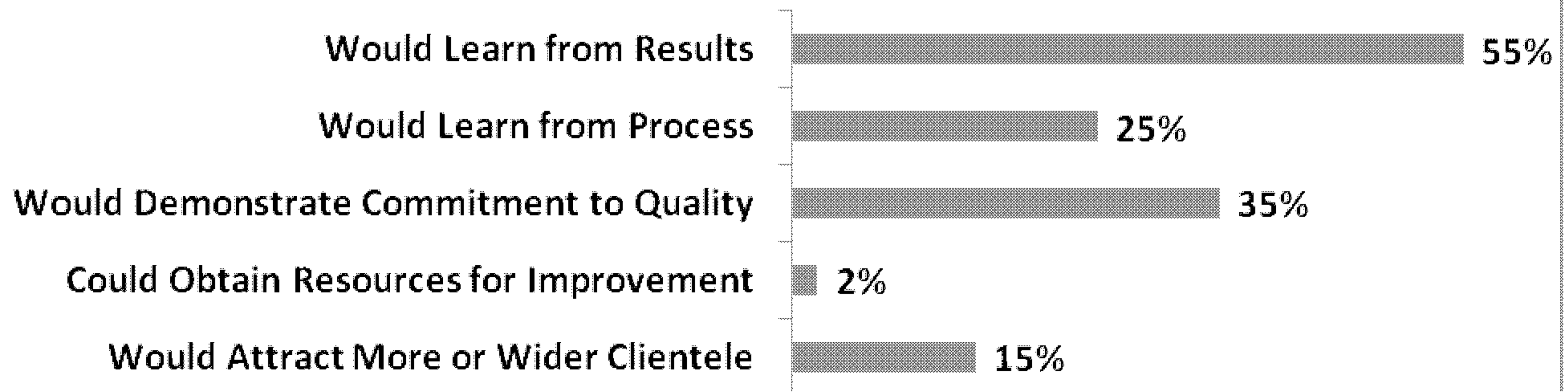
- All audiences are likely to respond positively to messages that emphasize the value of QUALITYstarsNY to New York State’s young children and their families.
- Messages about QUALITYstarsNY should be tailored to the interests of the intended audiences and to the specific communication goals – for example, program recruitment, parent utilization, or support from legislators.
- To encourage participation in QUALITYstarsNY, messages to programs and providers can point to how information and resources can be used to improve the quality in their own setting.
- Responding programs and providers believe that policymakers and citizens will respond to messages that point out the value of investing in high quality care and learning for young children and to QUALITYstarsNY as a way to hold accountable organizations and individuals receiving public funds to provide those services.

Evidence:

Input on the benefits that were expected to result from full implementation of QUALITYstarsNY was obtained from both field test participants and the sample of programs and providers in the field test communities.

Initially, field test participants were asked about factors that would increase the likelihood that they and others like them would take part in statewide implementation of QUALITYstarsNY. Nearly two-thirds (62%) of the 164 surveys returned with the standards checklists had responses to this open-ended question, which were coded into six categories, as shown in Figure 71.

FIGURE 71: Percent of Participants Indicating Likely Benefits from State-wide Implementation, Based on Survey Returned with Standards Checklist



These responses were used to develop a list of potential benefits included as statements on the survey mailed to the sample of programs and providers. These potential benefits were focused primarily on those pertaining to the children and families served and to participating programs and providers.

The most important expected benefit, based on the responses from the sample of programs and providers in the field test communities, was the improved quality of care for children because of financial supports for improvements. (See Figure 72 and Table 54.) About 80% of those that had never heard of QUALITYstarsNY (82%) and of those that had been involved in some way in the field test (79%) expected that this benefit would result from statewide implementation. The responses of these two groups were also similar for most of the other possible benefits, with the exception of quality improvement associated with receiving technical assistance. Almost three-quarters (73%) of responding programs and providers that had some awareness or involvement in the field test reported this benefit, compared with just over half (55%) of those that had never heard of QUALITYstarsNY.

FIGURE 72: Percent of Surveyed Programs and Providers Indicating Benefits from State-wide Implementation, by Previous Familiarity with QUALITYstarsNY

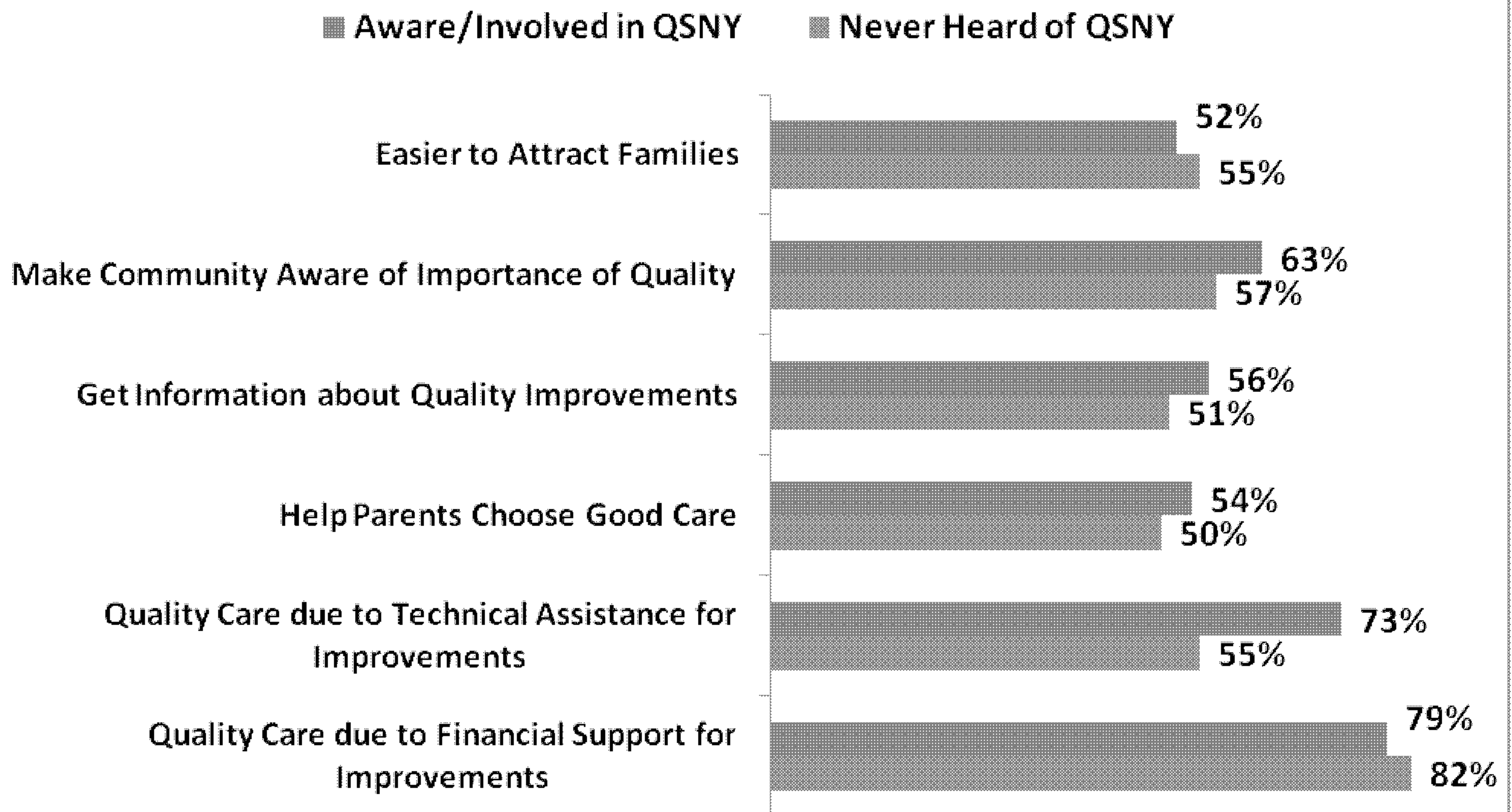


TABLE 54: Percent of Surveyed Respondents Indicating Benefits from State-wide Implementation, by Previous Familiarity with QUALITYstarsNY

	Never Heard of QSNY	Aware/Involved in QSNY
Quality Care due to Financial Support for Improvements	82%	79%
Quality Care due to Technical Assistance for Improvements	55%	73%
Help Parents Choose Good Care	50%	54%
Get Information about Quality Improvements	51%	56%
Make Community Aware of Importance of Quality	57%	63%
Easier to Attract Families	55%	52%

Participants who attended the forums organized by lead agencies in the fall of 2010 were asked to indicate how important they believed it is for QUALITYstarsNY to be implemented statewide and what benefits they believed would result for New York State as a whole.

Almost three-quarters (72%) of centers responding to the survey believed that statewide implementation of QUALITYstarsNY was very important, compared with just over half of public school and family/group family child care home respondents (55% each). (See Figure 73 and Table 55.)

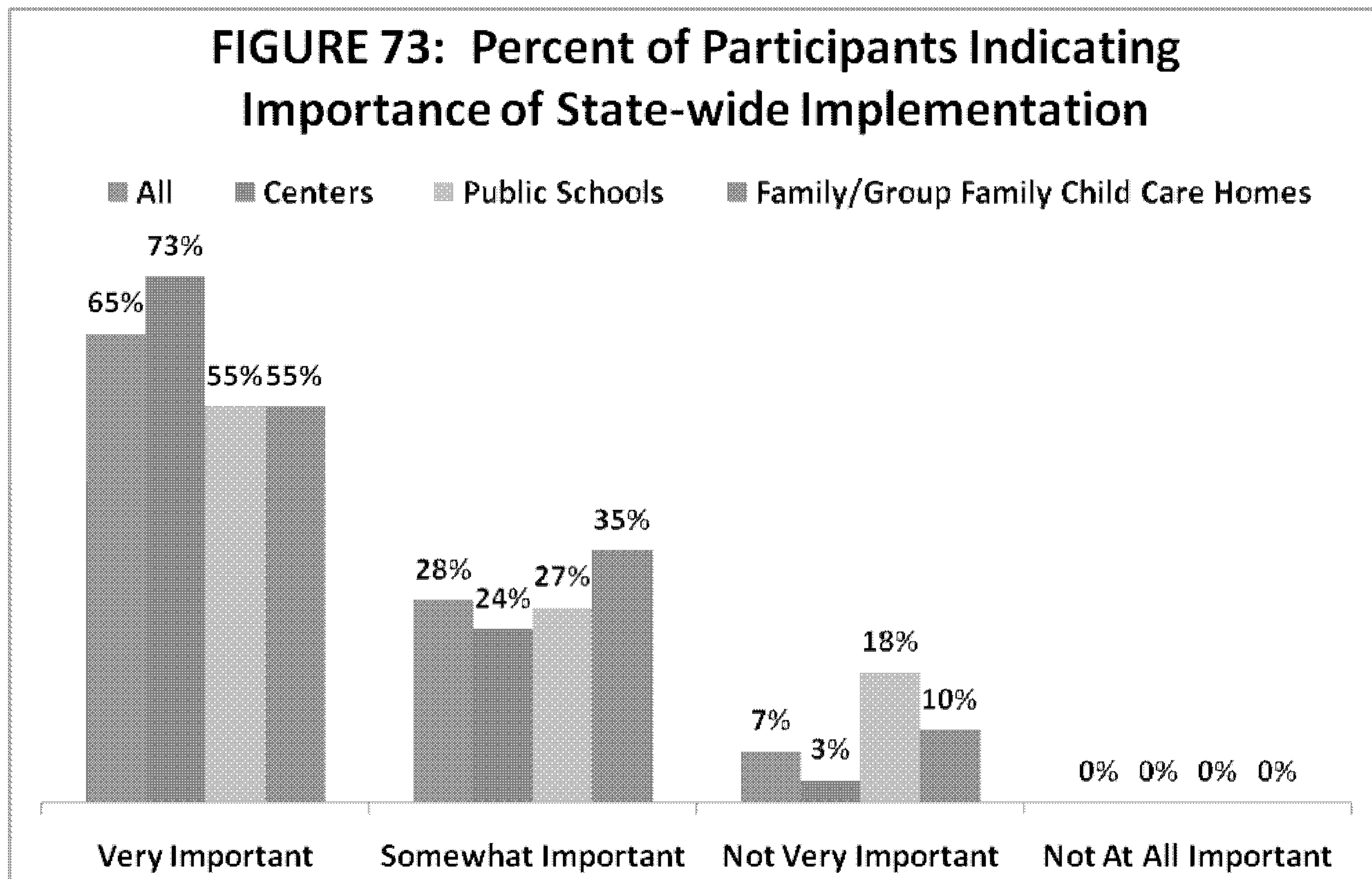


TABLE 55: Percent of Participants Indicating Importance of State-wide Implementation

	All	Centers	Public Schools	Family/Group Family Child Care Homes
Very Important	65%	73%	55%	55%
Somewhat Important	28%	24%	27%	35%
Not Very Important	7%	3%	18%	10%
Not At All Important	0%	0%	0%	0%

Participants at the lead agency forums also indicated how state-wide implementation of QUALITYstarsNY would benefit New York State. Between two-thirds and three-quarters of these participants believed that having a state-wide system would help children and their families, would improve the quality of early care and education state-wide, and would provide reassurance to voters and policymakers that public funding of early childhood services was worthwhile. (See Figure 74 and Table 56.)

FIGURE 74: Percent of Participants Indicating Value of State-wide Implementation

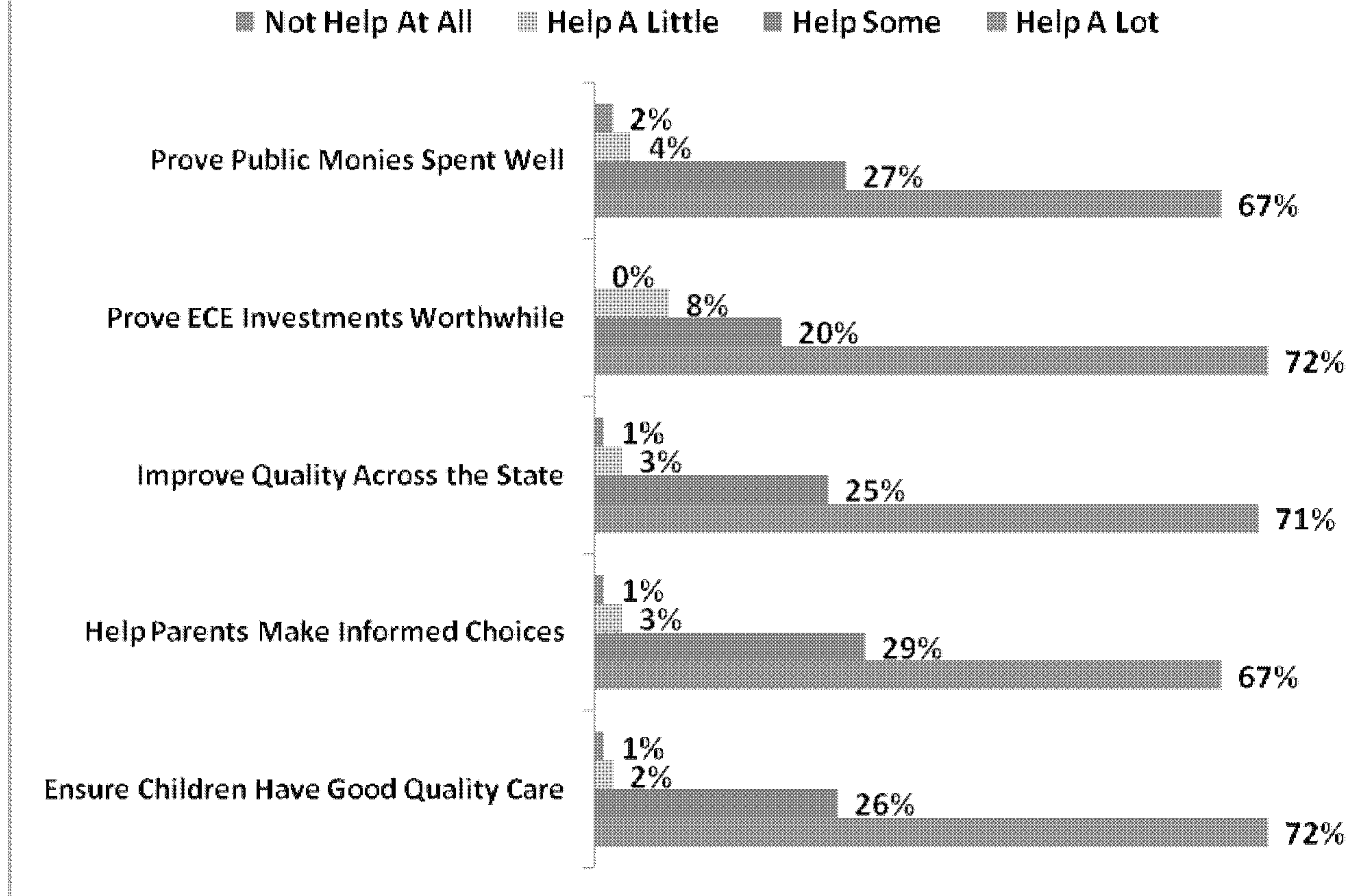


TABLE 56: Percent of Participants Indicating Value of State-wide Implementation

	Help A Lot	Help Some	Help A Little	Not Help At All
Ensure Children Have Good Quality Care	72%	26%	2%	1%
Help Parents Make Informed Choices	67%	29%	3%	1%
Improve Quality Across the State	71%	25%	3%	1%
Prove ECE Investments Worthwhile	72%	20%	8%	0%
Prove Public Monies Spent Well	67%	27%	4%	2%

4. Potential Concerns about QUALITYstarsNY

Summary Statements:

- The time and effort to participate in QUALITYstarsNY, particularly in documentation and paperwork, was the single most frequently mentioned concern among both field test participants and other programs and providers in the field test communities.
- Given the time spent by field test participants in completing the checklist and assembling the required documentation (described in a later section), this concern appears founded.

Implications:

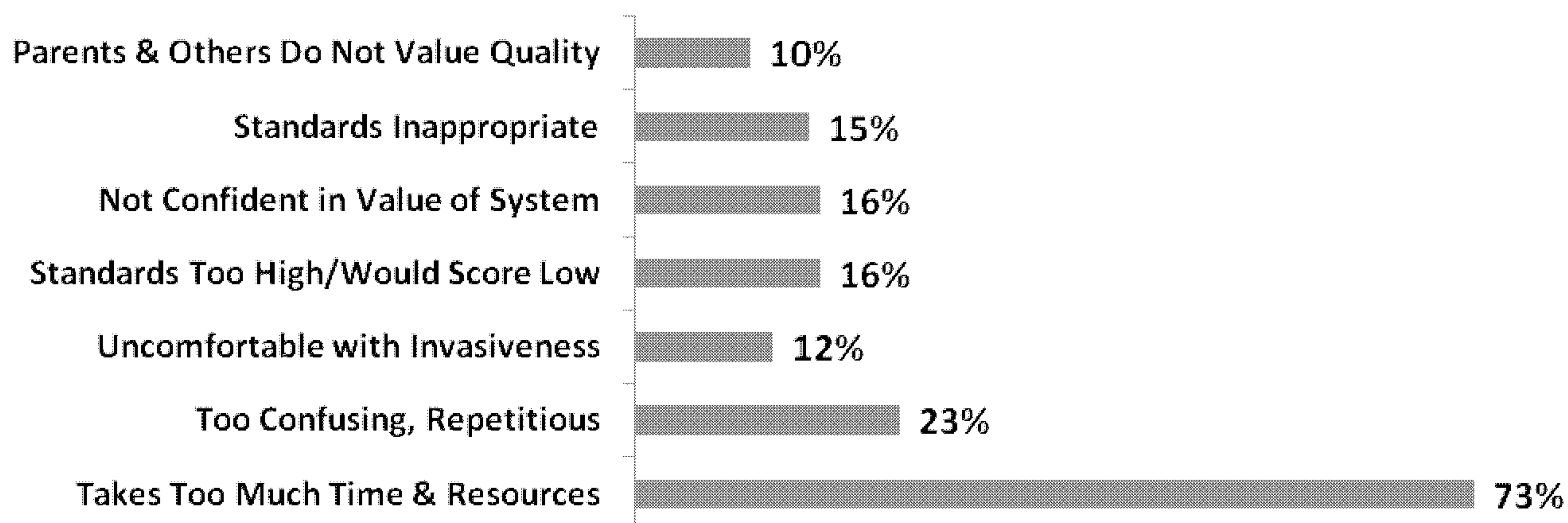
- Streamlining the process and simplifying documentation requirements would likely contribute to greater participation in QUALITYstarsNY.

Evidence:

Both field test participants and the sample of programs and providers in the field test communities were asked about possible concerns they or others might have about QUALITYstarsNY.

The survey completed by field test participants and submitted with their checklists included open-ended questions about factors that might lead them or others like them not to participate in QUALITYstarsNY when implemented statewide. Most (85%) of the 164 surveys returned with the checklist included responses to these questions, which were coded into the categories shown in Figure 75.

FIGURE 75: Percent of Field Test Participants Indicating Concerns Likely to Affect Participation in State-wide Implementation

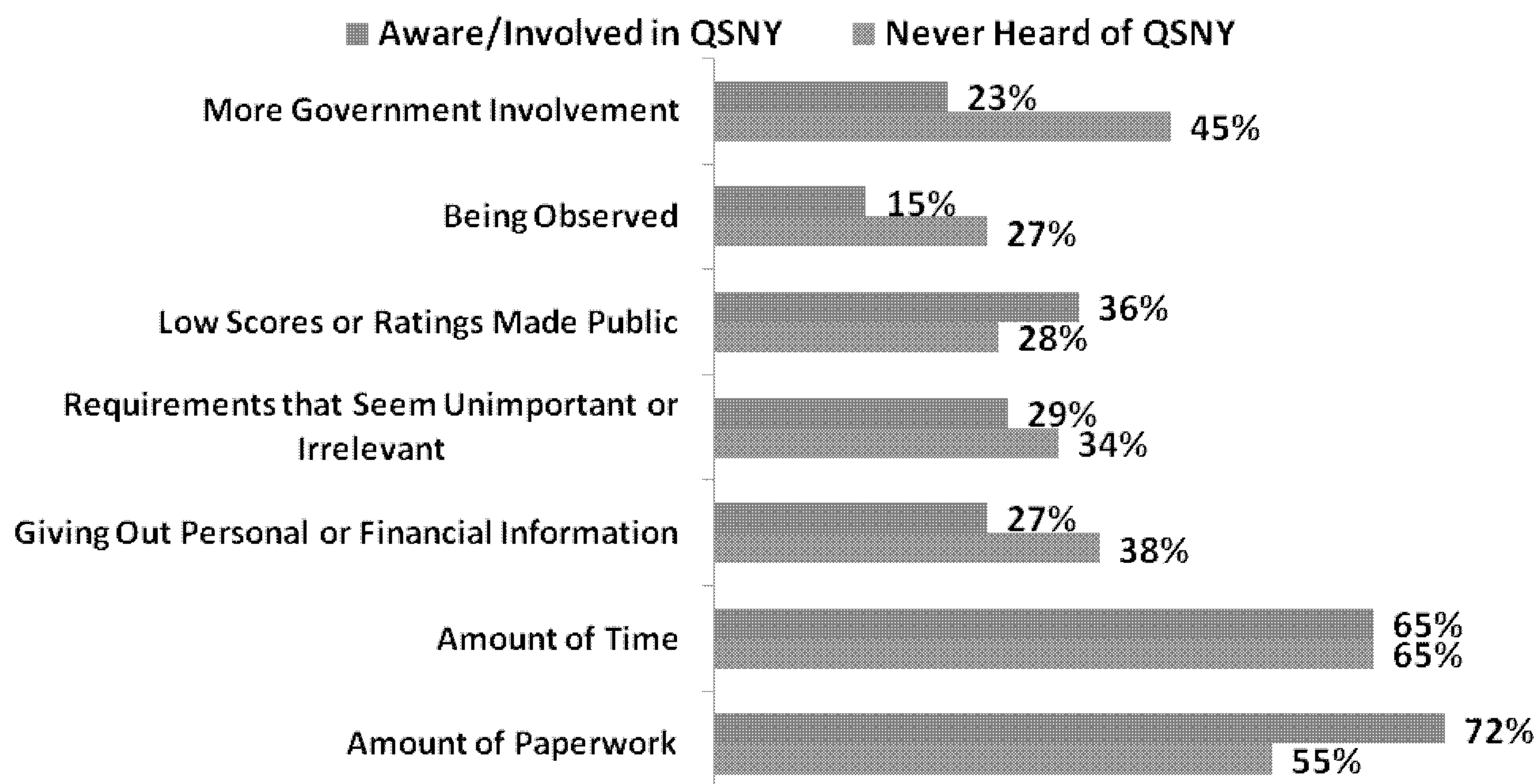


A list of possible concerns was included in the sample survey of programs and providers in the field test communities, based on the responses from field test participants. The amount of paperwork involved and the time required to participate were the two concerns most frequently mentioned by both programs and providers that had never heard of QUALITYstarsNY and those that were aware of or involved in some way in the field test. Those aware of or involved in the field test, though, were more concerned about the paperwork based on their recent experience (75% of these respondents compared with 55% of those that had never heard of QUALITYstarsNY). About two-thirds (65% each) of both groups were concerned about the time involved in participating. (See Table 56 and Figure 76.)

TABLE 57: Percent of Surveyed Programs and Providers Indicating Concerns about Participation, By Previous Familiarity with QUALITYstarsNY

	Never Heard of QSNY	Aware/Involved in QSNY
Amount of Paperwork	55%	72%
Amount of Time	65%	65%
Giving Out Personal or Financial Information	38%	27%
Requirements that Seem Unimportant or Irrelevant	34%	29%
Low Scores or Ratings Made Public	28%	36%
Being Observed	27%	15%
More Government Involvement	45%	23%

FIGURE 76: Percent of Surveyed Programs and Providers Indicating Concerns about Participation, by Previous Familiarity with QUALITYstarsNY



B. PARTICIPANT RECOMMENDATIONS FOR STATE-WIDE IMPLEMENTATION

Participating centers, public schools, and family/group family child care home providers were given several opportunities to make suggestions and recommendations to inform full implementation of QUALITYstarsNY; these included the survey submitted with the participants' checklist and documentation, the survey completed at forums for participants held by the lead agencies in the fall of 2010 after the completion of the field test, and the group discussions among participants at the forums. The lead agencies in each field test community were interviewed by the evaluation team in fall 2010 after these forums had been held and asked to provide their own recommendations as well as those raised by participants at those events. The section below summarizes the major recommendations from across these sources, organized by specific components of QUALITYstarsNY: application to participate, the standards, documentation requirements, learning environment observations, and quality improvement planning consultation.

1. Application to Participate in QUALITYstarsNY

Summary Statements:

- The application to participate in the field test and the application process were generally seen as appropriate and easy.

- The major concerns had to do communication.

Implications:

- Clearer information about the requirements for participating in QUALITYstarsNY is now available and needs to be shared during outreach and recruitment.

Evidence:

The application to participate in the field test served two purposes. It provided contact information on the centers, public schools, and family/group family child care home providers for follow-up communications regarding the field test. The application also provided information on the characteristics of each applying site including type of setting, calendar and hours of operation, size in terms of numbers of children and numbers of staff, ages of children served, programs offered such as Head Start or UPK, and accreditation status. For centers and school sites, the application also included a separate classroom information form that provided details to assist in selecting classrooms for observation; however, in a number of cases the submitted applications did not include the classroom form. Applicants could complete and mail a paper copy of the application or complete it on-line.⁴⁷

Overall, participants considered the application easy to complete and that it asked for relevant information. The few recommendations regarding the application focused on making sure applications could be made on-line as well as via hard copy, that applicants had complete information about the requirements and the time and effort needed to participate, and were notified about the status of their application in a timely way.

2. Standards

Summary Statements:

- While participants believed that setting quality standards for all early care and education was appropriate, there were concerns about the applicability of the standards as written to specific settings.
- The relative importance of the standards categories was also a matter of debate, with suggestions for more weight on learning environment and family engagement.
- There were some concerns about the standards being inequitable in specific situations.

⁴⁷ The application was available for completion on-line via a questionnaire on the Survey Monkey service.

Implications:

- Simplifying the presentation and organization of the standards as well as providing specific rationale for the relevance of individual elements of the standards would be helpful in recruiting participants and explaining the system to all stakeholders.
- Consideration should be given to the relative weight of the standards categories overall and to their applicability in different settings.

Evidence:

Comments made at the forums held in the fall of 2010 illustrate differing perspectives among participants about the QUALITYstarsNY standards:

“These standards are reflective of where we want to be.”

*“There was a concern that the standards are too high
...would be very costly to achieve.”*

A previous section of this report included an analysis of participants’ reported difficulties in understanding and responding to the standards. Participants used opportunities in surveys and forums to suggest ways in which the standards could be modified. These included:

- Providing clear rationale for each of the standards, particularly in the area of management and leadership where the link between these standards and the quality of the early care and learning experience for children and families was not clear.
 - One concern was that star ratings may do more to foster competition among programs and providers than inform parents if parents don’t understand in detail what is behind the ratings.
- Many participants remarked that the descriptions or definitions of the standards were often confusing and did not use terminology with which they were familiar. Public school participants in particular felt that the standards were written with community-based child care centers in mind and did not sufficiently reflect education requirements and practices.
- Making sure that the standards themselves as well as the documentation requirements and allocation of points are appropriate for each type of setting – centers, public schools, and family/group family child care homes.
 - Discussions at many of the forums focused on whether these should be the same across all settings.
 - “Home based programs are different from center based programs. They do not operate like “little” day care centers. Family Day Care

- has the word “family” in it...a family environment...one of the many reasons some parents select this form of care. This needs to be taken into account when looking at the standards.” [Examples included the use of verbal rather than written communication with parents.]
- “There was strong agreement [at the forum discussion] that the standards need to better differentiate and reflect the many differences between schools, centers, and family/group family child care homes – this theme came up over and over in the discussion.”
 - Some specific standards might not always apply, regardless of the setting – for example, policies and procedures for serving non-English speaking families and special needs children when none are currently enrolled. Participants were concerned about losing points when these situations had not yet arisen without being able to demonstrate their willingness and capacity to accommodate the needs of these families and children. One suggestion was to include a “not applicable at this time” category.
 - While participants believed it to be important that groups (those in the field and other stakeholders) embrace the same definitions of quality and want to raise the bar for everyone, some believed that giving the same weight to each standards category to each type of setting might not be appropriate.
- There were many suggestions about the relative weighting across the standards categories.
 - Generally, participants believed that there should be more emphasis overall on learning environment, including curriculum, and family engagement.
 - In addition to giving the Qualifications and Experience category less weight, they urged other changes in this category. These included giving more credit for experience, for ECE-specific training for staff without EC degrees, and for training in ECE management other than Director’s Credential
 - Considerable concern was expressed about the comparability and/or overlap with other standards and requirements, including NAEYC and NAFCC accreditation, OCFS licensing, SED requirements, Head Start performance standards, and so on.
 - Participants want to be able to use the same or similar documentation for multiple purposes as well as have comparable standards.
 - Some participants believed that national accreditation – whether through NAEYC or NAFCC – should be awarded the same value in the standards.
 - Participants – particularly public schools and centers that were part of a large multi-site agency or of a national chain – believed the standards were unfair if

they did not have control over or access to documentation about management practices. This was especially true with regard to fiscal policies and practices.

- There were other more specific comments and suggestions about the standards and the rating system.
 - Some wanted to give families and staff the opportunity to provide input into the rating process.
 - Using the PAS (which requires on-site interviews and observation) instead of the management and leadership section was suggested several times.
 - There was concern that the combination of point and block system was unfair. Participants could not gain points when they met some but not all of criteria under a specific standard.
 - In addition, it was suggested that at least some points be awarded when the standard was partially met, particularly with regard to financial management.
 - Participants would have liked to be able to demonstrate “going beyond” the criteria set in the standards or for offering special opportunities. This might include access to art or music rooms within schools or connections with family support services available through the center’s host agency.
 - Certain areas of practice – specifically, health, safety, and nutrition – were not adequately addressed in the standards.

3. Documentation Requirements

Compiling and photocopying documents as evidence for meeting the standards took many hours on average and this level of effort was considerably more than had been anticipated by the field test participants when they applied.

Summary Statements:

- Field test participants spent a considerable number of hours completing the standards checklist and assembling the necessary documentation, generally more than they had anticipated.
- Participants found the documentation requirements redundant, both within the system and with the requirements of licensing, accrediting, and funding agencies.
- What would meet the documentation requirements was often unclear to participants.
- Greater clarity about what documents are acceptable was often mentioned.
- Participants believed that the time frame for submitting documentation should be longer than possible during the field test and allow for a feedback process.

Implications:

- Finding ways to reduce the paperwork burden of QUALITYstarsNY for participants will not only encourage participation but reduce some of the administrative costs.
- At the same time, more on-site review of documents, a common suggestion from participants, has substantial cost implications.
- Providing more guidance about what makes a particular document acceptable would not only ease participants' concerns but also support quality improvement. However, there are dangers in providing examples or templates that might be used for documentation but not actually put into practice.
- Setting up an iterative process of document submission and feedback would also support quality improvement, but require additional administrative resources.

Evidence:

One of the key areas in which participants felt they were not prepared was the time and effort required to complete the checklist and assemble the documentation. In the survey sent in with these materials, participants' estimates of the time required ranged widely, from 1 to 104 hours, averaging 24 hours. (See Figure 77.) While these estimates varied by type of participant – center, public school, or family/group family child care home, many participants of all types reported that the time required was longer than they had expected. (See Figure 78 and Table 58.)

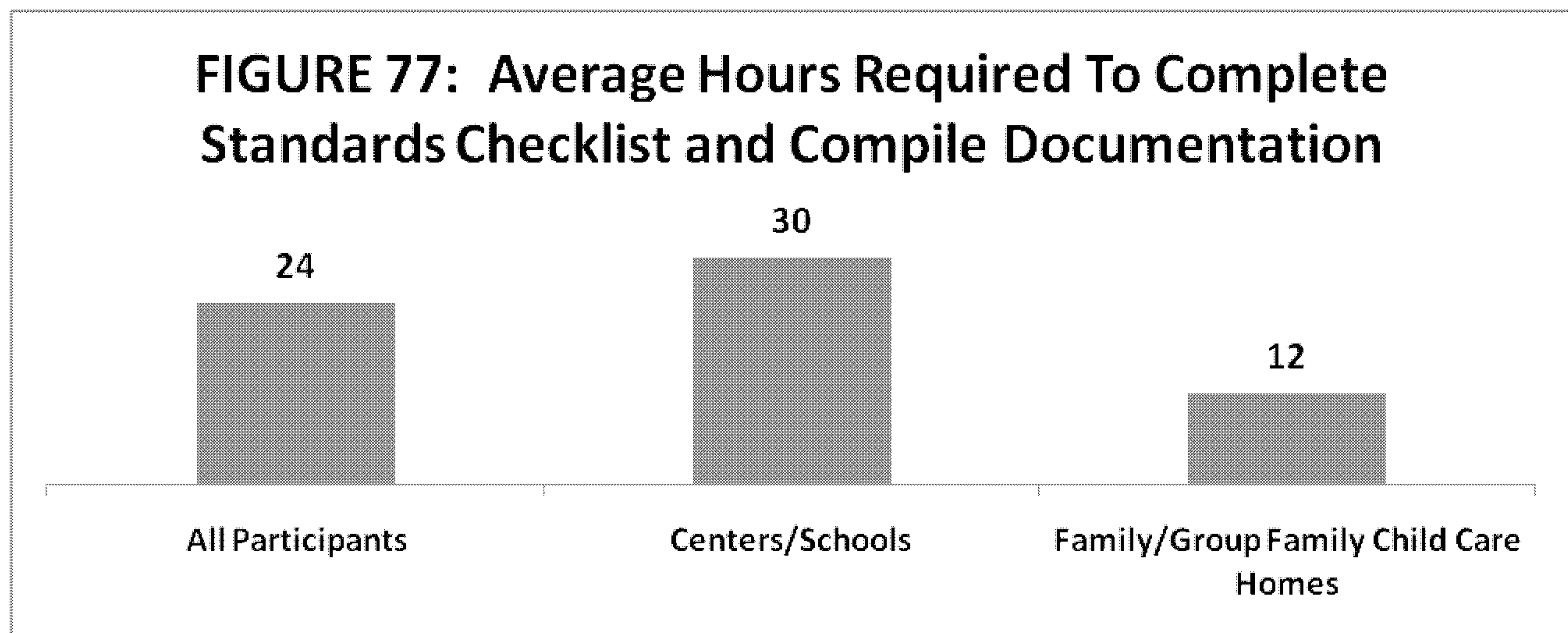


FIGURE 78: Percent of Participants Indicating Whether Time Required Was Consistent with Their Expectations

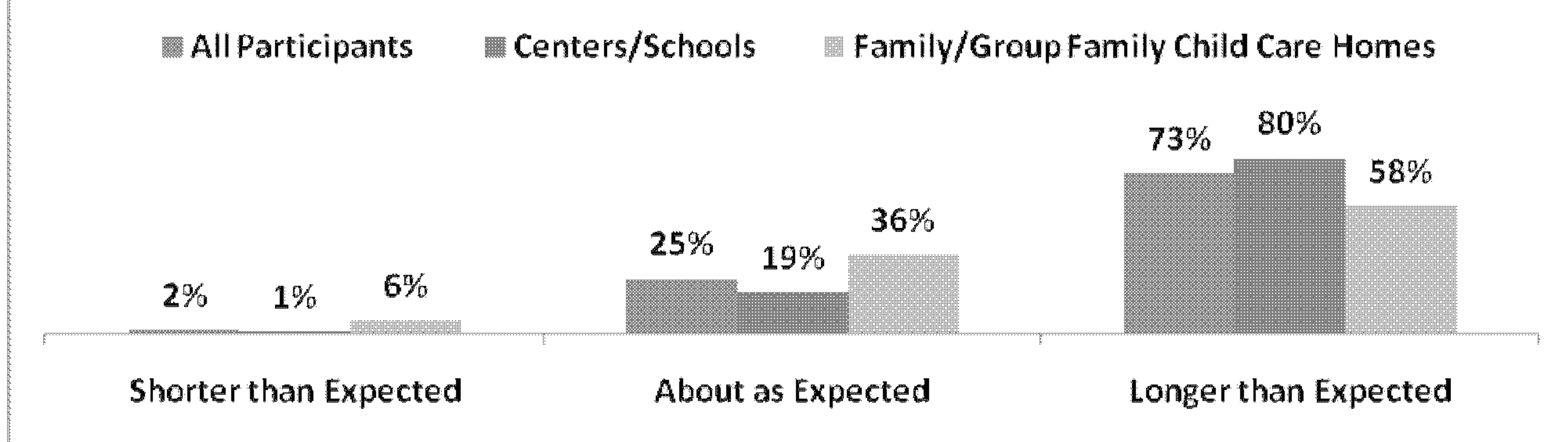


TABLE 58: Percent of Participants Indicating Whether Time Required Was Consistent with Their Expectations

	All Participants	Centers/Schools	Family/Group Family Child Care Homes
Shorter than Expected	2%	1%	6%
About as Expected	25%	19%	36%
Longer than Expected	73%	80%	58%

The time it took to assemble and copy documents to demonstrate that the standards were met was the primary factor in the total effort required. Comments on the documentation requirements were gathered on the survey sent in with the checklist, from discussions with participants at the lead agency forums at the end of the field test, and from interviews with the lead agency representatives. The following remarks illustrate the range of opinion about the documentation requirements and process:

“Documentation collection was a horrendous process in such a short period of time.”

“What is being asked for is reasonable, but should be in a portfolio type format or only submit certain items and have other documents on site for review.”

“It was a tedious process, but it gave me more insight into what was needed to improve.”

More specific themes in participant comments included:

- Apparent redundancy in documentation requests across the standards
- Duplication of effort that could be avoided if QUALITYstarsNY had access to licensing and other documentation

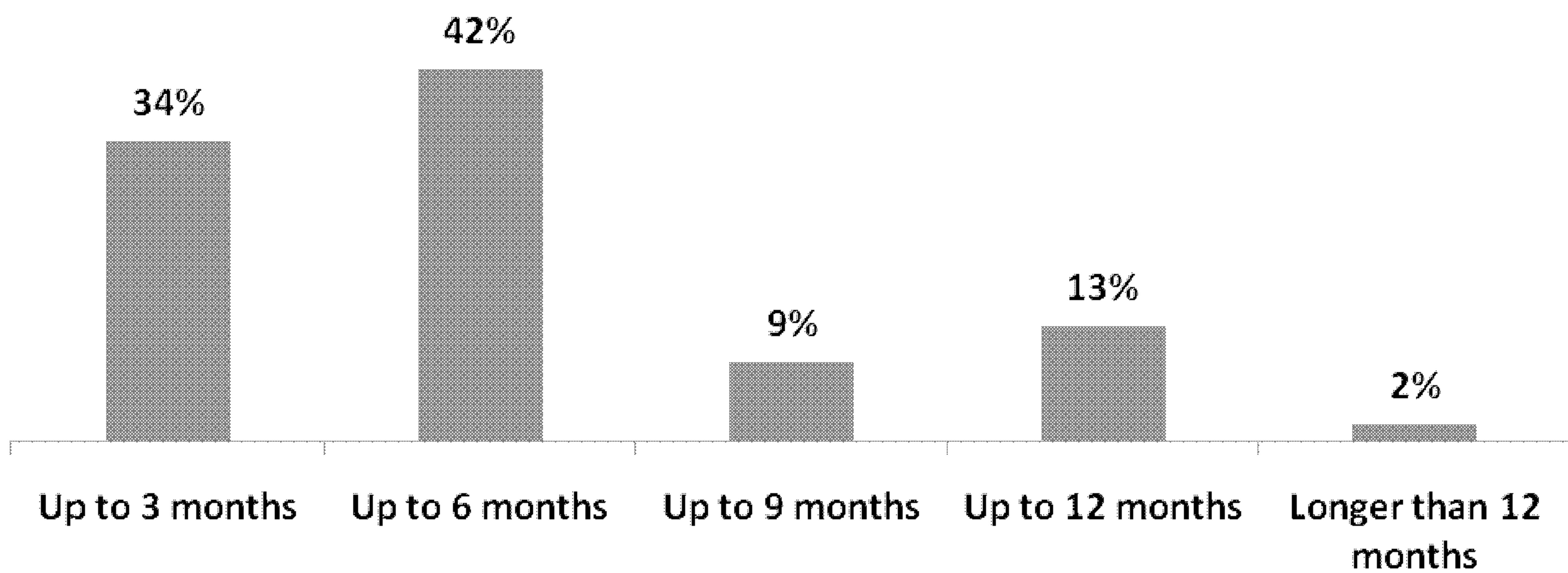
- Lack of clarity about what documents would be acceptable
- Amount of documentation for large centers and public schools, particularly around staff qualifications
- Burden placed on participants for photocopying and mailing documents
- Concerns about sending in confidential information related to personnel and financial matters

Participants' recommendations for modifying the documentation requirements focused on ways to reduce the volume of paperwork that had to be submitted with the checklist; making sure that documents for licensing, accreditation, other programs such as Head Start or UPK, and QUALITYstarsNY could serve multiple purposes; and identifying a small core set of key documents. Specific suggestions included:

- Other methods for submitting and/or reviewing documents, including:
 - Submitting documents on-line
 - Having documents reviewed on-site
 - Providing tables of contents instead of entire manuals
 - Providing blank forms instead of completed ones from which identifying information needs to be removed
- An iterative process of document submission, review, and feedback
 - Including submitting documents over a period of time rather than at a single point
- On-site review of actual practice in comparison to submitted documentation
 - Another suggested approach to verification was to conduct surveys of parents and/or staff
- Provide examples or templates for documents and/or provide more assistance
- Modify documentation requirements for large programs with many staff

The field test was constrained by its schedule in the amount of time available for field test participants to complete the checklist and assemble the documentation. The checklists were distributed to the initially selected participants in late March 2010 and the original date for submission was June. While this deadline was extended, both for the initial participants and for replacement sites selected in mid-summer, two-thirds of the participants believed that more time should be allowed for this process, as shown in Figure 79.

FIGURE 79: Participant Recommendations for Number of Months Allowed to Complete Checklist & Submit Documentation



In addition, many participants recommended that the process of completing the checklist and submitting documentation be a cumulative and iterative one. That is, they suggested that sections of the checklist and accompanying documentation be submitted at intervals, with feedback and opportunities to respond and resubmit. Having the submission be on-line would facilitate this, in the view of a number of participants.

4. Learning Environment Observation

Summary Statements:

- Participants believed that the scores would have been more accurate if the observers had reviewed their observations with administrators or teachers. Longer, particularly multi-day, observation periods were also suggested.
- Center directors and public school administrators expressed disappointment that the observation scores from their teachers' classrooms were not available during the quality improvement planning consultation.

Implications:

- Full implementation will not have the constraints of the field test on sharing ERS observation results with directors and administrators. However, that will make engagement and education of program staff even more critical to gain buy-in and encourage participation.

- Making sure that participating programs and providers feel comfortable with the observation tools and procedures and with interpretation of scores will be critical to the perceived value of this component of QUALITYstarsNY.

Evidence:

As with other components of QUALITYstarsNY, the learning environment observations during the field test differed from the expected process during full implementation; these differences are described in the previous section of this report.

Almost all (94%) participants were aware that there would be observations of the learning environment as part of the QSNY field test. (See Figure 80.) Of the participants for whom an observation had been made, about two in five (42%) were very satisfied with how the observations were set up and approximately the same proportion (43%) were very satisfied with what happened during the observation. Overall, about one-fifth (19%) were dissatisfied with the observation scheduling and 13% were dissatisfied with the observation itself. (See Figure 81 and Table 59.)

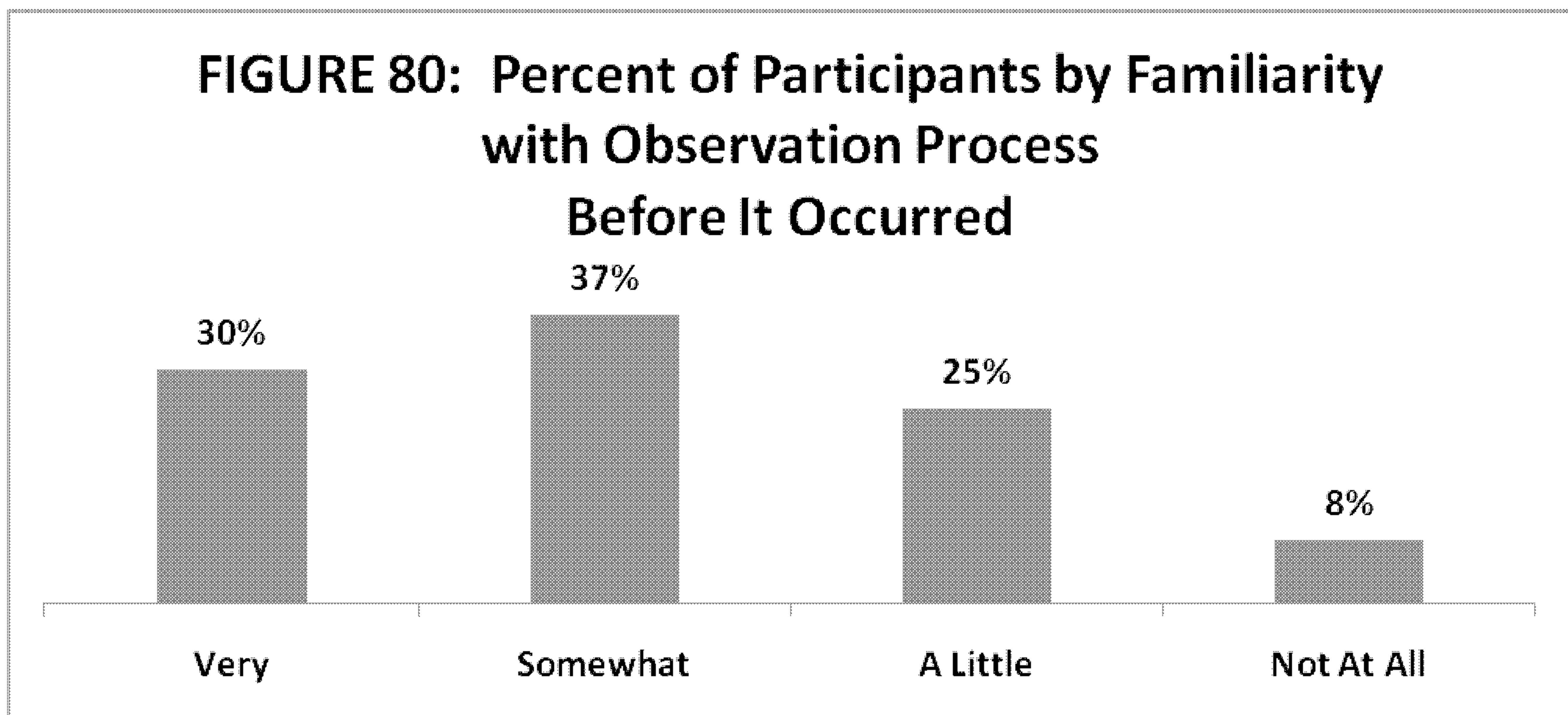


FIGURE 81: Percent of Participants by Level of Satisfaction with Observation Process

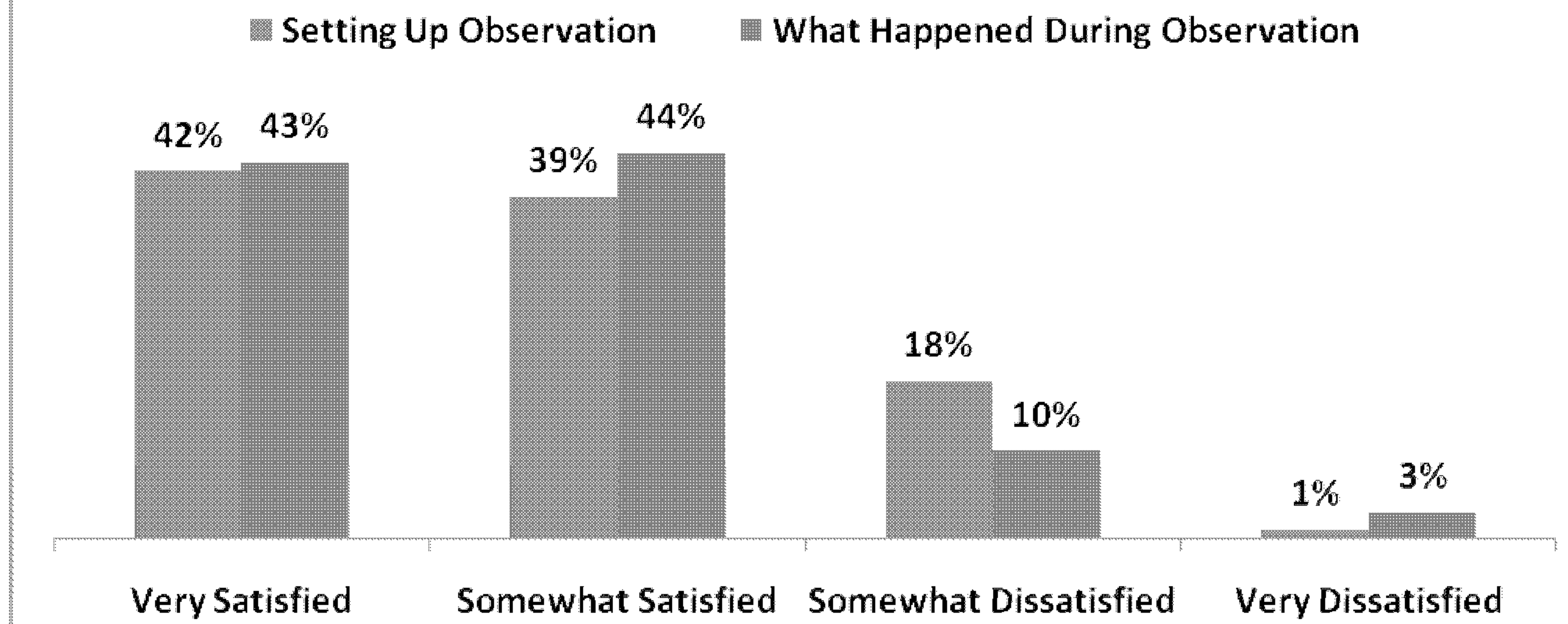


TABLE 59: Percent of Participants by Level of Satisfaction with Observation Process

	Setting Up Observation	What Happened During Observation
Very Satisfied	42%	43%
Somewhat Satisfied	39%	44%
Somewhat Dissatisfied	18%	10%
Very Dissatisfied	1%	3%

The biggest disappointment around the observations was that the center directors and school administrators with whom the quality improvement planning consultants met were not given the specific scores. As noted in the next section, many participants felt that this limited the value of the consultation.⁴⁸ Beyond the scores themselves, participants wanted a narrative description along with details on areas where improvements could be made.

One of the most commonly made recommendations regarding the observations was that the observer review observations, particularly those about activities and materials, with the teacher, administrator, or family/group family child care home provider. Some participants

⁴⁸ This restriction, imposed because of confidentiality requirements associated with the evaluation, would not necessarily be in place during state-wide implementation. However, teacher unions did express concerns about this aspect of performance being discussed with administrators without the teacher being present.

reported that specific types of learning opportunities were available to children even though they were not observed during the observation period.⁴⁹

Some suggestions about the observations were related to the constraints of ERS administration, which is intended to provide an overall assessment based on a snapshot observation. For example, there was a concern that the observation might not take place on a typical day with the suggestion that observations be conducted over the course of several days. In addition, participants wanted to have more classrooms observed to better estimate the average quality of the program.

Other recommendations about the observation process included:

- Using a combination of self-assessment and independent assessment, with a follow-up meeting with the observer to review and discuss observations
- Offering opportunities for staff and providers to become more familiar with the observation tool and process before the observation takes place⁵⁰
- Setting up a process for appealing observation scores
- Considering other observation tools such as the CLASS (as noted earlier, the PAS was also suggested for the management and leadership category)
- Adapting the observation tools to take account of particular situations – for example,
 - Classrooms within a building that have access to materials and opportunities in specialized areas (music room, art room)
 - Settings serving children with special needs

5. Quality Improvement Planning Consultation

Summary Statements:

- Participants valued the quality improvement planning consultation they received as part of the field test, even with its time and resource constraints.
- Better preparation by both the participants and the consultants was suggested as a means of improving the process.

⁴⁹ The observers were instructed not to discuss the observation ratings with the classroom teacher, administrator, or family/group family child care home provider. In accordance with standard practice, observers were told to engage the teacher or provider in conversation to find out more about routines and materials that might not be readily apparent during the observation period.

⁵⁰ Some lead agencies did offer orientation to the ERS instruments to participants and others offered training on the ERS through their regular offerings.

Implications:

- Quality improvement support, to be effective, will need to involve more opportunities for training and technical assistance, particularly in engaging programs and providers in an ongoing process. This has obvious resource implications.

Evidence:

The quality improvement planning consultation that took place during the field test differed substantially from what is usual practice in quality rating and improvement systems in other states and from what was likely envisioned for QUALITYstarsNY. Specifically, the field test consultation was:

- Provided in one or two visits rather than in an ongoing way
- Focused on setting immediate priorities for quality improvement rather than consulting on progress in implementing planned improvements as would be done during follow-up visits
- Was able to provide limited resources only for staff or provider professional development – there were no funds available for purchase of equipment or materials or for facility improvements
- Had to arrange for these professional development funds to be expended by the end of 2010 due to stipulations in the use of the EIP funds
- Was unable to share specific ERS scores or observer notes with administrators in centers and schools because of confidentiality provisions associated with the field test evaluation

Even so, the quality improvement planning process was generally regarded as a very positive component of the field test, even within the time and resource constraints.

“The field test sites loved the QI process and were thrilled to have Scholar dollars to pay for innovative, advanced, and not-often-offered training!”

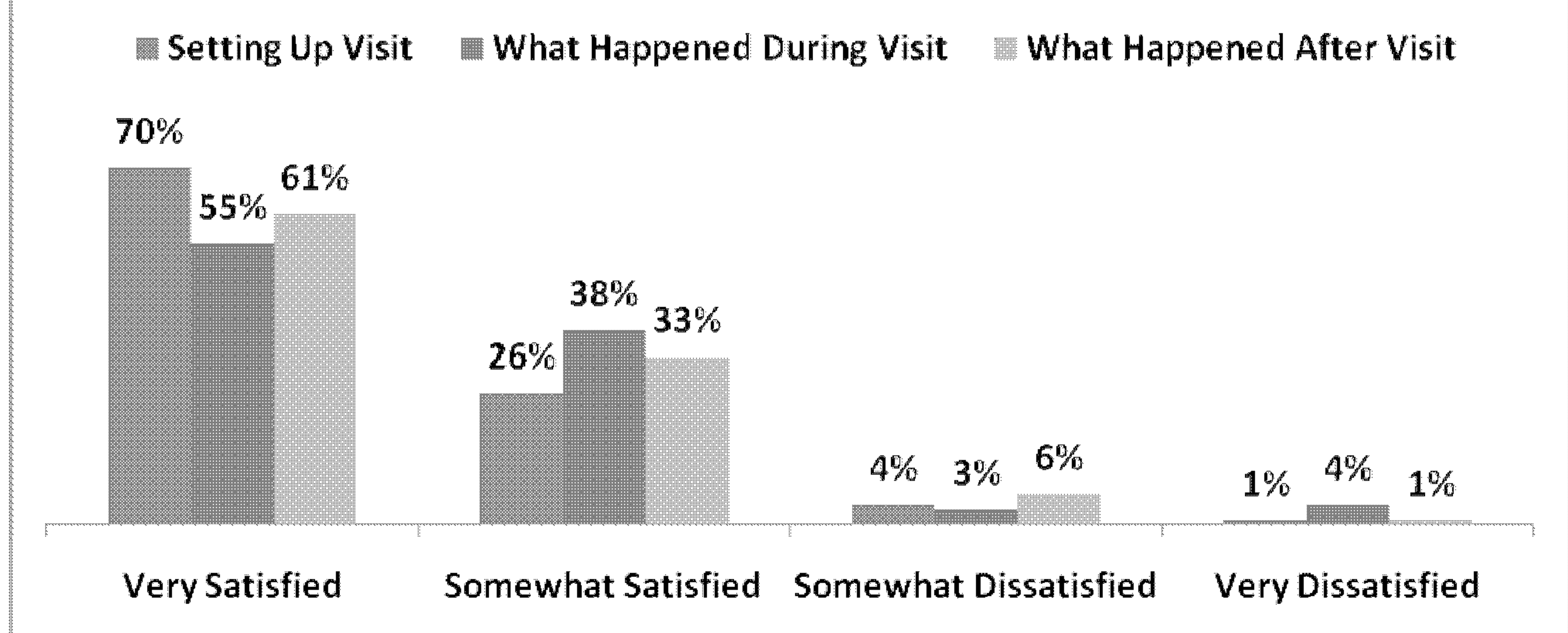
“The consultant brought resources and articles that were helpful in the areas where the scores were low.”

Almost all (90%) of the participants knew that they would receive consultation on quality improvement planning. Of the participants who had received a consultation visit prior to completing the survey, many (70%) were very satisfied with how the visit was set up; somewhat fewer were very satisfied with what happened during the consultation visit (55%) or after the visit (61%). However, almost no one reported being dissatisfied with any aspect of the consultation process; most were at least somewhat satisfied. (See Table 60 and Figure 82.)

TABLE 60: Percent of Participants by Level of Satisfaction with Quality Improvement Planning Process

	Setting Up Visit	What Happened During Visit	What Happened After Visit
Very Satisfied	70%	55%	61%
Somewhat Satisfied	26%	38%	33%
Somewhat Dissatisfied	4%	3%	6%
Very Dissatisfied	1%	4%	1%

FIGURE 82: Percent of Participants By Level of Satisfaction with the Quality Improvement Planning Process



As noted earlier, center and public school participants were disappointed that the specific classroom observation scores were not shared during the consultation.

- Participants commented that it appeared to be difficult for the consultants to give detailed feedback and recommend specific improvements without sharing the ERS scores.
- Having the ERS observer and the QIP consultant be the same person was one suggestion, although limitations and concerns about this were also noted.
- Participants would have liked to get their scores before consultation to allow time for reflection and pre-planning in order to make the best use of their time with the consultant.

The most common recommendation was to offer more quality improvement support:

“We need to create more forums for sharing models for documentation and quality. Participants would like to have access to mentoring, conferences, provider meetings, and the opportunity to visit other programs.”

“Obviously, it needs to be an ongoing process... there should be a whole package...create a plan, start developing action steps to fulfill the plan, with the consultant continuing to work with the program.”

Specific recommendations for the quality improvement consultation process included:

- Making sure that the consultants are familiar with local resources and aware of current improvement activities of the programs and providers
- Having a team of consultants available with different skills and areas of expertise to address different areas for improvement (for example, administrative practices, classroom environment, family resources)
- Providing information about areas of strength and of concern ahead of the consultation
- Giving participants more time to consider options for using the quality improvement resources before selection had to be made
- Getting more input from programs and providers into the “menu” of supports offered

6. Rewards and Incentives for Participation

Summary Statements:

- Having resources and support for quality improvement was the most frequently mentioned incentive or reward for participation suggested by both field test participants and other programs and providers.

Implications:

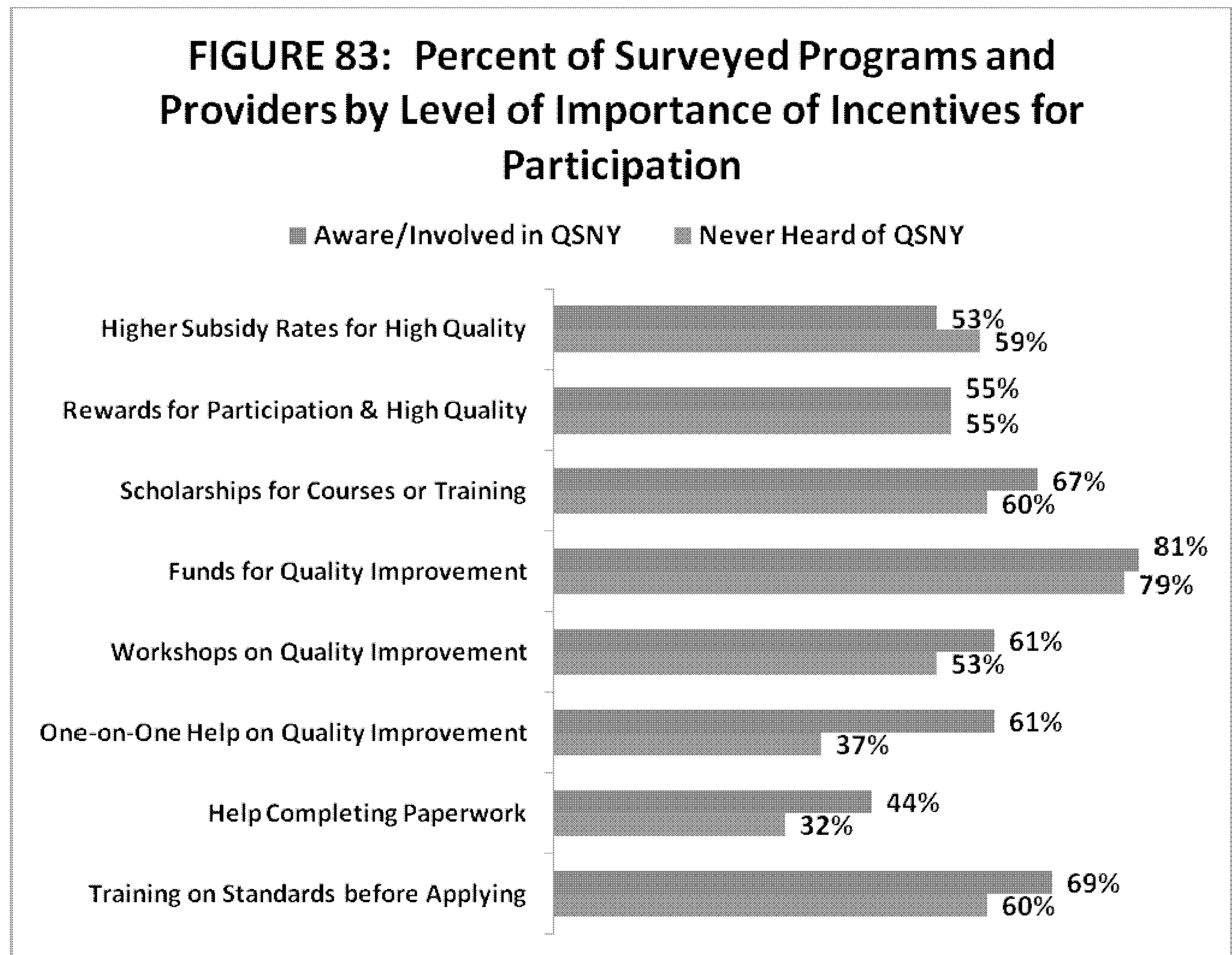
- Providing monetary incentives and rewards have obvious resources implications. However, so do other supports and incentives valued by participants, including the need to build or strengthen the infrastructure for training, assistance, and consultation across the state.

Evidence:

Typically, quality rating and improvement systems build in rewards and incentives, both to encourage participation in what is almost always a voluntary system and to support quality

improvement efforts. A sample of programs and providers in the field test communities was asked about what specific types of supports and incentives they believed would be important for QUALITYstarsNY.

Both those who were aware of or involved in the field test in some way and those who had never heard of QUALITYstarsNY gave very similar responses. (See Figure 83 and Table 61.) About four out of five responding programs and providers rated having funds to make quality improvement as important and about two-thirds reported that having scholarship funds to pay for courses or professional development training were important. Two-thirds of those aware of or involved in the field test also believed that providing training on the standards before applying to be part of QUALITYstarsNY would be important in statewide implementation.



**TABLE 61: Percent of Surveyed Programs and Providers
by Level of Importance of Incentives for Participation**

	Never Heard of QSNY	Aware/Involved in QSNY
Training on Standards before Applying	60%	69%
Help Completing Paperwork	32%	44%
One-on-One Help on Quality Improvement	37%	61%
Workshops on Quality Improvement	53%	61%
Funds for Quality Improvement	79%	81%
Scholarships for Courses or Training	60%	67%
Rewards for Participation & High Quality	55%	55%
Higher Subsidy Rates for High Quality	59%	53%

C. RESOURCES AVAILABLE FOR QUALITY IMPROVEMENT

1. What local resources were available in the field test communities for quality improvement?

Summary Statements:

- Professional development and training opportunities were generally reported to be readily available in their communities by the field test lead agencies. However, they expressed the need to align these opportunities more closely with the QUALITYstarsNY standards.
- Resources to provide more intensive, ongoing, and individualized support and to purchase appropriate materials and equipment were scarce.

Implications:

- The infrastructure for providing professional development and training exists in many communities across New York State. Strategies to use this infrastructure to deliver higher level knowledge- and skill-building training and technical assistance could be encouraged and supported through existing contracts with state agencies.
- As noted earlier, many programs and providers would use additional resources to purchase materials and equipment to support children’s learning. Small grants, perhaps coupled with arrangements for discounts or group rates, for participation in QUALITYstarsNY would be an effective incentive.
- Bringing about substantial and sustained change in practice – whether in the learning environment or in management practices – often requires ongoing support to programs and providers. Given the cost, developing efficient ways to deliver this support through technology, peer groups, or other methods should be considered.

Evidence:

Lead agency representatives, when interviewed by the evaluation team, noted that their organizations had the capacity to, and did, provide training and technical assistance to programs and providers in their communities. Several mentioned the need and their intention to offer more training in line with the standards especially related to developmentally appropriate practices.

Other commonly mentioned resources included local community colleges and universities as sources for continuing education and coursework. Field test communities in large cities mentioned that there were rich opportunities for program staff and family/group family child care providers to access for their own professional development as well as for learning experiences for their children.

However, the lead agency representatives also identified critical gaps in resources available to programs and providers in their communities. Access to affordable and appropriate learning materials was generally limited, particularly for family/group family child care home providers. Toys and equipment purchased at local retail stores were generally not of high quality or durable. Several agencies mentioned that previous arrangements for lending equipment and materials were no longer in place because of funding cuts. Small grant programs were suggested as a means of assisting programs and providers purchase such items.

Mentoring, coaching, and on-site training were all recognized by the lead agency staff as effective ways to improve practice and learning environments. Loss of funding support had eliminated these activities in several field test communities. Some lead agencies also indicated that more training and technical assistance will be needed in areas of practice that go beyond the basic subjects required by regulatory agencies.

2. What participant or community resources were used in the field test quality improvements plans?

Summary Statements:

- Most participating programs and providers were not able to draw on their own internal resources to carry out the field test professional development plans.
- Public schools and family/group family child care home providers made more use of community resources in their plans than did centers.

Implications:

- To some degree, the limited use of internal resources by public schools and centers in the field test might have been due to timing, as these resources may have already been allocated, particularly in the short term. Working with these programs to

develop long-term plans may help them target their resources to meet QUALITYstarsNY standards.

- Increasing community options for professional development and training in line with QUALITYstarsNY standards may also increase use of local resources. Family/group family child care home providers especially seem attuned to these opportunities and with very limited internal resources would benefit from having more available to them.

Evidence:

The quality improvement planning consultants worked with center and school administrators and family/group family child care home providers to identify available resources that could be used, in addition to the QUALITYScholarsNY funds, to support their professional development plans. Such resources could include funds set aside from the program or provider budget for training. They could also include training and courses available in the community.

As might be expected, public schools were able to identify available internal and community resources for professional development and training more often than centers and family/group family child care home providers. Almost one-third of public schools could allocate internal resources and more than one-half identified community resources. Center administrators working with the quality improvement planning consultants included internal and community resources equally often in their professional development plans with a little over one-quarter mentioned each. Family/group family child care home providers seldom were able to draw on their own resources, but were often confident in being able to make use of community resources, more so than centers. (See Figure 84 and Table 62.)

FIGURE 84: Percent of Participants Indicating Availability of Resources for Professional Development Plans

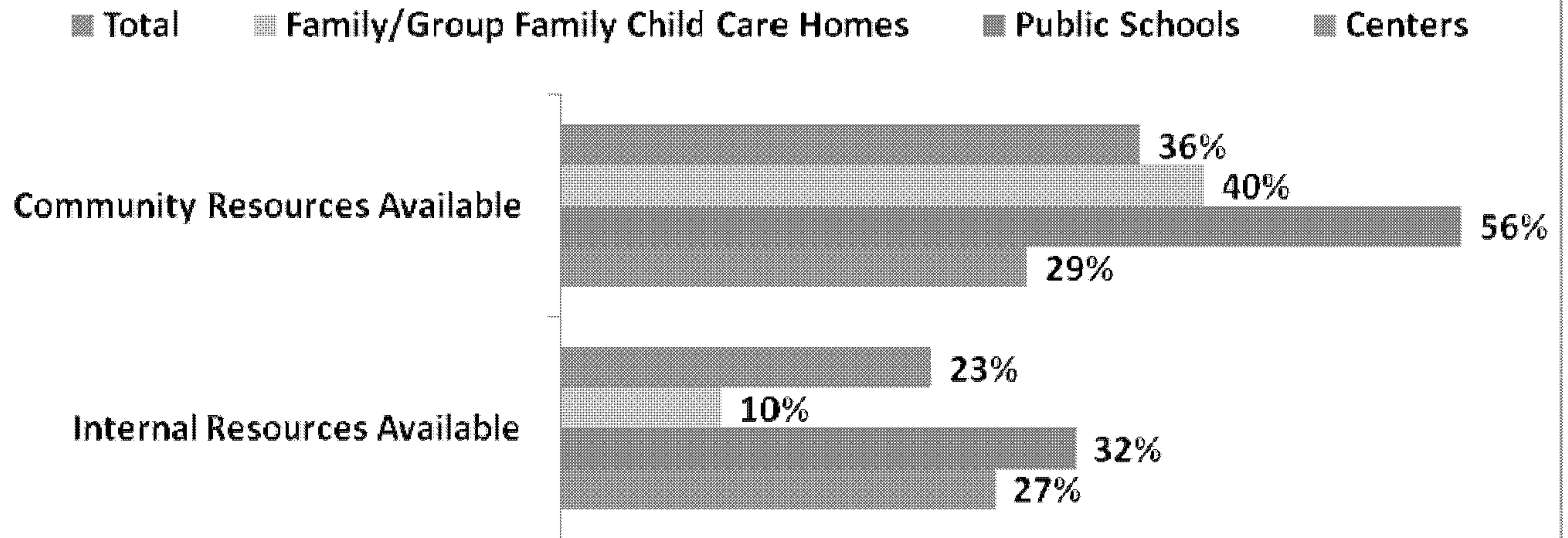


TABLE 62: Percent of Participants Indicating Availability of Resources for Professional Development Plan

	Centers	Public Schools	Family/Group Family Child Care Homes	Total
Internal Resources Available	27%	32%	10%	23%
Community Resources Available	29%	56%	40%	36%

END

SEE ATTACHMENTS FOR THE APPENDICES



Standards for Center- and School-based Early Learning and Development Programs

LEARNING ENVIRONMENT		
<p><i>Research Rationale: There is substantial evidence that classroom environment features are central to program quality and there is limited evidence that varied and appropriate classroom materials support children’s development. There is substantial evidence that the quality of teacher-child interactions contributes to quality in early care and education settings and substantial evidence that children with involved and responsive caregivers fare better on a wide variety of child development measures. There is a substantial amount of evidence that developmentally appropriate curriculum is related to other measures of program quality and substantial evidence that a developmentally appropriate curriculum is related to child outcomes. There is a moderate amount of evidence that developmentally-appropriate assessment is associated with improved child development outcomes.</i></p>		
<p>Programs aiming for Star 3-5 must have independent ERS observations and score appropriately. Programs aiming for the Star 4 and Star 5 levels must also have independent CLASS observations and score appropriately.</p>		
Classroom Environment	Documentation	Points
CE 1. Program ¹ staff attend training on the Environment Rating Scales (ERS) ² and complete a self-assessment using the appropriate scale(s).	<input type="checkbox"/> Evidence of training completion and self-assessment report.	2.5
CE 2. Program completes an ERS self-assessment using the appropriate scale(s) and writes an improvement plan to address subscale scores below 3.25.	<input type="checkbox"/> Completed ERS self-assessment report with overall score, subscale scores, and written improvement plan.	10
CE 3. Program has an <u>independent</u> ERS ³ assessment and achieves an overall score of 4.25 – 4.9. Written improvement plan for subscale scores below 3.5.	<input type="checkbox"/> Completed ERS report with written improvement plan.	20
CE 4. Program has <u>independent</u> ERS assessment using the appropriate scale(s) and achieves an overall score of	<input type="checkbox"/> Completed ERS report with written	30

¹ *Program* means all types of early care and learning settings such as child care centers, prekindergarten in public or private schools, nursery schools, Head Start and Early Head Start centers, and special education preschools (4410 schools).

² The Environment Rating Scales (ERS) are a family of tools to measure program quality. These include the Early Childhood Environment Rating Scale, revised (ECERS-R); the Infant/Toddler Environment Rating Scale, revised (ITERS-R); the Family Child Care Environment Rating Scale, revised (FCCERS-R) and the School Age Care Environment Rating Scale (SACERS). **NOTE: no-cost training will be offered on introduction to the ERS and introduction to QUALITYstarsNY.**

5.0 – 5.4. Written improvement plan for subscale scores below 4.0.	improvement plan.	
CE 5. Program has <u>independent</u> ERS assessment using the appropriate scale(s) and achieves an overall score of 5.5 or higher. Written improvement plan for subscale scores below 4.5.	<input type="checkbox"/> Completed ERS report with written improvement plan.	50
Child-Teacher Interaction	Documentation	Points
CTI 1. Program has independent CLASS observations and achieves an overall score of 3.5 – 4.9.	<input type="checkbox"/> Completed CLASS report	10
CTI 2. Program has independent CLASS observations and achieves an overall score of 5.0 – 5.9.	<input type="checkbox"/> Completed CLASS report	20
CTI 3. Program has independent CLASS observations and achieves an overall score of 6.0 and higher.	<input type="checkbox"/> Completed CLASS report	30
Child Observation and Assessment⁴	Documentation	Points
COA 1. Parents complete a questionnaire at enrollment that collects information on children’s development including social emotional development, dominant language, parent’s current feeding practices (especially for infants), health and nutritional concerns and allergies, health insurance enrollment, medical and dental provider, and any special needs.	<input type="checkbox"/> Copies of 3 completed questionnaires (with identifying info removed).	5
COA 2. The developmental screening of each child is documented within 45 days of entering the program using a child development screening tool.	<input type="checkbox"/> One completed copy of each developmental screening tool used (with identifying info removed) <input type="checkbox"/> Policy and procedures for screening.	15
COA 3. The screening tool is valid and reliable.	<input type="checkbox"/> Copy of screening tool	5
COA 4. The developmental progress of each child is documented regularly using a child development assessment tool(s).	<input type="checkbox"/> One completed copy of each assessment tools used (one per age group with identifying info removed)	20
COA 5. The developmental assessment tool is research based.	<input type="checkbox"/> Copies of assessment tool	5
COA 6. Program provides all teaching staff with at least 2 hours of annual training in child observation and assessment, including recognition of developmental milestones and identifying possible developmental delays.	<input type="checkbox"/> Training agenda with learning outcomes <input type="checkbox"/> Documentation of staff participation	20

⁴ NOTE: training will be offered on child observation and developmental assessment.

COA 7. Program provides all teaching staff with at least 3 hours of annual training in linking child observation and assessment to curriculum implementation.	<input type="checkbox"/> Training agenda with learning outcomes <input type="checkbox"/> Documentation of staff participation	20
COA 8. Program has in place a child assessment system that includes the following components: <ul style="list-style-type: none"> • Use of assessment results for classroom planning and instruction • Use of results to inform program planning • Training for staff on use of screening and/or assessment tools • Collection and protection of data /assessment results • Sharing assessment results with parents 	<input type="checkbox"/> Statement of practice detailing the child assessment system <input type="checkbox"/> Evidence of assessment result use <input type="checkbox"/> Training agenda with learning outcomes <input type="checkbox"/> Policy/practice statement regarding collection, protection and use of assessment data	20
Curriculum⁵ Planning and Implementation	Documentation	Points
CPI 1. The program has a written education philosophy or statement.	<input type="checkbox"/> Copy of education philosophy or philosophy statement	5
CPI 2. The program selects and uses a written curriculum or curriculum framework that is developmentally appropriate and addresses the key domains of child development.	<input type="checkbox"/> Copy of curriculum or curriculum framework <input type="checkbox"/> Documentation of use (i.e., sample teacher plans; lesson plans)	10
CPI 3. The curriculum/curriculum framework is evidence-based.	<input type="checkbox"/> Copy of curriculum or curriculum framework	10
CPI 4. The curriculum/curriculum framework is adapted to be culturally competent.	<input type="checkbox"/> Evidence of adaptation or other evidence of cultural competence (lesson plans, activities)	10
CPI 5. Staff receive training and supervision support to implement the curriculum.	<input type="checkbox"/> Training certificates <input type="checkbox"/> Evidence in Registry <input type="checkbox"/> Training logs	15
CPI 6. The curriculum/curriculum framework aligns with the NYS Early Learning Guidelines and Pre-K Learning Standards. ⁶	<input type="checkbox"/> Name and publisher of curriculum <input type="checkbox"/> Completed curriculum crosswalk (if curriculum is not on QSNY list)	10

⁵ *Curriculum* means the goals for knowledge and skills to be acquired by children and the plans for learning opportunities through which such knowledge and skills will be achieved

⁶ NYS Early Learning Standards for Children from Birth to Five/Kindergarten Entry Age are the Prekindergarten Learning Standards (by SED) and Early Learning Standards for Children from Birth through Age Three/PreK Entry Age (by Council on Children and Families). More info can be at www.earlychildhood.org. Training on the NYS Early Learning Standards will be offered.

CPI 7. The curriculum/curriculum framework is connected to a child assessment system. ⁷	<input type="checkbox"/> Name and publisher of curriculum <input type="checkbox"/> Assessment tool and explanation of connection	20
CPI 8. Assessment results are used to inform program practice or instruction that addresses the needs of individual children.	<input type="checkbox"/> Weekly or daily lesson plans <input type="checkbox"/> Individualized learning goals based on child observations and assessment.	20
Health and Learning	Documentation	Points
HL 1. Program provides infants daily opportunities to move freely under adult supervision to explore indoor and outdoor environments. Infants under six months of age are also provided with daily supervised tummy time (when awake).	<input type="checkbox"/> Program handbook <input type="checkbox"/> Other	10
HL 2. Program provides opportunities for toddlers and preschoolers to have at least 15 minutes of physical activity per hour in care. These activities should be developmentally appropriate, structured and unstructured, moderate to vigorous physical activity (both inside and outside). Throughout the day children should not be sitting/standing for more than 30 minutes at a time except when children are eating or sleeping.	<input type="checkbox"/> Program handbook <input type="checkbox"/> Evidence of policy <input type="checkbox"/> Daily schedule or plan	10
HL 3. Policies exist that include a limit on screen time for children and screen time is never used during nap and meal time. For children birth to age 2 there is no screen time. For children ages 2 to 5 there is no more than 30 minutes once a week of high quality educational or movement-based commercial-free programming.	<input type="checkbox"/> Program handbook <input type="checkbox"/> Evidence of policy <input type="checkbox"/> Daily schedule/plans	10

⁷ Guidance on choosing curricula and assessment systems is contained in the Joint Position Statement from NAEYC and the National Association of Early Childhood Specialists in State Departments of Education, Early Childhood Curriculum, Assessment, and Program Evaluation: Building an Effective, Accountable System in Programs for Children Birth through Age 8. It is available at <http://www.naeyc.org/positionstatements/cape>

HL 4. Program implements an obesity prevention curriculum and/or conducts a self-assessment using an obesity prevention tool. Staff is trained on implementing the curriculum.	<input type="checkbox"/> Copy of curriculum or self-assessment	10
HL 5. Staff attends training regarding health promotion.	<input type="checkbox"/> Training Certificate(s) <input type="checkbox"/> Training agenda <input type="checkbox"/> Training attendance sheet	5

FAMILY ENGAGEMENT

Research Rationale: *There is substantial evidence that parent involvement and parent-provider communication is important for high quality early childhood education. There is substantial evidence that parent-involvement is related to child development outcomes. Parent-provider communication in the parent's dominant language is necessary for optimum results.*

Communication	Documentation	Points
C 1. Program has a system for staff to provide parents with a daily written report of the child's experiences; for children under 2 years it should include, care-giving routines such as feeding, sleeping, and diapering/toileting.	<input type="checkbox"/> Form used for communication and evidence of use (e.g., referenced in teacher job descriptions or in parent handbook). <input type="checkbox"/> Copy of notes or notebook (with identifying information removed)	20
C 2. Program provides families with a parent handbook.	<input type="checkbox"/> Parent handbook	10
C 3. Program offers regular (at least quarterly) parent newsletter.	<input type="checkbox"/> Copy of newsletters (one per quarter)	10
C 4. Program offers additional parent-teacher conferences (once annually as required by regulations).	<input type="checkbox"/> Invitation <input type="checkbox"/> Photograph of bulletin board <input type="checkbox"/> Calendar showing schedule of teachers' conferences. <input type="checkbox"/> Newsletter showing conference announcements	10
C 5. Program offers written information for parents about each staff member's educational qualifications and professional experience.	<input type="checkbox"/> Handbook with staff qualification information <input type="checkbox"/> Photograph of bulletin board <input type="checkbox"/> Staff member profiles	10
C 6. Program offers parent meeting about center activities.	<input type="checkbox"/> Invitation <input type="checkbox"/> Photograph of bulletin board <input type="checkbox"/> Calendar showing schedule of teachers' conferences. <input type="checkbox"/> Newsletter showing parent meeting	10
C 7. Program offers a parent resource area with materials such as brochures, bulletin board, community resource list or handbook (updated at least annually) about supports such as information on child development, oral health, child health insurance, tax credits,	<input type="checkbox"/> Photograph of resource area <input type="checkbox"/> Resource area reference in program materials <input type="checkbox"/> Resource handbook	10

child care financial assistance and other family/parent supports.	<input type="checkbox"/> Resource lists	
C 8. Program provides parent materials in the parent's dominant language (if other than English) and at appropriate literacy levels.	<input type="checkbox"/> Copies of parent handbook(s), resource/referral handbook(s) or other parent materials in parents' dominant language.	10
Involvement & Family Support	Documentation	Points
IFS 1. Program has a breastfeeding friendly designation from CACFP or equivalent if not CACFP eligible*	<input type="checkbox"/> Breastfeeding Friendly Certificate <input type="checkbox"/> If not CACFP eligible - Self-Study Checklist or evidence of breastfeeding friendly policy	5
IFS 2. Program offers family social gatherings. Invitations to these gatherings intentionally target other family members, in addition to parents.	<input type="checkbox"/> Copy of agenda, announcement, invitation list, etc.	5
IFS 3. Program offers educational events on topics chosen with input from families including topics about child development.	<input type="checkbox"/> Parent surveys <input type="checkbox"/> Notes from a parent meeting	5
IFS 4 Program offers volunteering opportunities for families including opportunities for families to share talents and expertise with teaching staff and children.	<input type="checkbox"/> Copy of agenda, announcement, invitation list, etc.	5
IFS 5. A parent advisory committee that meets at least 4 times per year.	<input type="checkbox"/> List of members with affiliation/role; minutes of meetings (dated).	10
IFS 6. At least one currently enrolled parent is a member of the program's governing board or body.	<input type="checkbox"/> List of members with affiliation/role	10
IFS 7. Families complete a program evaluation or survey annually and results are used for program improvement.	<input type="checkbox"/> Copies of completed program evaluation or surveys <input type="checkbox"/> Self-assessment report <input type="checkbox"/> Program improvement planning documents.	10
IFS 8. Program conducts self-assessment using a tool on family responsive practices, such as the Center for the Study of Social Policy's Family Strengthening Self-Assessment tool, and results are used for program improvement. ⁸	<input type="checkbox"/> Copies of completed self-assessment <input type="checkbox"/> Self-assessment report <input type="checkbox"/> Program improvement planning	10

⁸ The print version of this tool is available at <http://www.strengtheningfamilies.net/> The online tool is at http://strengtheningfamilies.net/self_assessment/

	documents.	
IFS 9. At least half of teaching staff and half of administrative staff use a self-assessment tool to measure and improve cultural competence, such as the checklist for Promoting Cultural & Linguistic Competency for ECE Personnel from the National Center on Cultural Competence. ⁹	<input type="checkbox"/> Copies of completed self-assessment <input type="checkbox"/> Self-assessment report <input type="checkbox"/> Program improvement planning documents.	15
IFS 10. When program enrolls children who are English language learners (ELL) and/or whose families are ELL, program staff greet children and parents in the home languages of the children and parents.	<input type="checkbox"/> Copies of policies <input type="checkbox"/> List of dominant languages of children and families <input type="checkbox"/> Translated materials	10
IFS 11. When 50% of enrolled children are speakers of a particular language other than English, program employs at least one staff member who speaks that language.	<input type="checkbox"/> Resumes of staff showing language fluency.	10
IFS 12. Program staff is trained to address the needs of English language Learners, special education and or special healthcare needs of enrolled children.	<input type="checkbox"/> Evidence of staff training/courses in English Language Learners <input type="checkbox"/> Evidence of staff training/courses in special education needs <input type="checkbox"/> Evidence of medication administration training and certification	15
IFS 13. Program staff maintains effective communication with parents and all related service providers for children with IEPs or IFSPs. With parent permission, program staff participates in IEP/IFSP meetings.	<input type="checkbox"/> Permission/request form <input type="checkbox"/> Copy of Memorandum of Understanding if program collaborates with a special education (4410) school. <input type="checkbox"/> Copy of visit form with identifying information removed	10
Transitions	Documentation	Points
T 1. Program has a written policy for transitioning children into the program, which includes providing information on separation and attachment.	<input type="checkbox"/> Copies of policies <input type="checkbox"/> Info from parent handbook	30

⁹ This tool is available at <http://www11.georgetown.edu/research/gucchd/nccc/documents/Checklist.EIEC.doc.pdf>

<p>T 2. Program has a written policy and procedures to support children and families during transitions within the program.</p>	<input type="checkbox"/> Copies of policies <input type="checkbox"/> Info from parent handbook	<p>10</p>
<p>T 3. Program has a written policy and procedures to support children and families transitioning out of the program that includes providing parents of 4-year-olds with information on kindergarten registration and transferring child records, with parent permission, when child transitions to another educational setting (e.g., other center, kindergarten).</p>	<input type="checkbox"/> Copies of policies <input type="checkbox"/> Info from parent handbook	<p>30</p>
<p>T 4. If program enrolls infants and toddlers, program has a policy that addresses both daily and annual continuity of care from the child's perspective and ensures no more than one transition within child's first two years.</p> <p>OR</p> <p>If program does <u>not</u> enroll infants and toddlers, program promotes the quality and continuity of teacher-child relationships through teacher training and scheduling.</p>	<input type="checkbox"/> Copy of policy <input type="checkbox"/> Info from parent handbook <input type="checkbox"/> Sample written transition plan <input type="checkbox"/> Staffing schedule	<p>20</p>

QUALIFICATIONS AND EXPERIENCE¹⁰

Research Rationale: *There is a substantial amount of evidence that teacher education and training are related to other measures of program quality and to child outcomes. There is substantial evidence that director professional development is related to other measures of program quality and limited evidence that director professional development is related to child outcomes. While there is limited and conflicting evidence that experience of staff is related to other measures of program quality or child development outcomes, consumers value experience*

Note: A One Star program meets the NYS or NYC regulations for administrator and staff qualifications and ongoing training. To advance, a program can earn points in both the administrator and the teaching staff categories. Points are earned for the highest degree completed AND for each of several credentials AND for experience. Teaching staff points are weighted by percent of time worked and averaged (to account for programs with different numbers of staff).

Administrator Qualifications ¹¹	Documentation	Points
AQ 1. Associate degree in ECE/CD, or an Associate degree in a related field including at least 9 credits in ECE/CD, or any Associate degree including at least 24 credits in ECE/CD.	<input type="checkbox"/> Official transcript (showing all course titles and degree granted).	10
AQ 2. Bachelors degree in ECE/CD, or a Bachelors degree in a related field including at least 9 credits in ECE/CD, or any Bachelors degree including at least 24 credits in ECE/CD.	<input type="checkbox"/> Official transcript (showing all course titles and degree granted).	20
AQ 3. Masters degree or higher in ECE/CD, or a Masters degree or higher in a related field including at least 9 credits in ECE/CD, or any Masters degree or higher including at least 24 credits in ECE/CD.	<input type="checkbox"/> Official transcript (showing all course titles and degree granted).	30
AQ 4. At least 45 clock hours ¹² in management, supervision, leadership, and/or administration.	<input type="checkbox"/> Official transcript (showing all course titles and degree granted).	2.5

¹⁰ NOTE: college credits and CEUs appear throughout this section. Life and work experience can be translated into credit by contacting Empire State College or another institution that offers a way to gain credit through life experience.

¹¹ Degree means from regionally accredited institutions of higher education that may have been earned through online course work, distance learning, degree completion programs or some combination that offer credit as part of a formal assessment of prior learning.

Credits in management, supervision, leadership, and/or administration means in school administration, business management, communication, technology, personnel supervision, early childhood management or administration, or some combination of these areas.

Credits in ECE/CD means specialized college-level course work in early childhood education, child development, elementary education, or early childhood special education that encompasses child development and children's learning from birth through kindergarten; family and community relationships; the practices of observing, documenting, and assessing young children; teaching and learning processes; and professional practices and development.

¹² Equivalent to a 3-credit course or 4.5 Continuing Education Units OCFS (CEUs)

AQ 5. At least 9 credit hours (13.5 CEUs) in management, supervision, leadership, and/or administration	<input type="checkbox"/> Official transcript (showing all course titles and degree granted).	5
AQ 6. Children's Program Administrator Credential (CPAC) ¹³	<input type="checkbox"/> Copy of credential.	10
AQ 7. School Administrator certificate ¹⁴	<input type="checkbox"/> Copy of certificate.	10
Administrator Experience	Documentation	Points
AE 1. At least 3 years experience in supervision or management in an early care and education program ¹⁵	<input type="checkbox"/> Employment record.	55
Teaching Staff Qualifications	Documentation	Points
TSQ 1. First Aid/CPR training	<input type="checkbox"/> Copy of certificate of completion.	2.5
TSQ 2. 18 college credits in ECE/CD	<input type="checkbox"/> Official transcript (showing all course titles).	5
TSQ 3. Associate degree in ECE/CD, or Associates degree in a related field and 9 ECE/CD credits, or any Associate degree including at least 24 credits in ECE/CD	<input type="checkbox"/> Official transcript (showing all course titles and degree granted).	10
TSQ 4. Bachelors degree in ECE/CD, or Bachelors degree in a related field and 9 ECE/CD credits, or any Bachelors degree including at least 24 credits in ECE/CD.	<input type="checkbox"/> Official transcript (showing all course titles and degree granted).	30
TSQ 5. Masters degree or higher in ECE/CD, or Masters degree in a related field and 9 ECE/CD credits or any Masters degree or higher including at least 24 credits in ECE/CD.	<input type="checkbox"/> Official transcript (showing all course titles and degree granted).	40
TSQ 6. Child Development Associate (CDA) credential with Preschool specialization	<input type="checkbox"/> Copy of credential.	5
TSQ 7. Child Development Associate (CDA) credential with Infant-Toddler specialization	<input type="checkbox"/> Copy of credential.	5
TSQ 8. NYS Infant-Toddler Credential	<input type="checkbox"/> Copy of credential.	10
TSQ 9. NYS Early Childhood Teacher (Birth-Grade 2) Certificate or NYS Early Childhood Special Education Teacher Certificate ¹⁶	<input type="checkbox"/> Copy of certificate.	20

¹³ The CPAC credential requires the applicant to hold at least an associate's degree (or sixty credits) in early childhood or a related field, complete 18 college credits of specific coursework, and prepare a professional portfolio demonstrating competency in five content areas. The credential can be earned at three levels based on the level of degree the applicant holds: associate, bachelor or masters. Thus points can be earned for both the CPAC and the degree.

¹⁴ *School administrator certificates* include the current School Building Leader (SBL), School District Leader (SDL), School District Business Leader (SDBL) or the former School Administration and Supervision (SAS).

¹⁵ *Early care and education program* means ANY center, school or home-based program for children birth to five.

Teaching Staff Experience	Documentation	Points
TSE 1. At least 3 years experience teaching in an early care and education program	<input type="checkbox"/> Employment record.	70
Retention	Documentation	Points
R 1. The overall retention rate for teaching staff ¹⁷ is 80% or above.	<input type="checkbox"/> Calculated annual retention rates.	20

¹⁶ Other teaching certificates such as Montessori or early childhood teacher credentials from countries other than the U.S. will be evaluated on a case-by-case basis. Official transcripts, course descriptions and copies of credentials should be submitted.

¹⁷ *Teaching staff* means all classroom staff including aides and assistants. *Retention rate* is the percent of current teaching staff in a given position title (e.g., teacher or assistant teacher), who were employed one year ago.

MANAGEMENT AND LEADERSHIP¹⁸

Research Rationale: There is some evidence that the implementation of program policies and procedures is related to other measures of quality and child development outcomes.

Note: For multi-site organizations, this section may need to be completed by staff in the central office. Remember that documentation must apply to the applicant site.

Administrative Self-Assessment	Documentation	Points
ASA 1. Program conducts a self-assessment using a tool, such as the Program Administration Scale or another administrative/management assessment tool.	<input type="checkbox"/> Report of self-assessment.	20
ASA 2. Program demonstrates progress on a plan aligned to the administrative/management self-assessment.	<input type="checkbox"/> Plan indicating at least 3 areas of improvement and proof of progress in those areas	30
ASA 3. Program is actively engaged in self-study for NAEYC Accreditation. ¹⁹	<input type="checkbox"/> Receipts for self-study materials <input type="checkbox"/> Progress reports	20
Financial Accountability and Sustainability	Documentation	Points
FAS 1. Payroll and payroll taxes are paid on time.	<input type="checkbox"/> Receipts or other evidence of payments	5
FAS 2. Liability insurance is current to date.	<input type="checkbox"/> Insurance binder <input type="checkbox"/> Proof of payment	5
FAS 3. State and federal taxes are paid or IRS Form 990 is filed on time.	<input type="checkbox"/> Tax documents <input type="checkbox"/> IRS Form 990	5
FAS 4. Program has a current-year operating budget related to the early care and education program showing revenues and expenses.	<input type="checkbox"/> Copy of budget	15
FAS 5. A system exists to generate at least quarterly income and expense statements, comparing actual revenues and expenses to budget.	<input type="checkbox"/> Copies of quarterly financial reports <input type="checkbox"/> Affidavit by on-site administrator and/or board members	10

¹⁸ NOTE: For multi-site organizations and for multiple school programs in a single school district, some of these criteria may be met overall by reference to sections of a union contract or the organizational personnel policies.

¹⁹ Some limit on the time a program can be in self-study will be defined. For more info on self-study and NAEYC accreditation, go to <http://www.naeyc.org/academy/>

FAS 6. If eligible, program participates in the Child and Adult Care Food Program (CACFP) or if not eligible, meals and snacks meet the CACFP meal pattern for the ages served.	<input type="checkbox"/> Copy of CACFP billing <input type="checkbox"/> Copy of CACFP reimbursement checks <input type="checkbox"/> Correspondence from CACFP Sponsor <input type="checkbox"/> Copy of CACFP contract <input type="checkbox"/> Copies of menus or meal logs	15
FAS 7. Program has written fiscal policies and procedures that detail the management of funds, payroll, etc. See Appendix for example.	<input type="checkbox"/> Copy of fiscal policies and procedures	5
FAS 8. There is an independent review ²⁰ of accounting records (reconciliation of bank statements to the general ledger) by someone with accounting or bookkeeping expertise who is not an employee of the organization.	<input type="checkbox"/> Evidence of financial review (can we be more specific here?)	10
FAS 9. An outside audit is conducted annually by a Certified Public Accountant.	<input type="checkbox"/> Copy of audit report	10
FAS 10. Program has established procedures to market and fill open child slots/vacancies. Program uses several external communication tools such as brochures and paid advertising. Communication is in languages that are dominant in the community. Records are kept of prospective parent contacts and the follow-up action taken.	<input type="checkbox"/> Copy of marketing procedures <input type="checkbox"/> Copies of waiting list <input type="checkbox"/> Telephone logs <input type="checkbox"/> Sample emails <input type="checkbox"/> Materials	5
Policies and Procedures	Documentation	Points
PP 1. Program has written job descriptions for all positions.	<input type="checkbox"/> Copies of job descriptions (one per role)	2.5
PP 2. Written employee handbook is given to each employee when hired.	<input type="checkbox"/> Employee handbook with signed employee receipts (at least one per job description) <input type="checkbox"/> Hiring procedures	5
PP 3. Program provides new employees with an orientation that includes: <ul style="list-style-type: none"> • Review of job description • Discussion/Review of regulations applicable to the program 	<input type="checkbox"/> Copy of staff orientation checklist <input type="checkbox"/> Description of orientation process	5

²⁰ Independent review means that the reviewer is not an employee of the organization. A board member or 5parent can conduct an independent review.

<ul style="list-style-type: none"> • Review of evacuation and emergency procedures • Review of educational plan/curricula 		
PP 4. Program has a written employee confidentiality policy.	<input type="checkbox"/> Copy of confidentiality policy	2.5
PP 5. Program staff participates in at least monthly staff meetings.	Evidence to be submitted must include monthly documents for any one of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Staff meeting attendance lists <input type="checkbox"/> Program calendar indicating staff meetings <input type="checkbox"/> Meeting notes <input type="checkbox"/> Meeting agendas 	5
PP 6. Written notes are taken at each staff meeting and then shared with staff.	<input type="checkbox"/> Copies of meeting notes from at least 3 meetings within previous 12 months AND at least one evidence below: <ul style="list-style-type: none"> <input type="checkbox"/> Email or memo referencing notes <input type="checkbox"/> picture of bulletin board with meeting notes displayed 	2.5
PP 7. Program philosophy and staff recruitment strategies demonstrate commitment to diversity and staff reflects its community.	<input type="checkbox"/> Copy of philosophy statement <input type="checkbox"/> Copy of recruitment strategy AND the following: <ul style="list-style-type: none"> <input type="checkbox"/> Statement about how staff reflect the community 	10
PP 8. All employees have formal, written performance assessments annually.	<input type="checkbox"/> Documentation of written performance assessments (one per staff position)	10

<p>PP 9. Teaching and supervisory staff have individual professional development plans; teaching staff professional development plans match these areas:</p> <ul style="list-style-type: none"> • Child Growth and Development • Families and Community Relationships • Observation and Assessment • Environment and Curriculum • Health, Safety and Nutrition • Professionalism and Leadership <p>These are the <u>NYS Core Body of Knowledge for Early Education</u> professionals. See http://www.earlychildhood.org/pdfs/CoreBody.pdf and New York State Teacher Standards (P-12)</p>	<p><input type="checkbox"/> Copies of professional development plans (one per teaching and supervisory position)</p>	<p>20</p>
<p>PP 10. Performance assessment informs individual professional development plans.</p>	<p><input type="checkbox"/> Professional development plans with goal statements highlighted and showing link to performance assessments</p> <p><input type="checkbox"/> Performance assessments</p> <p>One example from at least three staff levels i.e. assistant teacher, lead teacher, director</p>	<p>10</p>
<p>PP 11. In professional development plans, evidence of progress is demonstrated (at least one per role).</p>	<p><input type="checkbox"/> Plan</p> <p><input type="checkbox"/> Course certificates</p> <p><input type="checkbox"/> Transcripts</p> <p><input type="checkbox"/> Supervision meeting minutes or notes</p>	<p>20</p>
Staff Compensation and Benefits	Documentation	Points
<p>SCB 1. Program has an up-to-date written wage scale that is shared with staff and is based on role, education, training, and years of relevant experience.</p>	<p><input type="checkbox"/> Copy of wage scale or union wage scale</p>	<p>10</p>
<p>SCB 2. Program offers staff a compensation package with benefit options:</p>	<p><input type="checkbox"/> Copy of employee handbook detailing benefits.</p>	
<p>a. <input type="checkbox"/> paid holidays</p>		<p>1.5</p>

b. <input type="checkbox"/> paid time off (sick, vacation, personal);		2.5
c. <input type="checkbox"/> health insurance		5
d. <input type="checkbox"/> family and medical leave		1.5
e. <input type="checkbox"/> flexible scheduling		1.5
f. <input type="checkbox"/> retirement		5
g. <input type="checkbox"/> life insurance		1.5
h. <input type="checkbox"/> flexible spending account		1.5
i. <input type="checkbox"/> dependent care assistance plan		1.5
j. <input type="checkbox"/> tuition discounts for employee's children		2.5
k. <input type="checkbox"/> tuition reimbursement for education		5
l. <input type="checkbox"/> employee assistance program		1.5
m. <input type="checkbox"/> dental insurance		1.5
SCB 3. Program offers part-time staff a pro-rated compensation package that includes at a minimum paid time off and health insurance.	<input type="checkbox"/> Copy of compensation package <input type="checkbox"/> Employee handbook/policy	10
Staff Planning	Documentation	Points
SP 1. Program has a written staffing plan to cover planned and unplanned absences.	<input type="checkbox"/> Copy of staffing plan	5
SP 2. Staff is provided with space to plan away from children during the day.	<input type="checkbox"/> Copy of staffing plan <input type="checkbox"/> Reference in employee handbook	10
SP 3. Program provides lead teachers with 1 hour of paid planning time per week (away from children).	<input type="checkbox"/> Copy of staffing plan <input type="checkbox"/> Reference in employee handbook	10
SP 4. Staff have access to computers and the Internet during planning time.	<input type="checkbox"/> Staff handbook <input type="checkbox"/> Bill to ISP <input type="checkbox"/> Copy of staff e-mails or Internet research sites <input type="checkbox"/> Photo of computers	5
SP 5. Program provides at least 1 hour every other week of paid planning time for classroom	<input type="checkbox"/> Copy of staffing plan	20

staff to plan together (away from children). (e.g., team planning)	<input type="checkbox"/> Copy of staff e-mails or <input type="checkbox"/> Staff attestation statement	
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Standards for Family Home-based Early Learning and Development Programs

LEARNING ENVIRONMENT		
<p>Research Rationale: <i>There is substantial evidence that classroom environment features are central to program quality and there is limited evidence that varied and appropriate classroom materials support children’s development. There is substantial evidence that the quality of teacher-child interactions contributes to quality in early care and education settings and substantial evidence that children with involved and responsive caregivers fare better on a wide variety of child development measures. There is a substantial amount of evidence that developmentally appropriate curriculum is related to other measures of program quality and substantial evidence that a developmentally appropriate curriculum is related to child outcomes. There is a moderate amount of evidence that developmentally-appropriate assessment is associated with improved child development outcomes.</i></p>		
<p>Programs aiming for Star 3-5 must have independent ERS observations and score appropriately. Programs aiming for the Star 4 and Star 5 levels must also have independent CLASS observations and score appropriately.</p>		
Home Environment	Documentation	Points
HE 1. Provider ²¹ attends training on the Family Child Care Environment Rating Scale-R ²² (FCCERS-R) and completes a self-assessment.	<input type="checkbox"/> Evidence of training completion and self-assessment report.	5
HE 2. Provider completes a self-assessment using the FCCERS-R and writes an improvement plan to address subscale scores below 3.25.	<input type="checkbox"/> Completed FCCERS-R self-assessment report with written improvement plan.	10
HE 3. Provider has an independent FCCERS-R assessment and achieves an overall score of 4.2 – 4.9. Written improvement plan for subscale scores below 3.5.	<input type="checkbox"/> Completed FCCERS-R assessment report with written improvement plan.	20
HE 4. Provider has independent FCCERS-R assessment and achieves an overall score of 5.0 – 5.4. Written	<input type="checkbox"/> Completed FCCERS-R assessment report with	30

²¹ Provider means both types: a family child care provider (small home) or a group family child care provider (large home).

²² The Environment Rating Scales (ERS) are a family of tools to measure program quality. These include the Early Childhood Environment Rating Scale, revised (ECERS-R); the Infant/Toddler Environment Rating Scale, revised (ITERS-R); the Family Child Care Environment Rating Scale (FCCERS) and the School Age Care Environment Rating Scale (SACERS). **NOTE: no-cost training will be offered on introduction to the ERS and introduction to QUALITYstarsNY.**

improvement plan for subscale scores below 4.0.	written improvement plan.	
HE 5. Provider has independent FCCERS-R assessment and achieves an overall score of 5.5 or higher. Written improvement plan for subscale scores below 4.5.	<input type="checkbox"/> Completed FCCERS-R assessment report with written improvement plan.	40
Child Observation and Assessment²³	Documentation	Points
COA 1. Parents complete a questionnaire at enrollment that collects information on children's development, including social emotional, dominant language, parent's current feeding practices (especially for infants), health and nutritional concerns, allergies, health insurance enrollment, medical and dental providers, and any special needs.	<input type="checkbox"/> #Copies of completed questionnaires (with identifying info removed)	2.5
COA 2. The developmental status of each child is documented within 45 days of entering the program with a child development screening tool.	<input type="checkbox"/> One completed developmental assessment per age group (submitted with identifying info removed).	5
COA 3. The developmental progress of each child is documented regularly using a child development assessment tool or anecdotal records.	<input type="checkbox"/> Copies of developmental assessment tool (with identifying info removed) <input type="checkbox"/> Copies of anecdotal records (one per age group, with identifying info removed)	10
COA 4. Provider and any regular assistants have at least 2 hours of annual training in child observation and assessment including recognition of developmental milestones and identifying possible developmental delays.	<input type="checkbox"/> Training agenda with learning outcomes <input type="checkbox"/> Documentation of participation.	5
COA 5. Provider and any regular assistants have at least 3 hours of annual training in linking child observation and assessment to curriculum implementation.	<input type="checkbox"/> Qualifications of the trainer; training agenda with learning outcomes <input type="checkbox"/> Documentation of participation.	5
COA 6. Provider has in place a child assessment system that includes the following components:	<input type="checkbox"/> Statement of practice detailing the child	10

²³ **NOTE: training, tailored to family child care, will be offered on child observation and developmental assessment.**

<ul style="list-style-type: none"> • Use of assessment results for program planning and instruction • Training for provider on use of screening and/or assessment tools • Collection and protection of data /assessment results • Sharing assessment results with parents 	<p>assessment system</p> <input type="checkbox"/> Evidence of assessment result use <input type="checkbox"/> Training agenda with learning outcomes <input type="checkbox"/> Policy/practice statement regarding collection, protection and use of assessment data	
Curriculum²⁴ Planning and Implementation	Documentation	Points
CPI 1. Provider has lesson plans that outline learning goals and contain associated intentional activities.	<input type="checkbox"/> Samples of weekly or daily lesson plans	5
CPI 2. Provider adopts and uses a written curriculum or curriculum framework that is consistent with his/her philosophy, is developmentally appropriate and addresses the key domains of child development.	<input type="checkbox"/> Copy of curriculum framework <input type="checkbox"/> Documentation of use, such as daily plans or notes to parents.	10
CPI 3. The adopted curriculum is evidence-based.	<input type="checkbox"/> Copy of curriculum framework <input type="checkbox"/> Samples of two weekly plans (from different calendar quarters)	5
CPI 4. The curriculum is adapted to be culturally competent.	<input type="checkbox"/> Evidence of adaptation or other evidence of cultural competence (lesson plans, activities)	5
CPI 5. Provider and any assistants receive training to implement the curriculum.	<input type="checkbox"/> Documentation of training agenda <input type="checkbox"/> Training certificates <input type="checkbox"/> Training goals or summary statement	20
CPI 6. Curriculum chosen is aligned with the NYS Early Learning Guidelines. ²⁵	<input type="checkbox"/> Copy of curriculum framework	5

²⁴ *Curriculum* means the goals for knowledge and skills to be acquired by children and the plans for learning opportunities through which such knowledge and skills will be achieved

²⁵ NYS Early Learning Standards for Children from Birth to Five/Kindergarten Entry Age the: Prekindergarten Learning Standards (by SED) and Early Learning Standards for Children from Birth through Age Three/PreK Entry

CPI 7. Provider can document that the child observation and assessment system is used to guide curriculum implementation and individual child learning.	<input type="checkbox"/> #Samples of weekly or daily lesson plans that include individualized learning goals based on child observations and assessment.	10
Health and Learning	Documentation	Points
HL 1. Program provides infants daily opportunities to move freely under adult supervision to explore indoor and outdoor environments. Infants under six months of age are also provided with daily supervised tummy time (when awake).	<input type="checkbox"/> Program handbook <input type="checkbox"/> Other	5
HL 2. Program provides toddlers and preschoolers daily opportunities for developmentally appropriate, structured and unstructured, moderate to vigorous physical activity (both inside and outside) equal to at least 15 minutes per hour in care. Sedentary behavior (sitting/standing) is limited to not more than 30 minutes at a time except when children are eating or sleeping.	<input type="checkbox"/> Program handbook <input type="checkbox"/> Evidence of policy	5
HL 3. Policies exist that include a limit on screen time for children. Screen time is never used during nap and meal time. For children birth to age 2 there is no screen time. For children ages 2 to 5 there is no more than 30 minutes once a week of high quality educational/movement-based commercial-free programming.	<input type="checkbox"/> Program handbook <input type="checkbox"/> Evidence of policy	5
HL 4. Program implements an obesity prevention curriculum and/or conducts a self-assessment using an obesity prevention tool. Staff is trained on implementing the curriculum.	<input type="checkbox"/> Copy of curriculum or self-assessment	10
HL 5. Staff attends training regarding health promotion.	<input type="checkbox"/> Training Certificate(s) <input type="checkbox"/> Training agenda <input type="checkbox"/> Training attendance sheet	5

Age (by Council on Children and Families). More info can be found at www.earlychildhood.org. Training on the NYS Early Learning Standards, specifically planned for family child care providers, will be offered.

FAMILY ENGAGEMENT

Research Rationale: *There is substantial evidence that parent involvement and parent-provider communication is important for high quality early childhood education. There is substantial evidence that parent-involvement is related to child development outcomes. Parent-provider communication in the parent's dominant language is necessary for optimum results.*

Communication	Documentation	Points
C 1. Provider gives parents a family handbook.	<input type="checkbox"/> Copy of handbook	10
C 2. Provider gives parents a written report on daily experiences for all children under 2 years.	<input type="checkbox"/> Copy of form used for communication and evidence of use (e.g., referenced in paid employee job descriptions or parent handbook)	20
C 3. Provider distributes a parent newsletter (at least quarterly).	<input type="checkbox"/> Copy of newsletter	20
C 4. Provider offers more than one parent-teacher conference per year.	<input type="checkbox"/> Announcement, invitation, list, etc. <input type="checkbox"/> Photograph of bulletin board <input type="checkbox"/> Calendar showing schedule of conferences	10
C 5. Provider makes available written information for parents about the provider's educational qualifications and professional experience.	<input type="checkbox"/> Copies of training certificates <input type="checkbox"/> Resume <input type="checkbox"/> Family handbook <input type="checkbox"/> Picture of bulletin board	5
C 6. Provider informs parents about program activities.	<input type="checkbox"/> Announcement, invitation, or list <input type="checkbox"/> Photograph of bulletin board <input type="checkbox"/> Calendar showing schedule of activities <input type="checkbox"/> Newsletter	10
C 7. Provider has a parent resource area with materials such as brochures, bulletin board, community resource list or handbook (updated at least annually) about supports such as information on child	<input type="checkbox"/> Photograph of bulletin board or resource area <input type="checkbox"/> Copy of resource list or	5

development, oral health, child health insurance, tax credits, child care financial assistance and other family/parent supports.	handbook	
Involvement & Family Support	Documentation	Points
IFS 1. Provider has a breastfeeding friendly policy.	<input type="checkbox"/> Completed CACFP Checklist <input type="checkbox"/> Copy of breastfeeding friendly policy	10
IFS 2. Provider offers family social gatherings. Invitations to these gatherings intentionally target other family members, in addition to parents.	<input type="checkbox"/> Newsletter or calendar <input type="checkbox"/> Copy of agenda <input type="checkbox"/> Announcement or invitation	10
IFS 3. Provider offers volunteering opportunities, such as help with field trips and opportunities to share talents and expertise.	<input type="checkbox"/> Pictures <input type="checkbox"/> Memo <input type="checkbox"/> Calendar with note <input type="checkbox"/> Newsletter	20
IFS 4. Families complete a program evaluation or survey annually and results are used for program improvement.	<input type="checkbox"/> Completed surveys or other evaluation tools AND <input type="checkbox"/> Implementation plan based on survey responses	20
IFS 5. Provider does self-assessment on family-responsive practices using a tool, such as the Center for the Study of Social Policy's Family Strengthening Self-Assessment tool, and results are used for program improvement. ²⁶	<input type="checkbox"/> Self-assessment reports AND <input type="checkbox"/> Provider improvement planning documents	20
IFS 6. Provider and any assistants do a self-assessment of cultural competence using a tool, such as the Checklist for Promoting Cultural & Linguistic Competency for ECE Personnel from the National Center on Cultural Competence and results are used for program improvement. ²⁷	<input type="checkbox"/> Self-assessment reports AND provider improvement planning documents.	20
IFS 7. When provider enrolls children who are English Language Learners (ELL) and/or whose families are ELL, provider and/or assistants greet children and parents in the home language of the children	<input type="checkbox"/> Copies of policies <input type="checkbox"/> Resumes showing language fluency <input type="checkbox"/> Statement of person who	10

²⁶ The print version of this tool is available at <http://www.strengtheningfamilies.net/> The online tool is at http://strengtheningfamilies.net/self_assessment/

²⁷ This tool is available at <http://www11.georgetown.edu/research/gucchd/nccc/documents/Checklist.EIEC.doc.pdf>

and parents.	speaks dominant language	
IFS 8. Provider offers parent materials in the parent's dominant language (if other than English) and at appropriate literacy levels.	<input type="checkbox"/> Translated materials	20
IFS 9. When 50% of enrolled children are speakers of a language other than English, provider has access to at least one English speaker who also speaks that language (e.g., another parent, community volunteer, or neighbor).	<input type="checkbox"/> Copies of policies <input type="checkbox"/> Resumes showing language fluency <input type="checkbox"/> Statement of person who speaks dominant language	10
IFS 10. Provider obtains training to address the needs of English Language Learners, special education and/or special health care needs of enrolled children.	<input type="checkbox"/> Evidence of training or courses in special education needs <input type="checkbox"/> Evidence of medication administration training and certification.	20
IFS 11. Provider maintains effective communication with parents, and with parent permission with all related service providers, for children with IEPs or IFSPs.	<input type="checkbox"/> Permission/request form <input type="checkbox"/> Copy of visit form with identifying information removed	20
Transitions	Documentation	Points
T 1. Provider has a written policy and procedures to support children and families transitioning into the home child care setting, which includes providing information on separation and attachment.	<input type="checkbox"/> Copies of policies <input type="checkbox"/> Info from parent handbook;	30
T 2. Provider has a written policy and procedures to support children and families transitioning out of the home child care setting, including supplying parents of 4-year-olds with information on kindergarten registration and transfers child records, with parent permission, when child transitions to another educational setting (e.g., other program, kindergarten).	<input type="checkbox"/> Copies of policies or information <input type="checkbox"/> Sample parent info on kindergarten registration	30

QUALIFICATIONS AND EXPERIENCE²⁸

Research Rationale: *There is a substantial amount of evidence that teacher education and training are related to other measures of program quality and to child outcomes. There is substantial evidence that director professional development is related to other measures of program quality and limited evidence that director professional development is related to child outcomes. While there is limited and conflicting evidence that experience of staff is related to other measures of program quality or child development outcomes, consumers value experience*

Note: A One Star provider meets the NYS or NYC regulations for provider and assistant qualifications and ongoing training. To advance, a provider (and assistant if applicable) can earn points in several categories. Points are earned for the highest degree completed AND for each of several credentials AND for experience. The provider earns points in Management (qualifications and experience). Both the provider and any assistants earn points in the Provider and Assistants Qualifications and Experience sections. If there is an assistant, these points are weighted by percent of time worked by the provider and the assistant and averaged. To be equitable between group family and family child care, the provider's qualifications and experience count more heavily than the assistant's.

Provider Management Qualifications	Documentation	Points
PMQ 1. 15 clock hours (1.5 Continuing Education Units (CEUs) in management, leadership, and/or administration (or for Group FCC in supervision) OR	<input type="checkbox"/> Copy of certificate of completion <input type="checkbox"/> CEU document or official transcript	5
PMQ 2. 45 clock hours (a 3-credit course or 4.5 CEUs) in management, leadership, and/or administration (or for Group FCC in supervision) OR	<input type="checkbox"/> Copy of CEU document or official transcript.	10
PMQ 3. 6 credits (9 CEUs) in management, leadership, and/or administration (or for Group FCC in supervision) OR	<input type="checkbox"/> Copy of CEU document or official transcript.	20
PMQ 4. 9 credits (13.5 CEUs) in management, leadership, and/or administration (or for Group FCC in supervision)	<input type="checkbox"/> Copy of CEU document or official transcript.	30
Provider Administrative Experience	Documentation	Points
PAE 1. At least 3 years experience in an administrative position in an early care and education program ²⁹	<input type="checkbox"/> Employment record	20
Provider & Assistant Qualifications ³⁰	Documentation	Points

²⁸ NOTE: college credits and CEUs appear throughout this section. Life and work experience can be translated into credit by contacting Empire State College or another institution that offers a way to gain credit through life experience.

²⁹ *Early care and education program* means ANY regulated center or school-based program for children birth to five.

³⁰ *Degree* means from regionally accredited institutions of higher education that may have been earned through online course work, distance learning, degree completion programs or some combination that offer credit as part of a formal assessment of prior learning.

Credits in management, supervision, leadership, and/or administration means in school administration, business management, communication, technology, personnel supervision, early childhood management or administration, or some combination of these areas.

PAQ 1. 9 college credits in ECE/CD	<input type="checkbox"/> Official transcript (showing all course titles).	5
PAQ 2. 18 college credits in ECE/CD	<input type="checkbox"/> Official transcript (showing all course titles).	10
PAQ 3. AA degree in ECE/CD or a related field plus 9 credits in ECE/CD, or any AA degree including at least 24 credits in ECE/CD	<input type="checkbox"/> Official transcript (showing all course titles and degree granted).	20
PAQ 4. BA degree in ECE/CD or a related field plus 9 credits in ECE /CD credits, or any BA degree including at least 24 credits in ECE/CD	<input type="checkbox"/> Official transcript (showing all course titles and degree granted).	30
PAQ 5. MA degree or higher in ECE/CD or a related field plus 9 credits in ECE/CD , or any MA degree or higher including at least 24 credits in ECE/CD	<input type="checkbox"/> Official transcript (showing all course titles and degree granted).	40
PAQ 6. Child Development Associate (CDA) credential	<input type="checkbox"/> Copy of credential.	10
PAQ 7. NYS Infant-Toddler Credential	<input type="checkbox"/> Copy of credential.	10
PAQ 8. NYS Family Child Care Credential	<input type="checkbox"/> Copy of credential.	20
PAQ 9. NYS Early Childhood Teacher (B-2) Certificate or NYS Early Childhood Special Education Teacher Certificate ³¹	<input type="checkbox"/> Copy of certificate.	30
Provider & Assistant Experience	Documentation	Points
E 1. At least 3 years experience in any teaching position in an early care and education program ³²	<input type="checkbox"/> Employment record	20
Retention	Documentation	Points
R 1. Provider has been a registered or licensed (group) family day care operator continuously for 5 or more years.	<input type="checkbox"/> Copies of regulation certificates.	20

Credits in ECE/CD means specialized college-level course work in early childhood education, child development, elementary education, or early childhood special education that encompasses child development and children's learning from birth through kindergarten; family and community relationships; the practices of observing, documenting, and assessing young children; teaching and learning processes; and professional practices and development.

³¹ Other teaching certificates such as Montessori or early childhood teacher credentials from countries other than the U.S. will be evaluated on a case-by-case basis. Complete transcripts and copies of credentials should be submitted.

³² *Early care and education program* means ANY center, school or home-based program for children birth to five.

MANAGEMENT AND LEADERSHIP³³

Research Rationale: *There is some evidence that the implementation of program policies and procedures is related to other measures of quality and child development outcomes.*

Note: For multi-site organizations, this section may need to be completed by staff in the central office. Remember that documentation must apply to the applicant site.

Administrative Self-Assessment	Documentation	Points
ASA 1. Provider conducts a self-assessment using a tool, such as the Business Administration Scale or another administrative/management assessment tool.	<input type="checkbox"/> Report of self-assessment.	10
ASA 2. Program demonstrates progress on a plan aligned to the self-assessment.	<input type="checkbox"/> Plan indicating at least 3 areas of improvement and progress in those areas	10
ASA 3. Provider is actively engaged in self-study for NAFCC Accreditation. ³⁴	<input type="checkbox"/> Receipts for self-study materials <input type="checkbox"/> Progress reports	5
Financial Accountability & Sustainability	Documentation	Points
FAS 1. Liability insurance premium is current to date.	<input type="checkbox"/> Receipts or other evidence of payments <input type="checkbox"/> Insurance binder	5
FAS 2. Income taxes are filed on time.	<input type="checkbox"/> Copies of reports <input type="checkbox"/> extension request	10
FAS 3. Provider has a current-year operating budget showing both revenues and expenses.	<input type="checkbox"/> Budget	20
FAS 4. Provider records income and expenses at least monthly and reviews income and expense statements, comparing actual revenues and expenses to budget quarterly.	<input type="checkbox"/> Copies of monthly financial reports	5

³³ NOTE: For multi-site organizations and for multiple school programs in a single school district, some of these criteria may be met overall by reference to sections of a union contract or the organizational personnel policies.

³⁴ Some limit on the time that a provider can be in self-study will be defined. For more info on self-study and NAFCC accreditation, go to <http://www.nafcc.org/accreditation/accreditation.asp>

FAS 5. Provider participates in the Child and Adult Care Food Program (CACFP) or if not eligible, meals and snacks meet the CACFP meal pattern for the ages served.	<input type="checkbox"/> Copies of CACFP billing <input type="checkbox"/> Copies of reimbursement checks <input type="checkbox"/> Letter from Sponsor <input type="checkbox"/> Copy of contract <input type="checkbox"/> Copies of menus or meal logs	10
FAS 6. Provider keeps track of meals and snacks that are not reimbursed but are served to children.	<input type="checkbox"/> Log <input type="checkbox"/> Tracking sheet	5
FAS 7. Provider calculates cost of care, has goals for her own compensation, and uses both to set tuition rates.	<input type="checkbox"/> Cost of care calculation sheet or printout	5
FAS 8. Provider completes a tax preparation course or there is an independent preparation of taxes by someone with accounting or bookkeeping expertise.	<input type="checkbox"/> Course/training certificate <input type="checkbox"/> Bill/invoice from tax preparer <input type="checkbox"/> Copy of tax form with preparer's signature	10
FAS 9. Provider uses technology to manage finances and enrollment, e.g., uses Minute Menu for CACFP or automated time and attendance.	<input type="checkbox"/> Copies of enrollment and financial monitoring reports <input type="checkbox"/> Minute Menu reports	5
FAS 10. Provider has procedures to market and fill open slots/vacancies including using several external communication tools, such as brochures, advertising, and participation in community events.	<input type="checkbox"/> Marketing plan, communication materials and other documents <input type="checkbox"/> Waiting list <input type="checkbox"/> Telephone logs	5
Policies and Procedures	Documentation	Points
PP 1. Provider uses substitutes no more than 20% of the time. e.g., no more than one day per week	<input type="checkbox"/> Signed statement attesting to use of substitutes.	20

<p>PP 2. If children are transported, provider maintains current vehicle insurance.</p>	<input type="checkbox"/> Copy of vehicle insurance policy <input type="checkbox"/> Copy of payment receipt <input type="checkbox"/> Copy of insurance card	<p>10</p>
<p>PP 3. Provider maintains confidentiality and communicates this confidentiality policy to any family members, employees and substitutes.</p>	<input type="checkbox"/> Copy of confidentiality policy.	<p>20</p>
<p>PP 4. The provider and any paid employees have a professional development plan matched to the NYS Core Body of Knowledge (http://www.earlychildhood.org/pdfs/CoreBody.pdf) and can document progress.</p>	<input type="checkbox"/> Copies of professional development plans and goal statements along with copies of course completion certificates or transcripts that link to the plan.	<p>50</p>
<p>Compensation and Benefits</p>	<p>Documentation</p>	<p>Points</p>
<p>CB 1. Provider offers for self and any paid, full-time employees:</p> <p>a. <input type="checkbox"/> 5 days of paid time off (sick and/or personal);</p>	<input type="checkbox"/> Copy of payroll records <input type="checkbox"/> Attestation statement <input type="checkbox"/> Memo to parents <input type="checkbox"/> Contract <input type="checkbox"/> Parent handbook	<p>10</p>
<p>b. <input type="checkbox"/> paid holidays;</p>	<input type="checkbox"/> Copy of payroll records <input type="checkbox"/> Attestation statement <input type="checkbox"/> Memo to parents <input type="checkbox"/> Contract <input type="checkbox"/> Parent handbook	<p>10</p>

c. <input type="checkbox"/> paid professional development days;	<input type="checkbox"/> Copy of payroll records <input type="checkbox"/> Attestation statement <input type="checkbox"/> Memo to parents <input type="checkbox"/> Contract <input type="checkbox"/> Parent handbook	10
CB 2. Provider and any paid, full-time employees have health insurance. ³⁵	<input type="checkbox"/> Copy of health insurance policy <input type="checkbox"/> Copy of health care bills <input type="checkbox"/> Health insurance card	20
Program Planning	Documentation	Points
PPL 1. Provider spends at least one hour per week in program planning using appropriate resources such as printed materials, the internet, and curriculum-based planning tools.	<input type="checkbox"/> Copy of weekly schedule <input type="checkbox"/> Planning sheet <input type="checkbox"/> Lesson plans	25

³⁵ *Available* means that a person has health insurance from any source (such as spouse's employer, a public program), not necessarily that the provider is paying for health insurance coverage.

mOHS QUALITY Stars New York and Office of Head Start 2011 Monitoring Protocol Crosswalk

Environments			
Classroom Environment	OHS Monitoring	OHS Monitoring Description	Head Start Act/Performance Standards
Program staff attend training on the Environment Rating Scales (ERS) and complete a self-assessment using the appropriate scale(s).			Early/Head Start programs are not required to use HS Performance Standards (HSPS) to use Environmental Rating Scale.
Program completes an ERS self-assessment using the appropriate scale(s) and writes an improvement plan to address subscale scores below 3.25.			Programs may elect to use an ERS as part of supervision/ ongoing monitoring but the grantee decision.
Program has an <u>independent</u> ERS assessment and achieves overall score of 4.25 – 4.9. Written improvement plan for subscale scores below 3.5.			
Program has <u>independent</u> ERS assessment using the appropriate scale(s) and achieves an overall score of 5.0 – 5.9. Written improvement plan for subscale scores below 3.5.			
Program has <u>independent</u> ERS assessment using the appropriate scale(s) and achieves an overall score of 5.5 or higher. Written improvement plan for subscale scores below 3.5.			
Child-Teacher Interaction	OHS Monitoring	OHS Monitoring Description	Head Start Act/Performance Standards
Program has independent CLASS observations and achieves overall score of 3.5 – 4.9.	ECD 8.1 ECD 8.2 ECD 8.3	Emotional Support™ Classroom Organization™ Instructional Support™	642(f)(8) OHS Monitoring does require the grantee to ensure that all programs achieve a certain score in the CLASS observations at this point.

<p>Program has independent CLASS observations and achieves overall score of 5.0 – 5.9.</p> <p>Program has independent CLASS observations and achieves overall score of 6.0 and higher.</p>	<p>ECD 8.1 ECD 8.2 ECD 8.3</p> <p>ECD 8.1 ECD 8.2 ECD 8.3</p>	<p>Emotional Support™ Classroom Organization™ Instructional Support™</p> <p>Emotional Support™ Classroom Organization™ Instructional Support™</p>	<p>642(f)(8) OHS Monitoring does require the grant achieve a certain score in the CLASS of at this point.</p> <p>642(f)(8) OHS Monitoring does require the grant achieve a certain score in the CLASS of at this point.</p>	
<p>Child Observation and Assessment</p>		<p>OHS Monitoring Description</p>		<p>Head Start Act/Performance Sta</p>
<p>Parents complete a questionnaire at enrollment that collects information on children’s development including social emotional development, dominant language, parent’s current feeding practices (especially for infants), health and nutritional concerns and allergies, health insurance enrollment, medical and dental provider, and any special ds.</p>	<p>HEA 2.3</p> <p>HEA 2.4</p> <p>NUT 2.3</p>	<p>The program engages parents in obtaining from a health care professional a determination of whether each child is up to date on a schedule of primary and preventative health care (including dental), and assists parents to bring their children up to date when necessary, and keep their children up to date as required. 1304.20(a)(2) applies only to Migrant and Seasonal programs and should be cited in conjunction with 1304.20(a)(1)(ii), 1304.20(a)(1)(ii)(A) or 1304.20(a)(1)(ii)(B) for such programs.</p> <p>The program implements ongoing procedures for identifying new or recurring medical, oral health, or developmental concerns so appropriate referrals can be made quickly.</p> <p>Program staff ensures nutritional information of infants and toddlers, including feeding schedules,</p>	<p>1304.20(a)(1)(ii), 1304.20(a)(1)(ii)(A), 1304.20(a)(1)(ii)(B), 1304.20(a)(2) (HSPS are not specific to say that there questionnaire used at intake.)</p> <p>1304.20(d)</p> <p>1304.23(a)(3)</p>	

		<p>amounts and types of food, meal patterns, new foods, preferences and intolerances and any changes in these are communicated regularly to parents.</p>	
<p>developmental screening of each child is documented within 45 days of entering the program using a child development screening tool.</p>	<p>HEA 3.1</p>	<p>The program, in collaboration with each child's parent, performs or obtains the required linguistically and age appropriate screenings to identify concerns regarding children within 45 days of entry into the program, obtains guidance on how to use the screening results, and uses multiple sources of information to make appropriate referrals. 1304.20(a)(2) applies only to Migrant and Seasonal programs and should be cited in conjunction with 1304.20(b)(1) for such programs.</p>	<p>1304.20(b)(1), (1) In collaboration with each child's parent within 45 calendar days of the child's entry into the program, grantee and delegate agents perform or obtain linguistically and age appropriate screening procedures to identify concerns regarding a child's developmental concerns (sensory (visual and auditory), behavioral, language, social, cognitive, perceptual, and emotional skills (see 45 CFR 1308.6(b)(1) for additional information). To the greatest extent possible, these screening procedures must be sensitive to the child's cultural background. 1304.20(b)(2), 1304.20(b)(3), 1304.20(a)(2)</p>
<p>developmental screening tool is valid and reliable.</p>			<p>This is not mentioned in the OHS Monitoring Protocol however the HS Act 642(f)(6) (6) Use research-based developmental screening tools that have been demonstrated to be standardized, reliable, valid, and accurate for the child being assessed, to the maximum extent practicable, for the purpose of meeting relevant standards described in section 642(f)(6)</p>
<p>developmental progress of each child is documented regularly using a child development assessment tool(s).</p>	<p>FCP 3.1</p>	<p>Program staff plan, and in partnership with parents, schedule and facilitate staff-parent conferences and no less than 2 home visits to discuss each child's</p>	<p>1304.40(e)(5), 1304.21(a)(2)(iii), 1304.40(i)(1), 1304.40(i)(2),</p>

		development and progress.	1304.40(f)(3)
		Asked	This is not mentioned in the OHS Monitoring Protocol however the HS Act 642(f)(5) (5) Use research-based assessment methods reflect the characteristics described in section 641A(b)(2) in order to support the education instruction and school readiness of children program.
Program provides all teaching staff with at least 2 hours of annual training in child observation and assessment, including recognition of developmental milestones and identifying possible developmental delays.	PDM 12.2	The program ensures that all full-time Head Start employees who provide direct services to children have a professional development plan that is evaluated regularly to assess its impact on teacher and staff effectiveness?	648A(f) (The HSPS do not specifically require a number of hours or type of training.)
Program provides all teaching staff with at least 3 hours of annual training in linking child observation and assessment to curriculum implementation.	PDM 12.3	The program provides opportunities for orientation, ongoing training and development for all staff that increase competency needed to fulfill their job responsibilities and give staff the knowledge and skills to implement the content of the Head Start Performance Standards and the Head Start Act.	1304.52(l)(1), 1304.52(l)(2), 1304.52(l)(3), 1304.52(l)(5), 648A(a)(5) (The HSPS do not specifically require a number of hours or type of training.)
Program has in place a child assessment system that includes the following components: Use of assessment results for classroom planning and instruction Use of results to inform program planning Training for staff on use of screening and/or assessment tools Collection and protection of data /assessment results Sharing assessment results with parents	ECD 3.4 PDM 5.1	The curriculum is linked to ongoing assessment and supports each child's individual pattern of development and learning. The grantee (and delegate) in consultation with staff, governing bodies, policy groups, and other community organizations routinely engages in a process of systematic planning which utilizes the results of the Community Assessment and Self-Assessment and other information, and leads to the development of long and short term goals for	1304.21(c)(2), 642(f)(3)(C) 1304.51(a)(1), 1304.51(a)(1)(ii), 1304.51(a)(1)(iii), 1304.51(a)(2)

	<p>improvement and written plans for service implementation.</p> <p>The program uses self-assessment information on school readiness goals to develop improvement plans.</p> <p>The program provides opportunities for orientation, ongoing training and development for all staff that increase competency needed to fulfill their job responsibilities and give staff the knowledge and skills to implement the content of the Head Start Performance Standards and the Head Start Act.</p> <p>Program staff plan, and in partnership with parents, schedule and facilitate staff-parent conferences and no less than 2 home visits to discuss each child's development and progress.</p>	<p>641A(g)(2)(B)</p> <p>1304.52(l)(1), 1304.52(l)(2), 1304.52(l)(3), 1304.52(l)(5), 648A(a)(5)</p> <p>1304.40(e)(5), 1304.21(a)(2)(iii), 1304.40(f)(1), 1304.40(f)(2), 1304.40(f)(3)</p>	
<p>Curriculum Planning and Implementation</p> <p>The program has a written education philosophy or</p>	<p>OHS Monitoring</p>	<p>OHS Monitoring Description</p>	<p>Head Start Act/Performance Sta</p> <p>This is not mentioned in the OHS Monitoring Protocol however HSPS 1304.50(d)(1)(f) Policy Council must review, approve or disapprove, (iv) The program's philosophy and long short-range program goals and objectives CFR 1304.51(a) and 45 CFR 1305.3 for requirements regarding program planning</p>

<p>The program selects and uses a written curriculum or curriculum framework that is developmentally appropriate and addresses the key domains of child development.</p>	<p>ECD 3.1</p>	<p>The program implements a curriculum based on scientifically valid research and has standardized training procedures and curriculum materials to support implementation.</p>	<p>642(f)(3)(B)</p>
<p>The curriculum/framework is evidence-based.</p>	<p>ECD 3.1</p>	<p>The program implements a curriculum based on scientifically valid research and has standardized training procedures and curriculum materials to support implementation.</p>	<p>642(f)(3)(B)</p>
<p>The curriculum/framework is adapted to be culturally competent.</p>	<p>ECD 3.3</p>	<p>The program implements a curriculum that promotes children's language and cognitive development, early literacy and math skills, socio-emotional development, physical development and approaches to learning.</p>	<p>1304.21(a)(3), 1304.21(a)(4), 1304.21(a)(5), 642(f)(3)(A) (In addition, HSPS 1304.21(a)(1)(i) state (i) Be developmentally and linguistically appropriate, recognizing that children have individual rates of development as well as individual interests, temperaments, language cultural backgrounds, and learning style</p>
<p>Staff receive training and supervision support to implement curriculum.</p>	<p>PDM 12.3</p>	<p>The program provides opportunities for orientation, ongoing training and development for all staff that increase competency needed to fulfill their job responsibilities and give staff the knowledge and skills to implement the content of the Head Start Performance Standards and the Head Start Act.</p>	<p>1304.52(l)(1), 1304.52(l)(2), 1304.52(l)(3), 1304.52(l)(5), 648A(a)(5)</p>
<p>The curriculum/framework aligns with the NYS Early Learning Guidelines and Pre-K Learning Standards.</p>			<p>This is not mentioned in the OHS Monitoring Protocol however the HS Act 642(f)(3)(E) Implement a research-based early childhood curriculum that is aligned with the Head Start Child Outcomes Framework developed by the Secretary and, as appropriate, State early learning standards.</p>

<p>The curriculum/framework is connected to a assessment system.</p>	<p>ECD 3.4</p>	<p>The curriculum is linked to ongoing assessment and supports each child's individual pattern of development and learning.</p>	<p>1304.21(c)(2), 642(f)(3)(C)</p>
<p>Assessment results are used to inform program practice or instruction that addresses the needs of individual children.</p>	<p>ECD 4.2</p>	<p>The program uses self-assessment information on school readiness goals to develop improvement plans.</p>	<p>641A(g)(2)(B)</p>
<p>Health and Learning</p> <p>Program provides infants daily opportunities to move freely under adult supervision to explore indoor and outdoor environments. Infants under six months of age are also provided with daily supervised tummy time (when awake).</p> <p>Program provides opportunities for toddlers and schoolers to have at least 15 minutes of physical activity hour in care. These activities should be developmentally appropriate, structured and unstructured, moderate to vigorous physical activity (both inside and outside). Throughout the day children should not be sitting/standing more than 30 minutes at a time except when children are sleeping.</p>	<p>OHS Monitoring</p>	<p>OHS Monitoring Description</p>	<p>Head Start Act/Performance Standards</p> <p>This is not mentioned in the OHS Monitoring Protocol however HSPS 1304.21(b)(1)(f)(iii) Opportunities for each child to experience a variety of sensory and motor experiences that support and stimulation from teachers and staff members.</p> <p>There are no HSPS that require "tummy time" programs.</p> <p>This is not mentioned in the OHS Monitoring Protocol however HSPS 1304.21(b)(3)(f)(i) Supporting the development of the physical skills of infants and toddlers including gross motor skills, such as grasping, pulling, pushing, walking, and climbing.</p> <p>HSPS 1304.21(a)(5)(i) states:</p> <p>(i) Providing sufficient time, indoor and outdoor space, equipment, materials and adult guidance for active play and movement that support development of gross motor skills.</p>

<p>agencies exist that include a limit on screen time for children l screen time is never used during nap and meal time. For dren birth to age 2 there is no screen time. For children s 2 to 5 there is no more than 30 minutes once a week of h quality educational or movement-based commercial- e programming.</p>			<p>There are no HSPS that requires the limit screen time.</p>
<p>rogram implements an obesity prevention curriculum //or conducts a self-assessment using an obesity vention tool. Staff is trained on implementing the riculum.</p>		<p>The program provides opportunities for orientation, ongoing training and development for all staff that increase competency needed to fulfill their job responsibilities and give staff the knowledge and skills to implement the content of the Head Start Performance Standards and the Head Start Act.</p>	<p>This is not mentioned in the OHS Mon Protocol however the HS Act – 648(3)(states: (xiv) To the maximum extent possible, p activities that help ensure that Head Sta programs have qualified staff who can p prevention of childhood obesity by inte developmentally appropriate research-b initiatives that stress the importance of activity and healthy, nutritional choices classroom and family routines.</p>
<p>ff attends training regarding health promotion.</p>	<p>PDM .3</p>		<p>1304.52(l)(1), 1304.52(l)(2), 1304.52(l)(3), 1304.52(l)(5), 648A(a)(5) (Health Promotion is not specifically co this OHS Monitoring question, howeve 1304.40(f)(1) states: (1) Grantee and delegate agencies must medical, dental, nutrition, and mental h education programs for program staff, p and families.)</p>

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Communication	OHS Monitoring	OHS Monitoring Description	Head Start Act/Performance Sta
<p>gram has a system for staff to provide parents with a written report of the child's experiences; for children under 2 years it should include, care-giving routines such as feeding, sleeping, and diapering/toileting.</p>	<p>NUT 2.3</p>	<p>Program staff ensures nutritional information of infants and toddlers, including feeding schedules, amounts and types of food, meal patterns, new foods, preferences and intolerances and any changes in these are communicated regularly to parents.</p>	<p>1304.23(a)(3)</p>
<p>gram provides families with a parent handbook.</p>	<p>PDM 9.2</p>	<p>Effective two-way communication between staff, parents and families is carried out regularly throughout the Head Start program year, including communication with parents who speak a language other than English.</p>	<p>1304.51(c)(1), 1304.51(c)(2) (HSPS do not specifically require a parent handbook; however it is one of the sources of documentation reviewers ask to see.)</p>
<p>gram offers regular (at least quarterly) parent newsletter.</p>	<p>FCP 2.1</p>	<p>The program partners with parents to establish a relationship of mutual trust and respect, providing ongoing opportunities for interaction between staff and families throughout the year.</p>	<p>1304.40(a)(4) (HSPS do not specifically require newsletters however it is one of the sources of documentation reviewers ask to see.)</p>
<p>gram offers additional parent-teacher conferences (once monthly as required by regulations).</p>	<p>FCP 3.1</p>	<p>Program staff plan, and in partnership with parents, schedule and facilitate staff-parent conferences and no less than 2 home visits to discuss each child's development and progress.</p>	<p>1304.40(e)(5), 1304.21(a)(2)(iii), 1304.40(i)(1), 1304.40(i)(2), 1304.40(i)(3)</p>
<p>gram offers written information for parents about each staff member's educational qualifications and professional experience.</p>			<p>There are no HSPS that require this information be shared with parents.</p>
<p>gram offers parent meeting about center activities.</p>	<p>FCP 3.3</p>	<p>The program provides opportunities for parents to enhance their parenting skills, to become integrally involved in expanding their knowledge and understanding of the education and developmental needs and experiences of their children.</p>	<p>1304.40(e)(3), 1304.40(e)(2), 1304.40(d)(2), 1304.21(a)(2)(ii)</p>

	FCP 3.4	Parents are given opportunities to participate in health, oral health, nutrition and mental health education activities aimed at increasing their knowledge and understanding of their child's needs in these areas.	1304.40(f)(1)
	FCP 2.4	The program provides, directly or through referrals, resources and services responsive to families' needs, goals and interests and conducts follow up to determine effectiveness of services received.	1304.40(b)(1), 1304.40(b)(1)(i), 1304.40(b)(1)(ii), 1304.40(b)(1)(iii), 1304.40(b)(2)
	PDM 9.2	Effective two-way communication between staff, parents and families is carried out regularly throughout the Head Start program year, including communication with parents who speak a language other than English.	1304.51(c)(1), 1304.51(c)(2)
	OHS Monitoring	OHS Monitoring Description	Head Start Act/Performance Sta
			This is not mentioned in the OHS Monitoring Protocol however several HSPS speak to around breastfeeding, 1304.23(a)(3) state (3) For infants and toddlers, current feeding schedules and amounts and types of food provided, including whether breast milk formula and baby food is used; meal plan foods introduced; food intolerances and preferences; voiding patterns; and observations related to developmental changes in feeding nutrition. This information must be shared with parents and updated regularly.

			<p>1304.23(e)(2) (2) For programs serving infants and toddlers, facilities must be available for the proper storage and handling of breast milk and formula.</p> <p>1304.40(c)(3) (3) Grantee and delegate agencies must provide information on the benefits of breast feeding to pregnant and nursing mothers. For those who choose to breast feed in center-based programs, arrangements must be provided as needed.</p> <p>1304.40(a)(4) (HSPS do not specifically require social gatherings.)</p>
<p>Program offers family social gatherings. Invitations to these gatherings intentionally target other family members, in addition to parents.</p>	<p>FCP 2.1</p>	<p>The program partners with parents to establish a relationship of mutual trust and respect, providing ongoing opportunities for interaction between staff and families throughout the year.</p>	
<p>Program offers educational events on topics chosen with input from families including topics about child development.</p>	<p>FCP 3.3</p>	<p>The program provides opportunities for parents to enhance their parenting skills, to become integrally involved in expanding their knowledge and understanding of the education and developmental needs and experiences of their children.</p>	<p>1304.40(e)(3), 1304.40(e)(2), 1304.40(d)(2), 1304.21(a)(2)(ii)</p>
<p>Program offers volunteering opportunities for families including opportunities for families to share talents and expertise with teaching staff and children.</p>	<p>FCP 3.4</p>	<p>Parents are given opportunities to participate in health, oral health, nutrition and mental health education activities aimed at increasing their knowledge and understanding of their child's needs in these areas.</p>	<p>1304.40(f)(1)</p>
			<p>This is not mentioned in the OHS Monitoring Protocol however HSPS 1304.40(d)(3) states: (3) Grantee and delegate agencies must provide parents with opportunities to participate in a program as employees or volunteers see 1304.52(b)(3) for additional requirements.</p>

<p>parent advisory committee that meets at least 4 times per year.</p>	<p>PDM 1.2</p>	<p>The program has established a Policy Council or Policy Committee (delegate agency) as early in the year as possible, in accordance with Head Start requirements, which is comprised of a majority of parents and which is responsible for the Head Start program's direction, program design, operation and goal planning.</p>	<p>hiring parents. 642(c)(2)(B)(ii)(I), 642(c)(2)(B)(ii)(II), 642(c)(2)(B)(i), 642(c)(2)(A)</p>
<p>least one currently enrolled parent is a member of the program's governing board or body.</p>	<p>PDM 1.2</p>	<p>The program has established a Policy Council or Policy Committee (delegate agency) as early in the year as possible, in accordance with Head Start requirements, which is comprised of a majority of parents and which is responsible for the Head Start program's direction, program design, operation and goal planning.</p>	<p>642(c)(2)(B)(ii)(I), 642(c)(2)(B)(ii)(II), 642(c)(2)(B)(i), 642(c)(2)(A)</p>
<p>families complete a program evaluation or survey annually and results are used for program improvement.</p>	<p>PDM 5.2</p>	<p>At least annually, the program conducts a Self-Assessment of program effectiveness which assesses progress in meeting local program goals and objectives, evaluates program compliance with Federal requirements and results in improvement plans that are approved by the Governing Body and submitted to OHS.</p>	<p>641A(g)(1), 1304.51(i)(1), 641A(g)(2)(B)</p>
<p>program conducts self-assessment using a tool on family responsive practices, such as the Center for the Study of Social Policy's Family Strengthening Self-Assessment tool, and results are used for program improvement.</p> <p>least half of teaching staff and half of administrative staff use a self-assessment tool to measure and improve cultural competence, such as the checklist for Promoting Cultural & Linguistic Competency for ECE Personnel from the National Center on Cultural Competence.</p>			<p>There are no specific tools that are required for HSPS.</p> <p>There are no specific tools that are required for HSPS.</p>

<p>Program enrolls children who are English language learners (ELL) and/or whose families are ELL, program staff greet children and parents in the home languages of the children and parents.</p>	<p>PDM 9.2</p>	<p>Effective two-way communication between staff, parents and families is carried out regularly throughout the Head Start program year, including communication with parents who speak a language other than English.</p>	<p>1304.51(c)(1), 1304.51(c)(2) (HSPS do not specify that families need greeted in their home language.)</p>
<p>When 50% of enrolled children are speakers of a particular language other than English, program employs at least one staff member who speaks that language.</p>	<p>FCP 2.2</p>	<p>Program staff are familiar with the backgrounds of families and children and communications are respectful of each family's cultural, ethnic and linguistic diversity, facilitated by bi-lingual staff or interpreter(s) as necessary.</p>	<p>1306.20(f), 1304.40(a)(5)</p>
<p>Program staff is trained to address the needs of English Language Learners, special education and or special healthcare needs of enrolled children.</p>	<p>HEA 5.1</p>	<p>The program obtains information from parents about their children's health or safety needs, identifies and plans for accommodations, and ensures that appropriate staff are informed and trained as needed, in accordance with the program's confidentiality policy.</p>	<p>1304.22(b)(3)</p>
	<p>FCP 2.2</p>	<p>Program staff are familiar with the backgrounds of families and children and communications are respectful of each family's cultural, ethnic and linguistic diversity, facilitated by bi-lingual staff or interpreter(s) as necessary.</p>	<p>1306.20(f), 1304.40(a)(5)</p>
	<p>DIS 1.1</p>	<p>The program hires staff or consultants as content area experts to oversee disabilities services who have training and experience in securing and individualizing needed services for children and families.</p>	<p>1304.52(d)(7)</p>
<p>Program staff maintain effective communication with parents and all related service providers for children with IEPs or IFSPs. With parent permission, program staff participate in IEP/IFSP meetings.</p>	<p>DIS 5.1</p>	<p>The program actively works to inform and support families in developing their knowledge about their child's disability, their skills in decision-making for their child, and their confidence in accessing</p>	<p>1308.21(a)(6), 1308.21(a)(10), 1304.40(a)(3), 1304.40(e)(3)</p>

		resources and advocating to meet the special needs of their child.			1308.6(c), 1308.6(e)(3), 1308.8(a)(4)
DIS 3.2		The program, in partnership with the LEA or Part C Agency, works to inform and engage parents in all plans for screenings and referrals for evaluation, including obtaining consents prior to evaluation procedures and ensuring confidentiality of information.			
	OHS Monitoring	OHS Monitoring Description			Head Start Act/Performance Sta
	FCP 4.3	The program has procedures to support successful transitions for enrolled children and families both into and out of Early Head Start and Head Start programs. Programs must coordinate with other agencies encourage communication with Early Head Start, elementary school principals, and others involved in supporting children and families through transitions, including plans for transition meetings.			1304.41(c)(1), 1304.41(c)(1)(i), 1304.41(c)(1)(ii), 1304.41(c)(1)(iii), 1304.41(c)(1)(iv), 1304.40(h)(1), 1304.40(h)(3), 642A(a)(3), 642A(a)(5), 642A(a)(6), 642A(a)(11), 642A(a)(7)(A) (There are no HSPS that specifically rec separation/attachment policies or proced
	ECD 5.6	The program plans for routines and transitions so they occur in a timely, predictable, and unrushed manner according to each child's needs.			1304.21(a)(3)(ii)
	FCP 4.3	The program has procedures to support successful transitions for enrolled children and families both into and out of Early Head Start and Head Start			1304.41(c)(1), 1304.41(c)(1)(i), 1304.41(c)(1)(ii),

<p>kindergarten registration and transferring child records, with parent permission, when child transitions to another educational setting (e.g., other center, kindergarten).</p>		<p>programs. Programs must coordinate with other agencies encourage communication with Early Head Start, elementary school principals, and others involved in supporting children and families through transitions, including plans for transition meetings.</p>	<p>1304.41(c)(1)(iii), 1304.41(c)(1)(iv), 1304.40(h)(1), 1304.40(h)(3), 642A(a)(3), 642A(a)(5), 642A(a)(6), 642A(a)(11), 642A(a)(7)(A)</p>
<p>FCP 4.4</p>	<p>FCP 4.4</p>	<p>The program must initiate transition planning for each Early Head Start enrolled child at least 6 months prior to the child's third birthday to ensure the most appropriate placement into the next preschool setting.</p>	<p>1304.41(c)(2)</p>
<p>ECD 5.8</p> <p>program enrolls infants and toddlers, program has a policy that addresses both daily and annual continuity of care from child's perspective and ensures no more than one transition within child's first two years.</p> <p>program does not enroll infants and toddlers, program promotes the quality and continuity of teacher-child relationships</p>	<p>ECD 5.8</p>	<p>The program develops secure relationships in out-of-home care settings for infants and toddlers by having a limited number of consistent teachers over an extended period of time.</p>	<p>1304.21(b)(1)(i)</p>

Standards and Experience

<p>Administrator Qualifications</p>	<p>OHS Monitoring</p>	<p>OHS Monitoring Description</p>	<p>Head Start Act/Performance Standards</p>
<p>Associate degree in ECE/CD, or an Associate degree in a related field including at least 9 credits in ECE/CD, or any Associate degree including at least 24 credits in ECE/CD.</p>	<p>PDM 10.3</p>	<p>The Head Start Director or Early Head Start Director is qualified for the position through demonstrated skills and abilities relevant to human services program management.</p>	<p>1304.52(c) In addition to this item in the OHS Monitoring protocol, HSPS also require: 1306.30(c) (c) The facilities used by Early Head Start</p>

			<p>Head Start grantee and delegate agencies regularly scheduled center based and community based group socialization activities or program option classroom activities must be consistent with State and local requirements concerning licensing.</p>
<p>college credits in ECE/CD</p>	<p>PDM 10.2</p>	<p>The program hires staff or consultants who meet the required qualifications, knowledge, skills and experience needed to responsibly perform their assigned job duties.</p>	<p>1304.52(b)(1), 1304.52(b)(2) (HS Act identifies staffing requirements and EHS Teaching staff – see below.)</p>
<p>Associate degree in ECE/CD, or Associates degree in a related field and 9 ECE/CD credits, or any Associate degree including at least 24 credits in ECE/CD</p>	<p>PDM 10.2</p>	<p>The program hires staff or consultants who meet the required qualifications, knowledge, skills and experience needed to responsibly perform their assigned job duties.</p>	<p>1304.52(b)(1), 1304.52(b)(2) Sections 648A(a)(3)(B)(i)-(iii) states: Center Based Head Start Teachers as of 1, 2011— (i) an associate degree in early childhood education; (ii) an associate degree in a related field coursework equivalent to a major related childhood education, with experience teaching preschool-age children; or (iii) a baccalaureate degree and has been into the Teach For America program, participated in a rigorous early childhood content exam, Praxis II, participated in a Teach For America summer training institute that includes a preschool children, and is receiving ongoing professional development and support from Teach For America's professional staff.</p> <p>There are additional requirements in the Head Start Teachers by September 30, 2011</p>

<p>bachelor's degree in ECE/CD, or Bachelors degree in a related field and 9 ECE/CD credits, or any Bachelors degree including at least 24 credits in ECE/CD.</p>	<p>PDM 10.2</p>	<p>The program hires staff or consultants who meet the required qualifications, knowledge, skills and experience needed to responsibly perform their assigned job duties.</p>	<p>Section 648A(a)(2)(A)(i)&(ii) states: (A) HEAD START TEACHERS- The shall ensure that not later than September 30, 2013, at least 50 percent of Head Start teachers nationwide in center-based programs have: (i) a baccalaureate or advanced degree in early childhood education; or (ii) a baccalaureate or advanced degree in a field of coursework equivalent to a major related to early childhood education, with experience teaching preschool-age children.</p> <p>Section 645A(h)(1)&(2) of the Act state Early Head Start Center Based Staff - (1) ensure that, not later than September 30, 2013, all teachers providing direct services to children and families participating in Early Head Start programs located in Early Head Start centers have a minimum of a child development associate credential, and have been trained (or have an equivalent coursework) in early childhood development; and (2) establish staff qualification goals to be met not later than September 30, 2012, all such teachers have been trained (or have equivalent coursework) in early childhood development with a focus on infant and toddler development.</p>
			<p>1304.52(b)(1), 1304.52(b)(2)</p>

ster's degree or higher in ECE/CD, or Masters degree in related field and 9 ECE/CD credits or any Masters degree or higher including at least 24 credits in ECE/CD.	PDM 10.2	The program hires staff or consultants who meet the required qualifications, knowledge, skills and experience needed to responsibly perform their assigned job duties.	1304.52(b)(1), 1304.52(b)(2)
ld Development Associate (CDA) credential with school specialization	PDM 10.2	The program hires staff or consultants who meet the required qualifications, knowledge, skills and experience needed to responsibly perform their assigned job duties.	1304.52(b)(1), 1304.52(b)(2)
ld Development Associate (CDA) credential with Infant-toddler specialization	PDM 10.2	The program hires staff or consultants who meet the required qualifications, knowledge, skills and experience needed to responsibly perform their assigned job duties.	1304.52(b)(1), 1304.52(b)(2)
S Infant-Toddler Credential			
S Early Childhood Teacher (Birth-Grade 2) Certificate or S Early Childhood Special Education Teacher Certificate			
Teaching Staff Experience	OHS Monitoring	OHS Monitoring Description	Head Start Act/Performance Sta
least 3 years' experience teaching in an early care and education program	PDM 10.2	The program hires staff or consultants who meet the required qualifications, knowledge, skills and experience needed to responsibly perform their assigned job duties.	1304.52(b)(1), 1304.52(b)(2) (There are no specific HSPS that require members to have a certain number year experience.)
Retention	OHS Monitoring	OHS Monitoring Description	Head Start Act/Performance Sta
overall retention rate for teaching staff is 80% or above.			There are no HSPS concerning retention
nt and Leadership			
Administrative Self-Assessment	OHS Monitoring	OHS Monitoring Description	Head Start Act/Performance Sta

<p>Program conducts a self-assessment using a tool, such as the Program Administration Scale or another administrative/management assessment tool.</p>	<p>PDM 5.2</p>	<p>At least annually, the program conducts a Self-Assessment of program effectiveness which assesses progress in meeting local program goals and objectives, evaluates program compliance with Federal requirements and results in improvement plans that are approved by the Governing Body and submitted to OHS.</p>	<p>641A(g)(1), 1304.51(f)(1), 641A(g)(2)(B) (There are no HSPS that require the use of a specific Self-Assessment tool.)</p>
<p>Program demonstrates progress on a plan aligned to the administrative/management self-assessment.</p>	<p>PDM 5.1</p>	<p>The grantee (and delegate) in consultation with staff, governing bodies, policy groups, and other community organizations routinely engages in a process of systematic planning which utilizes the results of the Community Assessment and Self-Assessment and other information, and leads to the development of long and short term goals for improvement and written plans for service implementation.</p>	<p>1304.51(a)(1), 1304.51(a)(1)(ii), 1304.51(a)(1)(iii), 1304.51(a)(2)</p>
<p>Program is actively engaged in self-study for NAEYC accreditation.</p>			<p>There are no HSPS that require this.</p>
<p>Financial Accountability and Sustainability</p>	<p>OHS Monitoring</p>	<p>OHS Monitoring Description</p>	<p>Head Start Act/Performance Standards</p>

roll and payroll taxes are paid on time.	FIS 2A	<p>Are program financial reports and accounting records current, accurate, and available? Do they contain information pertaining to grant or sub-grant awards and authorizations, obligations, unobligated balances, assets, liabilities, outlays or expenditures, and income? Reports include:</p> <ul style="list-style-type: none"> • Internal Revenue Service (IRS) 941 (Employer's Quarterly Federal Tax Return); • IRS 990 (Return of Organization Exempt from Income Tax); • IRS 5500 (Annual Return/Report of Employee Benefit Plan); and • Other official Federal, State, and local reports as required by applicable law. 	74.21(b)(1), 74.21(b)(2), 92.20(b)(1), 92.20(b)(2), 1304.23(b)(1)(i), 1304.51(h)(2)
bility insurance is current to date.	FIS 1E	<p>Do the program and any delegate agencies obtain, manage, and maintain appropriate insurance coverage for risks and liabilities and use insurance to manage risks?</p>	74.31, 1309.23(a)(2), 1301.11(a), 1301.11(b)
te and federal taxes are paid or IRS Form 990 is filed on e.	FIS 2A	<p>Are program financial reports and accounting records current, accurate, and available? Do they contain information pertaining to grant or sub-grant awards and authorizations, obligations, unobligated balances, assets, liabilities, outlays or expenditures, and income? Reports include:</p> <ul style="list-style-type: none"> • Internal Revenue Service (IRS) 941 (Employer's Quarterly Federal Tax Return); • IRS 990 (Return of Organization Exempt from Income Tax); • IRS 5500 (Annual Return/Report of Employee Benefit Plan); and • Other official Federal, State, and local reports as required by applicable law. 	74.21(b)(1), 74.21(b)(2), 92.20(b)(1), 92.20(b)(2), 1304.23(b)(1)(i), 1304.51(h)(2)

<p>program has a current-year operating budget related to the early care and education program showing revenues and expenses.</p>	<p>FIS 1B</p>	<p>Has the grantee made changes to the budget that required prior approval before receiving such approval in writing?</p>	<p>74.25, 92.30</p>
<p>system exists to generate at least quarterly income and expense statements, comparing actual revenues and expenses to budget.</p>	<p>FIS 2B</p>	<p>Are monthly financial status reports provided to program governing bodies, policy groups, and staff to advise them and to control program quality and maintain program accountability?</p>	<p>642(c)(1)(E)(i), 642(c)(1)(E)(ii), 642(c)(1)(E)(iii), 642(d)(2)(A), 642(c)(1)(E)(iv)(V)(bb)</p>
<p>eligible, program participates in CACFP or if not eligible, meals and snacks meet the CACFP meal pattern for the ages served.</p>	<p>FIS 2A</p>	<p>Are program financial reports and accounting records current, accurate, and available? Do they contain information pertaining to grant or sub-grant awards and authorizations, obligations, unobligated balances, assets, liabilities, outlays or expenditures, and income? Reports include:</p> <ul style="list-style-type: none"> • Internal Revenue Service (IRS) 941 (Employer's Quarterly Federal Tax Return); • IRS 990 (Return of Organization Exempt from Income Tax); • IRS 5500 (Annual Return/Report of Employee Benefit Plan); and • Other official Federal, State, and local reports as required by applicable law. 	<p>74.21(b)(1), 74.21(b)(2), 92.20(b)(1), 92.20(b)(2), 1304.23(b)(1)(i), 1304.51(h)(2) (In addition HSPS 1304.23(b)(1)(i) state (i) All Early Head Start and Head Start delegate agencies must use funds from Food and Consumer Services Child Nutrition Programs as the primary source of payment for meal services. Early Head Start and Head Start meal services. Early Head Start and Head Start meal services may be used to cover those allowed by the USDA.)</p>

<p>rogram has written fiscal policies and procedures that detail management of funds, payroll, etc. See Appendix for example.</p>	<p>FIS 3B</p>	<p>Does the program have written procurement procedures that provide, at a minimum, all requirements specified in the applicable Federal statutes?</p>	<p>92.36(c)(3), 74.44(a) This citation from the OHS Monitoring speaks to procurement only. However 74.21(b)(6) states: (6) Written procedures for determining reasonableness, allocability and allowable costs in accordance with the provisions applicable Federal cost principles and the conditions of the award.</p>
<p>ere is an independent review of accounting records (conciliation of bank statements to the general ledger) by someone with accounting or bookkeeping expertise who is an employee of the organization.</p>	<p>FIS 2A</p>	<p>Are program financial reports and accounting records current, accurate, and available? Do they contain information pertaining to grant or sub-grant awards and authorizations, obligations, unobligated balances, assets, liabilities, outlays or expenditures, and income? Reports include:</p> <ul style="list-style-type: none"> • Internal Revenue Service (IRS) 941 (Employer's Quarterly Federal Tax Return); • IRS 990 (Return of Organization Exempt from Income Tax); • IRS 5500 (Annual Return/Report of Employee Benefit Plan); and • Other official Federal, State, and local reports as required by applicable law. 	<p>74.21(b)(1), 74.21(b)(2), 92.20(b)(1), 92.20(b)(2), 1304.23(b)(1)(i), 1304.51(h)(2) The OHS Monitoring Protocol question specifically mention bank records and ledger; however they are part of the supporting documentation the review team will ask</p>
<p>outside audit is conducted annually by a Certified Public accountant.</p>	<p>FIS 1F</p>	<p>Has the program addressed or is in the process of addressing any financial findings or weaknesses identified during the grantee's past three OMB Circular A-133 Audits?</p>	<p>74.26, 92.26 The HSPS does not require that the Audit be conducted by a CPA.</p>

<p>Program has established procedures to market and fill open slots/vacancies. Program uses several external communication tools such as brochures and paid advertising. Communication is in languages that are dominant in the community. Records are kept of prospective parent contacts and the follow-up action taken.</p>	<p>ERSEA 2A</p>	<p>Has the program developed and implemented a process that is designed to actively recruit families with Head Start and/or Early Head Start eligible children, including children with disabilities, informing them of available services and encouraging them to apply for admission?</p>	<p>1305.5(a), 1308.5(b), 1308.5(c), 1308.5(f), 645A(c)(1)</p>
	<p>ERSEA 3E</p>	<p>Has the program enrolled 100% of its funded enrollment and maintained an active and ranked waiting list at all times with ongoing activities to identify underserved populations and outreach to the community to assure eligible children enter the program as vacancies occur?</p>	<p>642(g), 1305.6(d)</p>
	<p>OHS Monitoring</p>	<p>OHS Monitoring Description</p>	<p>Head Start Act/Performance Standards</p>
<p>Program has written job descriptions for all positions.</p>	<p>PDM 11.1</p>	<p>The program develops and implements written personnel policies for staff (including Standards of Conduct and procedures), that are approved by the Governing Board and Policy Council and are available to all staff.</p>	<p>1301.31(a), 1301.31(a)(2), 1301.31(a)(3), 1301.31(a)(5), 1304.50(d)(1)(ix), 1304.52(i)(1), 1304.52(i)(1)(i), 1304.52(i)(1)(ii), 1304.52(i)(1)(iii), 1304.52(i)(1)(iv), 1304.52(i)(3)</p>

<p>Written employee handbook is given to each employee when needed.</p>	<p>PDM 11.1</p>	<p>The program develops and implements written personnel policies for staff (including Standards of Conduct and procedures), that are approved by the Governing Board and Policy Council and are available to all staff.</p>	<p>1301.31(a), 1301.31(a)(2), 1301.31(a)(3), 1301.31(a)(5), 1304.50(d)(1)(ix), 1304.52(f)(1), 1304.52(f)(1)(i), 1304.52(f)(1)(ii), 1304.52(f)(1)(iii), 1304.52(f)(1)(iv), 1304.52(f)(3)</p>
<p>Program provides new employees with an orientation that includes: Review of job description Discussion/Review of regulations applicable to the program Review of evacuation and emergency procedures Review of educational plan/curricula</p>	<p>PDM 12.3</p>	<p>The program provides opportunities for orientation, ongoing training and development for all staff that increase competency needed to fulfill their job responsibilities and give staff the knowledge and skills to implement the content of the Head Start Performance Standards and the Head Start Act.</p>	<p>1304.52(l)(1), 1304.52(l)(2), 1304.52(l)(3), 1304.52(l)(5), 648A(a)(5)</p>
<p>Program has a written employee confidentiality policy.</p>	<p>PDM 11.1</p>	<p>The program develops and implements written personnel policies for staff (including Standards of Conduct and procedures), that are approved by the Governing Board and Policy Council and are available to all staff.</p>	<p>1301.31(a), 1301.31(a)(2), 1301.31(a)(3), 1301.31(a)(5), 1304.50(d)(1)(ix), 1304.52(f)(1), 1304.52(f)(1)(i), 1304.52(f)(1)(ii), 1304.52(f)(1)(iii), 1304.52(f)(1)(iv), 1304.52(f)(3)</p>

<p>Program staff participates in at least monthly staff meetings.</p>	<p>PDM 9.1</p>	<p>The program has mechanisms for regular communication among all program staff to facilitate high-quality outcomes for children and families.</p>	<p>1304.51(e) (The HSPS do not specify that there are monthly staff meetings.)</p>
<p>Written minutes are taken at each staff meeting and then shared with staff.</p>	<p>PDM 9.1</p>	<p>The program has mechanisms for regular communication among all program staff to facilitate high-quality outcomes for children and families.</p>	<p>1304.51(e) (The HSPS do not specify that there are written minutes)</p>
<p>Program philosophy and staff recruitment strategies demonstrate commitment to diversity and staff reflects its community.</p>	<p>FCP 2.2</p>	<p>Program staff are familiar with the backgrounds of families and children and communications are respectful of each family's cultural, ethnic and linguistic diversity, facilitated by bi-lingual staff or interpreter(s) as necessary.</p>	<p>1306.20(f), 1304.40(a)(5) (This is not specifically mentioned in the Monitoring Protocol however 1304.52(4) Staff and program consultants must with the ethnic background and heritage families in the program and must be able and effectively communicate, to the extent feasible, with children and families with limited English proficiency.)</p>
<p>employees have formal, written performance assessments annually.</p>	<p>PDM 12.1</p>	<p>The program conducts annual performance reviews of all staff and results are used to plan for training and staff development.</p>	<p>1304.52(j), 1310.17(f)(1)</p>
<p>Teaching and supervisory staff have individual professional development plans; teaching staff professional development plans match these areas: Child Growth and Development Families and Community Relationships Observation and Assessment Environment and Curriculum Health, Safety and Nutrition</p>	<p>PDM 12.2</p>	<p>The program ensures that all full-time Head Start employees who provide direct services to children have a professional development plan that is evaluated regularly to assess its impact on teacher and staff effectiveness?</p>	<p>648A(f) (While this is not specifically mentioned in the OHS Monitoring Protocol, HSPS 1306.30(c) states: (c) The facilities used by Early Head Start Head Start grantee and delegate agencies regularly scheduled center based and community program option classroom activities or home based group socialization activities must with State and local requirements concerning licensing.)</p>

<p>Professionalism and Leadership These are the <u>NYS Core Body of Knowledge for Early Education Professionals</u>. See http://www.earlychildhood.org/pdfs/CoreBody.pdf New York State Teacher Standards (P-12)</p>			
<p>Performance assessment informs individual professional development plans.</p>	PDM 12.1	<p>The program conducts annual performance reviews of all staff and results are used to plan for training and staff development.</p>	1304.52(f), 1310.17(f)(1)
<p>Professional development plans, evidence of progress is demonstrated (at least one per role).</p>	PDM 12.2	<p>The program ensures that all full-time Head Start employees who provide direct services to children have a professional development plan that is evaluated regularly to assess its impact on teacher and staff effectiveness?</p>	648A(f)
<p>Staff Compensation and Benefits</p>	<p>OHS Monitoring</p>	<p>OHS Monitoring Description</p>	<p>Head Start Act/Performance Sta</p>
<p>Program has an up-to-date written wage scale that is shared with staff and is based on role, education, training, and years relevant experience.</p>	FIS 4C	<p>Are program staff wages charged to the grant reasonable and supported by appropriate wage comparability data?</p>	<p>230, App B(8)(c), 225, App B(8)(b), 653(a) (HSPS require a wage comparability study include many of these items.)</p>

<p>Program offers staff a compensation package with benefit options:</p> <ul style="list-style-type: none"> paid holidays; paid time off (sick, vacation, personal); health insurance; family and medical leave; flexible scheduling; retirement; life insurance; flexible spending account; dependent care assistance plan; tuition discounts for employee's children; tuition reimbursement for education employee assistance program mental insurance <p>Program offers part-time staff a pro-rated compensation package that includes at a minimum paid time off and health insurance.</p>			<p>This is not mentioned in the OHS Monitoring Protocol however 1301.31(a)(1) states: At a minimum, such policies must include: (1) Descriptions of each staff position, as appropriate, roles and responsibilities qualifications, salary range, and employee</p>
<p>Program offers part-time staff a pro-rated compensation package that includes at a minimum paid time off and health insurance.</p>			<p>There are no HSPS that require this.</p>
<p>Staff Planning</p>	<p>OHS Monitoring</p>	<p>OHS Monitoring Description</p>	<p>Head Start Act/Performance Standards</p>
<p>Program has a written staffing plan to cover planned and unplanned absences.</p>			<p>This is not mentioned in the OHS Monitoring Protocol however 1304.52(g)(3) states: (3) For center-based programs, the class requirements specified in 45 CFR 1306. maintained through the provision of substitutes when regular classroom staff are absent</p>

<p>Staff is provided with space to plan away from children during the day.</p>			<p>This is not mentioned in the OHS Monitoring Protocol however 1306.32(b)(7) states: (7) Staff must be employed for sufficient time to allow them to participate in pre-service planning and set up the program at the start of the year, to close the program at the end of the year, to conduct home visits, to conduct health examinations, screening and immunization activities, to maintain records, and to keep current component plans and activities current and relevant. These activities should take place during the time scheduled for classes in center programs or home visits in home based programs.</p>
<p>Program provides lead teachers with 1 hour of paid planning time per week (away from children).</p>			<p>There are no HSPS that require this.</p>
<p>Staff have access to computers and the Internet during planning time.</p>			<p>There are no HSPS that require this.</p>
<p>Program provides at least 1 hour every other week of paid planning time for classroom staff to plan together (away from children). (e.g., team planning)</p>			<p>There are no HSPS that require this.</p>



TO: EMSC Committee

FROM: John B. King, Jr.

SUBJECT: Proposed Methodology for Identification of Persistently Lowest-Achieving Schools

DATE: December 9, 2009

STRATEGIC GOAL: Goals 1 and 2

AUTHORIZATION(S):

SUMMARY

Issue for Discussion

What should be the methodology by which the Commissioner identifies schools as persistently lowest-achieving?

Procedural History

At the Regents meetings in June, July, September and November 2009, Chancellor Merryl H. Tisch and Regent Lester W. Young provided updates on activities related to New York State's Race to the Top application planning and strategy. One key area of Race to the Top involves how states will identify their persistently lowest-achieving schools and support local educational agencies (LEAs) in turning such schools around. In November, Department staff will review with the Regents a proposed methodology for identifying these schools as well as a recommendation for how the process for identification of persistently lowest-achieving schools can be used to strengthen the Schools Under Registration Review Process. (SURR).

Background Information

For more than two decades, the Board of Regents has had in place a process by which the Commissioner annually identifies those schools that are farthest from State standards and most in need of improvement and places these schools under registration review. Districts with identified schools are required to develop plans for turning these schools around and are provided support by the State Education Department to implement these plans. If turnaround does not occur, districts must phase out and close these schools or have the Commissioner recommend to the Board of Regents that it revoke the registration of the schools. This process has helped to

improve academic performance in more than 200 schools while resulting in the closure of more than 60 schools that failed to achieve performance targets established by the Commissioner.

In November 2009, the United States Department of Education announced the priorities, requirements, definitions, and selection criteria for the Race to the Top (RTTT) fund. One of the four key selection criteria is the State's plan for turning around its persistently lowest achieving schools. The process by which states are expected to identify the lowest-achieving schools that will be subject to intervention strategies has many parallels to SURR identification. When the Regents first established the SURR process there were no comparable programs at the Federal level and no legislation pertaining to school accountability at the State level. Now with New York's approval to operate a differentiated accountability model under No Child Left Behind, the issuance of the Race to the Top and School Improvement Grant applications, and the Regents actions to use the authority provided to them under Chapter 57 of the Laws of 2007 to create an enhanced accountability system, the time is opportune to revise the SURR process to better align it with other accountability programs. New York can use its Race to the Top application as an opportunity to strengthen the SURR process and further the Regents agenda for turning around low performing schools.

Race to the Top's definition of persistently lowest-achieving schools when applied to New York calls for the identification of the lowest achieving five percent of Title I schools identified for school improvement, corrective action, or restructuring as well as the lowest achieving five secondary schools that are eligible for but do not receive Title I funds. In addition, states are also required to identify high schools that have graduation rates below sixty percent over a number of years. In determining which schools are "lowest achieving" states must take into account the "all students" group's performance in terms of proficiency in English language arts and mathematics as well as a school's lack of progress over a number of years with the "all students" group. Within these parameters, each state must submit as part of its application for Race to the Top the state's plan for identifying its persistently lowest achieving schools. In addition, the USED has determined that the Federal School Improvement Grant will use the same definition to determine the schools to which LEAs must give priority in terms of funding. The recently released School Improvement Grant application requires that SEAs allocate \$500,000 to each persistently lowest achieving Title I school that an LEA will serve with School Improvement Grant funds. LEAs may, at their choosing, reallocate additional SIG funds to support implementation of an intervention strategy in these schools. Under the SIG application guidelines, non-Title I persistently lowest-achieving schools do not generate funding to an LEA, but an LEA may choose to use part of its SIG grant to serve these schools.

Recommendation

In devising a methodology for identification of persistently lowest-achieving schools that results in resources being focused where they are needed most and can effect the greatest good, the Regents must balance Federal requirements with New York's unique circumstances. For example, a methodology that simply identified the schools in improvement status with the lowest percentages of students proficient in English language arts and mathematics would yield a list that primarily consisted of

schools that are already in the processing of closing; schools serving exclusively high risk populations, such as special act schools and transfer alternative high schools; and new schools that are likely to show dramatic improvement as the school staff gain experience and revise their model to meet the needs of their students.

To achieve this balance, Department staff recommends that the following methodology be used to identify the New York’s persistently lowest-achieving schools:

Step	Action	Rationale
1	Determine the number of Title I schools and Title I eligible schools that must be identified as lowest achieving. Based on 2008-2009 school year results New York is expected to identify 22 Title I schools and five non-titles I schools.	RTTT requires that the state identify as lowest-achieving five schools or five percent of Title I schools in improvement, corrective action, or restructuring, whichever is greater and the lowest-achieving five secondary schools or the lowest five percent of secondary schools that are eligible for but do not receive Title I funds, whichever is greater. In the 2009-2010 school year, there are 433 Title I schools and 67 Non-Title I secondary schools in improvement, corrective action or restructuring.
2	Remove from consideration schools that are in the process of closing, alternative high schools, and schools in Special Act school districts.	Schools that are already in the process of phasing out will have completed or largely completed the process prior to the start of the 2010-2011 school year and therefore should not be identified. Because Special Act schools ¹ serve highly at-risk populations for limited periods of times, the performance indices for these schools in English language arts and mathematics are of limited utility in assessing the educational quality of these programs. A key goal of Race to the Top is for states and districts to address schools that are “drop out factories.” Alternative high schools typically enroll students who will not graduate within

¹ Special Act schools are currently held accountable for making AYP in the same way as other school in New York and are identified for improvement, corrective action or restructuring in the same way as other schools. For purposes of SURR identification, special act school districts are participating in a pilot program under which their schools are being held accountable for pre- and post-test scores of their students in Reading and math. The base year for the pilot was 2008-2009 and SED has agreed that no special acts schools will be identified as SURR until the after 2009-10 results become available. So long as Special Act schools do not receive Title I funds, the Board of Regents can choose to create a different set of consequences for these schools when they fail to make AYP. We suggest this issue be discussed at a future Regents meeting.

Step	Action	Rationale
		four years of first entry into grade nine. Despite having low reported graduation rates, these schools are intended to be part of the solution to the drop out problem rather than part of the cause and therefore should not be identified.
3.	Remove from consideration schools that are in improvement or corrective action.	Race to the Top is intended to focus on schools that have failed to respond to multiple, earlier school improvement and turnaround efforts. Schools in improvement and corrective action have been subject to far fewer interventions than have schools in restructuring.
4.	Remove from consideration schools that have shown either at least a 25 point increase in ELA and math for the all students group between 2005-2006 and 2008-2009 or have made AYP on all ELA and math measures in 2008-2009.	Race to the Top requires a state to take into account whether a school has shown lack of progress over a number of years in ELA and math for the all students group. We consider a 25 point increase in both ELA and math to demonstrate progress. Since schools that made AYP in 2008-2009 are eligible for removal from improvement status if AYP is made again in 2009-2010, we believe these schools should not be considered for designation until after 2009-2010 results are available.
5.	Average each remaining school's Performance Indices for the all students group on all 2008-2009 ELA and math accountability measures for which a school was accountable and then place each potential lowest-achieving school in rank order based on this average. Identify the 22 Title I schools and 5 Non-Title I schools with the lowest average performance Index.	This step meets the RTTT requirement that states take into account proficiency of the all students group in ELA and math combined and results in identified schools being among those that have the lowest percentages of students proficient in ELA and math.
6.	Identify schools that had graduation rates below 60% for the 2002, 2003, and 2004 school year cohorts for the all students group.	This step meets the RTTT requirement that states identify schools with graduation rates below 60% over a number of years.

The USED is in the process of issuing additional guidance as to the degree of flexibility that both state education agencies and local agencies may have to identify subsets of schools that would be provided with RTTT funds to implement a school intervention strategy. Based on clarifications that staff expect to receive shortly from USED, SED may either need to identify for potential participation in RTTT all schools in improvement, corrective action, and restructuring that have graduation rates below 60% for three years or may be able to limit this group to a subset of these schools (see step 6). Similarly, depending on clarification from USED, districts may have flexibility as to the schools they select to implement an intervention strategy.

Pending this clarification, SED is anticipating that the number of schools that would be identified as persistently lowest achieving would be approximately 45 to 50, with the majority being high schools.

The intention of the Department is to collaborate with districts to implement an intervention strategy in schools that SED has identified as having the highest priority (i.e. schools among the lowest achieving five percent and schools in restructuring that have had graduation rates below 60 percent for three years) and to provide incentives to school districts through the Secondary School Innovation fund and other mechanisms, including the School Improvement Grants, to implement these intervention strategies in other secondary schools that have low graduation rates.

Department staff recommend that the list of persistently lowest achieving schools be updated each year to include newly identified schools. .

Using the Persistently Lowest Achieving Identification Process to Strengthen Registration Review.

The process for identification of schools for registration review shares much in common with the process for identification of schools as persistently lowest achieving:

- Both processes focus on schools that are in improvement, corrective action or restructuring. Neither process identifies schools that are in Good Standing.
- Both processes focus on those schools whose all students group is among the lowest achieving in the state in English language arts and mathematics.
- Both processes take into consideration a school's lack of progress in ELA and math in determining whether a school should be identified.

The key differences between the processes are as follows:

- Graduation rate is used as an accountability indicator in determining which schools are persistently lowest-achieving but not for identification of schools as SURRs.
- Non-Title I elementary schools and secondary schools that are eligible for Title I funds are not subject to identification as persistently lowest-achieving but are subject to identification as SURRs.
- The SURR process provides for alternate means to evaluate transfer alternative high schools, special act schools and other schools that have special circumstances. The persistently lowest-achieving schools identification process does not explicitly address such situations.

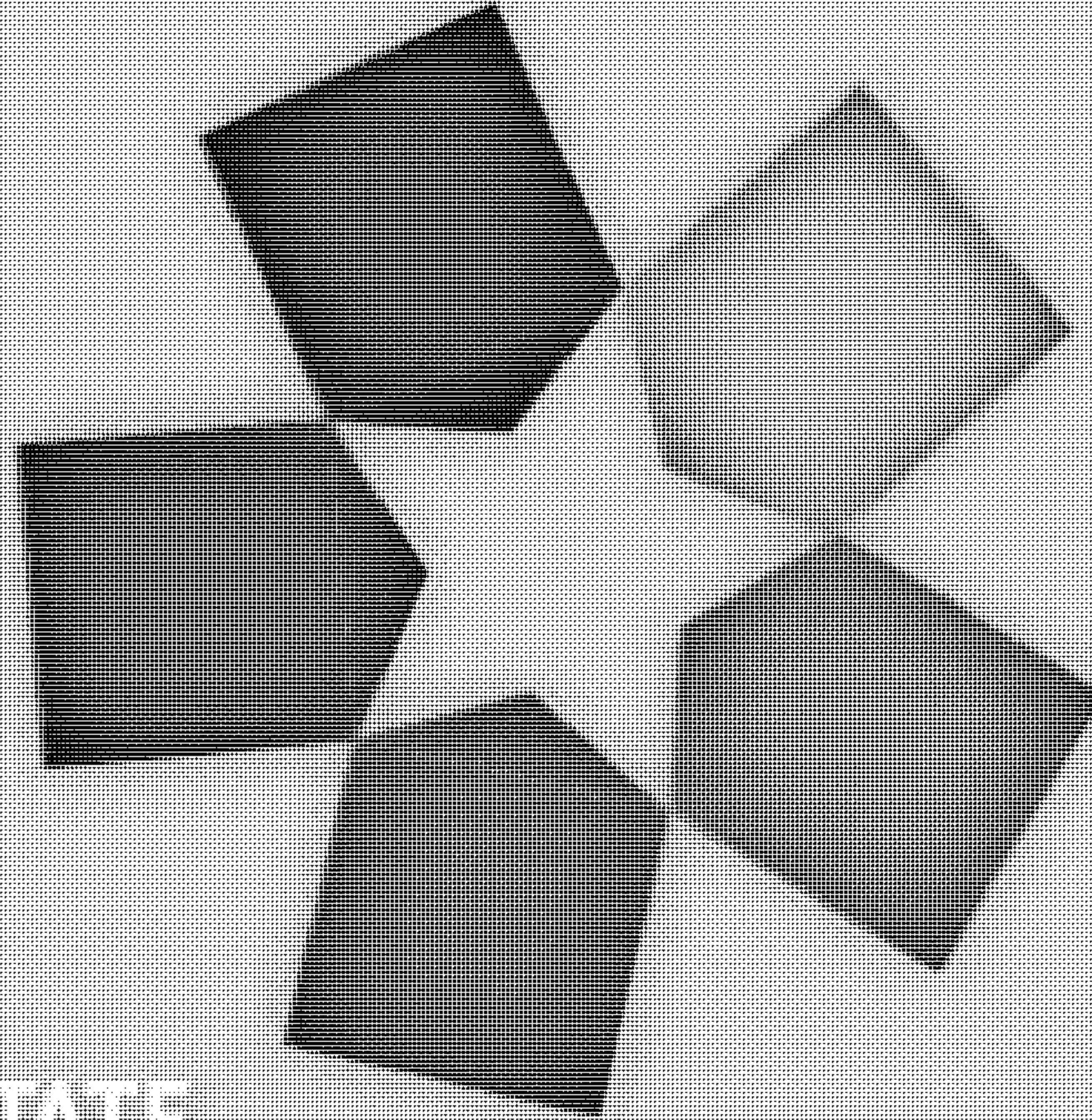
- Once schools are identified as persistently lowest achieving, the schools must implement one of four intensive intervention strategies as a consequence of identification. In the SURR process, these strategies are not usually implemented until the school has had a number of years to implement a restructuring plan.

Staff recommends the following steps to align the SURR process and the identification process for lowest-achieving schools. The two programs will be coordinated, and the Regents will retain the ability to close and direct the development of the plan to replace any school that does not successfully implement a school intervention strategy.

Staff recommend that:

- The definition of a SURR school be modified so that potential SURR schools will be those that are persistently lowest-achieving rather than those that are farthest from State standards.
- The SURR definition of persistently lowest achieving be made to parallel the Federal definition of the term.
- Non-Title I elementary schools and Non-Title I eligible secondary schools that perform at levels that would make them persistently lowest-achieving be considered potential SURR schools.
- New schools that are created as a result of implementation of the Turnaround or Restart model be given an accountability status of Good Standing and not be identified as SURR.
- Existing schools that implement a Turnaround or Transformation model remain SURR until academic performance improves or the schools are closed and restarted or replaced.
- The Commissioner identify alternative high schools, special act schools, and schools in Community School District 75 for registration review based on a review of supplementary data. If such schools are Title I schools or Title I eligible secondary schools, they would also be considered persistently low-achieving for Federal program purposes.
- Support for SURR schools be integrated with support provided to schools that are persistently lowest-achieving and any duplication in planning requirements and technical assistance and monitoring be eliminated.
- The Regents retain the right to revoke the registration of a school that fails to successfully implement a school intervention strategy.

With the concurrence of the Regents, staff will incorporate these concepts into New York's RTTT application and develop regulations for submission to the Regents later this school year to implement these recommendations beginning with the 2010-2011 school year.



NEW YORK STATE
**EARLY LEARNING
GUIDELINES**

NYS Early Learning Guidelines

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THE TEACHER'S VIEW: How to Use the Early Learning Guidelines Successfully

The NYS Early Learning Guidelines were written for you.

Take a look. What's your first impression? Here's what some other teachers had to say: *These Guidelines are long. They are intimidating. What can these Guidelines do for me and the children I teach?*

Spend a little time looking at them and you will see they are simply a list of developmental milestones that children attain between birth and 5 years of age. These Guidelines are a resource to refer to when you want to know about how children develop.

Knowing about the complex process that is development will allow you to get to know and appreciate children as the unique individuals they are, each with their own interests, strengths, needs, and culture. This, in turn, can make it possible for you to become more culturally competent as you begin to more clearly see and understand the differences and similarities between you and your family and children and their families. As a result, you will become an even more responsive and effective teacher.

As one teacher explains, *"Knowing about development lets me slow down and put aside my assumptions to see children as individuals and pay attention to where they are developmentally rather than where I think they "should" be.*

What you decide to say and do every day matters. Whether you think of yourself as a teacher, family childcare provider, caregiver or child development specialist, your work with young children is critically important. For the sake of simplicity and with the deepest respect, we are going to refer to you as a teacher because every day as you interact with children during daily routines, play time, and planned learning opportunities indoors and outside, you are teaching them about themselves, other people, and the world around them.

Whether you teach in a day care center, nursery school, child development center, campus child care center, Head Start or Early Head Start program, family child care home, or school, you know that young children develop at their own pace but in predictable ways. Only by knowing about how children develop can you develop relationships that help individual children feel safe and secure and support their learning as well as their sense of competence and confidence as learners.

Yet too often, resources like the Guidelines become dust collectors on teachers' shelves or stay unopened on teachers' computers. To help ensure this doesn't happen, this introduction is filled with the voices of over 80 teachers and people who support teachers across New York State. These professionals have generously shared their thoughts and experiences. (Please note: we have not used people's real names in any of the stories you will read.)

In these pages you will hear what these colleagues say about:

- How the Guidelines and your knowledge about how children develop and learn can shape the decisions you make every day
- Ways in which the Guidelines can help you support children and families
- Ways in which the Guidelines can support you as a professional
- Challenges to using the Guidelines
- Doable, practical strategies and tips to getting started using the Guidelines in your everyday practice

These are people who know the joys and challenges of caring for and teaching young children day after day. Like you, they are busy with many demands on their time and energy. Like you, they care about children and families.

As one of these teachers said: *Kids deserve my best and they get it. So many people say “they are so little ...it doesn’t matter.” But it does matter. I’m a teacher. I’m setting their foundation for learning the rest of their lives. Knowing about development helps me do this.*

The New York State Early Learning Guidelines will help you give children your best and a strong foundation for learning the rest of their lives. They will also support you in becoming a more knowledgeable, effective teacher.

The NYS Early Learning Guidelines: A Resource For You

The Guidelines are:

- A resource you can refer to for information about how children develop and learn and ideas of activities

The Guidelines are not:

- Something to memorize – though the more you use them the more you will know about how young children develop and learn
- A curriculum – though you can use them to individualize curriculum for each child
- An assessment tool to determine a child’s needs or eligibility for special education services – though they may alert you to an issue about a child’s development that needs to be examined further

The Decisions You Make

We’ll say it again: The decisions you make about what you say and do every day with young children make a difference.

Every day you make many decisions about what to say and do – small and big. As one teacher explains: *When am I not making decisions? What to serve for snack, what do we read, what CD*

to play, which child(ren) could use some one-on-one time with me, what interesting object should I put out on the welcome table, how many seats should I put at the painting table, what are important things to share with mom and dad today?

Another teacher adds: *Materials, placement of materials, resolving disputes between the kids, is the nap area comfortable, is the circle time long enough, short enough, are they interested in what we are learning, what book to read. EVERY decision I make in the day affects the environment, my interactions with children, and their interactions with each other.*

Knowing about how children develop will help assure the decisions you make meet the needs of children and supports their ongoing development. For example:

- Knowing that **babies** need to move freely to develop their muscles and bones, you will create safe places without tiny objects that can be swallowed and out of the path of new walkers and toddlers. Then give infants, like Lucia, lots of time to lie on the floor so they can stretch, kick their legs and reach for a toy.

Lucia (6 months) is lying on the floor on her blanket. Rolling over on her tummy, she spots a big bright red plastic ring nearby on the floor. She reaches for it, kicking her legs and stretching her arm out. Almost ... and then she gets it. She pulls the ring toward her babbling the whole time. She rolls onto her back, looks at the ring, smiles broadly and brings it to her mouth.

(Art Note: In thought balloon we see Lucia thinking: *Look at what I did. I got it! Now to explore this ring.*)

Without this knowledge, you might instead keep infants in a swing or an infant seat that limit movement and development. Lucia wouldn't have had this experience that gave her the chance to develop physical skills, be successful and competent, and learn a little more about her world.

- If you don't know that **toddlers** often refuse to cooperate with adults as they attempt to figure out who they are, you might spend your energy trying to make them do so. But if you know that this is a sign of healthy development, then you think of ways to structure things so that toddlers can be powerful and make choices – all of which you can agree with. If you really know and understand toddlers, you may even find yourself appreciating their refusals to cooperate as you see them developing their autonomy.

Jackson (28 months) looks at Ms. Linda as he climbs up on the snack table. When she shakes her head "no," he stops and then starts crawling along the empty table. "Do you remember our rule: no climbing on the table? Let's keep our feet on the floor." she says, smiling to herself and thinking, "He sure is growing up." As she takes a step towards the table he says, "Me get down" and does.

Later, knowing that Jackson is exploring his growing sense of being powerful and in charge, Ms. Linda asks, "Would you like to carry this big bag of balls outside?" "Me do," he says proudly wrapping his arms around the bag. She thinks, "He sure looks proud. I have to give him lots of chances to make choices and feel strong and competent."

If she hadn't known about child development, Ms. Linda might have become frustrated with Jackson instead of providing him with additional opportunities to try to manage his own behavior and feel his growing autonomy.

- Knowing that **preschoolers** typically recognize their names in print at age 4, you might incorporate nametags into your morning greeting time while being sure to never pressure or shame a child who can't yet find their name. Chances are, you will find another child will be only too happy to help giving both children the opportunity to learn a lesson about friendship as well as name recognition

Corey (4 ½) bumps into the children sitting next to him at morning circle time as children spontaneously begin identifying the first letters of their names hanging on the Classroom Helper Board. "I wonder what's going on?" Mr. Lewis asks himself. "Corey usually loves morning circle and is the first to want to contribute an idea or story. I wonder if it is because he has trouble identifying the letters in his name and feels left out and uncomfortable?"

He thinks, "I'm going to keep observing and in the meantime, play some letter games during circle time and be sure to focus on "C."

Without knowing about child development, Mr. Lewis might not have wondered about Corey's letter and name recognition skills. Instead he might have assumed Corey was being a "trouble maker." Instead he was able to consider the reason behind Corey's behavior. This led him to plan activities to promote Corey's learning in this area and to answer the question, "What does Corey know about letters?"

Do you see yourself as a decision-maker?

Many teachers don't. It can be a challenge to be aware of your own thinking when you are busy managing a group of children. Yet children depend on you to make decisions every day. For example, they trust you to decide how best to keep them safe and to decide upon interesting, engaging opportunities for them to make new discoveries.

Once you shift into decision-maker mode it can help you become more purposeful and intentional. Your knowledge of development to shape your decisions to respond to individual children as you create a safe and engaging environment, strengthens your relationship and deepens their learning.

Bridge To Your Practice:

Choose ½ hour in the next few days. During that time be aware of the decisions you make.

- How many decisions did you make?

Ms. Ruiz Plans Making Fruit Salad with Toddlers

Here are just a few of the decisions Ms. Ruiz made as she makes fruit salad for snack with a group of four toddlers ages 26 to 33 months. Notice how knowing about child development for children ages 18 months to 3 years helps her:

- Keep children safe and healthy
- Strengthen her relationship with individual children
- Promote learning for individual children

Knowing that toddlers typically (ages 18 months to 36 months):	Ms. Ruiz keeps children safe/healthy when she decides to:
Wash and dry hands at appropriate times, with minimal assistance (Domain I. Physical Well-Being, Health, and Motor Development. G. Daily Living Skills: Hygiene)	Think of hand washing as part of the activity and spend time with children talking about what they are doing and that washing hands helps keep them healthy.
Begin to avoid dangers (e.g., hot stoves, sharp knives) but cannot be relied upon to keep themselves safe (Domain I. Physical Well-Being, Health, and Motor Development. I. Safe Practices)	Use butter knives so children can safely cut bananas into slices.
Approach tasks experimentally, adapting as the activity evolves (e.g., uses trial and error) (Domain III. Approaches to Learning. D. Creativity and Inventiveness)	Remind Alysha (30 months) and Jorge (26 months) that the butter knives are for cutting the fruit. Explain they could hurt themselves or each other if they jab at the table, fruit, or each other.

Knowing that toddlers typically (ages 18 months to 36 months):	Ms. Ruiz strengthens her relationship with children when she decides to:
Pour contents of one container into another container (Domain I. Physical Well-Being, Health, and Motor Development. A. Gross Motor Skills)	Ask Alysha what fruit she would like to help slice, then give her a small container to fill with peach slices which she can then dump into the big bowl.
Begin to control impulses at times (Domain II. Social and Emotional Development. Social)	Sit down next to Kylee (33 months) who just threw a piece of fruit across the table and

Development. O. Self-Control: Feelings and Impulses)	guide his attention and focus back to joining in the work at hand.
Use size words, such as “many,” “big,” and “little,” appropriately (Domain IV. Cognition and General Knowledge. H. Measurement)	Move chairs and talk about making a space big enough to fit Theresa’s wheelchair under the table so Theresa (32 months) can easily reach and help with cutting the big cantaloupe and small grapes.

Knowing that toddlers typically (ages 18 months to 36 months):	Ms. Ruiz promotes learning when she decides to:
Observe and imitate another child’s behavior or activities (Domain II. Social and Emotional Development. Social Development. C. Interaction with Peers)	Say “Lenny, in just a minute, it will be your turn to add more watermelon to our salad. Thank you for waiting so patiently.”
Notice and may show concern for other children who are happy or sad or upset (Domain II. Social and Emotional Development. Social Development. I. Adaptive Social Behavior: Empathy)	Acknowledge Rachita’s sad face launching a conversation about different reasons people feel sad and ideas for helping them feel better.
Uses new vocabulary in everyday experiences (Domain V. Language, Communication, and Literacy. C. Expressive Vocabulary)	Talk with children about how the cantaloupe tastes using words like: delicious, juicy, sweet, cool, and slippery.

Bridge to Your Practice

How does knowing about development help you promote children’s development and learning?

Think of a decision you made this last week to

- Keep a child safe/healthy
- Strengthen your relationship with a child
- Promote a child’s learning

What about the child’s development led you to choose the steps you took?

Compare notes with a colleague.

Being able to talk about decisions you make based on a child’s development allows you to:

- Think and make decisions about what to say and do – in other words, to be intentional
- To explain what you do and why to family members
- To discuss decision-making with colleagues and become an even more effective decision-maker and thus a more effective teacher

How The Early Learning Guidelines Can Support Your Teaching Practice

We asked more than 50 teachers around the state, “How can the Early Learning Guidelines support you in your critically important work of teaching young children?” The ideas below include their responses and the stories they shared.

The Early Learning Guidelines can help you be an even more effective teacher by providing information you need to make sound decisions about promoting the development and learning of young children and supporting their families. The Early Learning Guidelines do this by helping you:

Remember and learn more about the basics of how children develop

Learning about child development is an ongoing process. There is always something new to learn about young children. Knowing about development gives you information you need for decision-making every day.

Two teachers explain how the Guidelines help them learn about development:

- **The Guidelines are a helpful reference tool.** *They are a good lesson in development if you are a new teacher and a good refresher if you have been teaching for a long time since at times you tend to forget some of the basics. It is a relief to know you don’t have to know everything about how children develop and remember it all.*
- **They help me see more as I observe children.** *Organizing my observing around an area of development helps me see more clearly. Reading about an area of*

development before observing for it reminds me of what I might see. It opens my eyes.

Create a safe and engaging learning physical environment

Knowing what to expect about typical development of a certain age range is information you need to create indoor and outdoor spaces that are safe and respond to individual children's abilities and interests.

One way to help evaluate your environment to see what is working and what needs to be modified is to look at it through a child's perspective. Here are some questions in a child's voice to ask yourself as you tour your indoor and outdoor spaces:

- ***Am I safe here?*** Can I feel free to explore? Is it safe for me to try out new large motor skills such as standing, walking, climbing, jumping, and hopping? Small motor skills such as filling and dumping, pouring, scribbling, cutting with child scissors? Can I try out new challenges like rolling over on my blanket on the floor to get my rattle or climbing up to top of the ladder on the slide?
- ***Are there spaces for me to engage with people and activities in different ways?*** To be active? To play quietly alone, with other children, or with you?
- ***Do I feel competent here?*** Is it set up in a way that I can make choices about what I want to do? Can I take part successfully in daily routines such as hanging up my coat in my own space with a photo of me, washing my hands, or setting the table for snack?
- ***Does this space offer me a wide variety of interesting and fun opportunities to explore, discover, and learn?*** Does this space reflect my personal interests, e.g., fire trucks, dinosaurs or diggers? Is it adapted to my physical abilities and skill level?
- ***Does this space help me feel connected to members of my family and our home?*** Are my family members welcome to be here with me? Are there pictures of me? Of my family members on the wall? Do photos, books, music, foods, and activities reflect my family's culture and traditions?

Get to know and appreciate each child as an individual

At the 2011 New York State Association for the Education of Young Children (NYSAEYC) conference a group of teachers and program leaders came together to talk about this Guide. As we talked about getting to know individual children, a member of the group said the following: *We think of a classroom as a Mystery Garden.*

She went on to explain: *We begin our year with a mission of discovery so that we as teachers can tend our garden well and make sure that all of our pots (children) flower and grow. Each is beautiful in their own way. It is our job to see the beauty and help each child blossom in their own way and on their own schedule.*

Build a trusting relationship with each child

Did you know?

Children’s healthy development depends on the quality and reliability of a young child’s relationships with the important people in his or her life, both within and outside the family. Even the development of a child’s brain architecture depends on the establishment of these relationships. (National Scientific Council on the Developing Child, 2004)

You are one of these important people.

The positive relationships you build with children create the foundation for their exploration and learning. The relationships you create with children today make it more likely children will be engaged and achieve in school (Center for Social and Emotional Education n.d.; Howes & Ritchie 2002). Knowing about a child’s developing skills and abilities allows you to decide how to interact in ways that build trust between you. Here are some examples:

When you know ...	You may decide to build trust and strengthen your relationship with a child when you:
Yasvita (5 months) reaches for toys, objects, and her bottle with both hands (Domain I. Physical Well-Being, Health, and Motor Development. B. Fine Motor)	Offer her safe, interesting objects to hold and explore. Sit in the rocking chair with her, talking to her quietly as she enjoys holding on to her bottle during her after- nap snack
Julian (16 months) uses a bucket to carry 4 blocks across the room where you are sitting with a small group of children who are building with blocks (Domain IV. Cognition and General Knowledge. D. Problem-Solving)	Say, “That was good thinking to carry all those blocks all the way over here in a bucket.”
Kaylee (22 months) enjoys opportunities for pretend play and creating things (Domain III. Approaches to Learning. D. Creativity and Inventiveness)	Wave “bye-bye” and say, “I’ll see you when you come back” when she puts on a hat and waves bye, then walks across the room. Show your delight as you greet her when she returns.
Jeremy (31 months) uses the toilet with assistance (Domain I. Physical Well-Being, Health, and Motor Development. G. Daily Living Skills: Hygiene)	Gently and respectfully remind him that he hasn’t gone to the toilet for a while and suggest you walk with him to the bathroom.

<p>Souveyna (42 months) estimates size during a walk in the park when she says, “I’m as tall as this bush” (Domain IV. Cognition and General Knowledge. H. Measurement)</p>	<p>Ask Souveyna to find something in the classroom that is as tall as she is. Then invite her to make a chart by drawing a picture of herself, then pictures of the two objects that are the same height.</p>
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Bridge to Your Practice

Think of a child. (You may want to choose a child you’d like to have a stronger relationship with.)

Review an area of the Guidelines and see if you recognize that child.

How might you use something you know about this child’s development to strengthen your relationship?

Individualize to promote each child’s learning

The most effective teachers make a deliberate effort to craft experiences that will be meaningful to individual children. Using these Guidelines, the decisions you make about what learning opportunities to offer and when, will be based on who children are and where they are headed in terms of their development. You will be able to plan and offer learning opportunities that build on children’s current knowledge and at the same time stretch their thinking and extend what they know about themselves, relating to others, and the world around them.

As this Head Start teacher explains: Guidelines help me be grounded in the abilities of children. They helped me see that some of my students are functioning in some areas of a domain at an 18 to 36 month old level and at a 36 to 60 month level in another area. It was an eye-opener. But now I can see children more clearly as individuals and plan for each accordingly.

One way to think about individualizing or personalizing planning for children is that no matter what curricula you are using in your program, each child needs you to develop a personalized plan to guide their learning. A plan that will change and adapt as a child develops and gains new knowledge and skills – one that takes into account a child’s personality, interests, and strengths.

Creating individual plans for each child’s learning is an ongoing process that includes the following steps: (Note: We broke this process into steps so that you can see and think about each. Chances are you do many of them already. Over time they begin to overlap and flow together when you are promoting a child’s learning.)

- OBSERVE the child and see where a child is on the ELG continuum of development
- “LISTEN” to all the cues a child gives about his interests and strengths
- REFLECT or take time to consider what you know about a child: the child’s personality, learning style, family, and culture
- PLAN accordingly for the child
- CARRY OUT your plans
- OBSERVE to see if what you planned is a fit both in terms of the child’s interest and ability
- REFLECT again
- MODIFY your plan as necessary
- CARRY OUT your modified plan
- Continue to OBSERVE, REFLECT, PLAN, CARRY OUT, and MODIFY all day long

This teacher found the sample strategies helpful in creating a personal curriculum or learning plan for Jerome, age 4. As she explains:

The sample strategies are a good resource when you are stuck and looking for new ways to present information to an individual child. Jerome, age 4, doesn’t know any letters even though we sing letter songs, use name cards at our opening and ending day circle times, and have a wall of posted sight words. Looking through the Guidelines, I saw the idea of pointing out environmental print like EXIT and BLOCK AREA which might be good for him – and all the other children too. I’m going to try it and see what happens. Then I can take it from there.

Bridge to Your Practice:

Here’s a good question to ask yourself as you decide what learning opportunities to offer to individual children:

What about this child makes you select this activity?

CAUTION: If you don’t have an answer, it could be a sign you are not individualizing or personalizing learning opportunities for individual children.

Have realistic expectations and guide children’s behavior in positive ways

Knowing about children’s development helps you have realistic expectations of children’s behavior. Here are three examples of typical behaviors taken from the Guidelines and the ages in which they are typically expected. Each of these behaviors can be seen as a challenge in a group setting. Yet each is also a sign of a child’s ongoing development and learning.

As a preschool teacher explains: *Developmental knowledge helps us keep our cool, to be understanding and not take it personally. A child’s behavior might still be challenging, but at least we understand that it is age appropriate (or not and then we need to seek additional supports for the child).*

“Keeping your cool” in this teacher’s words and seeing behavior as age appropriate can help you more clearly think of positive ways to guide (and prevent) certain behaviors. It can be very helpful to ask yourself, “What is this child’s behavior telling me?” It reminds you that children’s behavior has meaning. Trying to figure out what that meaning is gives you the information you need so you can respond in helpful ways.

Here are three examples – in a child’s words:

Age Range: Birth to 18 months

When I....	I may be telling you...	Ways you can support my development and learning include ...
Protest when I do not want to do something (e.g., arches back when doesn’t want to sit in high chair) (Domain II. Social and Emotional Development: Social Development L. Self-Concept: Abilities and Preferences)	I don’t have the words to tell you that I want to be free to move on my own (to crawl, stand, walk, play). I don’t want to be picked up and stuck in that high chair now.	<ul style="list-style-type: none"> - Give me a warning: <i>It’s going to be time to go in your high chair in just a few minutes.</i> - Hold me securely so I don’t slip out of your arms. - Tell me you understand how I am feeling. Explain that after lunch I can get back down on the floor and play.

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Age Range: 18 to 36 months

When I...	I am telling you...	Ways you can support my learning include...
Challenge limits and strive for independence (Domain II. Social and Emotional Development. Social Development. M: Self-Efficacy)	I am figuring out who I am as a separate person and what I can do. I want to do things my way to a certain point – but I need you to set some clear limits for me to help me feel safe.	<ul style="list-style-type: none"> - Give me plenty of chances to be independent throughout the day. Invite me to help you set the table for snack. Arrange and label toys on shelves so I can choose what I want to play with. - Ask yourself what I am feeling and thinking. - Give me genuine choices about what to wear, eat, and do. - Remember you are on my “team” even when my behavior feels challenging.

Age Range: 36 to 60 months

When I...	I may be telling you ...	Ways you can support my development and learning include...
Wait for a turn during group activities sometimes (Domain II. Social and Emotional Development. Social Development: O: Self-Control: Feelings and Impulses)	I am learning how to play and be with other children. But sometimes I feel so eager or excited that it can be hard for me to wait my turn. I'll need your help.	<ul style="list-style-type: none"> - Let me know I'm doing a good job when you see me waiting for a turn. - Assure me that my turn is coming. - Figure out a way to make waiting easier for me (e.g., set a timer, sit with me, tell me when I will be next). - Step in if you see me getting frustrated with another child or the situation. - Have duplicates of favorite toys and equipment and design activities so none of us have to wait too long.

Bridge to Your Practice:

Look through the Guidelines focusing on the age of children you teach. Find a behavior that could be challenging in a group setting. Add that behavior to the first column of the chart above. Then complete the remaining two columns.

Compare notes with a colleague or teaching partner.

Discuss the following: How can asking yourself : *What is a child trying to tell me with his/her challenging behavior?* help you be more effective when it comes to handling challenging behaviors?

Strengthen your partnerships with families

Family members and you know and see different things about a child. Family members know about the specifics of their child's life – his favorite food, how to help him calm down, that he loves bugs, that dad is going to be deployed in a few weeks. You know about how children of certain ages grow and learn. When you share what you know you can each have a more complete picture of who a child is and work together more effectively in a child's best interest.

As you ask questions and listen to learn about a child's life at home, the Guidelines can help you share information about how children grow and learn with families. Below some teachers share their thoughts about this:

- ***Referring to the Guidelines with families shows them I am a professional and I care about their child.*** Seeing information about development in writing gives us a shared picture about what we should look for and expect. The information can help us think about a child's next steps and give us ideas to get us started thinking of ways we can help a child learn and grow.
- ***The Guidelines help me explain development to families so they have realistic expectations and can appreciate what their child can do.*** I've worked with parents who yell at their children because they don't write yet and the other children do. I made a handout with a "writing continuum" that I hang in the writing center and use in conversations to show parents the steps of learning to write. When they can see their child is on the path to writing it helps take away their worry and tension.

To support your concern about a child's development

The Guidelines give you a picture of typical development. As you observe children, you can compare what you see a child do to the descriptions of typical milestones for children of that age. Over time, this may lead you to ask, "Is there an issue with this child's development in a certain area?" If the answer seems to be "yes," continue observing. Record your observations. This will give you documentation to refer to when you talk with a family to learn more and/or raise your concern with your supervisor or a specialist.

As one teacher explains: *When we go into meetings for students with special needs to get their individualized plans, we can use the Guidelines to help make the case for a student needing services. For example, I can say, "We've tried strategies from 18–36 months... and he is 4 ½."*

(Note: While the Guidelines can alert you to a developmental issue, they are not an assessment or screening tool and should never be used in this way.)

Early Help Makes a Difference

Young children learn and develop differently, and these differences are often just a reflection of a child's individual progress in growth and development. For some children, though, these differences in development are early signs of problems that need intervention. A child who is developing in a typical way, but at a much slower rate than other children of the same age might be experiencing a developmental delay and may need help to "catch up". Some children have conditions, such as Down syndrome, autism spectrum disorders, or other developmental disabilities that impact on their early learning and development. Sometimes, a child may regress, or lose developmental skills he or she has already attained, which can be a sign of a serious problem in health or development.

Teachers and caregivers might be the first to notice these changes that raise a concern about a child's development. This is an opportunity for an open and supportive discussion with parents about their child's development, and how early help can make a difference. The first step a teacher/caregiver can take is to discuss observations and concerns about a child's development with the parent. It is helpful to be as specific as possible when discussing concerns with parents. Sometimes, parents will be relieved that someone else has noticed and recognized a concern that they are also worried about. Other times, parents will not be ready to recognize a concern, may be very upset, or may react negatively to the suggestion that something is wrong with their child.

Whatever the parent's reaction to your concern, a helpful approach is to recommend that the parent follow-up on these concerns with their child's doctor or other primary health care provider. Developmental surveillance and screening are an important part of children's health care, and a health assessment and possibly other medical evaluations may be needed when developmental concerns arise. Doctors are in the best position to talk with parents about the next steps to take in evaluating children's health and development when concerns about development are identified.

It is also important for teachers/caregivers to know about resources that are available to help young children who are experiencing developmental delays or disabilities. There are two important New York State programs for young children with disabilities, under the federal Individuals with Disabilities Education Act (IDEA):

Early Intervention

New York State Early Intervention Program (NYSEIP): The NYSEIP is a statewide program for infants and toddlers ages birth to three years of age with developmental delays or disabilities and their families. The Early Intervention Program is administered by the New York State Department of Health at the State level, and by New York City and the fifty-seven counties locally. All counties and New York City have an Early Intervention Official responsible for ensuring that infants and toddlers who may need early intervention services are identified and evaluated. To get contact information for the early intervention official in your area go to: http://www.health.state.ny.us/community/infants_children/early_intervention/county_eip.htm Children who are referred to their Early Intervention Official with a suspected

developmental delay or disability are entitled to a free multidisciplinary evaluation, to determine eligibility and service needs. To be eligible for services, children must be less than 3 years of age and have a confirmed disability or established developmental delay, as defined by the State, in one or more of the following areas of development: physical, cognitive, communication, social-emotional, and/or adaptive. Individualized family service plans (IFSPs) are developed for children who are eligible for the program, to provide early intervention services to address child needs and assist families in enhancing and supporting their children's development. All early intervention services are provided at no cost to eligible children and their families.

Under public health law and regulation, child care providers and child health care providers are primary referral sources for the Early Intervention Program. As primary referral sources, child care providers are responsible for talking to parents when they are concerned about a child's development; informing parents that early intervention services are available and how these services may help; informing parents about how to make a referral for early intervention services, and assisting the parent in making a referral, if they request help. Referrals to the Early Intervention Program cannot be made over the objection of the child's parents.

Remember, often the best action to take is to recommend that parents talk with their child's doctor first when concerns about a child's development emerge, to decide on next steps to take in early intervention.

For more information about the New York State Early Intervention Program, including how to order free brochures and other informational resources on the program, visit the NYSEIP website at http://www.health.state.ny.us/community/infants_children/early_intervention/county_eip.htm.

Preschool Special Education

Children three to five years would be referred to the local Committee on Preschool Special Education. Every school district has a Committee on Preschool Special Education (CPSE) that is responsible for arranging an evaluation of children suspected of having a disability and recommending preschool special education programs for eligible children found to have a disability for mental, physical, or emotional reasons that affect the children's learning. Parents are a member of the Committee for their child.

Evaluations must be comprehensive and provide information about each child's unique abilities and needs. The individual evaluation must include a variety of assessment tools and strategies, such as information from the parent, to gather functional, developmental, and academic information about the student that may assist in determining whether the child is a preschool student with a disability and the content of the student's individualized education program

(IEP). An evaluation will provide information that will tell what the child needs to participate in and progress in appropriate activities.

Tests and assessments, given as part of an evaluation, must be in the child's language and provided by qualified people who are trained and knowledgeable. The tests must be fair and not discriminate racially or culturally.

An initial evaluation to determine a preschool child's needs must include:

- a physical examination
- a psychological evaluation
- a social history
- observation of the child in an age-appropriate environment
- other tests or assessments that are appropriate for the child (such as a speech and language assessment or a functional behavioral assessment)

For more information about Publications on Preschool Special Education are available on the State Education Department website for Special Education at <http://www.p12.nysed.gov/specialed/publications/topiclist.htm#p>

How the Guidelines Can Support You

Teachers around the state shared the following ideas of ways the Guidelines could support them. The Guidelines can help you to:

Work together with colleagues/teaching partners to see and move children's development and learning forward.

- **The Guidelines give us a common language when we meet as a team in our preschool.** *We each plan differently and implement differently. But thanks to the Guidelines we can be clear when we talk with each other, for example, about how do we teach children about geography or differences between people.*
- **The Guidelines give me and my teaching partner a common focus for observing in my family child care home.** *This week we are focusing on how children use writing for a variety of purposes. Then we'll compare notes and plan ways to support each child's developing abilities in this area.*
- **We can see children are actively learning.** *You can see where children are today and where they might be 3 months from now as they develop.*

To be accountable for what you do with children. *As this pre-K teacher explains, This tool helps you say this is where kids started. This is what I did. This is where this child ended up. In*

this way the Guidelines can help me see if I am being effective and at the same time give me information and ideas that can help me be even more effective.

To reshape ideas learned in professional development so they are useful. *The trainings and conferences I've been going to lately have been pushing literacy, math, and science. That's great. Our society needs people who are skilled in these areas. But sometimes we forget the basics of where kids are. The Guidelines can help us adapt the ideas we get to fit the kids we teach who are all at different levels.*

Last but not least, as one teacher said, "These Guidelines can be an energizer." *When you try to come up with your ideas every day you get stuck in your own way of doing things. This can be an energizer—give you ideas/open your eyes to who children are and help you see what you do matters.*

Obstacles to Using The Guidelines (Or Why Guidelines too often end up as dust collectors)

It is so long . *We already have so much reading and paperwork. I can't see anyone sitting down and reading this huge document on their own. (Remember this: The Guidelines are a resource for you to refer to about specific areas of children's development. Often you can find out what you need to know in a glance.)*

We already have so many different rules and requirements from the state and our own program to learn. I can't do any more. *To be honest, a toddler teacher explains, A lot of teachers I know would think "I can't be bothered." (Consider this: The Guidelines are your resource. They are not a requirement though chances are good they may be helpful as you complete required recordkeeping and documenting.)*

We are using Standards already. Why do we need Early Learning Guidelines too? (Consider this: The Prekindergarten Standards: Foundations for the Common Core, created for NYS Universal Prekindergarten are more skill-based. They show what children should know and be able to do at the end of year 4. The Early Learning Guidelines help teachers see the continuum of development across all domains for all ages birth to 5. They are a resource for all teachers including UPK teachers. In fact, they can help a teacher to meet the Prekindergarten Standards.)

I don't have enough time. *It would be wonderful if we could plan every day for every child. The reality is we teach 2 small groups of children each day and each is at a different level. You can plan all you want but with only 2 ½ hours with children and then to document it all and feel good about it is overwhelming. (Consider this: As this teacher shares: I thought I didn't have time. But when you read the Guidelines for what you need, one section at a time, it works.)*

Teachers don't want to admit they don't know child development. *I know I have forgotten lots that I learned in school. (Consider this: No one knows it all when it comes to child development. There is always something new to learn. The Guidelines can help.)*

Getting Started

Here are some tips from other teachers:

Use it as a reference tool. *Take it a little at a time. Focus on indicators of kids in your age range... It's quick to thumb through to a specific domain. Over time it will become part of your knowledge set.*

Focus on the ages of children you teach. *Then you can move forward or backward as needed to cover individual abilities. As a pre-K teacher, I didn't need to focus on birth to 18 months.*

Use the Guidelines to help you see how much the children you teach have grown and learned before entering your program. *The Guidelines can help me see where children in my group are coming from. They remind me that developing is an ongoing process.*

Keep the Guidelines in a place where you can find them easily. *You'll never use them if you have to go searching for them.*

Work with someone who has experience using this tool. *A new teacher might be put off/scared/hesitant to use it. But once you know what you looking at, you see this is a valuable resource.*

Get together with other teachers to brainstorm how to use it in a meaningful way. *Ask colleagues how they use the Guidelines. Share your ideas for using it with them.*

Every day what you say and do makes a difference in the lives of young children. The Guidelines can help assure you are making a positive difference in children's development and learning.

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Introduction

Teaching young children means knowing young children. Teaching young children means always being open to learning more about them.

Knowing about the complex process that is child development will allow you to get to know and appreciate children as the unique individuals they are. In turn, this will support you in making informed decisions about how best to support and promote their development and learning. You will have information you need to be able to decide how to:

- Create a welcoming environment that reflects children’s families, interests, cultures, and differing abilities
- Build a warm, and trusting relationship with each child and family
- Plan and offer learning opportunities that build on children’s current knowledge and at the same time stretch their thinking and extend what they know about themselves, relating to others and the world around them

This document was created to convey what children, in general, are like. As you get to know individual children you can use this information as a guide to help you see the path of each child’s development – a path that is influenced by a child’s culture, abilities, and temperament.

At first glance, it may seem intimidating. But as you look through it, you will see that it is simply a list of developmental milestones that children typically attain between birth and 5 years of age. Whether you teach children in a day care center, nursery school, child development center, campus child care center, family child care home, or school; and whether the children you care for and teach are infants, toddlers, or preschoolers, these Guidelines are for you.

Domains

The milestones cover the generally accepted areas that encompass development of the whole child and are divided into five domains. These five domains are:

Domain I – Physical Well-Being, Health, and Motor Development – referring to the overall bodily condition of the child and how the child moves his body

Domain II – Social and Emotional Development – referring to the child’s ability to express and regulate his feelings and his ability to develop relationships with others

Domain III – Approaches to Learning – referring to the child’s intrinsic qualities and how those affect his learning and acquisition of knowledge

Domain IV – Cognition and General Knowledge – referring to the child’s ability to acquire knowledge by thinking about, understanding, and interacting with the world

Domain V – Language, Communication, and Literacy – referring to the child’s ability to convey feeling or thought by speaking, gesturing, or writing so that the child is clearly understood and also able to interpret what others are communicating verbally, with gestures, or in writing

Age Groupings

These 5 domains have been divided into 3 age groups:

- Infancy (Birth to 18 months)
- Toddlerhood (18 months to 3 years)
- Preschool Age (3 to 5 years)

These age grouping have deliberately been kept broad. Why? Each child’s timetable of development is driven by the child’s own genetic makeup and influenced by his¹ environment – specifically his unique parenting experience within his own culture, which will determine what he is exposed to, and when and how he is exposed to it. All of these things influence the rate of development. Keeping the age ranges broad allows a child time to develop at his own rate in his own way.

Children learn a great deal in the first five years of life. Never again will they grow and develop at such a rapid rate. It takes time for children to master the skills they will acquire in those first years. If we start saying, “By 6 months, a child should do so and so” we run the risk of labeling an infant who is not doing a certain behavior at 6 months as delayed, flawed or, worse yet, deficient. However, if we list the skills in the usual order in which they are acquired, and deliberately leave off the narrowly defined “normal age attained,” we can give children time to develop on their own personal schedule and save their adults from unnecessarily jumping in to worry, “what is wrong?”

During infancy, the child is completely dependent on the adults who care for him. He will need to develop a strong bond with at least one person so that he feels safe and is free to do all of the work of infancy. He will learn to eat, gain control of his body, begin to learn to communicate, and explore the world with all of his senses. This usually happens by about 18 months.

As a toddler, a child is learning about who he is as a separate individual. His sense of self will develop as he strives to be independent and begins to gain control (of his bodily functions, his impulses, and his strong emotions), all the while exploring and making amazing discoveries about the world around him. His communication skills are developing. Busy as he is, he picks up clues about who he is and how he should behave from the way people respond to him. It is

¹ The male pronoun will generally be used for the child; the female pronoun will generally be used for teachers.

a fascinating and at times challenging stage of life – for a toddler and the adults around him. He will need your support to help assure he comes through these times feeling competent, confident, and appreciated. We define toddlerhood as being between 18 months to 3 years.

The preschool years, ages 3 to 5, are a time to refine many of the basic skills already learned and to focus particularly on social skills. These are the years when a child begins to learn that other people’s points of view may not match his own and he may need to compromise or negotiate. He will learn that his way is not the only way and that the group’s needs take precedence over his own. He will develop true friendships with his peers and widen the circle of those with whom he has relationships. He will learn by playing – alone, with his friends, indoors and outside. With support from caring, trusting adults, by the time the child reaches his fifth birthday, he will have developed skills for getting along with others, basic knowledge about the world around him, and a sense of himself as a competent, effective learner – each part of the foundation for school and life success.

Development Can Not Be Rushed

Reaching the age of 5 is a milestone that should not and cannot be rushed. Rather, those first five years are a time to luxuriate in all that a child accomplishes. This is not a time to push academics or try to “get a child ready” for kindergarten. Making a 4-year-old do kindergarten work so that they will be ready for kindergarten is as absurd a concept as having a 2-month-old baby practice standing so he will be ready to walk at 14 months! With these Guidelines, we encourage you to see birth to 5 years as a treasured time – a time when children are allowed to be children.

Strategies to Move Development and Learning Forward

Throughout the Guidelines, we have included examples of strategies you can use to foster the development of the milestones. These are examples only to help you determine if you are on track and to get you thinking – on your own and with colleagues – about other possibilities.

Use these examples to ground your practice in knowledge of how children develop and learn. This will help assure that you keep your eye always on how children develop and do not become distracted by “fads” and “current trends” of early childhood that could cause you to focus solely on literacy or math learning. While these are certainly important areas to consider and cover in your program, it is sometimes easy to lose focus on the child and get caught up in the latest popular technique or activity.

These strategies also will help you assess your skills, strengths, and areas that need improvement. There may be areas of development that you know very well and as a result have a solid and strong collection of proven, research-based strategies to promote those areas. Chances are there are also areas in which you are less familiar and unsure about possible learning opportunities you can provide for children.

Acknowledgments

“Let us put our minds together and see what life we can make for our children.” Sitting Bull

The New York State Early Learning Guidelines would not be complete without the contributions of the many individuals who donated their time, energy, and intellect to the creation of this document.

Frances Alvino	Doris Fromberg	Leigh Mountain
Pat Amanna	Nancy Gabriel	Mary Louise Musler
Bailey Amuso	Dianne Galante	Hana Myjer
M.E. Bardsky	Cinthia Gil	Barbara Nilsen
April Barrett	Debbie Giroux	Lynnette Pannucci
Liz Belsito	Cecile Gleason	Teresa Perez
Maria Benejan	Colleen Goddard	Susan Perkins
Carmelita Bota	Marjorie Goldsmith	Patricia Persell
Yvonne Martinez	Tiffany Gonsalves	Isadora Polanco
Brathwaite	Shari Gruber	Melanie Pores
Jane Brown	Lynette M. Haley	Jackie Radell
Kathy Burton	Ashmay Haywood	Sanjiv Rao
Caludine Campanelli	Barbara Hogan	Carol Rasowsky
Regina Canuso	Jessica Howe	Joan Rochetta
Rebecca Chauvin	Nancy Hughes	Tina Rose-Turrioglio
Hsuan- Mei Chien	Joyce James	Sage Ruckterstuhl
Terry Chylinski	Jackie Jones	Sherone Sanchez
Sherry Cleary	Kristen Kerr	Marcia Scheer
Nancy Collins	Jennifer Kinard	D. Schulmann
Pedro Cordero	Eleace King	Debbie Silver
Nancy T. Cupolo	Deborah King	Nancy Simko
Desalyn De-Souza	Abbe Kovacic	Kaylan Sobel
Denise Dowell	Sue Kowaleski	Karen Sperb
Marsha Dumka	Belinda Kwan	Hamish Strong
Tammy Dunn	Nicole LaBar	Gambi White Tenant
Evelyn Efinger	Candace Larue	Rebecca Valenchtis
Lori Fallon	Cynthia Lashley	Esperanza Velasquez
Colleen Faragon	Mary Lavin	Michele Washington
Colleen Farrell	Clare Maloney	Lynda Weismantel
Lily Fernandex-Goodman	Wendy McLeish	Elise N. Weiss
Ann M. Fraser	Angela Moran	
Bob Frawley	Liege Motta	

We express our gratitude to Pat Kemp for her contribution to the section introductions, and to Amy Laura Dombro for working with teachers across the state to capture their voices as she wrote *“The Teachers’ View: How to Use the Early Learning Guidelines Successfully.”*

Domain I. Physical Well-Being, Health, and Motor Development

Physical well-being, health, and motor development shape if and how children are able to take full advantage of learning opportunities. This domain includes four categories: Motor Development, Physical Fitness, Daily Living Skills, Nutrition, and Safe Practices.

Motor development is the child's ability to move and control various parts of his body. Motor development is often divided into three areas:

1. **Gross Motor** – The ability to move and control the large muscles of the body – the neck, trunk, and limbs
2. **Fine Motor** – The ability to move and control the small muscles of the body – the fingers, wrists, and to a lesser extent, toes
3. **Sensorimotor** – The use of the senses – sight, hearing, touch, smell, and taste – to guide motions

There are three principles generally thought to govern motor development:

1. **Cephalocaudal** – Refers to the development of the muscles from the head down. As you have observed, a baby controls his head using neck muscles before he can stand using his leg muscles.
2. **Proximodistal** – Refers to the development of the muscles from those closest to the center of the body outward. You see this when you observe that a baby reaches towards something using his shoulder and arm muscles before he can pick it up, which requires using his hand and finger muscles.
3. **Sensory integration** – Refers to using information gained from one or more senses and making appropriate movements. A good example is one that is familiar to all of us: seeing an appetizing food and trying to eat it.

The area of **Physical Fitness** is included to call attention to the fact that the early years are when children acquire attitudes and habits that will determine if they grow up to have active, healthy lifestyles, especially important given the high rates of obesity and related health concerns in our country today. By giving children a “fit” start to life, it increases the chances they will have the energy, stamina, and ability to participate in and benefit from the learning and fun of physical activities and will continue to do so for the rest of their lives.

Growing competence in **Daily Living Skills** such as healthy sleep patterns, dressing, and dental hygiene will help assure children's physical health and promote lifelong healthy habits.

Nutrition is key to good health and healthy development today and in the future. In this section we look at children's growing ability to recognize healthy foods and providing support for them to try new and healthy foods at snack and meal times.

Young children's awareness of **Safe practices** is a first step on a life-long path to maintain physical well-being. Children will one day be able to apply the lessons learned about avoiding

dangerous objects, situations, and substances in the early childhood setting to their everyday lives at home, school, and in the community. The ability to follow rules and to know when and how to ask for help are other key skills young children will learn with practice.

Domain I. Physical Well-Being, Health, and Motor Development

- A. Gross Motor Skills
- B. Fine Motor Skills
- C. Sensorimotor Skills
- D. Physical Fitness: Daily Activities
- E. Physical Fitness: Variety and Well-Being
- F. Daily Living Skills
- G. Daily Living Skills: Hygiene
- H. Nutrition
- I. Safe Practices
- J. Rules and Self-Regulation

A. Gross Motor Skills

Birth to 18 months

Some Indicators for Children:

1. Lifts head and chest while on tummy
2. Supports upper body with arms while lying on tummy
3. Gains control of arm and leg movements
4. Rolls over (front to back, back to front)
5. Pounds on things with hands and kicks legs
6. Sits with support
7. Rocks back and forth on hands and knees and, later, crawls
8. Sits without support
9. Pulls self up to stand, holding on to something or someone
10. Stands independently
11. Walks holding on to furniture
12. Walks
13. Stoops or squats to explore things on the ground.
14. Tries to climb stairs, with assistance

Sample Strategies to Promote Development and Learning:

- Provide opportunities for child to move freely during waking hours, including time on tummy
- Provide a variety of objects to be pulled, pushed, and held
- Play interactive games and sing songs from child's cultural background that involve child's hands and feet

18 to 36 months

Some Indicators for Children:

1. Carries toys or objects while walking
2. Walks and runs with skill, changing both speed and direction
3. Walks backwards
4. Climbs both in and out of bed or onto a steady adult chair
5. Pounds object with intent and precision (e.g., hammers peg with accuracy)
6. Jumps in place
7. Has a basic ability to kick and throw a ball
8. Balances on one foot briefly
9. Bends over easily without falling
10. Walks in a straight line
11. Walks downstairs placing both feet on each step; walks upstairs alternating feet with support/holding handrail
12. Uses feet to push forward and backwards while riding a toy
13. Runs fairly well and negotiate stairs with alternating feet
14. Pedals appropriate sized tricycle

Sample Strategies to Promote Development and Learning:

- Provide opportunities for child to run, throw, jump, and climb
- Provide physical activities that promote balance (e.g., rocking, swinging, rolling, spinning)
- Modify activities to ensure participation of child with special needs (e.g., provide ramps or low steps to ensure access to climbing equipment)

36 to 60 months

Some Indicators for Children:

1. Walks and runs and navigates obstacles and corners
2. Crawls through a play tunnel or under tables
3. Climbs on play equipment
4. Throws ball overhand with some accuracy
5. Catches large balls with two hands
6. Kicks ball forward
7. Hops forward on one foot without losing balance
8. Jumps on two feet and over small objects with balance and control
9. Gallops with skill
10. Pedals consistently when riding tricycle and navigates obstacles and corners
11. Walks up and down stairs, using alternating feet, without support
12. Walks backwards and runs with enough control for sudden stops

Sample Strategies to Promote Development and Learning:

- Provide safe equipment and environments that vary in skill levels (e.g., tricycles, tires, hoops, balls, balance beam, climbing equipment)
- Teach child new skills (e.g., skip, throw overhand, jump rope, hula hoop, swim)
- Provide opportunities for dance and other movement activities that use both sides of the body (e.g., bending, twisting, stretching, balancing)

B. Fine Motor Skills

Birth to 18 months

Some Indicators for Children:

1. Grasps caregivers' fingers
2. Plays with own feet/toes and discovers hands
3. Consistently reaches for toys, objects, and bottles with both hands
4. Mimics hand clapping or a good-bye wave
5. Hand-to-mouth movements show increasing coordination with self-feeding if culturally appropriate
6. Transfers small objects from hand to hand
7. Puts objects in and empties objects out from containers
8. Picks up object with thumb and forefinger
9. Turns pages of large books, often turning multiple pages at the same time
10. Makes marks on paper with whole arm movement while writing/using drawing implements (e.g., thick pencil, crayon, marker)

Sample Strategies to Promote Development and Learning:

- Provide opportunities for child to reach for objects
- Provide opportunities for child to grasp and hold a variety of objects
- Give child appropriate finger foods to eat (e.g., dry cereal, cooked vegetables)

18 to 36 months

Some Indicators for Children:

1. Turns book pages one page at a time, most of the time
2. Scribbles with crayons and begins to imitate marks (e.g., a circle)
3. Folds blanket, cloth diaper, or paper, with assistance
4. Pours contents of one container into another container
5. Opens doors, with assistance, by turning and pulling doorknobs
6. Uses some eating utensils if culturally appropriate
7. Works simple "insert" puzzles (e.g., completes simple puzzle, uses shape sorter box)
8. Unscrews small lids
9. Begins to dress and undress oneself
10. Stacks, sorts, and strings items

Sample Strategies to Promote Development and Learning:

- Provide experiences that support the use of hands in many different positions (e.g., painting at an upright easel).
- Engage child in activities that promote moving fingers individually (e.g., finger plays, typing on a toy keyboard, making music).
- Demonstrate clear and consistent boundaries about harmful objects and situations (e.g., always put child in car safety seat when traveling in a vehicle).

36 to 60 months

Some Indicators for Children:

1. Eats with utensils
2. Uses various drawing and art materials (e.g., crayons, brushes, finger paint)
3. Copies shapes and geometric designs
4. Opens and closes blunt scissors with one hand
5. Cutting skills progress from inaccurate cutting to proper grasp with some degree of accuracy
6. Manipulates small objects with ease (e.g., strings beads, fits small objects into holes)
7. Dresses and undresses self-managing buttons and/or zippers
8. Uses stapler or paper punch
9. Completes increasingly complex puzzles (e.g., 3-piece to 10-piece puzzles)
10. Writes some recognizable letters or numbers

Sample Strategies to Promote Development and Learning:

- Provide activities that strengthen hand grasp (e.g., molding play dough, using a hand-held hole punch).
- Provide opportunities for child to use pincer grasp of thumb/forefinger (e.g., gluing small pieces of paper, peeling/sticking stickers, picking up small objects with fingers).
- Modify activities to ensure participation of child with special needs (e.g., attach rubber grips to pencils and pens).

C. Sensorimotor Skills

Birth to 18 months

Some Indicators for Children:

1. Sucks smoothly from nipple (breast or bottle)
2. Responds by turning toward sound and touch
3. Focuses eyes on near and far objects
4. Explores the environment with mouth and hands
5. Moves objects from one hand to the other
6. Coordinates eye and hand movements (e.g., puts objects into large container)
7. Explores and responds to different surface textures (e.g., hard tables, soft cushions)
8. Begins to eat table food

Sample Strategies to Promote Development and Learning:

- Monitor child's environment for noise level (e.g., do not place electronic toys in crib, keep loud noises away from infant's ears).
- Provide time daily for child to move freely on the floor in a safe environment.
- Talk with child about the colors, sounds, temperatures, tastes, and smells of things during daily activities.

18 to 36 months

Some Indicators for Children:

1. Performs basic creative movements, with adult guidance or alone (e.g., dances to music or rhythm)
2. Eats foods that require more chewing

3. Demonstrates awareness of own body in space (e.g., walks around table without bumping into it)
4. Exhibits eye-hand coordination (e.g., builds with blocks, completes simple puzzles, or strings large beads)
5. Enjoys climbing, walking up inclines, sliding, and swinging
6. Plays with materials of different textures (e.g., sand, water, leaves)

Sample Strategies to Promote Development and Learning:

- Provide physical experiences that integrate child's movements with all of the senses (e.g., shadow play, painting with feet, playground equipment).
- Model movements and invite child to participate (e.g., dance or drum together).
- Provide objects for catching and throwing (e.g., large, soft balls; beanbags).

36 to 60 months

Some Indicators for Children:

1. Physically reacts appropriately to the environment (e.g., bends knees to soften landing, moves quickly to avoid obstacles)
2. Demonstrates concepts through movement (e.g., imitates an animal through movement, sounds, dress, and dramatization)
3. Improves eye-hand coordination (e.g., catches a bounced ball)
4. Enjoys pushing objects, climbing short ladders, swinging on a swing, and sliding

Sample Strategies to Promote Development and Learning:

- Play word games and sing songs that use the body (e.g., Follow the Leader; Che Che Cole; or Heads, Shoulders, Knees, and Toes).
- Set up an obstacle course of chairs, sticks, boxes and give directions (e.g., "Go over the box, under the chair, and beside the stick").
- Provide opportunities for child to run up and down hills and winding pathways

D. Physical Fitness: Daily Activities

Birth to 18 months

Some Indicators for Children:

1. Shows alertness during waking periods
2. Sustains structured physical activity for at least three to five minutes at a time
3. Initiates active play, exploring and interacting with environment

Sample Strategies to Promote Development and Learning:

- Provide child with several hours of unstructured movement every day, including time on tummy.
- Model daily physical activities (e.g., walking, running, lifting).
- Provide child with regular nap and bedtime routines.

18 to 36 months

Some Indicators for Children:

1. Participates actively in games, outdoor play, and other forms of exercise

2. Runs spontaneously across the room or yard
3. Engages in unstructured physical activities for at least 60 minutes (cumulatively), and up to several hours each day
4. Sustains moderate to vigorous physical activity for at least 10 minutes at a time, for at least 30 minutes each day
5. Sleeps well, awaking rested and ready for daily activities

Sample Strategies to Promote Development and Learning:

- Provide child with a minimum of 60 minutes of physical activity each day.
- Provide common objects for structured physical activity (e.g., child-size equipment, musical instruments, active follow-along songs and basic rhythms).
- Limit child's screen time (watching TV and videos, playing computer games) to no more than half an hour of quality children's programming each day (children over 2 years).

36 to 60 months

Some Indicators for Children:

1. Carries light objects or backpack for a short distance
2. Repetitively practices new skills
3. Engages in at least 60 minutes, and up to several hours, daily of unstructured physical activity
4. Engages in organized physical activities for a total of at least 60 minutes each day, sustaining physical activity for at least 15 minutes at a time
5. Stays awake except during nap time

Sample Strategies to Promote Development and Learning:

- Provide a variety of daily opportunities for child to engage in physical activities.
- Provide child with a minimum of 60 minutes of organized physical activities each day.
- Make physical activity fun (e.g., set up a simple and safe obstacle course outside or inside where child climbs over, under, and through things; incorporate movement to music).

E. Physical Fitness: Variety and Well-Being

Birth to 18 months

Some Indicators for Children:

1. Attempts new gross and fine motor activities, often with assistance
2. Child explores environment with body
3. Child exhibits comfort in the outdoors
4. Child responds to environmental cues to relax and rest

Sample Strategies to Promote Development and Learning:

- Show enthusiasm and encouragement when child tries new motor activities.
- Provide time daily for child to play both inside and outside.
- Discourage television for child younger than 2 years old.

18 to 36 months

Some Indicators for Children:

1. Attempts new activities that require physical movement, without adult assistance
2. Participates actively in games, dance, outdoor play, and other forms of exercise
3. Takes appropriate risk with body in space
4. Selects active activity over passive activity a portion of the time
5. Helps with appropriate physical chores (e.g., clearing own space at meals, cleaning up toys, washing dramatic play dishes periodically)

Sample Strategies to Promote Development and Learning:

- Provide support as child attempts an activity that is challenging.
- Play a variety of activity-based games with child (e.g., run to the letter A, B, etc., or a simple and safe obstacle course).
- Move to music or sing songs with child that involve physical movement.

36 to 60 Months

1. Participates in different physical activities (e.g., walking, climbing, throwing, dancing) with enthusiasm
2. Incorporates various physical activities while transitioning from one place to another (e.g., marches between the kitchen and the bathroom)
3. Participates in group activities involving physical activity (e.g., makes a large letter with a thick rope on the floor)

Sample Strategies to Promote Development and Learning:

- Engage child in group exercise times/activities (e.g., bike rides, neighborhood walks).
- Engage child in different kinds of physical activities (e.g., throwing balls, climbing playground equipment, dancing and helping with chores).
- Provide child the opportunity to play in different settings (e.g., neighborhood parks, outdoor play equipment).

F. Daily Living Skills**Birth to 18 months****Some Indicators for Children:**

1. Indicates anticipation of feeding on seeing breast, bottle, or food
2. Assists caregiver with holding bottle, later grasps a cup, then eats with fingers
3. Demonstrates increasing ability to self-soothe
4. Removes loose clothing (e.g., socks, hats, mittens)
5. Assists with undressing, dressing, and diapering
6. Assists with hand washing and tooth brushing as soon as first tooth appears
7. Participates increasingly in sleeping routines such as gathering blanket and removing shoes

Sample Strategies to Promote Development and Learning:

- Respond positively and promptly when child indicates need (e.g., need for food, diaper change, blanket).
- Model basic personal care routines.

- Provide opportunities for older child to select safe foods and feed self.

18 to 36 months

Some Indicators for Children:

1. Feeds self with appropriate utensil (e.g., spoon, chopsticks), without assistance
2. Participates in putting on shoes and socks
3. Dresses and undresses completely, with assistance
4. Uses personal care objects correctly and regularly, sometimes with assistance (e.g., drinks from open cup, brushes hair, brushes teeth)
5. Participates in sleeping routines such as getting and arranging his/her naptime comfort items

Sample Strategies to Promote Development and Learning:

- Provide opportunities for child to participate daily in personal care (e.g., choose clothes to wear, get dressed).
- Provide opportunities for child to be responsible for personal belongings (e.g., hanging up own jacket).
- Read with child and practice other calming routines at bedtime.

36 to 60 months

Some Indicators for Children:

1. Feeds self with proper utensils, without assistance
2. Gets drink of water from tap, without assistance
3. Dresses and undresses, with minimal help
4. Chooses own clothes to wear, when asked
5. Puts shoes on, without assistance
6. Decides, with few prompts, when to carry out self-help tasks (e.g., to wash hands when dirty and before meals)
7. Participates in helping others with personal care routines

Sample Strategies to Promote Development and Learning:

- Offer plenty of guidance and opportunities for child to take care of self (e.g., put on own coat, clean up after spills and messy projects).
- Help child recognize personal signs of fatigue and need for rest.
- Demonstrate clear and consistent boundaries about harmful objects and situations (e.g., always put child in car safety seat when traveling in a vehicle).

G. Daily Living Skills: Hygiene

Birth to 18 months

Some Indicators for Children:

1. Responds to vocalizations during diaper changing routines
2. Washes and dries hands, with assistance
3. Begins to brush gums and teeth with assistance

4. Demonstrates a beginning understanding of basic hygiene steps when prompted by caregiver (crawling to the changing table, bringing a new diaper)

Sample Strategies to Promote Development and Learning:

- Establish ongoing and regular medical and dental homes for child and ensure child receives routine preventive care.
- Talk with child about what you're doing when bathing, diapering, dressing, and cleaning.
- Make bath time enjoyable (e.g., provide safe bath toys, sing songs, tell stories).

18 to 36 months

Some Indicators for Children:

1. Uses tissue to wipe nose, with assistance
2. Indicates wet or soiled diaper by pointing, vocalizing, or pulling at diaper when prompted
3. Shows interest in toilet training and may use toilet regularly with assistance.
4. Washes and dries hands at appropriate times, with minimal assistance (e.g., after diapering/ toileting, before meals, after blowing nose)
5. Communicates with caregiver when not feeling well
6. Cooperates and assists caregiver with tooth brushing

Sample Strategies to Promote Development and Learning:

- Show child how to clean up after self, acknowledging child when he/she does clean up.
- Talk with child about health rules (e.g., cover mouth when coughing; throw away soiled tissues in wastebasket).
- Model words to describe symptoms of illness (e.g., "I feel hot," "My tummy hurts.").

36 to 60 months

Some Indicators for Children:

1. Uses tissue to wipe own nose and throws tissue in wastebasket
2. Takes care of own toileting needs and asks for assistance when needed
3. Washes and dries hands before eating and after toileting, without assistance
4. Cooperates and assists caregiver with tooth brushing
5. Identifies health products (e.g., shampoo, toothpaste, soap)
6. Covers mouth when coughing
7. Recognizes and communicates when experiencing symptoms of illness
8. Understands the need for and participates in care for acute and chronic illness

Sample Strategies to Promote Development and Learning:

- Provide opportunities for child to select personal hygiene items for self and others (e.g., select own toothbrush, washcloth)
- Make a place for child's personal grooming items
- Provide child with enough time to take care of personal hygiene

H. Nutrition

Birth to 18 months

Some Indicators for Children:

1. Demonstrates hunger clearly
2. Regulates the speed and intensity with which he/she eats
3. Consumes a variety of nutritious foods from all food groups
4. Explores food with fingers
5. Tries new foods when offered

Sample Strategies to Promote Development and Learning:

- Plan feeding times and practices around the individual cultural and feeding needs of child (e.g., if breastfeeding, use of breast milk or if bottle feeding, use of formula).
- Follow child's cues for when he/she is full or hungry.
- Provide child with nutritious foods and snacks, including foods from various cultures.

18 to 36 months**Some Indicators for Children:**

1. Begins to recognize and eat a variety of nutritious foods
2. Distinguishes between food and non-food items
3. Participates in preparing nutritious snacks

Sample Strategies to Promote Development and Learning:

- Establish regular meal and snack times in daily schedule.
- Prepare and provide a variety of nutritious snacks and meals from child's own cultural background and other cultures.
- Talk with child about how food and water help us to be healthy.

36 to 60 months**Some Indicators for Children:**

1. Participates in preparing nutritious meals
2. Chooses to eat foods that are better for the body than others, with assistance
3. Passes food at the table and takes appropriate sized portions, or other culturally-specific family serving style

Sample Strategies to Promote Development and Learning:

- Engage child in shopping for nutritious food (e.g., have child help pick out fruit).
- Involve child in planting, growing, and harvesting a vegetable garden.
- Provide opportunities for child to help prepare nutritious meals and snacks.

I. Safe Practices**Birth to 18 months****Some Indicators for Children:**

1. Responds to cues from caregivers about warnings of danger
2. Shows recognition of the difference between primary caregivers and strangers
3. Reacts when caregiver says "no" but may need assistance to stop unsafe behavior

Sample Strategies to Promote Development and Learning:

- Put infant to sleep on his/her back.

- Demonstrate clear and consistent boundaries about harmful objects and situations (e.g., always put child in car safety seat when traveling in a vehicle).
- Explain when things are hot and too hot to touch safely; cold and too cold to touch safely.

18 to 36 months

Some Indicators for Children:

1. Begins to avoid dangers (e.g., hot stoves, sharp knives) but cannot be relied upon to keep self safe
2. Knows to hold caregiver's hand when walking in public places but may resist doing so
3. Tells adult when someone hurts him/her or makes him/her feel bad

Sample Strategies to Promote Development and Learning:

- Use poison symbols in classroom and at home and teach child what they mean.
- Introduce child to safety personnel and places (e.g., firefighters and fire stations; doctors and hospitals).
- Demonstrate clear and consistent boundaries about harmful objects and situations (e.g., always put child in car safety seat when traveling in a vehicle).

36 to 60 months

Some Indicators for Children:

1. Communicates to peers and adults when sees dangerous behaviors (e.g., throwing rocks on the playground)
2. Carries scissors and pencils with points down to avoid accidents
3. Looks both ways before crossing street or road, and knows to cross with adult assistance
4. Recognizes danger and poison symbols and avoids those objects or areas
5. Does not touch or take medicine without adult assistance but knows that medicine can improve health when used properly
6. Understands the difference between "safe touch" and "unsafe touch"

Sample Strategies to Promote Development and Learning:

- Participate in discussions with firefighters about fires and safety precautions.
- Read stories in which children face harmful situations and discuss how they deal with them.
- Provide puppets, role-play materials and songs/ rhymes that help child focus on who and what can be trusted.

J. Rules and Self-Regulation

Birth to 18 months

Some Indicators for Children:

1. Can be distracted from unsafe behavior with words, physical prompts, or signal from adult but requires constant supervision and guidance (e.g., stops unsafe activity when told "stop")
2. Follows some consistently set rules and routines

Sample Strategies to Promote Development and Learning:

- Provide a safe “child-proof” environment (e.g., cover electrical outlets, keep poisons and chokable items out of child’s reach).
- Ensure that child uses age- and weight appropriate car safety seat when riding in vehicles.
- Model appropriate use of safety equipment (e.g., always wear a seatbelt, bike helmet).

18 to 36 months**Some Indicators for Children:**

1. Displays recognition of the rules, though may not always follow them
2. May pay attention to safety instructions, with assistance, but may choose not to cooperate.

Sample Strategies to Promote Development and Learning:

- Comment positively when child behaves safely.
- Demonstrate, explain, and provide opportunities for child to practice safety around bodies of water (e.g., lakes, oceans, rivers).
- Provide frequent reminders about safety rules (e.g., “You should always hold my hand when we walk in a parking lot.”).

36 to 60 months**Some Indicators for Children:**

1. Understands and anticipates the consequences of not following rules
2. Identifies safety signs posted around the classroom and home
3. Follows emergency drill instruction (e.g., fire, tornado, earthquake, tsunami, bomb)
4. Follows basic safety rules, with assistance (e.g., bus, bicycle, playground, crossing street, stranger awareness)
5. Initiates getting buckled into age- and weight-appropriate car safety seat in vehicles
6. Puts on or asks for helmet before riding a bicycle or other wheeled toy

Sample Strategies to Promote Development and Learning:

- Discuss safety rules with child (e.g., holding hands in crowds, wearing a bike helmet).
- Provide opportunities for child to practice appropriate emergency drills (e.g., fire, tornado, bomb).
- Provide opportunities for child to learn and practice pedestrian and water safety.

Domain II. Social and Emotional Development

Sub-domain: Social Development

Healthy social and emotional development begins with attachment to another human being(s), typically a parent(s) or other adult family member. Through this trusting relationship children are able to gradually expand and explore friendships with adults and children and branch out into the larger world. The child feels loved, important, and worthy (valued). Because of that bond, the child trusts that the world is a good place. These early relationships form the basis for all other relationships and interactions with others. Healthy developments in these areas are key to development in all domains and all other learning.

Social Development refers to a young child's ability to create and sustain social relationships with adults and other children. As children grow older, their relationships with peers take on greater importance. Children who socialize well are generally well liked and have plenty of opportunities to learn skills such as cooperation, negotiation, appreciation for other children's needs and rights, and the ability to sometimes put aside their own needs and wants to meet those of others.

Emotional Development refers to a child's ability to recognize, express, and manage their feelings and to understand and respond to the feeling of others. A child needs to be able to express a full range of emotions – from joy to sadness to frustration and anger, in healthy and appropriate ways. This self-regulation is gradually attained throughout the early years.

How a child feels about himself – whether he likes himself and thinks he can succeed at what he tries – is another important aspect of emotional development.

Domain II. Social and Emotional Development

Sub-domain: Social Development

- A. Interactions with Adults
- B. Interactions with Adults: Seek assistance from adults
- C. Interaction with Peers
- D. Interaction with Peers: Cooperation
- E. Interaction with peers: Negotiation
- F. Adaptive Social Behavior
- G. Adaptive Social Behavior: Group Activities
- H. Adaptive Social Behavior: Diverse Settings
- I. Adaptive Social Behavior: Empathy
- J. Appreciating Diversity
- K. Self-Concept
- L. Self-Concept: Abilities and Preferences
- M. Self-Efficacy
- N. Self-Control
- O. Self-Control: Feelings and Impulses
- P. Emotional Expression

A. Interactions with Adults

Birth to 18 months

Some Indicators for Children:

1. Quiets when comforted, especially by familiar adult, most of the time
2. Shows preference for regular care provider.
3. Initiates and maintains interactions with caregivers (e.g., smiles, gestures, verbal)
4. Imitates familiar adults' gestures and sounds
5. Shows affection for adults through facial expressions and gestures
6. Explores environment with guidance
7. Distinguishes between familiar and unfamiliar adults (e.g., prefers comfort from familiar adult)
8. Exhibits separation anxiety by clinging to caregiver in the presence of strangers

Sample Strategies to Promote Development and Learning:

- Talk with and sing to child frequently, especially during feeding and diaper changes.
- Read and look at books with child in ways that foster feelings of trust and security.
- Give child sense of security when around unfamiliar adults.
- Meet child's needs promptly.

18 to 36 months

Some Indicators for Children:

1. Establishes an attachment or bond with a consistent adult other than the primary caregiver
2. Demonstrates feeling safe with significant adults by seeking them when uncomfortable or when sick, tired, or in a dangerous situation
3. Imitates adult activities (e.g., pretends to cook, "reads" next to adult who is reading)
4. Initiates interactions and play with adults
5. Responds to adults' verbal greetings
6. Communicates with adults about recent activities
7. Labels feelings
8. Shows awareness of others' feelings
9. May show extreme discomfort with separation or new situations when familiar caregiver is not present – by protesting loudly (crying) or by withdrawing completely (refusing to participate)
10. May need to have a special blanket, stuffed animal or toy for comfort

Sample Strategies to Promote Development and Learning:

- Show empathy and understanding to child.
- Listen carefully and with interest to what child says and expand on the message.
- Help child manage feelings of distress.

36 to 60 months

Some Indicators for Children:

1. Separates with assistance from significant adults and transitions to program
2. Expresses affection for significant adults
3. Approaches adults for assistance and offers to assist adults
4. Carries out actions to please adults at times
5. Expresses feelings about adults (e.g., “I love Auntie”)

Sample Strategies to Promote Development and Learning:

- Establish one-on-one time when child can confide in caregiver on a daily basis (e.g., at naptime or at meal times).
- Use positive behavior and words when separating from child.
- Only make promises to child that you can keep.

B. Interactions with Adults: Children seek assistance from adults**Birth to 18 months****Some Indicators for Children:**

1. Cries, makes sounds, or uses body movements to signal caregiver for assistance, attention, or need for comfort
2. Looks for caregivers’ response in uncertain situations
3. Tests caregiver responses to own behavior (e.g., reaches for a forbidden object and looks at caregiver to check response)
4. Looks to adult for indication of appropriate and inappropriate behavior
5. Seeks out familiar adult when uncomfortable

Sample Strategies to Promote Development and Learning:

- Nurture child with kind words, hugs, and cuddles.
- Respond to child’s needs and reinforce small accomplishments.
- Recognize that responses to child’s calls for assistance are important opportunities to develop trust.

18 to 36 months**Some Indicators for Children:**

1. Seeks adult assistance with challenges but may become angry when the help is given
2. Begins to make sense of their ability and understanding of their environment by experimenting
3. Periodically checks with caregiver for help or reassurance when playing by self or with peers
4. Responds to guidance most of the time
5. Starts activity after a caregiver makes suggestions, sometimes (e.g., uses adult’s suggestions to find missing pieces to a toy or items needed for an art activity)
6. May begin to follow basic safety guidelines and requirements but may not consistently do so (e.g., “Hot – don’t touch.”)

Sample Strategies to Promote Development and Learning:

- Set appropriate and consistent limits.

- Follow child's cues and offer guidance when appropriate.
- Acknowledge and describe child's appropriate behavior (e.g., "You remembered to hang up your coat.").

36 to 60 months

Some Indicators for Children:

1. Recognizes that adults have more experience and, therefore, can provide assistance
2. Asks questions of adults frequently to obtain information
3. Follows caregivers' guidelines for appropriate behavior in different environments
4. Brings simple problem situations to adults' attention
5. Continues to need adult comfort and reassurance but may be less open in seeking and accepting it

Sample Strategies to Promote Development and Learning:

- Communicate guidelines and expectations clearly.
- Show respect for child's choices and attempts at solving problems (e.g., trade with child).
- Answer child's questions directly.

C. Interaction with Peers

Birth to 18 months

Some Indicators for Children:

1. Smiles spontaneously at other children
2. Shows enjoyment in interactions with other children, as expressed in gestures, facial expressions, and vocalizations
3. Shows interest in other children by watching them and tracking their behavior

Sample Strategies to Promote Development and Learning:

- Respectfully imitate child while playing.
- Name child's feelings.
- Provide opportunities for child to play and interact with other children.

18 to 36 months

Some Indicators for Children:

1. Plays side-by-side with another child, at times
2. Observes and imitates another child's behavior or activity
3. Initiates social interaction with peers
4. Shows enthusiasm about the company of other children
5. Spontaneously shows preference for familiar playmates

Sample Strategies to Promote Development and Learning:

- Provide opportunities for child to play with other children from own and other cultural backgrounds regularly so that the child is familiar with one or more peers.
- Provide toys that can be played with by two or more children at one time.
- Support child if he/she plays with or discusses imaginary friends.

36 to 60 months

Some Indicators for Children:

1. Shows enjoyment in playing with other children
2. May elect to entertain oneself for sustained periods of time
3. Initiates an activity with another child
4. Separates willingly from adults to play with friends, most of the time
5. Makes and maintains a friendship with at least one other child

Sample Strategies to Promote Development and Learning:

- Provide opportunities for child to engage in a variety of play activities with other children (e.g., dramatic play, art projects, free play outside, dance class).
- Help child join ongoing play.
- Support child's play with peers by staying nearby, offering props, and assisting with conflict resolution.

D. Interaction with Peers: Cooperation

Birth to 18 months

Some Indicators for Children:

1. Observes other children and imitates their sounds, actions, and motions
2. Shows enjoyment in interaction with other children, as expressed in gestures, facial expressions, and vocalizations
3. Able to sustain play with caregiver (rolling a ball, peek-a-boo)

Sample Strategies to Promote Development and Learning:

- Model cooperation and sharing with others in daily tasks (e.g., preparing a meal with other family members).
- Provide opportunities for child to play and interact with other children.
- Play turn-taking games with child (e.g., peek-a-boo).

18 to 36 months

Some Indicators for Children:

1. Takes turns during play with peers, with considerable assistance
2. Recognizes there is a conflict and requests adult assistance

Sample Strategies to Promote Development and Learning:

- Notice child's interests and engage child in play by following child's lead.
- Provide toys that can be played with by two or more children at one time to promote sharing.
- Provide child with ample time to play with toys until finished.

36 to 60 months

Some Indicators for Children:

1. Plays with other children without prompting, at times
2. Cooperates with other children, with assistance
3. Manages the use of materials and toys during play, with assistance
4. Negotiates with peers (takes turns, plans play)
5. Makes decisions with other children, with adult prompts as needed

Sample Strategies to Promote Development and Learning:

- Acknowledge cooperation when child plays with other children.
- Read stories or invent puppet plays in which characters share, take turns, and cooperate.
- Demonstrate and explain how to be inclusive based on gender, culture, language, and abilities.

E. Interaction with Peers: Negotiation

Birth to 18 months

Some Indicators for Children:

1. Elicits attention of adults
2. Communicates needs with vocalizations and gestures
3. Reaches out to touch other children or grabs their toys
4. Accepts adult intervention to negotiate disputes over toys

Sample Strategies to Promote Development and Learning:

- Respond to child’s vocalizations and gestures.
- Model appropriate negotiation and conflict management behaviors with others.
- Provide opportunities for child to play and interact with other children.

18 to 36 months

Some Indicators for Children:

1. Uses adult help to take turns, including giving up and keeping toys and other objects
2. Asserts ownership by saying “mine”
3. Communicates with other children to settle arguments, with assistance
4. Indicates preferences and intentions by answering yes/no questions (e.g., “Are you done with that? Are you still using it? Can Javier use it now?”)

Sample Strategies to Promote Development and Learning:

- Talk with child about rules, limits, and options and explain how they help people get along.
- Provide child with opportunities to make some choices.
- Teach child to avoid aggressive behaviors (e.g., biting, hitting, racial name calling).

36 to 60 months

Some Indicators for Children:

1. Understands concept of “mine” and “his/hers”
2. Approaches other children positively
3. Uses different turn-taking strategies (e.g., bartering, trading, and beginning to share)

4. Uses simple strategies to solve problems, either individually or in a group (e.g., seeks assistance from an adult)
5. Negotiates with other children to solve a problem, with assistance
6. States a position with reasons (e.g., “I do not want to play right now because I am tired”)

Sample Strategies to Promote Development and Learning:

- Provide activities that allow child to negotiate social conflicts (e.g., dramatic play, blocks, multicultural dress-up clothes).
- Give child ample time to solve own problems before intervening.
- Read stories or invent puppet plays in which characters solve conflicts constructively.

F. Adaptive Social Behavior

Birth to 18 months

Some Indicators for Children:

1. Repeats actions many times to cause a desired effect (e.g., smiles because it make caregivers smile and laugh)
2. Recognizes that certain adult actions are associated with expected behavior (e.g., “When caregiver puts me in crib, I am supposed to go to sleep”)
3. Shows understanding that characters from books are associated with certain actions or behaviors (e.g., animal book and animal sounds)
4. Recognizes that inappropriate behavior will elicit reaction from adults
5. Demonstrates interest in physically hurt or emotionally upset child or adult

Sample Strategies to Promote Development and Learning:

- Respond consistently to child’s behaviors with similar actions, tone, and words.
- Be aware of your responses to child’s behavior; reinforce positive behavior and redirect negative behavior.
- Play turn-taking games with child (e.g., peek-a-boo).

18 to 36 months

Some Indicators for Children:

1. Experiments with effects of own actions on objects and people
2. Learns consequences of a specific behavior, begins to demonstrate appropriate responses to situations and behavior
3. Recognizes that inappropriate behavior will elicit negative reaction from adults
4. Begins to show empathy when someone is hurt or upset

Sample Strategies to Promote Development and Learning:

- Read books with child that demonstrate how characters react to one another.
- Play games with child that demonstrate how behavior and actions cause effects (e.g., dump and fill games, Follow the Leader).
- Demonstrate and explain adaptive behavior in own interactions (e.g., waiting your turn in grocery check-out line).

36 to 60 months

Some Indicators for Children:

1. Takes turns and shares with peers, with assistance
2. Asks “why” questions to show effort at understanding effects of behavior (e.g., “If I do this, why does that happen?”)
3. Demonstrates understanding of the consequences of own actions on others (e.g., “I gave Anna the toy and so she is playing with it now”)
4. Describes other children’s positive, thoughtful, kind behaviors
5. Shows empathy for physically hurt or emotionally upset child

Sample Strategies to Promote Development and Learning:

- Discuss the consequences of behavior (e.g., “When the baby’s tired, she cries.” “When Auntie is happy, she smiles.”).
- Have child create “if-then” scenarios (e.g., “If I pick up toys, then we will go for a walk.”).
- When there is a conflict between two children, demonstrate empathy and understanding for both children.

G. Adaptive Social Behavior: Group Activities

Birth to 18 months

Some Indicators for Children:

1. Smiles at other children and adults
2. Reaches out to touch other children or grabs their toys
3. Expresses contentment or joy when with other children or when a familiar adult is present
4. Begins to participate in simple parallel play with other children

Sample Strategies to Promote Development and Learning:

- Play with child near other children (e.g., on a playground).
- Provide opportunities for child to be a part of groups (e.g., play groups).
- Begins to follow family or classroom routines (e.g., meal time).

18 to 36 months

Some Indicators for Children:

1. Shows increasing enthusiasm about the company of others
2. Begins to share and take turns, with assistance
3. Participates in loosely structured group games (e.g., chase, dramatic play)
4. Follows familiar routines (e.g., meal time behavior)

Sample Strategies to Promote Development and Learning:

- Identify with child the groups of which he/she is a member (e.g., family, school, community, cultural communities).
- Encourage child to participate in classroom duties and household chores.
- Begins to participate in short group times (story or singing).

36 to 60 months

Some Indicators for Children:

1. Seeks out other children to play with
2. Notices and comments on who is absent from routine group settings (e.g., play groups)
3. Identifies self as member of a group (e.g., refers to our family, our school, our team, our culture)
4. Uses pretend play to explore, practice, and understand social roles
5. Joins a group of other children playing, with adult prompts as needed
6. May assigns roles to other children during cooperative play

Sample Strategies to Promote Development and Learning:

- Provide times when child can participate in group activities (e.g., family style meals, short circle time).
- Promote a sense of community and interdependence within groups (e.g., clean up or meal preparation.)
- Provide opportunities for dramatic play that promote group work and an understanding of social roles.

H. Adaptive Social Behavior: Diverse Settings**Birth to 18 months****Some Indicators for Children:**

1. Actively observes surroundings
2. Demonstrates recognition of a new setting by changing behavior (e.g., looks to parent for guidance)
3. Explores new settings with guidance from caregiver
4. Is at ease in familiar settings (e.g., classroom, motor room, playground)

Sample Strategies to Promote Development and Learning:

- Establish family rituals, routines, and activities.
- Provide child with consistent objects and routines to help adapt to changes in settings.
- Provide adequate transition time and talk with child about upcoming changes to schedule or setting.

18 to 36 months**Some Indicators for Children:**

1. Separates from primary caregiver in familiar settings outside the home environment
2. Explores and plays in a range of familiar settings
3. Asks questions or acts in other uncertain ways in unfamiliar settings and environments
4. Displays ease and comfort in a variety of places with familiar adults (e.g., home, store, car, playground)

Sample Strategies to Promote Development and Learning:

- Introduce child to a variety of settings, including diverse cultural settings (e.g., libraries, general stores, post office).
- Talk with child about how one setting is different from another setting.
- Create a care giving environment that reflects child's home culture.

36 to 60 months

Some Indicators for Children:

1. Explores objects and materials, and interacts with others in a variety of group settings
2. Successfully transitions from one activity/ setting to the next during the day, with guidance
3. Adjusts behavior to different settings (e.g., home, library, playground)

Sample Strategies to Promote Development and Learning

- Provide child with reminders when changes in schedule are planned.
- Involve child in signaling transitions (e.g., ringing bell, singing particular song).
- Demonstrate and explain to child how to stand up for self and others in the face of bias.

I. Adaptive Social Behavior: Empathy

Birth to 18 months

Some Indicators for Children:

1. Watches and observes adults and children
2. Smiles when sees a smiling face
3. Reacts when someone is crying or upset
4. Explores environment with multiple senses

Sample Strategies to Promote Development and Learning:

- Provide mirrors and opportunities for child to see faces and emotions.
- Name emotions (e.g., happy, sad).
- Provide opportunities for child to observe animals in a safe environment.

18 to 36 months

Some Indicators for Children:

1. Notices and may show concern for other children who are happy or sad or upset
2. Demonstrates awareness of feelings during pretend play (e.g., soothes a crying doll)
3. Names emotions of self and others (e.g., happy, sad)
4. Expresses interest and excitement about animals and other living things

Sample Strategies to Promote Development and Learning:

- Provide opportunities to identify emotions by the use of pictures, posters, and mirrors.
- Provide opportunities for dramatic play with simple themes and props, including plays, themes, and props from own and different cultures.
- Share the wonders of the natural world with child (e.g., by playing outside together, reading books and telling stories about the natural world).

36 to 60 months

Some Indicators for Children:

1. Notices and shows concern for peers' feelings
2. Comforts peers when they are hurt or upset, with adult assistance
3. Adopts a variety of roles and feelings during pretend play

4. Identifies and responds to the feelings and experiences of the characters in stories.
5. Expresses how another child might feel (e.g., “I think Tanya is sad because she is crying.”)
6. Cares for plants, flowers, and other living things, with guidance
7. Shows concern about fairness within peer group

Sample Strategies to Promote Development and Learning:

- Name and discuss feelings (e.g., “You’re sad because…”).
- Imagine aloud together how animals and plants might feel.
- Provide opportunities for child to play with friendly and gentle animals, with close supervision.

J. Appreciating Diversity

Birth to 18 months

Some Indicators for Children:

1. Observes body parts and self in mirror
2. Focuses attention on others
3. Notices others’ physical characteristics (e.g., pats others’ hair)
4. Distinguishes primary caregivers from others
5. May initially react to and /or interact differently with others who are of different ethnic and cultural backgrounds, of a different gender, who speak other languages, or have special needs

Sample Strategies to Promote Development and Learning:

- Share and explore own culture with child (e.g., attend cultural events).
- Read books to child that explores people with diverse abilities and cultures.
- Introduce child to a second language if you are bilingual.

18 to 36 months

Some Indicators for Children:

1. Plays in the presence of other children
2. Asks simple questions about other children (e.g., “Where’s Tommy?”)
3. Notices differences, may ask why (e.g., in wheelchair, has glasses)

Sample Strategies to Promote Development and Learning:

- Provide opportunities for child to interact with children of diverse abilities, cultures, and ethnicities.
- Provide child with a variety of dramatic play materials reflecting cultures of families in community.
- Encourage child to develop a sense of fairness for self and for others.

36 to 60 months

Some Indicators for Children:

1. Compares similarities or differences of others (e.g., height, hair color) in his/her circle of contact

2. Develops awareness, knowledge, and appreciation of own gender and cultural identity.
3. Identifies gender and other basic similarities and differences between self and others
4. Demonstrates understanding that different individuals have different abilities and information
5. Includes other children in own activities who are of a different gender, ethnic background, who speak other languages, or who have special needs, with guidance
6. Asks questions about others' families, ethnicity, language, cultural heritage, and differences in physical characteristics

Sample Strategies to Promote Development and Learning:

- Provide opportunities for child to describe own cultural and physical characteristics.
- Demonstrate and explain that one person may play different roles (e.g., father and employee).
- Accept each child's unique expression of gender.

K. Self-Concept

Birth to 18 months

Some Indicators for Children:

1. Signals caregivers for assistance, attention, or need for comfort
2. Explores own body (e.g., observes hands, reaches for toes)
3. Explores the face and other body parts of others (e.g., touches caregivers' ears, hair, hands)
4. Responds with gestures or vocalizations when name is spoken
5. Shows awareness of self in voice, mirror image, and body
6. Attempts to complete basic daily living tasks (e.g., eating, getting dressed)

Sample Strategies to Promote Development and Learning:

- Cuddle, physically nurture, and be responsive to child to foster trust and attachment.
- Use child's name during interactions.
- Help child learn to calm self (e.g., model calming behavior, offer soothing objects).

18 to 36 months

Some Indicators for Children:

1. Tests limits and strives for independence
2. Recognizes and calls attention to self when looking in the mirror or at photographs
3. Identifies self and uses own name when asked (e.g., "I am a boy" "My name is Christina")
4. Shows awareness of being seen by others (e.g., exaggerates or repeats behavior when notices someone is watching)
5. Engages in individual activities/play for brief periods of time (e.g., 10 to 15 minutes)
6. Identifies objects as belonging to him or her
7. Shows pride in achievements/accomplishments

Sample Strategies to Promote Development and Learning:

- Give child appropriate and varied choices.

- Be aware and respectful of cultural differences in valuing independence.
- Expect child to protest as he/she expresses individuality.

36 to 60 months

Some Indicators for Children:

1. Describes self by gender, role, and abilities
2. Refers to self by first and last name and uses appropriate pronouns (I, me) rather than referring to self in third person
3. Chooses individual activities (e.g., doing puzzles, painting)
4. Expresses self in different roles during pretend play
5. May talk to self and/or engage in conversation with imaginary playmates
6. Describes family members and begins to understand their relationship to one another

Sample Strategies to Promote Development and Learning:

- Encourage child to experiment with growing competence and individuality by providing child opportunities to make choices or decisions.
- Help child distinguish people and relationships (e.g., brother, aunt, cousin).
- Assist child in making collages or an “All about Me” book with pictures and captions.

L. Self-Concept: Abilities and Preferences

Birth to 18 months

Some Indicators for Children:

1. Shows preference for primary caregivers
2. Identifies familiar objects (e.g., bottle, blanket)
3. Smiles at self in mirror
4. Notices and explores hands, eventually becoming aware that they are attached and that they can be controlled to do things
5. Points or moves toward desired people or objects
6. Plays with one object more often than others
7. Repeats a motion or noise to replicate a result
8. Makes choices about what toys to play with
9. Protests when does not want to do something (e.g., arches back when doesn't want to sit in high chair)
10. Responds to requests for action (e.g., claps for the song)
11. Points to and may name at least two body parts when asked

Sample Strategies to Promote Development and Learning:

- Involve child in family traditions, rituals, and activities.
- Follow child's lead during play and exploration.
- Talk with child about body parts and body functions (e.g., “We use our teeth to chew”).

18 to 36 months

Some Indicators for Children:

1. Points to and names some of own body parts

2. Makes choices (e.g., what clothes to wear)
3. Shows preference for favorite books, toys, and activities
4. Indicates preferences and intentions by answering yes/no questions (e.g., “Are you done with that?” “Are you still using it?” “Can Joe use it now?”)

Sample Strategies to Promote Development and Learning:

- Provide opportunities for child to make appropriate and varied choices.
- Share your enthusiasm and describe child’s abilities and preferences (e.g., “You really like to draw with those crayons, don’t you?” “You are walking carefully over tree roots.”).
- Invite others to share their culture and traditions with child.

36 to 60 months

Some Indicators for Children:

1. Describes own basic physical characteristics
2. Exerts will and preferences with actions and increasingly with language
3. Experiments with own abilities by trying new activities and testing limits
4. Identifies feelings, likes, and dislikes, and begins to be able to explain why he/she has them

Sample Strategies to Promote Development and Learning:

- Provide child with a variety of materials and experiences that help child to discover preferences and abilities.
- Support child’s developing understanding of own characteristics and culture (e.g., “You have freckles just like your Grandma.”).
- Provide dress-up and pretend play materials from child’s daily life and cultural background.

M. Self-Efficacy

Birth to 18 months

Some Indicators for Children:

1. Repeats a sound or gesture that creates an effect (e.g., repeatedly shakes a rattle after discovering that it makes a sound)
2. Recognizes that adults respond to cues
3. Explores environment, at first in close contact with caregiver and then farther away from caregiver as child grows
4. Looks to caregiver when accomplishing new tasks (e.g., standing or walking)
5. Gives objects or toys to others (e.g., picks up rock then reaches to give it to caregiver)
6. Smiles when succeeding in a task/activity

Sample Strategies to Promote Development and Learning:

- Stay near child to give encouragement as needed.
- Provide a safe environment for child to explore many activities.
- Describe and acknowledge child’s actions and accomplishments (e.g., by smiling and saying “You took off your socks.”).

18 to 36 months

Some Indicators for Children:

1. Wants to do things by him/her self
2. Recognizes own accomplishments
3. Shows completed projects (e.g., drawing, pile of blocks) to caregiver
4. Acts as though is capable of doing new tasks and activities (e.g., copies use of adult tools, tries to sweep the floor with an adult-sized broom)
5. Seeks help after trying something new or challenging

Sample Strategies to Promote Development and Learning:

- Provide opportunities for child to engage in new tasks.
- Provide materials so child can experience success.
- Monitor child as he/she pushes self to try new things (e.g., keeps going higher when asked to stop).

36 to 60 months

Some Indicators for Children:

1. Expresses delight with mastery of a skill (e.g., “I did it myself.”)
2. Asks others to view own creations (e.g., “Look at my picture.”)
3. Demonstrates confidence in own abilities (e.g., “I can climb to the top of the big slide!”)
4. Expresses own ideas and opinions
5. Enjoys process of creating (e.g., drawing, painting, building)

Sample Strategies to Promote Development and Learning:

- Model how to do something and provide opportunities for child to try to do it.
- Provide plenty of time and opportunities for child to play, explore, experiment, and accomplish tasks.
- Invite child to share thoughts and feelings when accomplishing a new task.

N. Self-Control

Birth to 18 months

Some Indicators for Children:

1. Develops increasing consistency in sleeping, waking, and eating patterns
2. Engages in some regular behaviors (e.g., sings or babbles self to sleep, goes to high chair when hungry)
3. Participates in routine interactions (e.g., quiets body when picked up; cooperates in dressing)
4. Anticipates routine interactions (e.g., lifts arms toward caregiver to be picked up)
5. Follows some consistently set rules and routines (e.g., chooses book after lunch for quiet time)
6. Begins to assert self by resisting familiar caregiver requests with regard to rules

Sample Strategies to Promote Development and Learning:

- Be emotionally available and sensitive to child.

- Establish routines for eating, sleeping, diapering, and other regular activities while taking into account family's care practices and child's schedule.
- Be consistent in your interactions with child.

18 to 36 months

Some Indicators for Children:

1. Challenges limits and strives for independence
2. Anticipates and follows simple routines, with reminders and assistance (e.g., washes hands and helps set table at snack time, helps to pick up and put away blocks at clean-up time)
3. Anticipates and follows simple rules, with reminders (e.g., expects to be buckled up when getting into car seat)
4. Anticipates consequences for not following rules; but may not be able to overcome the impulse to exert own desire to not follow them

Sample Strategies to Promote Development and Learning:

- Establish routines while being flexible to meet child's needs.
- Set simple rules and respond consistently to child's behavior.
- Offer child two real choices that are both okay from the adults' point of view (e.g., "Do you want to wear a red or blue sweater?").

36 to 60 months

Some Indicators for Children:

1. Participates in routine activities (e.g., meal time, snack time, naptime)
2. Follows simple rules without reminders (e.g., handles toys with care)
3. Demonstrates increasing ability to use materials purposefully, safely, and respectfully
4. Adapts to changes in daily schedule
5. Predicts what comes next in the day, when there is an established and consistent schedule

Sample Strategies to Promote Development and Learning:

- Prepare child for changes in daily schedule by providing advance warning, talking with, and listening to child.
- Keep list (pictures) of rules positive and short; include rules addressing bias and prejudice that are understood by child.
- Engage child in setting appropriate rules.

O. Self-Control: Feelings and Impulses

Birth to 18 months

Some Indicators for Children:

1. Signals needs with sounds or motions (e.g., turns head and roots or cries when hungry or reaches for wanted object of comfort)
2. Relaxes or stops crying when comforted , especially by familiar adult (e.g., when swaddled or spoken to softly)

3. Comforts self by clutching, sucking, or stroking when tired or stressed (e.g., calms while stroking or holding soft blanket)
4. Communicates need for support or help from adults (e.g., holds out arms when tired)

Sample Strategies to Promote Development and Learning:

- Snuggle, cuddle, and physically nurture child.
- Provide child with calming materials (e.g., soft blanket or toy).
- Name own emotions when interacting with child.

18 to 36 months

Some Indicators for Children:

1. Names some emotions (e.g., happy, excited, sad, mad, tired, scared)
2. Increasingly seeks caregiver support and attention when feeling strong emotions
3. Begins to control impulses at times (e.g., says “No” when reaching for forbidden object; restrains self from stepping on a book on the floor)

Sample Strategies to Promote Development and Learning:

- Recognize and name child’s feelings and behaviors (e.g., “You seem happy today.”).
- Intervene sensitively when child is having difficulty regulating impulses.
- Read books with child that focus on emotions and emotional regulation.

36 to 60 months

Some Indicators for Children:

1. Expresses strong emotions in appropriate ways, at times with assistance
2. Expresses ownership of feelings and desire to control self, with assistance
3. Calms self after having strong emotions, with guidance (e.g., goes to quiet area or requests favorite book to be read when upset)
4. Waits for turn during group activities, sometimes
5. Sticks with difficult tasks and demonstrates increasing ability to deal with frustration.

Sample Strategies to Promote Development and Learning:

- Engage with child to provide support when he/she is having difficulty.
- Acknowledge child for expressing and regulating intense feelings.
- Discuss upsets when they are over and child has become calm.

P. Emotional Expression

Birth to 18 months

Some Indicators for Children:

1. Cries, uses other vocalizations, facial expressions, or body language to express emotions and to get needs met
2. Responds to emotional cues and social situations (e.g., crying when other babies cry)
3. Smiles, waves, or laughs in response to positive adult interaction
4. Frowns in response to discomfort or inability to do something

Sample Strategies to Promote Development and Learning:

- Comfort a child quickly when he/she cries; this makes him/her feel safe.

- Model facial expressions to express emotions.
- Respond to child's displays of pleasure by matching child's emotions with facial expressions, tone, and words.

18 to 36 months

Some Indicators for Children:

1. Recognizes and expresses emotions towards familiar persons, pets, or possessions with appropriate facial expressions, words, gestures, signs, or other means
2. Names some emotions (e.g., happy, excited, sad, mad, tired, scared)
3. Begins to use play to express/act out emotions

Sample Strategies to Promote Development and Learning:

- Use words to teach child to associate feelings with their proper names.
- Model a range of appropriate ways to express different feelings.
- Recognize that some children may not express emotions verbally (e.g., invite child to draw pictures, use signs or gestures, or go for a walk to express emotions).

36 to 60 months

Some Indicators for Children:

1. Names and talks about own emotions
2. Uses pretend play to understand and respond to emotions
3. Associates emotions with words and facial expressions
4. Uses humor to entertain and make others laugh

Sample Strategies to Promote Development and Learning:

- Model appropriate expression of emotions and talk about how you feel (e.g., singing when you are happy, sighing when you are frustrated).
- Avoid stereotyping children's expression of emotion (e.g., validate boys when they cry, girls when they get angry).
- Incorporate books on feelings reflective of the language and cultural background of child.

Domain III. Approaches to Learning

This domain refers to a child's intrinsic, in-born qualities and how those affect his learning and acquisition of knowledge. Children learn and express themselves in various ways, and there is much individual variation in how children orient themselves to learn. Factors that influence how a child learns include such traits as the child's temperament and personality. Is the child an easy child? Or is he difficult or slow to warm up? Is he outgoing or shy? Is he active or sedentary? The child's birth order, family values, and cultural practices all influence who the child is and how he takes on the task of attaining information. Is he a first-born or the baby in the family? Is he an only child or one of four? Does the family have strong connections with a local extended family or is the family isolated? Is independence valued in the culture or interdependence? Additionally, how persistent the child is, how well he attends to tasks, and how he reflects upon and interprets his world will all affect how he acquires knowledge.

In this domain we focus on a child's:

- A. **Curiosity and Interest**, including the child's interest in and desire to learn new information.
- B. **Initiative**, including the child's willingness to take on tasks, volunteer to participate during learning opportunities, and take reasonable risks while exploring and learning new information.
- C. **Persistence and Attentiveness**, including the child's ability to remain focused and engaged even in the face of distraction and/or frustration.
- D. **Creativity and Inventiveness**, including the child's ability to move beyond current knowledge and to go beyond the here-and-now to explore and play using abstract ideas and images.
- E. **Reflection and Interpretation**, including the child's ability to think about, understand, and apply knowledge and information to future actions and learning.

A. Curiosity and Interest

Birth to 18 months

Some Indicators for Children:

1. Shows interest in people by changing behavior
2. Reacts to new voices or sounds by turning in the direction of sound, becoming more quiet or active, or changing facial expressions
3. Shows interest by exploring, manipulating, or staring at new objects in the environment
4. Uses all senses to explore the environment (e.g., reaching out to touch rain)

Sample Strategies to Promote Development and Learning:

- Provide support for child who is hesitant about new objects and experiences.
- Play with child using objects with different textures, sounds, and shapes.
- Describe new places and what people are doing when out in the community.

18 to 36 months

Some Indicators for Children:

1. Explores the immediate environment to find out what is there (e.g., asks about a new object he/she finds, actively searches through collection of toys)
2. Shows interest in new and others' activities
3. Asks simple "wh" questions (e.g., why, what, where)
4. Asks about people in own environment

Sample Strategies to Promote Development and Learning:

- Interact with child by asking simple questions and responding to his/her questions.
- Wonder aloud with child about why things happen.
- When on walks with child, talk about what you see around you.

36 to 60 months

Some Indicators for Children:

1. Asks others for information (e.g., "What is that?" "Why is the moon round?")
2. Investigates and experiments with materials
3. Shows interest in how and why others do things
4. Uses "Why" to get information about how his/her world works
5. Develops personal interests (e.g., trains, farm animals)

Sample Strategies to Promote Development and Learning:

- Provide opportunities and time for child to explore a variety of activities and materials, including those in the larger community and those from diverse cultures.
- Assist child to find answers to own questions by exploring together (e.g., "I wonder... How could that work...Any ideas?").
- Play question-and-answer games that inspire child's curiosity.

B. Initiative

Birth to 18 months

Some Indicators for Children:

1. Engages in and actively explores new surroundings
2. Engages familiar adults and children in interactions (e.g., smiling, approaching, not withdrawing)
3. Shows interest in wanting to perform self-help skills
4. Selects a book, toy, or item from several options
5. Shows likes and dislikes for activities, experiences, and interactions

Sample Strategies to Promote Development and Learning:

- Provide opportunities for child to choose toys to play with and books to read.

- Provide opportunities for child to take reasonable and safe risks (e.g., to stretch for an object beyond reach).
- Provide many opportunities for active exploration; discourage watching television or videos.

18 to 36 months

Some Indicators for Children:

1. Tries new ways of doing things and begins to take some risks
2. Initiates play with others
3. Chooses one activity over another and pursues it for a brief period of time
4. Proposes an idea for how to spend time
5. Shows interest in wanting to take care of self (e.g., dressing)
6. Initiates activities at caregivers' suggestions
7. Seeks and takes pleasure in new skills and experiences

Sample Strategies to Promote Development and Learning:

- Provide child with many opportunities to play by self and with other children.
- Try new tasks with child and describe them.
- Help child feel safe and capable of trying something new or taking reasonable risks in a variety of settings.

36 to 60 months

Some Indicators for Children:

1. Asks others to join in play
2. Joins a play activity already in progress, with assistance
3. Selects new activities during play time (e.g., selects characters for dress-up)
4. Offers to help with chores (e.g., sweeping sand from the floor, helping clean up spilled juice)
5. Finds and uses materials to follow through on an idea (e.g., blocks for building a tower)
6. Makes decisions about what activity or materials to work with from selection offered

Sample Strategies to Promote Development and Learning:

- Encourage child to pursue favorite activities.
- Provide non-threatening environments that create opportunities for child to initiate activities.
- Recognize that child may not demonstrate and express initiative in the same way in all settings (e.g., may take initiative with peers but not in presence of elders).

C. Persistence and Attentiveness

Birth to 18 months

Some Indicators for Children:

1. Holds attention of caregiver (e.g., smiles, babbles, sustains eye-contact)
2. Directs attention towards objects by reaching, grasping, or staring at them
3. Examines a toy, rattle, or face for a brief period of time

4. Repeats simple motions or activities (e.g., swats at mobile, consistently reaches for objects)
5. Remembers where favorite items are stored
6. Focuses on reader or story teller for brief periods of time
7. Tries different ways of doing things

Sample Strategies to Promote Development and Learning:

- Provide space and times where child can play or work at tasks without interruptions.
- Provide child with opportunities to explore different characteristics of an object (e.g., the toy has several parts; a face has eyes, ears, nose, and mouth).
- Observe child to learn which activities increase or sustain his/her interest.

18 to 36 months

Some Indicators for Children:

1. Wants to do favorite activities over and over again
2. Completes simple projects (e.g., 3- to 5-piece puzzle)
3. Continues to try a difficult task of interest for a brief period of time (e.g., builds a block structure for 3 to 5 minutes)
4. Insists on some choices (e.g., what to wear, completing a project)
5. Seeks assistance when encountering a problem
6. Listens and participates in story time (e.g., turning pages of book)

Sample Strategies to Promote Development and Learning:

- Provide time for child to engage in sustained activities, be on “toddler time.”
- Limit environmental distractions to help child sustain attention to activities (e.g., turn television off while child plays in the room).
- Talk with child about his/her activities using open-ended questions (e.g., “How did you do that? Tell me more.”).

36 to 60 months

Some Indicators for Children:

1. Focuses on tasks of interest to him/her
2. Remains engaged in an activity for at least 5 to 10 minutes, at times
3. Completes favorite tasks over and over again
4. Persists in trying to complete a task after previous attempts have failed (e.g., complete a puzzle, build a tower)
5. Uses at least two different strategies to solve a problem
6. Participates in meal time with few distractions

Sample Strategies to Promote Development and Learning:

- Comment positively on child’s persistence and concentration.
- Try child’s suggested interventions when problems are encountered; talk with child about what worked and did not work.
- Help child focus attention (e.g., “Look at this.” “I want you to pay attention to the story.”).

D. Creativity and Inventiveness

Birth to 18 months

Some Indicators for Children:

1. Inspects own hands and feet (e.g., by mouthing)
2. Mouths, shakes, bangs, drops, or throws objects
3. Imitates action observed in another situation (e.g., tries to stack blocks after watching another child stack blocks, bangs on surface after watching drumming at a cultural event)
4. Uses items differently and creatively (e.g., a bucket is turned upside down to build a tower base or to be a pedestal)

Sample Strategies to Promote Development and Learning:

- Provide toys and experiences with a variety of colors, textures, sounds, shapes, and smells.
- Provide child time and opportunities to be spontaneous, silly, and messy.
- Play with child in creative ways (e.g., using soft toys to create a puppet show).

18 to 36 months

Some Indicators for Children:

1. Invents new uses for everyday materials (e.g., bangs on pots and pans)
2. Approaches tasks experimentally, adapting as the activity evolves (e.g., uses trial and error)
3. Displays understanding of how objects work together (e.g., gets the dustpan when adult is sweeping the floor)
4. Enjoys opportunities for pretend play and creating things
5. Pretends and uses imagination during play

Sample Strategies to Promote Development and Learning:

- Use open-ended questions and descriptive language when interacting with child.
- Ensure child has props from own culture to support pretend play.
- Encourage child to pretend, make-believe, and use his/her imagination.

36 to 60 months

Some Indicators for Children:

1. Invents new activities or games
2. Creates acceptable rules for group activities
3. Makes up words, songs, or stories
4. Expresses ideas through art, construction, movement, or music
5. Engages in extensive pretend play (e.g., plays “house” or “explorers”)

Sample Strategies to Promote Development and Learning:

- Provide tasks where the goal is trying different strategies rather than right or wrong answers.
- Ask child how a story may have ended differently (e.g., “What if...”).
- Provide child with access to artists and artwork from own and other cultures.

E. Reflection and Interpretation

Birth to 18 months

Some Indicators for Children:

1. Tracks people and objects by moving head as they move
2. Behaves in consistent ways to elicit desired response (e.g., kicks a mobile)
3. Plays games with primary caregiver that involve repetition (e.g., peek-a-boo)
4. Experiments to see if similar objects will cause similar responses (e.g., shakes stuffed animal in the same way as a rattle to hear noise)
5. Displays recognition and excitement about game or toys from previous day
6. Applies knowledge to new situations (e.g., bangs on bucket instead of drum)

Sample Strategies to Promote Development and Learning:

- Interact with child in consistent and predictable ways.
- Provide child with toys and objects that react to specific actions.
- Provide opportunities for child to try same action on different objects (e.g., shake a rattle, shake a stuffed animal, shake a ball).

18 to 36 months

Some Indicators for Children:

1. Substitutes similar objects (e.g., stacks boxes like blocks)
2. Realizes that behaviors can precede events (e.g., “If mom puts the pot on the stove, she is going to cook something to eat.”)
3. Alters behavior based on a past event and builds on it (e.g., “I did this and it didn’t work, so I will do this instead.”)
4. Relates an experience today to one that happened in the past (e.g., washing hands before meal time)

Sample Strategies to Promote Development and Learning:

- Think “out loud” and talk about ideas with child using descriptive language (e.g., “You remembered where the puzzle piece fits.”).
- Provide materials that are similar but produce different results (e.g., crayons, markers, paint).
- Demonstrate, explain, and provide opportunities for child to think about and avoid negative or dangerous behavior (e.g., “The stove and iron are hot.”).

36 to 60 months

Some Indicators for Children:

1. Tells others about events that happened in the past
2. Represents things in environment with available materials, moving from simple to complex representations (e.g., recreates picture of a house, bridge, road with blocks)
3. Thinks out loud and talks through a situation
4. Works out problems mentally rather than through trial and error

Sample Strategies to Promote Development and Learning:

- Talk with child about what he/she has seen, heard, or done.
- Provide child with time to process experiences and information.
- Help child remember experiences with photographs, mementos, and souvenirs.

Domain IV. Cognition and General Knowledge

This domain encompasses both how children think and what children know.

Cognitive development refers to the process through which children develop their abilities to think, assimilate, and use information – in other words, how children think. This process changes over time. Initially, infants learn by using all of their senses – sight, hearing, touch, taste, and smell – combined with their ever-increasing motor skills to explore their environment. They seem to be driven to look at, listen to, handle, and chew on everything within their sight and reach – in other words, they play. At some point, roughly halfway through the first year, a huge leap in thinking skills occurs: infants develop object permanence – the ability to remember an object even when it is gone from their sight. This new cognitive skill will affect everything they do as they observe that things and people appear, disappear, and reappear constantly in their lives. Their play changes accordingly.

Sometime during toddlerhood, the use of symbols becomes integrated into the child's thinking skills. This fuels the child's ability to learn to speak his native language(s) and also changes his play. He will begin to use a block, for example, as a pretend car, or feed a doll a pretend bottle. For the rest of his preschool years, his play – the way he spontaneously interacts with his environment and his peers – will be the principal way in which he learns. Through his play, he will discover knowledge. Providing time and materials for that play will be a primary task of his teachers. Knowing when, how, and how much to extend that play will be an important task for his teachers as well.

What children know depends in large part on what they have been exposed to in their lives. A child who lives on a dairy farm may acquire quite a bit of knowledge about cows, milking, grain, and hay. Likewise, a child who lives in a high-rise apartment in a city may acquire a lot of knowledge about public transportation and elevators. If what the child has been exposed to – learned knowledge – is valued, he is deemed “smart.” However, a child who may not have been exposed to all of the things that have been determined to be “common knowledge” may be wrongly labeled as “deprived” or “disadvantaged.”

It is important that teachers of young children realize how what the child learns from birth to age 5 becomes the foundation of general knowledge that will be needed in later years. It is the job of the teacher to expose all children to the “right stuff” so that every child has the potential to be “smart” when they later go to school.

This domain focuses on:

- A. Causation: Children demonstrate awareness of cause and effect
- B. Critical and Analytic Thinking: Children compare, contrast, examine, and evaluate experiences, tasks, and events
- C. Critical and Analytic Thinking: Children use past knowledge to build new knowledge

- D. Problem-Solving: Children find multiple solutions to questions, tasks, problems, and challenges
- E. Representational Thought: Children use symbols to represent objects
- F. Representational Thought: Children distinguish between fantasy and reality
- G. Number and Sense Operations: Children demonstrate knowledge of numbers and counting
- H. Measurement: Children demonstrate knowledge of size, volume, height, weight, and length
- I. Properties of Ordering: Children identify and label shapes
- J. Properties of Ordering: Children sort, classify, and organize objects
- K. Scientific Thinking: Children collect information through observation and manipulation
- L. Scientific thinking: Children engage in exploring the natural world by manipulating objects, asking questions, making predictions, and developing generalizations
- M. Scientific Knowledge: Children observe and describe characteristics of living things
- N. Scientific Knowledge: Children observe and describe characteristics of the earth
- O. History: Children demonstrate knowledge of past events and awareness of how they may influence the present and future
- P. Geography: Children demonstrate awareness of location and spatial relationships
- Q. Geography: Children demonstrate knowledge of the relationship between people, places, and regions
- R. Economics: Children demonstrate knowledge of various occupations related to trade and currency
- S. Ecology: Children demonstrate awareness of the relationship between humans and the environment
- T. Technology: Children demonstrate understanding and use of technology in their surroundings
- U. Family: Children demonstrate awareness and understanding of family
- V. Community: Children demonstrate awareness of their community, human interdependence, and social roles
- W. Community: Children demonstrate civic responsibility
- X. Culture: Children demonstrate awareness and appreciation of their own and others' culture
- Y. Expression and Representation: Children use creative arts to express and represent what they know, think, believe, or feel
- Z. Understanding and Appreciation: Children demonstrate understanding and appreciation of the creative arts

A. Causation: Children demonstrate awareness of cause and effect

Birth to 18 months

Some Indicators for Children:

1. Looks for or orients toward a dropped object
2. Uses sounds, gestures, and movements to impact the environment and interactions

3. Acts on an object to make a pleasing sight, sound, or motion (e.g., kicks or swats mobile, continues to bat at object to repeat sound)
4. Begins to demonstrate understanding of causality, repeats actions many times to cause desired effect

Sample Strategies to Promote Development and Learning:

- Play turn-taking games with child (e.g., peek-a-boo).
- Demonstrate and explain the relationships between things (e.g., “If you throw your toy out of the crib, you can’t reach it.”).
- Provide child with experiences and materials that demonstrate cause and effect relationships (e.g., place object on blanket, demonstrate to child how to pull blanket toward self to get the object).

18 to 36 months

Some Indicators for Children:

1. Experiments with effect of own actions on objects and people (e.g., building a tower and knocking it down)
2. Observes others’ actions to see the effect they will have on objects and people
3. Knows playing with certain desirable or forbidden objects will get adults’ attention
4. Expresses beginning understanding of cause and effect (e.g., “It’s quiet because you turned off the radio.”)

Sample Strategies to Promote Development and Learning:

- Provide explicit explanations for cause and effect (e.g., when child touches something hot, say “You can’t touch that burner because it is hot and it will hurt you.”).
- Play with and manipulate different materials so child can see changes (e.g., mixing flour and water make dough).
- Describe how objects change when acted upon (e.g., the batter turns into cake; the water turns into ice).

36 to 60 months

Some Indicators for Children:

1. Identifies objects that influence or affect other objects (e.g., “The food coloring makes the water blue.”)
2. Asks “why” questions to show effort at understanding causation (e.g., “If I do this, why does that happen?”)
3. Explains the effects that simple actions may have on objects (e.g., “It will be dark when you turn off the light.”)
4. Recognizes which element of an object causes the effect in simple relationships (e.g., the beads inside the box make the noise)

Sample Strategies to Promote Development and Learning:

- Engage child in activities that demonstrate cause and effect (e.g., cooking projects, planting seeds to watch them grow).
- Demonstrate, explain, and provide opportunities for child to explore cause and effect (e.g., explore what it takes to make flowers grow).

- Provide opportunities for child to engage in efforts to address the effects of local issues (e.g., pollution, littering).

B. Critical and Analytic Thinking: Children compare, contrast, examine, and evaluate experiences, tasks, and events

Birth to 18 months

Some Indicators for Children:

1. Imitates others' actions, gestures, and sounds
2. Explores objects in many different ways (e.g., mouthing, shaking, banging, throwing)
3. Observes others' activities and may attempt to imitate (e.g., wind arm on jack-in-box to make it open)
4. When looking at picture of object (e.g., in book), may acknowledge same real object in environment

Sample Strategies to Promote Development and Learning:

- Provide child with different toys and objects from a variety of cultures to examine, compare, and contrast.
- Describe comparisons during playful interactions.
- Provide opportunities for child to examine his/her environment (e.g., point out different colors in the room, shake a variety of containers and toys).

18 to 36 months

Some Indicators for Children:

1. Imitates behavior seen in another place and time
2. Notices and describes how items are the same or different (e.g., "This ball is bigger than that one." "My shirt is the same as Jane's.")
3. Makes choices when given options (e.g., which toy to play with)

Sample Strategies to Promote Development and Learning:

- Demonstrate, explain, and engage child in comparing objects' size, shape, and other characteristics (e.g., explore how a plant is different from a tree).
- Demonstrate, explain, and engage child in discussing what he/she likes and does not like about experiences.

36 to 60 months

Some Indicators for Children:

1. Shows understanding of concepts of same and different
2. Recognizes and labels aspects of an event (e.g., long, fun)
3. Compares experiences, with adult assistance (e.g., recalls and compares play times with different children)
4. Explains simple benefits and/or drawbacks of choosing one course of action, with assistance
5. Organizes objects by more than one pre-selected characteristic (e.g., crayons and markers by color and type of implement)

6. Uses comparative words (e.g., “Now the music is faster.”)
7. Uses actions or words to justify choices

Sample Strategies to Promote Development and Learning:

- Provide child with opportunities to notice similarities and differences in the environment (e.g., different types of vehicles on the road).
- Provide opportunities for child to role play and assume others’ perspectives.
- Read stories to child and then talk about the characters’ similarities and differences.

C. Critical and Analytic Thinking: Children use past knowledge to build new knowledge

Birth to 18 months

Some Indicators for Children:

1. Shakes stuffed animal or object in same way as rattle to hear noise
2. Demonstrates object permanence, understanding that people or things exist even when out of view (e.g., continues to reach for toy that has been hidden under a blanket)
3. Uses objects as intended (e.g., pushes buttons on plastic phone, drinks from cup)
4. Understands how familiar objects are used in combination (e.g., spoon in bowl, socks on feet)

Sample Strategies to Promote Development and Learning:

- Provide toys and objects of different textures that respond to actions of child (e.g., rattles, squeeze toys, cloth toys, soft balls).
- Demonstrate, explain, and engage child in activities that show how different experiences relate to one another (e.g., “Your shirt goes on over your head just like your sweater goes on over your head.”).
- Use photos and objects to talk about child’s past experiences (e.g., photos or toy animal after an outing to the park).

18 to 36 months

Some Indicators for Children:

1. Generalizes ideas based on past experiences (e.g., watches caregiver blow on hot food before eating, then blows on food – hot or cold – at next meal)
2. Connects objects and ideas (e.g., broom for sweeping; swimsuit for swimming)
3. Searches in several locations for a toy or object

Sample Strategies to Promote Development and Learning:

- Use child’s home language, experience, and culture to make connections to new experiences.
- Engage child in routine activities, explaining the why’s (e.g., “We vacuum the floor to clean up the dirt.”).
- Help child make generalizations (e.g., “If it is sunny here it will probably be sunny at school.”).

36 to 60 months

Some Indicators for Children:

1. Applies new information or vocabulary to an activity
2. Uses information gained through one modality and applies it to new context via another modality (e.g., tries to build a tower of blocks like the one seen in a book)
3. Generates a strategy based on one learning event and extends it to a new learning opportunity (e.g., learns that mixing red and yellow paint makes orange, later tries coloring yellow crayon over red crayon)
4. Labels that a person's apparel is based on the weather outside (e.g., "Wearing a sweater means it is cold outside.")

Sample Strategies to Promote Development and Learning:

- Provide child with time and opportunities to make connections by recalling past learnings and events (e.g., engage child in "remember when..." games and discussions).
- Demonstrate, explain, and engage child in activities that recall past events and relate what he/she learned from them.
- Provide opportunities for child to generalize by asking open-ended questions (e.g., "Where else would this work? What if...?").

D. Problem-Solving: Children find multiple solutions to questions, tasks, problems, and challenges

Birth to 18 months

Some Indicators for Children:

1. Reaches for a toy or object that has rolled away
2. Seeks assistance from caregiver to solve a problem by using vocalizations, facial expressions, or gestures
3. Uses objects as a means to an end (e.g., uses a bucket to transport blocks from one room to another, uses spoon to reach for food)

Sample Strategies to Promote Development and Learning:

- Provide different materials to engage child.
- Demonstrate, explain, and engage child in trying things in different ways (e.g., stack blocks of different shapes and sizes, trying different combinations – square blocks on bottom, then round blocks on bottom).
- Positively acknowledge when child tries new things.

18 to 36 months

Some Indicators for Children:

1. Uses active exploration and trial and error to solve problems (e.g., tries puzzle piece in several spots until finds correct place)
2. Tries several methods to solve a problem before asking for assistance
3. Communicates to request assistance

Sample Strategies to Promote Development and Learning:

- Provide opportunities for child to work out problems with and without assistance.
- Play games that have many solutions.
- Sequentially work through a problem with child to find the solution.

36 to 60 months

Some Indicators for Children:

1. Explores various ways to solve a problem and selects one option
2. Seeks assistance from another child or an adult to solve problems
3. Modifies actions based on new information and experiences (e.g., changes block structure when the tower continues to fall)

Sample Strategies to Promote Development and Learning:

- Demonstrate several alternatives to solving a problem.
- Guide child through the problem-solving process.
- Apply problem-solving process to social problems at child's level (e.g., "Enrique and you both want to paint at the easel. What needs to happen for you to share the easel and paint together?").

E. Representational Thought: Children use symbols to represent objects

Birth to 18 months

Some Indicators for Children:

1. Engages in sustained gazing or tracking of object with eyes
2. Recognizes people, animals, or objects in pictures or photographs

Sample Strategies to Promote Development and Learning:

- Play games with child that encourage object permanence (e.g., peek-a-boo, hide and seek).
- Model symbolic use of objects (e.g., "drink" from a toy cup).
- Ensure that pictures and books in child's environment have children that look like child as well as children from other cultural groups.

18 to 36 months

Some Indicators for Children:

1. Finds objects after they have been hidden nearby
2. Draws or scribbles and explains what the drawing is
3. Experiments with new uses for familiar objects
4. Provides a simple description of a person or object that is not present (e.g., child barks when asked what noise the dog makes)
5. Reacts to mental images of objects or events (e.g., claps hands when told aunt/uncle is coming to visit)
6. Identifies pictures of familiar objects correctly (e.g., chooses favorite book by cover)

Sample Strategies to Promote Development and Learning:

- Provide opportunities for child to explore, supporting imaginative play.
- Demonstrate, explain, and engage child in activities that show how objects not seen still exist.

36 to 60 months

Some Indicators for Children:

1. Provides more complex description of a person or object that is not present (e.g., child describes that the dog is black, soft, and runs around; child gestures to show how big)
2. Uses symbols or pictures as representation for oral language
3. Uses objects to represent real items in make-believe play
4. Recognizes objects, places, and ideas by symbols (e.g., recognizes which is the men's room and which is the women's room by looking at the stick figure symbols)

Sample Strategies to Promote Development and Learning:

- Provide opportunities for child to engage in symbolic play (e.g., act happy, imitate a sad puppy).
- Provide opportunities for child to draw pictures of feelings, people, animals, and objects.
- Identify and point out symbols during daily activities, demonstrating and explaining what symbols refer to.

F. Representational Thought: Children distinguish between fantasy and reality**Birth to 18 months****Some Indicators for Children:**

1. Makes animal sounds
2. Begins make-believe play (e.g., rocks or feeds a baby doll)

Sample Strategies to Promote Development and Learning:

- Expose child to make-believe stories and songs that describe fantasy.
- Demonstrate and engage child in making a variety of animal sounds.

18 to 36 months**Some Indicators for Children:**

1. Plays make-believe with props (e.g., dolls, animals, and people)
2. May have an imaginary friend
3. Reacts to people in costume as if they are the characters they portray; some children may react in a fearful way.
4. Reacts to puppets as if they are real and not extensions of an adult or another child

Sample Strategies to Promote Development and Learning:

- Participate in child's sense of imagination by engaging in make-believe play.
- Discuss child's dreams, ideas, and imagination with him/her.
- Read fiction and nonfiction books with child and discuss how they are different.

36 to 60 months**Some Indicators for Children:**

1. Takes on pretend roles and situations, using the appropriate language, tone, and movements (e.g., pretends to be a baby, crawling on the floor and making baby sounds)
2. Engages in complex make-believe play (e.g., theme-oriented play that involves multiple characters and settings)

3. Makes connections between characters in books or movies, with people in real-life
4. Questions if characters in books and movies are real or not

Sample Strategies to Promote Development and Learning:

- Provide opportunities for child to develop fantasy characters while helping them differentiate between make-believe and reality.
- Help child distinguish between cartoons, puppets, characters in books and movies, and real people.

G. Number and Sense Operations: Children demonstrate knowledge of numbers and counting

Birth to 18 months

Some Indicators for Children:

1. Understands the concept of “more” in reference to food or play
2. Uses gestures to request “more”
3. Imitates rote counting using some names of numbers

Sample Strategies to Promote Development and Learning:

- Count “out loud” objects in child’s environment.
- Demonstrate, explain, and engage child in activities that show “more” versus “less.”
- Sing songs and read books with numbers and counting.

18 to 36 months

Some Indicators for Children:

1. Counts to at least five from memory (e.g., recites, “one, two, three...”)
2. Imitates counting rhymes or songs (e.g., “Three Little Monkeys”)
3. Recognizes some quantities (e.g., sees 2 blocks and says “two”)
4. Begins to quantify and make comparisons of quantity (e.g., all, some, none, more, less)

Sample Strategies to Promote Development and Learning:

- Use numerical concepts in everyday routines (e.g., ask child if he/she would like “One more or two more pieces of something.”).
- Pair objects during daily activities (e.g., “One child gets one snack.”).
- Provide child with math-related toys and objects from own and other cultural backgrounds.

36 to 60 months

Some Indicators for Children:

1. Names some numerals
2. Recognizes that a single object is “one” regardless of size, shape, or other attributes
3. Understands that numbers represent quantity (e.g., gets three apples out of the box)
4. Applies numbers and counting concepts to daily life (e.g., counts number of children who have raised their hand)
5. Differentiates some letters from numerals
6. Recognizes, names, and writes some numerals
7. Counts to at least 20 from memory

8. Counts at least five objects in one-to-one correspondence, without assistance (e.g., places one plate at each chair when setting table)
9. Increasing understanding of duration of time (e.g., "all the time," "all day")
10. Begins to recognize and identify coins to count money (e.g., penny, nickel, dime, quarter)
11. Uses numbers to predict and make realistic guesses (e.g., "I think there are about 20 marbles in that jar.")
12. Tells what number comes before or after a given number up to ten

Sample Strategies to Promote Development and Learning:

- Talk aloud while doing simple math computations (e.g., number of snacks for the number of children).
- Provide opportunities for child to count objects during daily routines.
- Demonstrate to child that numbers have meaning (e.g., speed limits, temperature).

H. Measurement: Children demonstrate knowledge of size, volume, height, weight, and length

Birth to 18 months

Some Indicators for Children:

1. Plays with toys and objects with different sizes and shapes
2. Nests smaller object inside larger one (e.g., puts block in cup)
3. Orders a few objects by size, with assistance

Sample Strategies to Promote Development and Learning:

- Provide opportunities to develop an understanding of volume (e.g., filling, emptying).
- Describe the size, volume, weight, and length of people, toys, and objects.
- Provide child with toys that have incremental sizes (e.g., nesting cups, stackable rings) from own and other cultural backgrounds.

18 to 36 months

Some Indicators for Children:

1. Uses size words, such as "many," "big," and "little," appropriately
2. Fills and empties containers (e.g., with sand or water)
3. Compares the size of various everyday objects (e.g., puts different people's shoes side by side to see which is longest)
4. Identifies things that are big or small, heavy or light, and tall or short, with assistance
5. Looks at two objects and identifies which one is bigger or smaller
6. Explores measuring tools (e.g., measuring cup, ruler)
7. Nests up to five cups

Sample Strategies to Promote Development and Learning:

- Provide sand and water play, giving child opportunities to pour, fill, scoop, weigh, and dump.
- Provide opportunities for child to measure (e.g., during cooking, art projects, grocery shopping).

- Help child to arrange blocks, toys, or objects from smallest to largest or longest to shortest.

36 to 60 months

Some Indicators for Children:

1. Uses activities that explore and develop vocabulary for length and weight
2. Uses measuring tools in play activities (e.g., measuring tape, measuring cups)
3. Estimates size (e.g., “I’m as tall as the yellow bookshelf.”)
4. Labels objects using size words

Sample Strategies to Promote Development and Learning:

- Engage child in measuring tasks (e.g., measuring ingredients, weighing a pet).
- Model use of conventional measuring tools and methods in everyday situations.
- Demonstrate, explain, and engage child in activities that use nonstandard measurement (e.g., using handfuls to measure rice; using footsteps to measure distance).

I. Properties of Ordering: Children identify and label shapes

Birth to 18 months

Some Indicators for Children:

1. Plays with shape toys, though often does not match correctly (e.g., the round beanbag goes in the round hole; the square beanbag goes in the square hole)

Sample Strategies to Promote Development and Learning:

- Provide child with toys that involve shapes (e.g., blocks and play dough).
- Sing songs and read books with child about shapes.
- Identify different shapes in child’s environment.

18 to 36 months

Some Indicators for Children:

1. Matches simple two-dimensional shapes in form boards and puzzles (e.g., circles, squares, triangles)
2. Identifies two geometric shapes (e.g., circle, square)
3. Creates and copies simple shapes made by others

Sample Strategies to Promote Development and Learning:

- Use shape words in daily life (e.g., “Let’s cut the cornbread into squares.”).
- Identify the features of shapes when child plays with them.
- Provide opportunities for child to look for shapes during daily activities (e.g., “Where do you see circles?”).

36 to 60 months

Some Indicators for Children:

1. Identifies and labels different kinds of two-dimensional shapes (e.g., circle, rectangle, triangle)
2. Compares shape and size of objects

3. Creates, builds, or draws shapes
4. Recognizes non-geometrical shapes in nature (e.g., clouds or other things that are not circles, squares, triangles)
5. Orders shapes from smallest to largest (e.g., orders various circle sizes)

Sample Strategies to Promote Development and Learning:

- Provide opportunities for child to recognize shapes in the environment (e.g., octagonal stop sign).
- Provide materials that can be connected and combined to create new shapes.
- Take child to observe murals or other community artwork, exploring together the variety of shapes used.

J. Properties of ordering: Children sort, classify, and organize objects

Birth to 18 months

Some Indicators for Children:

1. Groups a few objects by color, shape, or size, with assistance
2. Helps clean up environment by putting materials away (e.g., puts books in basket, blanket in cubby)

Sample Strategies to Promote Development and Learning:

- Sing songs and read books that name colors or identify shapes and objects with similarities.
- Demonstrate, explain, and provide opportunities for child to sort and classify (e.g., “Pick up all of the toys that are animals.”).
- Provide child with objects in a variety of shapes, colors, and sizes (e.g., plastic containers, jar lids).

18 to 36 months

Some Indicators for Children:

1. Collects items that have common characteristics (e.g., red blocks, shells, leaves)
2. Arranges objects in lines (e.g., makes a row of blocks)
3. Sorts objects by one characteristic (e.g., color)
4. Recognizes objects arranged in series (e.g., small, medium, large)
5. Identifies categories of objects (e.g., dogs, cats, and cows are all animals), with assistance

Sample Strategies to Promote Development and Learning:

- Provide different materials and objects of the same shape and color (e.g., blocks, crayons).
- Provide opportunities for child to notice patterns in nature (e.g., types of leaves).
- Play matching games with child, incorporating familiar patterns from child’s cultural background, neighborhood, and community (e.g., artwork, murals, clothing, utensils).

36 to 60 months

Some Indicators for Children:

1. Orders several objects on the basis of one or more characteristics through trial and error (e.g., puts 4 blocks of same color in a row from smallest to largest)
2. Creates own patterns with a variety of materials
3. Classifies everyday objects that go together (e.g., shoe/sock, pencil/paper, comb/brush)
4. Places objects in specific position (e.g., first, second, third)

Sample Strategies to Promote Development and Learning:

- Demonstrate and explain examples of patterns for child to create and recreate.
- Provide opportunities for child to look for patterns in the house, classroom, or nature.
- Play classification games with child (e.g., gather a group of items that include pairs of objects that go together – shoe/sock, flower/ vase – find the items that go together).

K. Scientific Thinking: Children collect information through observation and manipulation

Birth to 18 months

Some Indicators for Children:

1. Turns head toward sounds or voices
2. Gathers information through the senses (e.g., mouthing, grasping, reaching)
3. Uses more than one sense at one time (e.g., uses sight, touch, taste, and hearing by examining and shaking a toy)
4. Observes objects in the environment for a brief period of time
5. Uses another object or person as a tool (e.g., expresses the desire to be picked up to reach something, uses block to push buttons on a toy)

Sample Strategies to Promote Development and Learning:

- Show child self in the mirror.
- Demonstrate and explain how things can be manipulated to make them different and/or more useful.
- Provide objects that invite exploration with multiple senses (e.g., rattle with bright colors and different textures).

18 to 36 months

Some Indicators for Children:

1. Uses all five senses to examine different objects with attention to detail
2. Observes and manipulates objects to identify similarities or differences
3. Observes and examines natural phenomena through senses (e.g., notices different types of insects)

Sample Strategies to Promote Development and Learning:

- Provide opportunities for child to explore natural objects and events.
- Explore the environment with child and show interest in objects found and observed.
- Provide opportunities for child to examine things in detail by asking open-ended questions.

36 to 60 months

Some Indicators for Children:

1. Identifies and distinguishes between senses (e.g., tastes, sounds, textures)

2. Uses nonstandard tools (e.g., blocks, paper tubes) to explore the environment
3. Uses standard tools (e.g., magnets, magnifying glass) to explore the environment
4. Participates in experiments provided by adults and describes observations (e.g., mixing ingredients to bake a cake)

Sample Strategies to Promote Development and Learning:

- Provide opportunities for child to learn through all of the senses (e.g., provide active and large motor strategies to support scientific thinking).
- Provide opportunities for child to share observations through pictures and words.
- Help child represent his/her observations using charts and graphs.

L. Scientific Thinking: Children engage in exploring the natural world by manipulating objects, asking questions, making predictions, and developing generalizations

Birth to 18 months

Some Indicators for Children:

1. Actively uses one or more sense to explore environment (e.g., touch, sight, taste, smell, hearing)
2. Expresses a sense of wonder about the natural world
3. Investigates new phenomena (e.g., reaches out to touch rain)
4. Tries new activities, motions, experiences
5. Progresses from trial and error to solving problems more systematically, with assistance

Sample Strategies to Promote Development and Learning:

- Provide child with opportunities to play and explore the natural world.
- Explore objects and the environment together with child.

18 to 36 months

Some Indicators for Children:

1. Asks simple questions about the natural world (e.g., “Where did the rainbow go?”)
2. Observes and/or manipulates objects and events to answer simple questions about the natural world
3. Demonstrates ability to think before engaging in an activity
4. Makes guesses about what might happen based on past experience

Sample Strategies to Promote Development and Learning:

- Provide opportunities for child to ask questions about the environment and provide descriptive answers.
- Provide opportunities for child to think ahead by asking “what if ” questions about the natural world.
- Provide opportunities for child to note patterns in behaviors and to discuss what comes next (e.g., “After we read a bedtime story, we turn out the lights.”).

36 to 60 months

Some Indicators for Children:

1. Asks questions and finds answers through active exploration

2. Records information from an experience (e.g., drawing, storytelling, writing, photographing)
3. Makes predictions and develops generalizations based on past experiences
4. Uses vocabulary that shows recognition of scientific principles to explain why things happen (e.g., uses words such as sink, float, melt, freeze)

Sample Strategies to Promote Development and Learning:

- Demonstrate, explain, and engage child in activities that make predictions about natural events (e.g., growing seeds, caring for animals, charting weather).
- Invent and conduct simple experiments with child (e.g., which object will sink and which will float).
- Engage child in simple and nutritious cooking projects from own and other cultural backgrounds, demonstrating simple scientific principles (e.g., freeze, melt, liquid, solid).

M. Scientific Knowledge: Children observe and describe characteristics of living things

Birth to 18 months

Some Indicators for Children:

1. Notices plants, animals, and other people in the environment
2. Explores characteristics of certain living things (e.g., picks up an earthworm, tries to catch ants)

Sample Strategies to Promote Development and Learning:

- Sing songs and read books from a variety of cultural backgrounds with child that describe plants and animals and how they grow and change.
- Take child on field trips to places where he/she can observe and explore living things (e.g., zoo, farm, park).

18 to 36 months

Some Indicators for Children:

1. Explores and investigates physical properties of living and non-living things
2. Comments on what it takes to make things grow (e.g., “That plant needs water.”)

Sample Strategies to Promote Development and Learning:

- Help child safely observe animals and insects around the home and neighborhood.
- Provide opportunities for child to observe and interact with live animals and plants (e.g., field trips to farm, zoo, veterinarian’s office, science museum, aquarium, plant nursery).
- Read or act out stories and legends about plants and animals from child’s cultural background.

36 to 60 months

Some Indicators for Children:

1. Identifies things as living or non-living based on their characteristics (e.g., breathes, moves, grows)
2. Describes characteristics of plants, animals, and people (e.g., “That tree grew really tall!”)

3. Notices similarities, differences, and categories of plants and animals
4. Demonstrates understanding of changes in the appearance, behavior, and habitats of living things (e.g., plants, spider webs)
5. Asks questions about growth and change in plants and animals
6. Demonstrates understanding of how things grow and change

Sample Strategies to Promote Development and Learning:

- Provide opportunities for child to use all five senses to learn about the outdoor environment (e.g., listen for sounds of nature, watch small insects, smell freshly mowed grass, touch rough pine cones).
- Explain and engage child in activities that explore plants and animals, including those found in diverse cultures.
- Provide opportunities for child to take care of living things (e.g., non-toxic houseplants, pets).

N. Scientific Knowledge: Children observe and describe characteristics of the earth

Birth to 18 months

Some Indicators for Children:

1. Observes sun and clouds
2. Enjoys playing with water, sand, and mud

Sample Strategies to Promote Development and Learning:

- Take child on walks, describing what you see.
- Read nonfiction books and sing songs with child that describes the properties of the earth.
- Provide safe opportunities for child to explore dirt, sand, and water.

18 to 36 months

Some Indicators for Children:

1. Asks questions about the earth
2. Identifies weather (e.g., sun, rain, snow)
3. Identifies or labels earth's materials (e.g., water, rocks, dirt, leaves)
4. Demonstrates curiosity about the natural environment by asking "why" questions (e.g., "Why is the grass green?")

Sample Strategies to Promote Development and Learning:

- Introduce child to pictures of natural phenomena (e.g., sea, caves, waterfalls, forests).
- Provide opportunities for child to explore his/her natural environment.
- Demonstrate, explain, and provide activities for child to take care of the environment.

36 to 60 months

Some Indicators for Children:

1. Investigates properties of rocks, dirt, and water
2. Recognizes and provides simple descriptions of the states of matter (e.g., "Water is wet.")

3. Makes simple observations of the characteristics and movement of sun, moon, stars, and clouds
4. Discusses changes in the weather and seasons, using common weather-related vocabulary (e.g., rainy, sunny, windy)

Sample Strategies to Promote Development and Learning:

- Provide opportunities for child to share observations of the earth.
- Help child develop a nature collection (e.g., leaves, shells).
- If possible, go to museums or community events that focus on the natural world (e.g., planetarium, aquarium, earth day event).

O. History: children demonstrate knowledge of past events and awareness of how they may influence the present and future

Birth to 18 months

Some Indicators for Children:

1. Shows anticipation for regularly scheduled daily activities
2. Recognizes the beginning and end of an event (e.g., claps at the end of a song)
3. Recalls information about the immediate past (e.g., after eating, says “All done!”)

Sample Strategies to Promote Development and Learning:

- Demonstrate, explain, and give child routines, talking about what happens before and after.
- Label events and routines (e.g., use time words such as today, tomorrow, next, later, long ago).
- Look at photo album or family videos with child.

18 to 36 months

Some Indicators for Children:

1. Anticipates recurring events in typical routines (“After I eat lunch, I will hear a story.”)
2. Connects new experiences to past experiences
3. Experiments with general terms related to the elements of time (e.g., “Today we are going to Grandma’s.”)
4. Makes predictions about what may occur

Sample Strategies to Promote Development and Learning:

- Tell stories from the past, indicating awareness of time by beginning, “A long time ago...”
- Talk with child to recall what happened yesterday or last night.
- Spend time with elderly relatives.

36 to 60 months

Some Indicators for Children:

1. Retells a simple story or event in roughly sequential order
2. Uses time-related words and concepts (e.g., first/last, morning/night, yesterday/today), though not always accurately

3. Gives simple accounts of what happened that day
4. Establishes causal patterns between past, present, and future events, with assistance
5. Uses phrases that suggest awareness of the past (e.g., “When I was a baby...”)

Sample Strategies to Promote Development and Learning:

- Provide child with opportunities to play with time keeping materials (e.g., clocks, watches, timers, calendars).
- Demonstrate, explain, and provide activities for child about what will happen in the future and what has happened in the past (“What did you have for lunch today?”).
- Provide opportunities for child to interact with family members about family and community history.

P. Geography: Children demonstrate awareness of location and spatial relationships

Birth to 18 months

Some Indicators for Children:

1. Explores environment in the presence of caregiver
2. Explores spatial relationships (e.g., attempts to fit own body in boxes or tunnels)
3. Develops awareness of own body and how much space it takes up

Sample Strategies to Promote Development and Learning:

- Provide many opportunities for child to explore the environment.
- Explain what child sees and finds in the environment.
- Provide child opportunities to experience different physical positions (e.g., floor time, carrying time).

18 to 36 months

Some Indicators for Children:

1. Distinguishes between near and far
2. Experiments with physical relationships (e.g., on/under, inside/outside)
3. Shows interest in investigating geography tools (e.g., map, compass, globe)

Sample Strategies to Promote Development and Learning:

- Use position words in a conscious way (e.g., suggest child puts magazine under the book that is on the table).
- Play with child, creating situations related to travel (e.g., take “trips” on a bus or plane, use road maps and pictures of different places he/she has been).

36 to 60 months

Some Indicators for Children:

1. Uses words to indicate direction, position, and size, not always accurately
2. Creates representations of locations and space during play (e.g., builds steep mountain road in sandbox)
3. Names street, neighborhood, city or town where he/she lives
4. Understands physical relationships (e.g., on/ under, inside/outside)

Sample Strategies to Promote Development and Learning:

- Play games with child that incorporate using and responding to position words (e.g., left, right, first, last, big, little, top, bottom).
- When traveling, use directional terms (e.g., “We will turn left at the next street.”).
- Take walking trips around the neighborhood, making note of geographic features and landmarks.

Q. Geography: Children demonstrate knowledge of the relationship between people, places, and regions

Birth to 18 months

Some Indicators for Children:

1. Recognizes some familiar places (e.g., home, store, grandparent’s house)
2. Knows where favorite toys or foods are stored in own home

Sample Strategies to Promote Development and Learning:

- Give child many opportunities to explore the environment.
- Narrate what child sees and finds in the environment

18 to 36 months

Some Indicators for Children:

1. Distinguishes different environments by the people or signs that are a part of that environment (e.g., see pictures of fish and says, “They live in water.”)
2. Recognizes own house when approaching
3. Recognizes familiar buildings (e.g., school, restaurant, library)

Sample Strategies to Promote Development and Learning:

- Read aloud books about children living in different climates and discuss how their food, clothing, and houses are different.
- Take child to geographical locations that may be unfamiliar (e.g., parks, mountains, ocean, new neighborhoods).
- Take child for walks around the neighborhood and point out signs and landmarks that indicate locations.

36 to 60 months

Some Indicators for Children:

1. Matches objects to their usual geographic locations (e.g., stove in the kitchen, bed in the bedroom, tree in the park)
2. Develops awareness of some characteristics of own geographic region (e.g., “It rains/snows here a lot.”)
3. Recognizes where he/she is while traveling in familiar areas, most of the time
4. Recognizes that roads have signs or names and houses and apartments have numbers to help identify locations

Sample Strategies to Promote Development and Learning:

- Explain and provide activities about where child has been on trips or other places he/she has lived.

- Demonstrate and explain the use of maps and globes in the presence of child.

R. Economics: Children demonstrate knowledge of various occupations related to trade and currency

Birth to 18 months

Some Indicators for Children:

1. Depends on others to provide for wants and needs

Sample Strategies to Promote Development and Learning:

- Read aloud books about different types of occupations.
- Explain people's different jobs in context (e.g., "I'm going to work now.").

18 to 36 months

Some Indicators for Children:

1. Recognizes relationship between supply and demand (e.g., understands that he/she cannot have another cracker because they are all gone)
2. Recognizes and uses objects for barter or trade during play, with assistance

Sample Strategies to Promote Development and Learning:

- Provide child with play materials that have economic uses (e.g., cash registers, wallets, purses, checkbooks, credit cards, receipts) for dramatic play.
- Use the names of coins and currency, demonstrating and explaining both their real and relative value.
- Provide opportunities for child to make choices and discuss consequences of choices.

36 to 60 months

Some Indicators for Children:

1. Demonstrates awareness of money being needed to purchase goods and services
2. Plays store or restaurant with play or real money, receipts, credit cards, telephones
3. Demonstrates understanding that coins of different sizes and colors have different names
4. Talks about what wants to be when he/she grows up
5. Demonstrates understanding of sharing and interdependence

Sample Strategies to Promote Development and Learning:

- Provide play opportunities for child to purchase things in dramatic play (e.g., grocery store, bank, post office, shoe store).
- Demonstrate, explain, and provide activities about how all people need food, shelter, and clothing.
- Demonstrate, explain, and provide activities about how things can be used as a substitute for money (e.g., checks, coupons, credit/debit cards).

S. Ecology: Children demonstrate awareness of the relationship between humans and the environment

Birth to 18 months

Some Indicators for Children:

1. Expresses interest in nature (e.g., flowers, a breeze, snow)
2. Recognizes trash as trash
3. Knows where the trash receptacle and recycle bin, if available, are in own home or learning setting

Sample Strategies to Promote Development and Learning:

- Provide child with regular opportunities to play outdoors.
- Model environmentally responsible behavior (e.g., not littering; picking up trash on a walk; discarding trash in appropriate receptacle).

18 to 36 months

Some Indicators for Children:

1. Helps with home and class routines that keep the house/classroom clean
2. Discards trash in appropriate receptacle
3. Recognizes and responds to characteristics of the environment (e.g., exclaims out loud when sees bird or a very tall tree)
4. Uses natural objects for play (e.g., makes mud pies, makes a house out of sticks, uses leaves for a pillow)

Sample Strategies to Promote Development and Learning:

- Demonstrate, explain, and engage child in activities about the environment and what people can do to protect it.
- Make taking care of the indoor and outdoor environment a normal part of the daily routine.
- Carry a plastic bag on walks with child so you can safely pick up litter.

36 to 60 months

Some Indicators for Children:

1. Shows awareness of environment by noticing features of own home and other familiar places (e.g., recounts how water flowed over the road on the way to store)
2. Recognizes things that do not belong in the environment (e.g., litter)
3. Participates in protecting equipment and materials from weather or other natural phenomena
4. Helps to sort cans, bottles, and paper into the proper recycling containers, where available

Sample Strategies to Promote Development and Learning:

- Provide opportunities for child to keep a room or space clean and tidy.
- Demonstrate, explain, and provide opportunities for child to see how reusing and recycling empty containers and papers helps the environment.
- Discuss what it would be like if everyone threw their garbage on the ground instead of taking it to a trash receptacle.

T. Technology: Children demonstrate understanding and use of technology in their surroundings

Birth to 18 months

Some Indicators for Children:

1. Enjoys listening to music from a CD player or radio
2. Shows interest in technology (e.g., turns toward ringing telephone)
3. Enjoys using play technology objects (e.g., wind-up toy)
4. Turns a light switch on and off

Sample Strategies to Promote Development and Learning:

- Provide a safe “child-proof ” environment (e.g., cover electrical outlets, keep electronic appliances safely out of child’s reach).
- Discourage use of television, videotapes, and computers.
- Provide child with experiences and materials that demonstrate how objects can assist in accomplishing a task (e.g., place object on blanket, demonstrate to child how to pull blanket toward self to get the object).

18 to 36 months

Some Indicators for Children:

1. Plays with battery-operated toys and learning objects, with assistance
2. Operates a simple tape or CD player to listen to a recorded story, with assistance
3. Makes mechanical toys work, if labeled safe for children under 3 years old

Sample Strategies to Promote Development and Learning:

- Limit child’s television/video/computer time to no more than half an hour per day of quality children’s programming.
- Ensure that all technology-based resources child is exposed to (e.g., television programming, computer software) reflect and affirm diverse cultures, languages, and ethnic heritages.
- Eliminate all technology-based resources (e.g., television programming, computer software) that contain violence and adult humor.

36 to 60 months

Some Indicators for Children:

1. Communicates with family members or other familiar people using telephone or other communicative device, with assistance
2. Describes stories, images, or sounds experienced with technology (e.g., music on CD player, program on television, story heard on tape)
3. Uses accurate vocabulary to identify technology (e.g., camera, computer, printer, television)

Sample Strategies to Promote Development and Learning:

- Invent and construct simple objects or structures that can be used to assist in a task, using common tools and materials in a safe manner (e.g., a stick of wood with play dough on the tip to use to pick up pieces of paper without stooping over).

- Actively participate with child when watching television or using the computer.
- Monitor and limit the quantity and quality of child's computer use.

U. Family: Children demonstration awareness and understanding of family

Birth to 18 months

Some Indicators for Children:

1. Kicks legs and squeals when familiar adult appears
2. Initiates contact with caregivers
3. Shows affection (e.g., hugs and kisses) to familiar adults
4. Develops and maintains trusting relationships with primary caregiver
5. Addresses at least two family members by name
6. Recognizes immediate family members in photographs

Sample Strategies to Promote Development and Learning:

- Involve child in family traditions, rituals, and activities.
- Help child identify and name family members and their relationships and roles.
- Create a baby-proof family album that child can explore.

18 to 36 months

Some Indicators for Children:

1. Can state own first and last name
2. Recognizes roles within own home (e.g., "Daddy cooks supper and mommy washes the dishes.")
3. Pretends to nurture a doll by feeding and talking to it
4. Gives names to toys and dolls that reflect family and circle of friends
5. Identifies boys and girls

Sample Strategies to Promote Development and Learning:

- Provide opportunities for family members to talk with child about family history and culture.
- Provide props and dress-up clothes for child to play different family roles (both male and female).
- Display photos of child and his/her family at child's eye level.

36 to 60 months

Some Indicators for Children:

1. Describes family members and begins to understand simple relationships to one another (e.g., "Marika is my sister.")
2. Talks about grandparents or other family members and discusses how they look the same and/or different from children
3. Identifies self as a member of a specific family and cultural group
4. Adopts the roles of different family members during dramatic play
5. Enjoys being told stories about family routines and stories with family members as the "characters"

6. Draws a family portrait

Sample Strategies to Promote Development and Learning:

- Assist child in creating an All About Me book with pictures and captions.
- Read stories about families and talk about child's own and others' families.
- Help child distinguish people and relationships (e.g., brother, aunt, cousin).
- Provide opportunities for child to spend time with elderly relatives.

V. Community: Children demonstrate awareness of their community, human interdependence, and social roles

Birth to 18 months

Some Indicators for Children:

1. Begins to watch other children
2. Reaches out to touch other children or grabs their toys
3. Recognizes the names of other children
4. Shows recognition of the family members of other children
5. Begins to participate in simple parallel play with other children

Sample Strategies to Promote Development and Learning:

- Demonstrate, explain, and provide opportunities for child to interact with other children and adults who are in the room.
- Provide opportunities for child to play in diverse environments with other children (e.g., play group, park, friend's home).
- Read aloud books about families in other communities, cultures, or countries.

18 to 36 months

Some Indicators for Children:

1. Identifies the possessions of other children
2. Shows interest in peers by including them in play, referring to them by name
3. Recognizes that different people have different roles and jobs in the community
4. Functions as a member of various communities (e.g., classroom, neighborhood, faith-based community)
5. Shows interest in community workers (e.g., garbage collector, mail carrier, doctor)
6. Participates in family routines

Sample Strategies to Promote Development and Learning:

- Take field trips in the community to increase awareness of roles people play (e.g., library for story hour, nursery where child can pot plants).
- Encourage child to participate in classroom duties and household chores.
- Display pictures and read aloud books that portray a variety of workers and community helpers reflective of women and people from child's own and other cultural backgrounds.

36 to 60 months

Some Indicators for Children:

1. Identifies people by characteristics other than name, when asked
2. Names a parent's job (e.g., nurse, plumber, farmer), but may not know what parent actually does at the job
3. Recognizes some community workers and increases awareness of their jobs
4. Pretends to be different community workers during play (e.g., grocery store clerk, construction worker, doctor, shoe salesperson)
5. Recognizes that people have different communities (e.g., family, neighborhood, school, faith-based community, job)

Sample Strategies to Promote Development and Learning:

- Take child on field trips to observe community workers.
- Use group time (e.g., family dinner, circle time) to discuss the idea of community and interdependence.
- Provide opportunities for child to express knowledge of social roles through creative art and drama.

W. Community: Children demonstrate civic responsibility

Birth to 18 months

Some Indicators for Children:

1. Follows simple directions
2. Tries out roles and relationships through imitation (e.g., smiles at self in mirror, plays peek-a-boo)
3. Requests assistance when needed
4. Looks to caregivers for assistance and guidance

Sample Strategies to Promote Development and Learning:

- Be responsive and nurturing to child.
- State rules in a manner that promotes positive thinking rather than negative thinking (e.g., "We use walking feet" instead of "No running").
- Offer child easy-to-follow directions, one at a time.

18 to 36 months

Some Indicators for Children:

1. Tries out roles and relationships through pretend play (e.g., play doctor, house)
2. Recognizes that there may be different rules in different places (e.g., school rules may be different from those at home) and follows appropriate set of rules, with assistance
3. Participates actively as a member of the family or classroom community (e.g., helping during clean-up time)
4. Helps adult with simple chores

Sample Strategies to Promote Development and Learning:

- Discuss how each person, including adults, can share in classroom responsibilities (e.g., cleaning up play areas together).
- Give child options rather than commands.
- Provide opportunities for child to make choices.

36 to 60 months

Some Indicators for Children:

- Shows awareness of group rules (e.g., waits before painting because the easels are full)
- Helps to make rules for free choice play (e.g., “Only 4 people at the sand table.”)
- Follows rules while playing games and reminds others of the rules
- Responds to another child’s needs by sometimes giving and sharing
- Notices if another child is missing an essential article to participate in the group (e.g., other child does not have crayons to draw with)
- Invites other children to join groups or other activities

Sample Strategies to Promote Development and Learning:

- Include child in the development of rules to promote interdependence and understanding of the rules.
- Establish rules that address bias and prejudice that are understood by child (e.g., “We call other children names that make them feel good about themselves.”).
- Take child with you when you go to vote during elections.
- Demonstrate and discuss public manners (e.g., asking permission to touch things, saying thank you and goodbye).
- Create opportunities for cooperation (e.g., ask two children to do a task together).

X. Culture: Children demonstrate awareness and appreciation of their own and others’ culture

Birth to 18 months

Some Indicators for Children:

1. Recognizes simple differences between people (e.g., shows curiosity about someone who wears glasses or has skin color other than own)
2. Interacts with other children who are of different ethnic and cultural backgrounds, of a different gender, who speak other languages, or have special needs

Sample Strategies to Promote Development and Learning:

- Share stories, songs, and poems about child’s own and other cultures.
- Model caring and kindness for all people and treat others with respect and fairness.
- Clarify with child’s family what is the child’s cultural membership and immerse child in his/her own culture.

18 to 36 months

Some Indicators for Children:

1. Enjoys poems, stories, and songs about a variety of people and cultures
2. Displays knowledge of basic concepts of own heritage and background (e.g., shows pictures or objects from home)
3. Asks simple questions about other children and adults (e.g., “Where is Simon?”)

Sample Strategies to Promote Development and Learning:

- Provide opportunities for child to interact with children of other cultures.

- Display images reflective of child’s own cultural heritage and physical appearance.
- Provide food, music, art materials, books, photos, and dramatic play props that reflect child’s own family and culture.

36 to 60 months

Some Indicators for Children:

1. Asks questions about other children’s appearance and behavior
2. Asks questions about similarities and differences in other people (e.g., language, hair styles, clothing)
3. Shows respect for similarities and differences (e.g., does not laugh at somebody who is different)
4. Begins to develop awareness, knowledge, and appreciation of own culture
5. Recognizes and celebrates similarities and differences between people of different cultures in his/her circle of contact

Sample Strategies to Promote Development and Learning:

- Introduce and talk with child about other cultures within his/her community (e.g., visit ethnic restaurants or grocery stores, cultural festivals).
- Teach child words in other languages (e.g., “Hello” in Spanish is “hola,” and in Chinese it is “ni hao.”).
- Choose books, music, activities, and children’s shows that celebrate diverse cultures.

Y. Expression and Representation: Children use creative arts to express and represent what they know, think, believe, or feel

Birth to 18 months

Some Indicators for Children:

1. Gazes at pictures, photographs, and mirror images
2. Enjoys repetition
3. Experiments with a variety of sound sources (e.g., rattles, bells)
4. Exhibits an increased variety of movements to express self using different body parts
5. Imitates sounds, facial expressions, and gestures of another person
6. Imitates sounds or actions of an animal or object
7. Experiments with a variety of art materials (e.g., paint, markers, crayons, pencils)
8. Shows preferences for certain colors

Sample Strategies to Promote Development and Learning:

- Actively describe to child what you see.
- Provide opportunities for child to experiment with safe art materials and create simple art projects.
- Sing songs to and with child (e.g., while working around the house or waiting for the bus).

18 to 36 months

Some Indicators for Children:

1. Uses a variety of materials for tactile experience and exploration (e.g., paint, glue, 3-dimensional materials, musical instruments)
2. Engages in the artistic process with enthusiasm
3. Explores various ways of moving with or without music
4. Explores simple songs using voice and/or instruments
5. Engages in pretend play

Sample Strategies to Promote Development and Learning:

- Express a sense of awe and appreciation of artwork – those that child creates and those that others create.
- Provide child with simple musical instruments (e.g., rhythm sticks, drums, tambourine).
- Expose child to a variety of live and recorded music.

36 to 60 months

Some Indicators for Children:

1. Participates in music experiences (e.g., singing, finger plays, chants, musical instruments)
2. Remembers the words to a song that is sung often in the classroom
3. Asks to sing a particular song
4. Participates freely in dramatic play activities (e.g., pantomimes movement of familiar things, acts out stories, re-enacts events from his/her own life)
5. Tries one type of art many times (e.g., painting at easel several days in a row, using different colors, or covering the whole paper with paint)
6. Performs simple elements of drama (e.g., audience, actors, stage)
7. Pretends to be on stage and use a microphone

Sample Strategies to Promote Development and Learning:

- Point out various types of art and materials found in books, photographs, and on the computer.
- Provide daily creative art opportunities using a variety of materials (e.g., watercolors, collage materials, paints, paper, scissors, glue, crayons).
- Involve child in diverse musical activities (e.g., song, dance, rhythm, playing musical instruments) from his/her own and other cultural backgrounds.

Z. Understanding and Appreciation: Children demonstrate understanding and appreciation of the creative arts

Birth to 18 months

Some Indicators for Children:

1. Shows interest in sounds, tones, voices, music, colors, and shapes
2. Enjoys rhythms and songs
3. Prefers repetition of familiar songs and rhythmic patterns
4. Interacts with others through touch and motion
5. Enjoys looking at children's books of dance, music, theater, and visual arts

Sample Strategies to Promote Development and Learning:

- Expose child to a range of voice sounds (e.g., singing, speaking, humming).
- Expose child to music from a variety of cultures and styles (e.g., jazz, rock, ethnic, classical).
- Show an enjoyment of music and participate in musical activities around child (e.g., sing aloud).

18 to 36 months

Some Indicators for Children:

1. Observes and responds to artwork produced by other individuals and/or cultures
2. Imitates movement after participating in or watching others perform games or songs
3. Exhibits interest when watching musical, dance, or theater performances by other individuals
4. Identifies favorite storybook characters

Sample Strategies to Promote Development and Learning:

- Provide daily musical activities, games, instruments, singing, and books.
- Display the work of artists through prints, posters, paintings, and books from child's own and other cultural backgrounds.
- Provide multiple opportunities for child to listen to music of all cultures and styles.

36 to 60 months

Some Indicators for Children:

1. Watches other children dance, then tries to mimic the dance steps
2. Listens attentively at a children's concert, play, or puppet show
3. Hums or moves to the rhythm of recorded music
4. Shares various forms of art found in own environment
5. Wonders about or asks questions about works of art, paintings, songs, dance, and theatre

Sample Strategies to Promote Development and Learning:

- Attend and view live musical performances with child.
- Provide various forms of dramatic expression (e.g., puppetry, storytelling, dance, plays, pantomime, theater).
- Involve child in musical experiences that reflect diverse cultures (e.g., singing, dancing, listening, acting).

Domain V. Language, Communication, and Literacy

This domain encompasses the child's ability to communicate, i.e., his ability to convey feelings or thoughts so that he is clearly understood as well as his ability to accurately interpret the thoughts and feelings of others. Communicating effectively with others requires use of oral language, a unique system of vocal and verbal sounds with vocabulary, syntax, grammar, and its own set of conventions that children are born programmed to learn. It also requires interpreting and using the nonverbal language of facial expressions, body posture, and gestures. In addition, children later learn to read and write (literacy).

Young infants communicate their needs through crying. There are many different cries that a parent of a newborn learns to discern – hunger, pain, discomfort, fatigue, boredom, and tension discharge. Parents and teachers must respond to these cries for they are the infant's first "language." Infants also communicate nonverbally: averted eyes can mean "that's too much;" turning the face away means "I'm done;" a tense body can mean "I don't like that;" while a relaxed body or a steady gaze means "I like this" or "keep doing what you are doing." When a young infant communicates a need that is responded to, interpreted correctly, and met, the infant, over time, learns that "If I feel this way and do this (cry), that person will appear and do things that make me feel better."

In time, the infant will add coos, babbles, and smiles to his repertoire and find that they yield even more responsive results than his cries or first gestures did. Now other people can more accurately interpret and meet his needs. Adding actual words during toddlerhood takes his ability to be understood to new heights, and soon he is even able to communicate quite effectively using such words as "NO, MINE!" He becomes more proficient and intelligible and finally breaks the linguistic code of his primary language. He will continue to build vocabulary and increase the complexity of his speech throughout the rest of his early years.

The young child will also notice symbols in his environment. A unique set of symbols is on every grocery store that he goes to with mom or dad. The bus stop has different symbols on the top of each shelter. His cubby and his toothbrush at day care have yet another set of symbols. In addition, as his fine motor skills develop, he will want to learn how to make some of these symbols on his own – usually starting with the one that begins his name. He will ultimately master the task of understanding what these symbols mean (reading) and deciding which ones to use to convey what he thinks, and be able to make them legible (writing) during his primary grade school years.

How well parents and teachers respond to the young child's attempts to communicate will greatly influence how well that child ultimately communicates. The child who is spoken WITH, not TO, as he is cared for will learn that communication is a give and take process and that being able to communicate well is the key to understanding others and to being understood.

Early childhood education plays an essential role in preparing young English language learners (ELL) for later success in school. The youngest children seem born with an aptitude to learn

multiple languages simultaneously, and research shows that young native speakers learn English as a second language in rich classroom settings with relative ease, provided that the teacher creates opportunities and experiences to support this. Also during this time, a child's young peers are highly effective teachers, modeling language and providing a safe climate for new English speakers to experiment with their new language in nonthreatening ways especially during free-play opportunities. In the beginning, supportive and nurturing teachers learn a few important words and phrases in the child's native/home language to help create an environment that is safe and trusting. Phrases about using the bathroom, parents, and food are most helpful. Children who have a rich and supportive language environment in the classroom are likely to build proficiency in the second language more easily and quickly.

This domain focuses on how a child develops:

- A. Dual Language Acquisition
- B. Receptive Vocabulary
- C. Expressive Vocabulary
- D. Grammar and Syntax
- E. Comprehension
- F. Expressive/ Oral Language
- G. Listening Skills
- H. Oral and Written Communication
- I. Conventions of Social Communication
- J. Reading: Phonological Awareness
- K. Reading: Alphabetic Principle
- L. Reading: Print Concepts
- M. Reading: Comprehension of Printed Materials
- N. Reading: Awareness that Written Materials Can Be Used for a Variety of Purposes
- O. Reading: Appreciation and Enjoyment
- P. Writing: Alphabet Knowledge
- Q. Writing Conventions
- R. Writing: Use Writing for a Variety of Purposes

A. Dual Language Acquisition

Birth to 18 months

Some Indicators for Children:

1. Responds to familiar words in home language (e.g., "clap" – the child claps) and attends to sounds in English (e.g., "clap" – looks towards speaker)
2. Uses eight to 10 understandable words in home language and may not possess any words in the English vocabulary
3. Communicates needs through single-word speech in home language and through facial expression or actions (e.g., points to object desired) if attempting to communicate in English

Sample Strategies to Promote Development and Learning:

- Support child’s use of home language by talking to, reading, and singing in the home language.
- When presenting child with words in English, present them in groups (e.g., animal names) and within a context.
- Help child link English vocabulary to real-life experiences by using pictures, objects, and events.

18 to 36 months

Some Indicators for Children:

1. Follows simple verbal direction in home language and attempts to make sense of a direction given in English when accompanied by a nonverbal gesture (e.g., signal for come here).
2. Often uses sounds from home language when speaking in English (e.g., Spanish “v “may be pronounced like “b” so Spanish speaking child might say “bery” for “very.”)
3. Has a larger vocabulary in home language and is beginning to acquire an English vocabulary
4. Recalls words from simple songs in home language and recognizes words from songs in English
5. Asks simple questions in home language; uses gestures or single words to ask questions in English
6. Inserts words from home language while speaking in English, sometimes

Sample Strategies to Promote Development and Learning:

- Read books with child in home language with supplemental reading in English.
- Create a supportive environment for learning the home language while also exposing child to English.
- Speak English in ways that help ELL child understand (e.g., simple sentences, repetition, use of gestures).

36 to 60 months

Some Indicators for Children:

1. Demonstrates understanding that there are languages other than the home language (e.g., identifies sentence spoken in home language in comparison to one spoken in English)
2. Relies on nonverbal cues to communicate in English, but does not rely on nonverbal cues to communicate in home language
3. Focuses on the meaning of words rather than grammar in acquiring spoken English language competency
4. Follows linguistic rules of home language and constructs own rules for English
5. Uses sentences in home language and begins to use single word or telegraphic speech in English to communicate
6. If bilingual, adjusts language and communication form used according to person with whom he/she is speaking

Sample Strategies to Promote Development and Learning:

- Help child develop reasoning skills through use of home language.
- Devise strategies that build a home-school collaboration to reinforce home language competency and promote learning English.
- Identify and explain patterns in errors of spoken English to help child acquire language competency (Note: do not correct child but guide child by example).

B. Receptive Vocabulary

Birth to 18 months

Some Indicators for Children:

1. Responds to sounds in the environment (e.g., startles or cries if there is an unexpected sound)
2. Recognizes familiar voice by turning towards speaker
3. Responds to own name
4. Calms to familiar voices
5. Responds to “no”
6. Responds appropriately to simple requests such as “wave bye-bye”
7. Points to familiar person/s when requested (e.g., “Where is mommy?”)
8. Points to objects when named (e.g., “Where is your blanket?”)
9. Has a receptive vocabulary of over 50 words in home language

Sample Strategies to Promote Development and Learning:

- Describe everyday objects found in the home using correct vocabulary (e.g., bed, door).
- Provide opportunities for child to point to familiar objects and actions for which he/she knows the names.
- Play labeling games with child (e.g., “Where is your nose?”).

18 to 36 months

Some Indicators for Children:

1. Demonstrates understanding of simple directions by responding appropriately (e.g., “Give daddy the cup, please.”)
2. Identifies at least three body parts, when requested
3. Identifies some people, objects, and actions by appropriate gestures or speech when named
4. Responds to directions that include verbs (e.g., run, jump, reach, open)

Sample Strategies to Promote Development and Learning:

- Use as diverse range of a vocabulary as possible when talking with child.
- When in a new environment make up games like “What do you see?” and label aloud what you see around you (e.g., animals in the environment, name them aloud).
- Read daily with child and explain new vocabulary.

36 to 60 months

Some Indicators for Children:

1. Responds appropriately to a request (e.g., “Bring me the green towel.”)

2. Has a receptive vocabulary of several hundred words in home language

Sample Strategies to Promote Development and Learning:

- Use increasingly complex words, in context, and explain their meaning when talking with child.
- Provide opportunities for child to listen for new words in the environment and identify them when heard.
- Play “placing games” with child to show understanding of prepositions (e.g., “Put the ball under/on top of/beside the table.”).

C. Expressive Vocabulary

Birth to 18 months

Some Indicators for Children:

1. Makes sounds or gestures that let others know that he/she is experiencing pain, pleasure, or discomfort or to express needs (e.g., cries when upset, coos and squeals when content)
2. Imitates non-speech sounds (e.g., cough, click of tongue)
3. Babbles using many sounds (e.g., two-lip sounds: “p,” “b,” and, “m”)
4. Babbles in sentence-like sequences; puts words and sounds together in speech-like patterns
5. Uses consistent sound combinations to indicate specific object or person (e.g., “da-da” for daddy)
6. Combines words and gestures (e.g., waves when saying goodbye)
7. Uses eight to 10 understandable words (e.g., “daddy,” “bottle,” “up”)

Sample Strategies to Promote Development and Learning:

- Recognize and appreciate child’s efforts to use new words.
- Expand upon child’s attempts to use words (e.g., Child says “baba,” and you say, “yes, here is the bottle” or “your bottle is empty.”).
- Expose child to language by talking and reading with him/her.

18 to 36 months

Some Indicators for Children:

1. Uses new vocabulary in everyday experiences
2. Demonstrates use of an expressive vocabulary of more than 100 words, in home language
3. Uses mostly two- and some three- syllable words
4. Asks others to label unfamiliar objects
5. Uses adjectives in speech (e.g., “red ball”)
6. Imitates simple two-word phrase/sentence
7. Uses some plurals
8. Expresses negative statements by adding on a “no” in the sentence (e.g., “no milk”)
9. Speech is 50–75% intelligible

Sample Strategies to Promote Development and Learning:

- Provide opportunities for child to experiment with new words by providing a sentence starter and asking child to complete the sentence.
- Explain meanings of words to child during conversations.
- Provide opportunities for child to distinguish between real and nonsense words in home language.

36 to 60 months

Some Indicators for Children:

1. Uses new vocabulary in spontaneous speech
2. Asks the meaning of unfamiliar words and then experiments with using them
3. Uses words to further describe actions or adjectives (e.g., “running fast” or “playing well”)
4. Uses multiple words to explain ideas (e.g., when talking about primary caregiver says “mother/father” and/or “parent”)
5. Uses words to express emotions (e.g., happy, sad, tired, scared)
6. Recites songs, finger plays, and rhymes; tells stories
7. Vocabulary of 1500 words or more
8. Produces sentences with five to seven words
9. Speech is entirely intelligible

Sample Strategies to Promote Development and Learning:

- Provide opportunities for child to use and expand language (e.g., jokes, rhymes, songs).
- Interact with child by talking about books, laughing at his/her jokes.
- Support ELL child (or any second language learner) in acquiring a second language by avoiding translating everything for child and by using props, gestures, role-plays, physical movements, and demonstrations.

D. Grammar and Syntax

Birth to 18 months

Some Indicators for Children:

1. Uses single word speech (e.g., one word to communicate message; child says “up” when wanting to be carried by adult)
2. Uses some pronouns (e.g., mine)
3. Uses short telegraphic sentences (e.g., “Me go.” or “There mama.”)

Sample Strategies to Promote Development and Learning:

- Speak in simple sentences when communicating with child.
- Use language in daily routines, talk with child, associate words with actions (e.g., “First, we wash our hands; then we dry them; next, we open the refrigerator; then we take out the milk; next, we pour it in a glass.”).
- Use finger plays, lullabies, and songs from child’s home and other languages.

18 to 36 months

Some Indicators for Children:

1. Uses three- to four-word sentences with noun and verb
2. Describes a self-made drawing
3. Uses simple questions in speech, but may not use correct grammar
4. Uses plural forms for nouns, sometimes
5. Uses negatives (e.g., “I don’t want it.”)
6. Uses adjectives in phrases (e.g., big bag, green bear)

Sample Strategies to Promote Development and Learning:

- Engage child in conversations that require more than a single word response.
- When asking child questions, make sure to wait long enough for child to answer, as some children need more time to understand questions and put together words.
- Recognize that English language learners may mix words from different languages in the same sentence; repeat what child said using all the words in the same language.

36 to 60 months

Some Indicators for Children:

1. Talks in sentences with five to seven words to describe people, places, events
2. Uses more complex grammar and parts of speech
3. Describes a task, project, and/or event sequentially in three or more sentences
4. Asks questions for information/clarification
5. Uses prepositions in everyday language, sometimes needing assistance (e.g., at, in, under)
6. Uses possessions consistently (e.g., his, hers, their)
7. Uses past tense of irregular verbs consistently (e.g., went, caught)
8. Uses past tense for regular verbs consistently (e.g., jumped, washed)
9. May generalize grammar rules (e.g., plurals – says “deers” and “mouses”)

Sample Strategies to Promote Development and Learning:

- Using a picture book, ask child to tell his/her own story.
- Set aside a regular time during daily routine to engage child in meaningful conversation (if child is bilingual, in both languages separately at different times of the day).
- When reading with child, point out how text progresses from word to sentence to paragraphs.

E. Comprehension

Birth to 18 months

Some Indicators for Children:

1. Turns to look at familiar object when it is named
2. Imitates adult actions that go along with simple songs and rhymes (e.g., “Row, row, row your boat,” “Pinpon,” “La Bo”)
3. Follows single-step directions (e.g., “Please bring me the ball.”)

Sample Strategies to Promote Development and Learning:

- Demonstrate and explain to child while carrying out daily routines, so words are linked with actions.

- Indicate to child that you comprehend what he/she is saying, gesturing, and expressing.
- Engage in conversations with child about things seen or experienced in familiar environments.

18 to 36 months

Some Indicators for Children:

1. Follows two-step directions with complex sentence structures (noun + verb + adverb; e.g., “Put dishes away quickly.” “Put dishes in the cupboard.”)
2. Answers simple questions
3. Asks questions that demonstrate knowledge of events or phenomena (e.g., “Why did the boy run away?” “How did the water turn blue?”)

Sample Strategies to Promote Development and Learning:

- Provide opportunities for ELL child to ask questions in his/her home language first as that might be more closely linked to the development of understanding.
- Use a game or echo song where child repeats what you say (e.g., “I met a bear” song).
- Read a story often, including stories from diverse cultures, and then engage child in conversation about it.

36 to 60 months

Some Indicators for Children:

1. Follows directions that involve a two- or three-step sequence of actions, which may not be related (e.g., “Please pick up your toys and then get your shoes.”)
2. Responds to questions with verbal answers or gestures
3. Extends/expands the thought or idea expressed by another
4. Engages in conversation that develops a thought or idea (e.g., tells about a past event)

Sample Strategies to Promote Development and Learning:

- Play games with child that involve following directions in sequence (e.g., Simon Says, Follow the Leader, Hokey Pokey).
- Provide opportunities for child to talk about a recent event by asking simple questions.
- Provide opportunities for child to retell a story or event in own words.

F. Expressive/Oral Language

Birth to 18 months

Some Indicators for Children:

1. Vocalizes to get attention
2. Uses a variety of inflections and sounds to express intent (e.g., coos to express happiness)
3. Enjoys listening to oral stories
4. Attempts to repeat animal sounds (e.g., “moo” and “woof, woof”)
5. Uses single words to express thoughts and ideas (e.g., when child sees the sun, he/she says “sun”)

Sample Strategies to Promote Development and Learning:

- Describe events to child or comment about what is happening.
- Provide opportunities for child to contribute with single words as you make up a story.
- Ask “wh” questions (e.g., why, what, where).

18 to 36 months

Some Indicators for Children:

1. Recounts an event, with assistance
2. Begins to recall parts of a previously heard story
3. Requests to hear familiar stories
4. Begins to follow the sequence of events in an orally narrated story

Sample Strategies to Promote Development and Learning:

- Incorporate songs, rhymes into stories you tell, so child can participate in storytelling.
- Set aside time daily to engage in storytelling, singing, and talking with child.
- Discuss and explain the importance of child’s home language.

36 to 60 months

Some Indicators for Children:

1. Recounts some details of a recent event
2. Tells a short make-believe story, with assistance
3. Uses oral language to communicate a message
4. Participates in conversations about a variety of topics

Sample Strategies to Promote Development and Learning:

- Engage child in conversations that lend themselves to expressing different ideas (e.g., explanatory talk, conversations about science).
- Provide opportunities for child to create make-believe stories and write them down as child tells the story out loud.
- Provide opportunities for child to hear stories from traditional storytellers.

G. Listening Skills

Birth to 18 months

Some Indicators for Children:

1. Turns to locate source of a sound
2. Shows preference for human voices to other sounds (e.g., animal sounds) and for familiar adult voices over unfamiliar ones
3. Orients to speaker in response to speaker’s words
4. Pays attention to what the speaker is looking at or pointing to
5. Vocalizes or gestures in response to another person’s voice or gesture
6. Enjoys finger plays

Sample Strategies to Promote Development and Learning:

- Tell child stories, sing songs, and repeat rhymes from child’s own culture and language.
- Talk and interact with child during routine times (e.g., diaper changing, bath, meals, dressing).

- Read stories and nursery rhymes with child.

18 to 36 months

Some Indicators for Children:

1. Responds to action words by performing the action
2. Responds by looking when directed toward a certain object
3. Attempts to locate objects when they are discussed by others
4. Listens to short and simple stories while walking, standing, or sitting

Sample Strategies to Promote Development and Learning:

- Use puppets and/or other props when reading or telling stories.
- Provide opportunities for child to listen to recorded stories and nursery rhymes.
- Assist child to speak on the telephone and encourage child to listen to the person on the other end.

36 to 60 months

Some Indicators for Children:

1. Selects specific details in a story and repeats them
2. Listens to others in a group discussion for a short period
3. Responds to questions with appropriate answers
4. Gains information through listening

Sample Strategies to Promote Development and Learning:

- Provide child with pictures or other materials to stimulate talking and discussion.
- Increase the length and complexity of books you read and stories you tell child.
- Play games with child that require listening and understanding (e.g., Simon Says, Red light Green light).

H. Oral and Written Communication

Birth to 18 months

Some Indicators for Children:

1. Cries and later vocalizes/uses words and gestures to solicit attention
2. Communicates needs through facial expression, words, or actions (e.g., points to desired object)
3. Changes volume and pitch to convey meaning
4. Imitates words (e.g., simple greetings)
5. Makes and imitates sounds in a back and forth turn-taking “conversation”

Sample Strategies to Promote Development and Learning:

- Interpret and give meaning to what child says (e.g., “You are saying ‘baba.’ Do you want some water?”).
- Use different types of voice with child.
- “Tune in” to the different ways child attempts to communicate by responding.

18 to 36 months

Some Indicators for Children:

1. Changes intonation and tone to communicate meaning
2. Uses nonverbal gestures and body language to express needs and feelings (e.g., gives spontaneous hug)
3. Addresses listener appropriately to get attention (e.g., when speaking to another child, uses child's name)
4. Uses jargon with regular words in conversation
5. Uses descriptors to describe a thing or event (e.g., "big toy," "fun ride")
6. Uses sound effects in play
7. Demonstrates an awareness of back and forth turn-taking during conversation exchanges

Sample Strategies to Promote Development and Learning:

- Model effective communication skills, such as speaking clearly.
- Respond with the correct pronunciation when child mispronounces a word.
- Provide opportunities for child to communicate with other children.

36 to 60 months

Some Indicators for Children:

1. Speaks clearly enough to be understood by most listeners
2. States point of view, likes/dislikes, and opinions using words, signs or picture boards
3. Uses multiple word sentence/s to communicate needs, ideas, actions, and/or feelings
4. Relays a simple message (e.g., from grandparent to parent)
5. Repeats words or ideas to be sure information is communicated
6. Uses pre-writing in play with other children when pretending to communicate
7. Begins to draw representational figures
8. Dictates a story for adult to write out
9. Draws simple pictures or scribbles word-like marks to communicate a message or an idea

Sample Strategies to Promote Development and Learning:

- Ask open-ended questions that can be answered by child in own way, thereby eliminating right or wrong answers.
- Invent creative games like "message relay," where child retells a message in a group.
- Play mime games that use the body to tell a story or express an idea.

I. Conventions of Social Communication

Birth to 18 months

Some Indicators for Children:

1. Responds to speaker when name is called, sometimes
2. Uses nonverbal gestures for social conventions of greeting (e.g., waves "bye")
3. Participates in a one-on-one conversation by making sounds or using words, sometimes
4. Makes eye contact when vocalizing/is spoken to, as appropriate to cultural context

Sample Strategies to Promote Development and Learning:

- Use everyday routines, such as meal times, to role-play social language conventions (e.g., not interrupting the other speaker).
- Demonstrate, explain, and provide opportunities for child to use a play or make-believe telephone.
- Take turns talking with child, even before he/she uses real words.

18 to 36 months**Some Indicators for Children:**

1. Pays attention to speaker for at least a portion of a conversation
2. Begins to demonstrate turn-taking in conversation
3. Makes a related comment (e.g., adult says, “Here is your water,” child says “Cup” or “Water cup”)
4. Makes a formal request or response (e.g., “May I,” “Please,” “Thank you”)
5. Follows nonverbal directions (e.g., signal for come here)
6. Whispers with initiation from adult

Sample Strategies to Promote Development and Learning:

- Talk and interact with child throughout the day.
- Take time daily to have conversations with child that are fun and engaging.
- Demonstrate, explain, and provide opportunities for child to practice culturally and socially appropriate courtesies.

36 to 60 months**Some Indicators for Children:**

1. Pays attention to speaker during conversation
2. Takes turns during group conversations/ discussions, usually
3. Recognizes rising and falling intonations and what they mean (e.g., difference between a “wh” question and a statement)
4. Begins to demonstrate understanding of nonverbal cues (e.g., facial expressions for pride, displeasure, encouragement)
5. Bilingual child adjusts his/her language and communication form according to person with whom he/she is speaking
6. Whispers due to awareness of the rules of a quiet environment or to draw attention to the change in volume in room

Sample Strategies to Promote Development and Learning:

- Use props and role play to encourage child to participate in group conversations.
- Make special time to sit down for leisurely conversations of interest to child.
- Provide opportunities for interaction within child’s own social conventions and also other languages and cultural groups.

J. Reading: Phonological Awareness**Birth to 18 months**

Some Indicators for Children:

1. Shows beginning sound awareness by reacting differentially to different sounds
2. Imitates vocalizations and sounds
3. Vocalizes familiar words when read to
4. Recites last word of familiar rhymes, with assistance

Sample Strategies to Promote Development and Learning:

- Engage in sound play with child (e.g., tap drums at different tempos).
- Read books with rhymes, songs, and repetitive language with child.
- Clap, stomp, dance, or finger tap to songs as they are sung.

18 to 36 months**Some Indicators for Children:**

1. Recites phrases from familiar rhymes
2. Completes a familiar rhyme by providing the last word
3. Participates in rhyming games and songs with other children
4. Imitates tempo and speed of sound (e.g., clapping hands fast and clapping hands slowly, speaking fast and speaking slowly)

Sample Strategies to Promote Development and Learning:

- Make up rhyming songs using child's and other familiar people's names.
- During everyday activities talk about words and sounds (e.g., at the grocery store, identify fruits with the same beginning sound, peach and pear).
- Read books to child that focus on sounds.

36 to 60 months**Some Indicators for Children:**

1. Participates in and creates songs, rhymes, and games that play with sounds of language (e.g., claps out sounds or rhythms of language)
2. Identifies initial sound of words, with assistance (e.g., book begins with the /b/ sound)
3. Makes three or more letter-sound correspondences (e.g., identifies that "David," "day," and "dog" all begin with "d")
4. Finds objects in a picture with the same beginning sound, with assistance
5. Differentiates between similar-sounding words (e.g., three and tree)

Sample Strategies to Promote Development and Learning:

- While listening to rhyming songs, pick out the rhyming words.
- Make up own silly songs and chants.
- Sing word songs, leaving out parts as you sing along (e.g., a dog BINGO, and in each consecutive paragraph leave out a letter but mark the spot with silence or clap).

K. Reading: Alphabetic Principle**Birth to 18 months****Some Indicators for Children:**

1. Shows increasing awareness of sounds of spoken words by focusing on the speaker

2. Imitates sounds when looking at words in a book
3. Points to words in a book

Sample Strategies to Promote Development and Learning:

- Write out child's name sounding out each letter.
- Sing alphabet songs with child.
- Point to words while reading with child.

18 to 36 months

Some Indicators for Children:

1. Begins to identify letters in own name, especially initial letter
2. Recites a song with the letters of the alphabet, with assistance (e.g., an alphabet song or recitation)
3. Begins to understand that print represents words (e.g., pretends to read text)

Sample Strategies to Promote Development and Learning:

- Provide opportunities for child to point out letters and words in the environment (e.g., street names or on billboards).
- Sing a variety of alphabet songs together, providing opportunities for child to participate.

36 to 60 months

Some Indicators for Children:

1. Recites all letters of the alphabet
2. Knows that alphabet letters are a special category of symbols/pictures that can be individually named
3. Associates the names of letters with their shapes
4. Correctly identifies 10 or more letters of the alphabet
5. Asks "what does this say"
6. Recognizes the first letter of own name

Sample Strategies to Promote Development and Learning:

- Play letter games with child (e.g., point to objects in the environment that begin with the same letter).
- Read alphabet books with child.
- Solve alphabet puzzles with child.

L. Reading: Print Concepts

Birth to 18 months

Some Indicators for Children:

1. Pays attention to pictures in books
2. Shows increasing ability to handle books, without assistance
3. Knows how to turn pages
4. Uses interactive books, with assistance
5. Attempts to position pictures in book right side up

Sample Strategies to Promote Development and Learning:

- Read with child one-on-one, so that child observes and handles books often.
- Provide child with board, cloth, and plastic books that can be manipulated and explored with assistance.
- Explore a variety of printed materials with child (e.g., photo albums, magazines, song books).

18 to 36 months**Some Indicators for Children:**

1. Knows the right side up of a book
2. Turns pages of board books, increasingly one page at a time
3. Recognizes first name when printed
4. Chooses and identifies a book, with accuracy, according to the front cover

Sample Strategies to Promote Development and Learning:

- When reading with child, incorporate looking at the cover, reading the title and author's name.
- Occasionally run finger along text while reading with child to demonstrate text progression.
- Demonstrate top to bottom progression by using paint or markers to draw lines from top to bottom on newsprint.

36 to 60 months**Some Indicators for Children:**

1. Knows first and last page of a book
2. Identifies some individual letters in text
3. Shows understanding that letters make up words
4. Identifies words that look similar and different, with assistance
5. Begins to understand that print progresses from left to right (for exceptions, e.g., see Arabic text)
6. Recognizes some signs and symbols in the environment (e.g., "STOP")
7. Recognizes own printed name

Sample Strategies to Promote Development and Learning:

- Create word games using familiar objects (e.g., BINGO).
- Provide opportunities for child to make picture books.
- When reading with child, use punctuation to create natural breaks (e.g., Say to child "Let me finish this sentence before I answer your question.") and when sentence is completed, point to period to indicate the end of the sentence.

M. Reading: Comprehension of Printed Material**Birth to 18 months****Some Indicators for Children:**

1. Points or makes sounds when looking at picture books

2. Points to familiar pictures, characters, and objects in books
3. Identifies familiar people and objects in photographs
4. Focuses attention on simple picture books

Sample Strategies to Promote Development and Learning:

- Introduce books from diverse cultures.
- Read books with a predictable story line and sequence of events with child.
- Point to pictures as you read and encourage child to do so as well.

18 to 36 months

Some Indicators for Children:

1. Uses words for pictures
2. Uses pictures to describe actions (e.g., picture of person running, child says “run”)
3. Recites familiar words in a book when read to
4. Recalls specific characters or actions from familiar stories
5. Produces a multiple-word response to printed materials
6. Anticipates what comes next in known stories, with assistance (e.g., anticipates the next animal in an animal concept book)

Sample Strategies to Promote Development and Learning:

- Make a name block for child with the name on one side and child’s picture on the other.
- Use cards with pictures and corresponding words in activities with child.
- Have child help decorate labels for objects in child’s environment (e.g., bookshelf, clothes closet, shelf).

36 to 60 months

Some Indicators for Children:

1. Uses pictures to predict a story
2. Recognizes own name when spelled out in letters
3. Recites some words in familiar books from memory
4. Fills in the blanks/missing information in a familiar story
5. Identifies major characters in story
6. Begins to understand the sequence of a story (e.g., beginning, middle, end)
7. Makes up an ending for a story
8. Pretends to read a familiar book

Sample Strategies to Promote Development and Learning:

- Show the cover of a book and ask child to predict what happens in the story.
- When reading with child, change roles; have child become the storyteller and “read” to you.
- After child listens to story have him/her draw his/her favorite part of the story.

N. Reading: Awareness that Written Materials Can Be Used for a Variety of Purposes

Birth to 18 months

Some Indicators for Children:

1. Enjoys books about daily routines (e.g., eating, toileting)
2. Purposefully uses pop-up and interactive books

Sample Strategies to Promote Development and Learning:

- Demonstrate and explain when using a variety of printed materials for everyday purposes (e.g., phone books, recipe books, how-to manuals, flyers from cultural events).
- Share pictures that might be of interest to child, when reading a magazine or newspaper.
- Read a variety of materials in child's presence.

18 to 36 months

Some Indicators for Children:

1. Enjoys books about different things (e.g., books about animals, occupations)
2. Responds to emotional expressions in a book (e.g., points to a happy face)
3. Recognizes print in the neighborhood, community, and environment (e.g., stop-signs, store signs)

Sample Strategies to Promote Development and Learning:

- Expose child to different forms of printed matter so he/she understands the different functions of print (e.g., invitation, flyers, bills, take-out menus).
- When walking in the neighborhood point out common signs to child.
- Incorporate print found in child's everyday life into dramatic play and small-scale block play materials (e.g., murals with words on side of blocks).

36 to 60 months

Some Indicators for Children:

1. Identifies a variety of printed materials (e.g., books, newspapers, cereal boxes)
2. Imitates common reading activities appropriately in play (e.g., pretends to use directions while putting something together)
3. Uses signs in the environment for information (e.g., in a tall building, points to the elevator button)

Sample Strategies to Promote Development and Learning:

- Model using a variety of printed materials for more complex activities (e.g., cookbook while cooking).
- Provide opportunities for child to help put something together based upon printed directions (for bilingual children, in both languages).
- Share with child written directions for assembling toys.

O. Reading: Appreciation and Enjoyment

Birth to 18 months

Some Indicators for Children:

1. Explores books (e.g., turns pages several at a time)
2. Enjoys touching and carrying books
3. Brings book to adult to read

4. Shows preference for certain books
5. Focuses attention for short periods of time when looking at books
6. Shows pleasure when read to (e.g., smiles, vocalizes)

Sample Strategies to Promote Development and Learning:

- Read with child daily in a relaxed and fun manner (e.g., sitting on your lap).
- Provide a variety of multicultural books in child’s environments.
- Create a book about child’s daily life with photos of his/her significant people.

18 to 36 months

Some Indicators for Children:

1. Asks to be read to
2. Requests favorite book to be read repeatedly
3. Looks at books, magazines, and other printed matter, without assistance
4. Looks through books and other printed matter as though reading
5. Memorizes phrases from favorite books
6. Makes comments on book
7. Uses books during play
8. Selects books and magazines when asked to select favorite objects/toys

Sample Strategies to Promote Development and Learning:

- Read with child informally (e.g., during child initiated play).
- Take child to library, bookstore, or places where child will have exposure to books.
- Select books that are connected to child’s life and help child make those connections (e.g., when reading a book about gifts for grandmother ask child what gift he/she would like to give his/her grandmother).

36 to 60 months

Some Indicators for Children:

1. Expresses the title of a favorite book
2. Gives opinion on books in terms of sections liked and enjoyed
3. Enjoys a variety of genres (e.g., poetry, folk/ fairy tales, concept books, magazines)

Sample Strategies to Promote Development and Learning:

- Ask child his/her opinion of books, parts of stories, and characters.
- Use books to enhance other activities (e.g., if child is making a castle, find books about castles).
- Provide child with opportunities to have “quiet time” daily to spend with books.

P. Writing: Alphabet Knowledge

Birth to 18 months

Some Indicators for Children:

1. Focuses on marks on paper
2. Makes marks on paper
3. Points to words in a book

4. Imitates other person's words, drawings, or scribbles by making own marks or scribbles

Sample Strategies to Promote Development and Learning:

- Provide writing and drawing tools (e.g., crayons, chalk, finger paint) that can be used both indoors and outdoors.
- Write out child's name calling out each letter.
- Display pictures and posters with word labels.

18 to 36 months

Some Indicators for Children:

1. Notices both words and pictures on a page
2. Labels pictures using scribble writing
3. Uses symbols or pictures as representation of oral language
4. Demonstrates an understanding that we hear and see words by pointing randomly to text while it is being read out loud (e.g., a spoken word is also represented in print)

Sample Strategies to Promote Development and Learning:

- Draw attention to signs and symbols in the environment, (e.g., stop sign, Chinese writing on a Chinese restaurant sign).
- Provide alphabet puzzles for child to manipulate and play with.
- Provide opportunities for child to manipulate magnetic letters, naming the letters or using them to spell out simple words.

36 to 60 months

Some Indicators for Children:

1. Knows the difference between printed letters and drawings
2. Attempts to copy one or more letters of the alphabet
3. Labels pictures using letter-like marks
4. Knows that alphabet letters are a special category of graphics that can be individually named
5. Identifies letters to match the said-aloud letter name
6. Works at writing own name
7. Shows awareness of the difference between own writing and conventional print
8. Shows awareness of two different writing systems (especially appropriate for ELL child)

Sample Strategies to Promote Development and Learning:

- Use the letters of the alphabet as they come up in real life situations.
- Call attention to names of children that begin with the same alphabet letter.
- Print an uppercase letter on one shape and matching lowercase letter on another of the same shape. Show child how to match the shapes, thereby matching the letters.

Q. Writing Conventions

Birth to 18 months

Some Indicators for Children:

1. Makes imprints on paper using art materials presented (finger paint, tempera)

2. Experiments with grasp when using a variety of writing tools (e.g., crayon, paint brush)
3. Grasps marker or crayon with his/her fist and makes marks on paper without regard to location
4. Scribbles on a page spontaneously
5. Makes strokes on paper with paint brush
6. Picks up small writing tools (e.g., thin crayons) using finger and thumb (pincer) grasp but possibly without control or pressure on paper

Sample Strategies to Promote Development and Learning:

- Provide child with opportunities to write.
- Provide child with writing tools (e.g., thick crayons, paint brushes) and writing surfaces (e.g., large paper, easel) to experiment and imitate writing.

18 to 36 months

Some Indicators for Children:

1. Scribbles and makes marks on paper purposefully
2. Names scribbles (e.g., tells others what scribbles mean)
3. Draws horizontal and vertical lines
4. Uses a variety of writing tools (e.g., pencil, marker, paint brush)
5. Paints using whole arm to make strokes
6. Adjusts body position to enable writing/ drawing on paper
7. Pretends to write on paper, without regard to location or direction

Sample Strategies to Promote Development and Learning:

- Provide opportunities for child to draw; and write down what child says he/she has drawn.
- Write child's comments at the bottom of drawings, collages, or photos.
- Provide opportunities for child to draw and paint in a variety of positions (e.g., while standing, outdoors on a hard surface)

36 to 60 months

Some Indicators for Children:

1. Writes some letters or numerals
2. Prints or copies first name
3. Attempts to copy words from print
4. Draws basic geometric shapes (e.g., circle, triangle)
5. Uses pretend writing activities during play to show print conventions in home language
6. Adjusts paper position when writing

Sample Strategies to Promote Development and Learning:

- Provide paper and writing tools (and/or if you choose to use one, access to a computer) for child to use for specific purposes (e.g., create greeting cards).
- Ask child to "sign" artwork, cards, and letters.
- Point out the shapes of individual letters to help child learn letters.

R. Writing: Use Writing for a Variety of Purposes

Birth to 18 months

Some Indicators for Children:

1. Makes marks on paper and shows to others
2. Makes marks with fingers (e.g., in finger paint, mud, sand)

Sample Strategies to Promote Development and Learning:

- Draw and label pictures while talking with child about an activity or idea.
- Model uses of writing to child (e.g., making grocery lists, writing letters).
- Make greeting cards with child's hand prints.

18 to 36 months

Some Indicators for Children:

1. Uses scribbles and pictures to make lists, letters
2. Recognizes some environmental print/symbols (e.g., a stop sign)
3. Asks adult to label pictures that he/she has drawn

Sample Strategies to Promote Development and Learning:

- Create joint projects with child that involves writing (e.g., make a pretend grocery store and label all of the products).
- Leave fun notes for child in his/her bed or with his/her toys and when child finds the notes, read them aloud together.
- Provide opportunities for child to tell stories out loud, write down what child says and read it back with child.

36 to 60 months

Some Indicators for Children:

1. Uses letter-like symbols to make lists, letters, and stories
2. Copies some environmental print/symbols
3. Uses letter-like symbols to express an idea
4. Talks aloud about creative ideas and stories and asks adult to write them out
5. Asks adult to write out rhymes to make a simple poem
6. Makes cards to give peers and significant adults, with assistance

Sample Strategies to Promote Development and Learning:

- Provide opportunities for child to draw a story or idea and write out the dictation for that idea.
- Model making lists for child (e.g., grocery list).
- When going through the mail describe the different items received (e.g., flyers, letters, bills, magazines).

Crosswalk of New York State Early Learning Documents

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THE HEAD START CHILD DEVELOPMENT AND EARLY LEARNING FRAMEWORK

Promoting Positive Outcomes in Early Childhood Programs
Serving Children 3-5 Years Old

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This document was prepared under Contract no. HHSP233201000415G of the Office of Head Start, Administration for Children and Families, U.S. Department of Health and Human Services, by the Head Start Resource Center, 1000 Wilson Blvd., Suite 1000, Arlington, VA 22209.



DEPARTMENT OF HEALTH & HUMAN SERVICES

ADMINISTRATION FOR CHILDREN AND FAMILIES

Office of Head Start
1250 Maryland Avenue, SW
8th Floor
Washington, DC 20024

December 2010

Dear Head Start Colleague,

I am pleased to share this revision of the Head Start Child Outcomes Framework, renamed The Head Start Child Development and Learning Framework: Promoting Positive Outcomes in Early Childhood Programs Serving Children 3–5 Years Old. The changes to the revised Framework are designed to provide more clarity to the domains and domain elements of the original Framework and do not create new requirements for Head Start grantees.

The original Framework, published in 2000, was a groundbreaking document reflecting early childhood research at the time, as well as requirements of the 1998 Head Start Act. Its release created a wave of activity that focused Head Start grantees on key elements of school readiness and moved many states to develop early learning standards that mirrored elements of the Framework.

The early childhood field has changed dramatically. The population of children served by Head Start and other early childhood programs continues to grow more diverse. New research has improved our understanding of school readiness, and the Improving Head Start for School Readiness Act of 2007 has increased the Framework's role in Head Start programs. In addition, almost every state now has early learning standards. Also, new reporting systems have emerged at the state level and through the Office of Special Education Programs (OSEP) within the U.S. Department of Education. The Framework is revised in light of these realities.

We expect the revised Framework to be used by programs in curriculum and assessment decisions just as the original Framework was intended to be used. It should also continue to be used to connect child assessment data to aspects of Head Start program design, including school readiness goals consistent with state and local expectations, if appropriate. Additionally, we expect it will guide the collection of child assessment data for other early childhood reporting systems, if locally required. When used in these ways, the revised Framework will provide data for program self-assessment and promote continuous quality improvement in programs and child well-being and success.

The Office of Head Start is pleased to lead the field with this work. We hope that the revised Framework will continue to guide all programs serving 3 to 5 year old children, including children who are dual language learners and children with disabilities, on the key elements of school readiness.

Thank you for the work you do every day for children and families.

Sincerely,

/ Yvette Sanchez Fuentes /

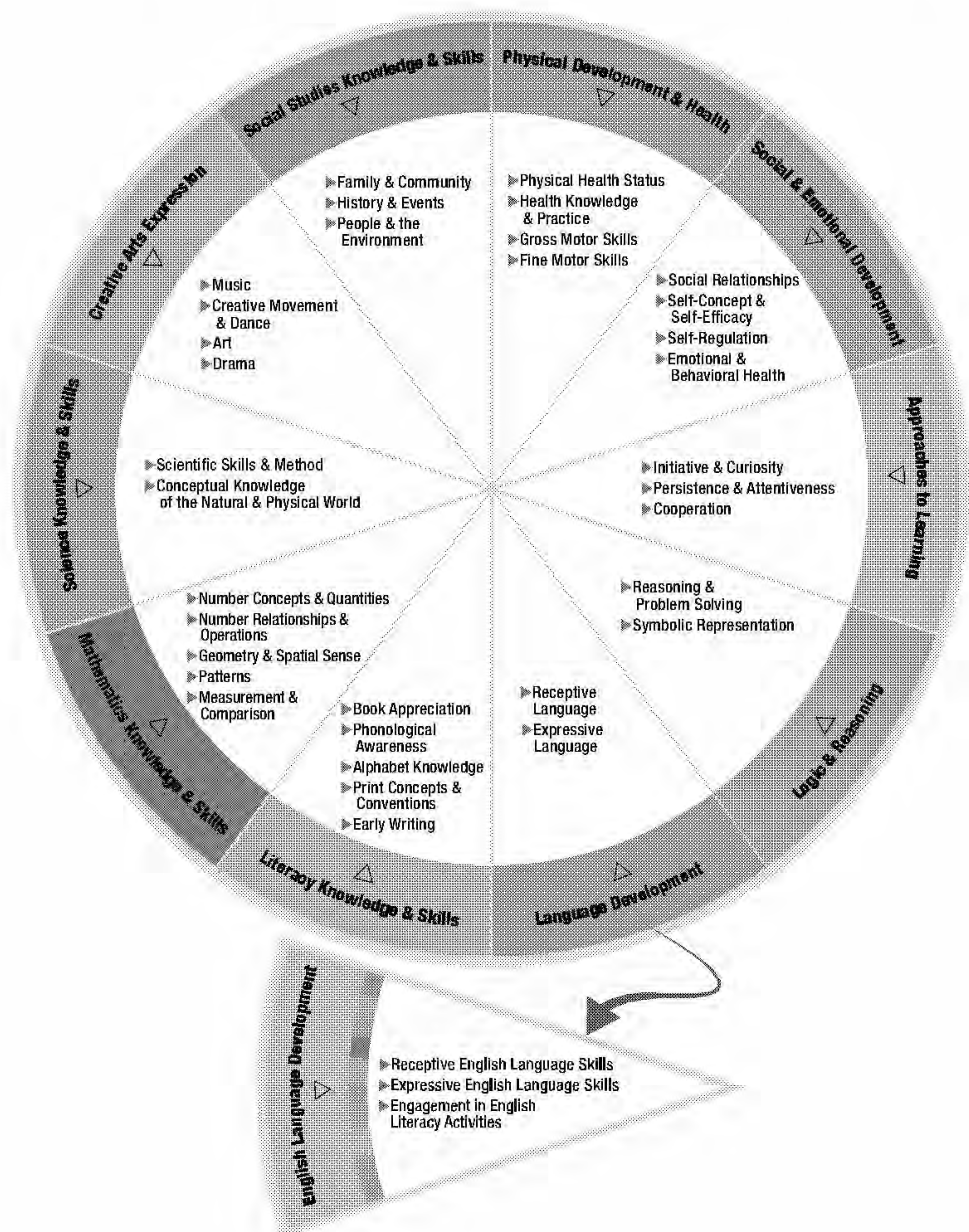
Yvette Sanchez Fuentes
Director
Office of Head Start

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THE HEAD START CHILD DEVELOPMENT AND EARLY LEARNING FRAMEWORK

Promoting Positive Outcomes in Early Childhood Programs Serving Children 3–5 Years Old

The Head Start Child Development and Early Learning Framework provides Head Start and other early childhood programs with a description of the developmental building blocks that are most important for a child's school and long-term success. Head Start children, 3 to 5 years old, are expected to progress in all the areas of child development and early learning outlined by the Framework. Head Start programs also are expected to develop and implement a program that ensures such progress is made. The Framework is not appropriate for programs serving infants and toddlers. (The Framework appears below and full-size on page 6.)



THE ROLE OF THE HEAD START CHILD DEVELOPMENT AND EARLY LEARNING FRAMEWORK IN HEAD START PROGRAMS

The Framework outlines the essential areas of development and learning that are to be used by Head Start programs to establish school readiness goals for their children, monitor children's progress, align curricula, and conduct program planning. It does not provide specific benchmarks or levels of accomplishment for children to achieve during their time in Head Start.

The Framework reflects the legislative mandates of the Improving Head Start for School Readiness Act of 2007 and current research in child development and learning. The Framework also reflects Head Start's core value to promote all aspects of child development and learning in early childhood programs.

This Framework is a revision of the *Head Start Child Outcomes Framework* that was issued in 2000. The original Framework was created to guide programs in curriculum implementation and the ongoing assessment of children's progress. However, the Head Start Act of 2007 makes the Framework significantly more prominent in the operations of programs serving 3 to 5 year olds. The Act requires programs to align program goals and school readiness goals for children to the Framework. Also, their curricula, assessments, and professional development activities are to align with the Framework. In this new context, the elements of the Framework act as beacons that guide all key aspects of Head Start program implementation.

WHAT IS INCLUDED IN THE HEAD START CHILD DEVELOPMENT AND EARLY LEARNING FRAMEWORK?

The Framework is organized into 11 **Domains**, 37 **Domain Elements**, and over 100 **Examples**. The domains and domain elements are organized in a similar way to the original Framework to facilitate a transition to the revised one.

The organization of the Framework into domains and domain elements does not imply that Head Start programs are to compartmentalize

or learning activities, or organize daily schedule by the specific domains. Head Start programs are to address the domains in an integrated way, using intentional instruction and scaffolded learning throughout the day. For example, dramatic play can promote language development, literacy, and math. And children can learn about

science and social studies concepts through literacy activities, as well as through creative arts and outdoor play.

The Domains

The 11 **Domains** represent the overarching areas of child development and early learning essential for school and long-term success. The eight domains of the original Framework, listed below, are retained and in some cases renamed. The domains in the revised Framework are:

- △ Physical Development & Health
- △ Social & Emotional Development
- △ Approaches to Learning
- △ Language Development
- △ Literacy Knowledge & Skills
- △ Mathematics Knowledge & Skills
- △ Science Knowledge & Skills
- △ Creative Arts Expression

Three additional domains have been added:

- △ Logic & Reasoning
- △ Social Studies Knowledge & Skills
- △ English Language Development

While 10 of the 11 domains apply to all children, one domain—English Language Development—applies only to children who speak a language other than English at home, also referred to as children who are dual language learners.

In the Framework, each domain begins with a short definition and an explanation of why the domain is important for children’s development and learning. Figure 1 on page 6 represents all the domains, indicating that they are interrelated and represent the “whole child.”

The Domain Elements

Each domain includes **Domain Elements** that more specifically define its components. The domain of Science Knowledge & Skills, for example, is composed of two domain elements: Scientific Skills & Method and Conceptual Knowledge of the Natural & Physical World. The domain elements included in the original Framework have been revised, and domain elements have been created for the new domains.

The areas of child development and early learning included in the Framework are developmentally appropriate across the 3 to 5 year old age range. Children’s knowledge and skills within a domain element will vary by age. For example, a 3-year-old’s early writing ability may be demonstrated by scribbles and letter-like forms, whereas a 5-year-old nearing kindergarten may be writing letters, his or her name, and short words.

Additionally, within any age group, children will show variation in their abilities and skills. Some

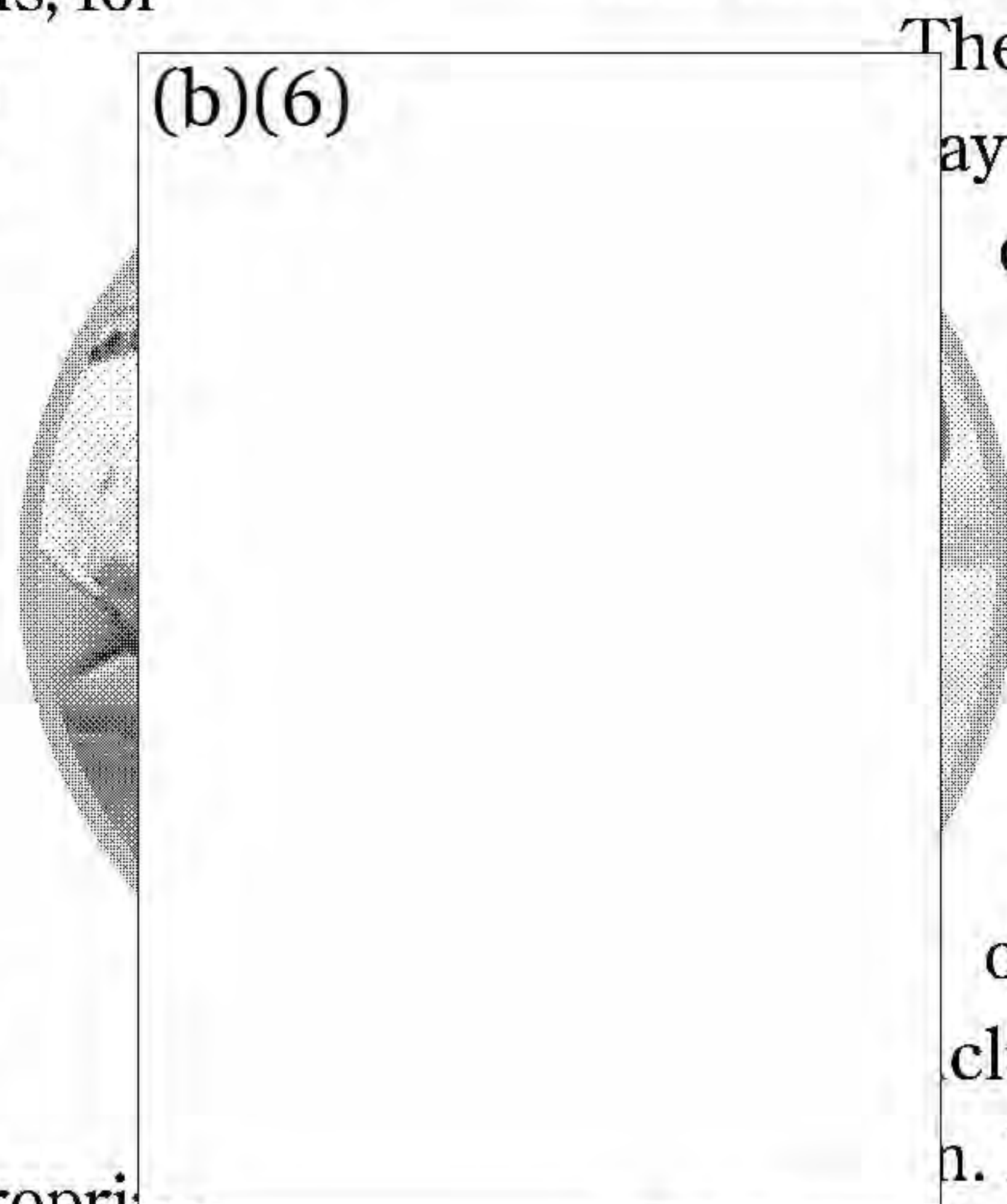
4-year-olds may be making letter-like forms and others writing their names. Head Start programs can expect progress within each domain element, recognizing that the rate of progress and the form it takes will vary depending on factors that affect individual children.

Finally, a number of domain elements in the Framework are closely associated with executive function. Although there is not a standard definition, executive function in young children is used to describe cognitive processes that support a child’s ability to regulate attention and behavior and in turn, develop greater social, emotional, and cognitive competence. Executive function is believed to include inhibitory control (the ability to regulate attention and emotion), working memory (the ability to hold and manipulate information in the mind), and cognitive flexibility (the ability to shift attention and modify responses based on new situations and information).

The development of executive function lays the foundation for adaptive, goal-directed thinking and behavior that enables children to override more automatic or impulsive actions and reactions. Research suggests that executive function is strongly correlated with positive developmental and academic outcomes. The Framework does not include a separate executive function domain. However, several domain elements, such as self-regulation and attention, are closely related to executive function. Most domain elements include behaviors or skills that are affected by a child’s executive functioning.

The Examples

Finally, a number of **Examples** are included under each domain element to provide more information about the key knowledge, behaviors,



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or skills within each element. The examples are not designed to be comprehensive, and there may be other skills and behaviors that also reflect the respective domain element. Equally important, the examples themselves are *not* to be used to assess the progress of children on the domain elements. The Framework is not a checklist to evaluate a child's development and learning. Rather, the Framework guides the choice of assessment instruments and serves as a way to organize the data collected from those instruments.

THE ROLE OF THE FRAMEWORK IN CURRICULUM DECISIONS

A Head Start program needs to make curriculum decisions that take into account a number of factors. A program is required to use a curriculum that is developmentally appropriate, research-based, and aligned to the Framework. Given that the Framework addresses all areas of child development and learning, the requirement to align is meant to ensure that Head Start programming is not narrowly focused on certain domains, or that lesser attention is paid to some domains. In fact, programs may find that curriculum adaptations or additional curricula are necessary to address all the domains or to be culturally and linguistically responsive to children, families, and communities.

Teaching needs to be intentional and focus on how preschool children learn. Investigation and exploration; purposeful, engaged play; and intentional, scaffolded instruction based on the developmental level of each child are essential elements of appropriate practice in Head Start programs. Programs conduct ongoing child assessment throughout the year to determine if instructional strategies need to be adapted to meet children's specific needs.

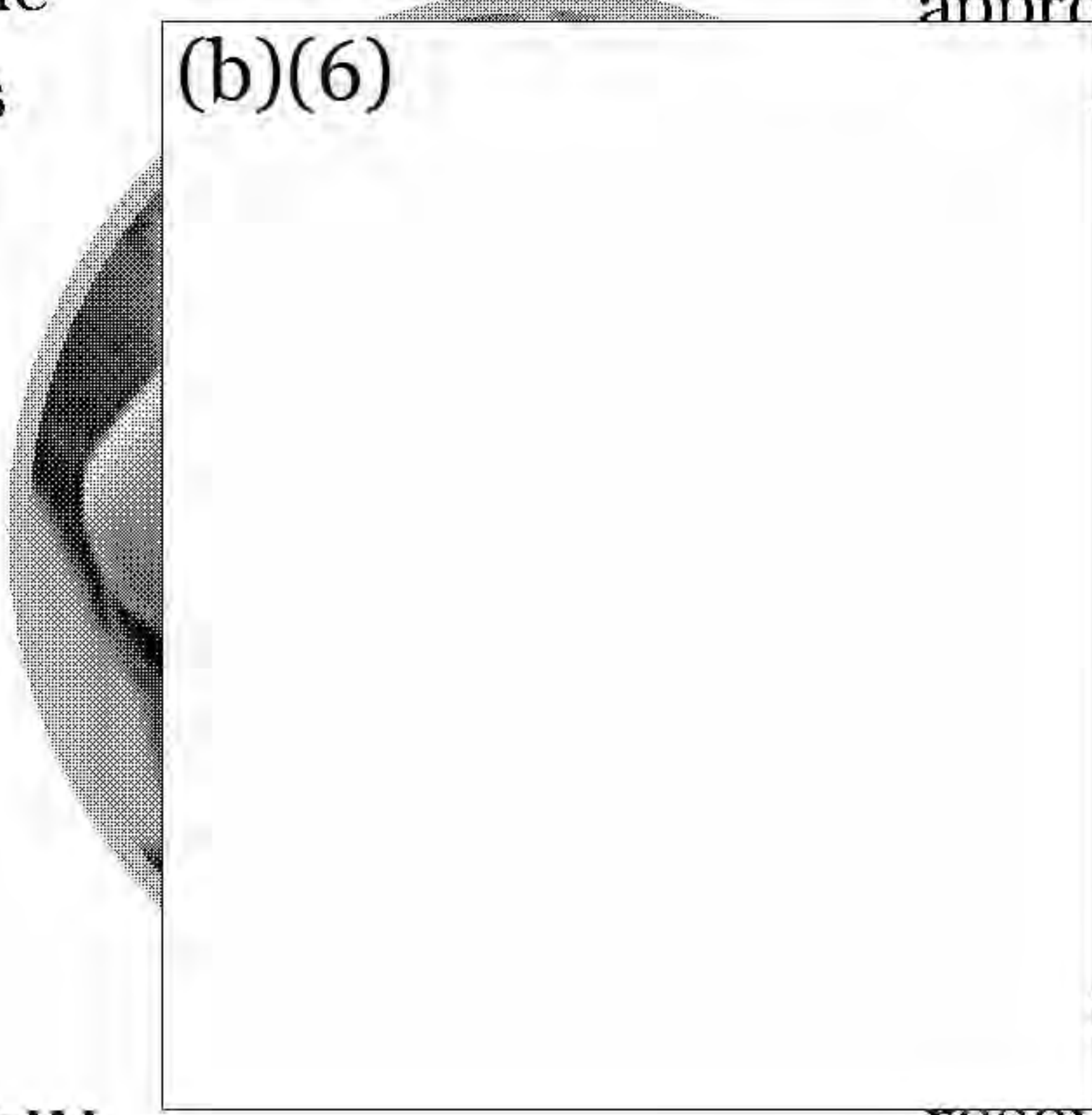
THE ROLE OF THE FRAMEWORK IN ASSESSMENT DECISIONS

Programs are required to choose child assessment instruments that are reliable and valid; developmentally, linguistically, and culturally appropriate for the population served; and aligned with the Framework. Programs utilize the Framework in determining which child assessment instruments to use and which types of child data to collect. The Framework serves as a lens for analyzing data in order to understand child progress and to identify areas that need additional resources and attention. Multiple assessment tools or procedures may be needed to fully understand children's progress across all areas of child development and early learning.

USING THE FRAMEWORK TO SUPPORT THE DEVELOPMENT AND LEARNING OF CHILDREN WHO ARE DUAL LANGUAGE LEARNERS

Children who speak a language other than English at home—recognized as dual language learners (DLLs)—represent a significant proportion of the children served in Head Start. Programs use the Framework to guide curriculum, assessment, and other programming decisions, keeping in mind that they are serving children who need to continue to develop their first language while they acquire English. Programs are to ensure that children who are DLLs progress on each of the domain elements in the Framework. Also, programs are to ensure that children have opportunities to interact and demonstrate their abilities, skills, and knowledge in any language, including their home language.

At the same time, Head Start programs need



to promote the acquisition of English for children who are DLLs. The domain of English Language Development applies only to these children and contains domain elements that focus on their receptive and expressive language skills and their participation in literacy activities. Children's progress in learning English will vary depending upon their past and current exposure to English, their temperament, their age, and other factors.

Finally, when assessing children who are DLLs, staff needs to understand that the purpose of assessment is to learn what a child knows and is able to do. With the exception of assessing a child's English language development, assessment does not depend on a child's understanding or speaking abilities in English, but on the specific knowledge, skills, or abilities that the assessment measures. For example, a child can demonstrate an understanding of book knowledge or science concepts in the home language. Assessing a child who is a DLL only in English will rarely give an accurate or complete picture of what the child knows or can do.

Programs need to choose assessment instruments, methods, and procedures that use the language or languages that most accurately reveal each child's knowledge, skills, and abilities. The assessment data gathered in the home language can be used to inform instructional practices and curriculum decisions to maximize the child's learning. Programs are to use culturally and linguistically appropriate assessments to capture what children who are DLLs know and can do in all areas of the Framework.

USING THE FRAMEWORK TO SUPPORT CHILD DEVELOPMENT AND EARLY LEARNING OF CHILDREN WITH DISABILITIES

The Framework is designed to support the development and learning of children with disabilities. Programs are to use the Framework to support the development of a child's Individualized Education Program (IEP) and to guide the

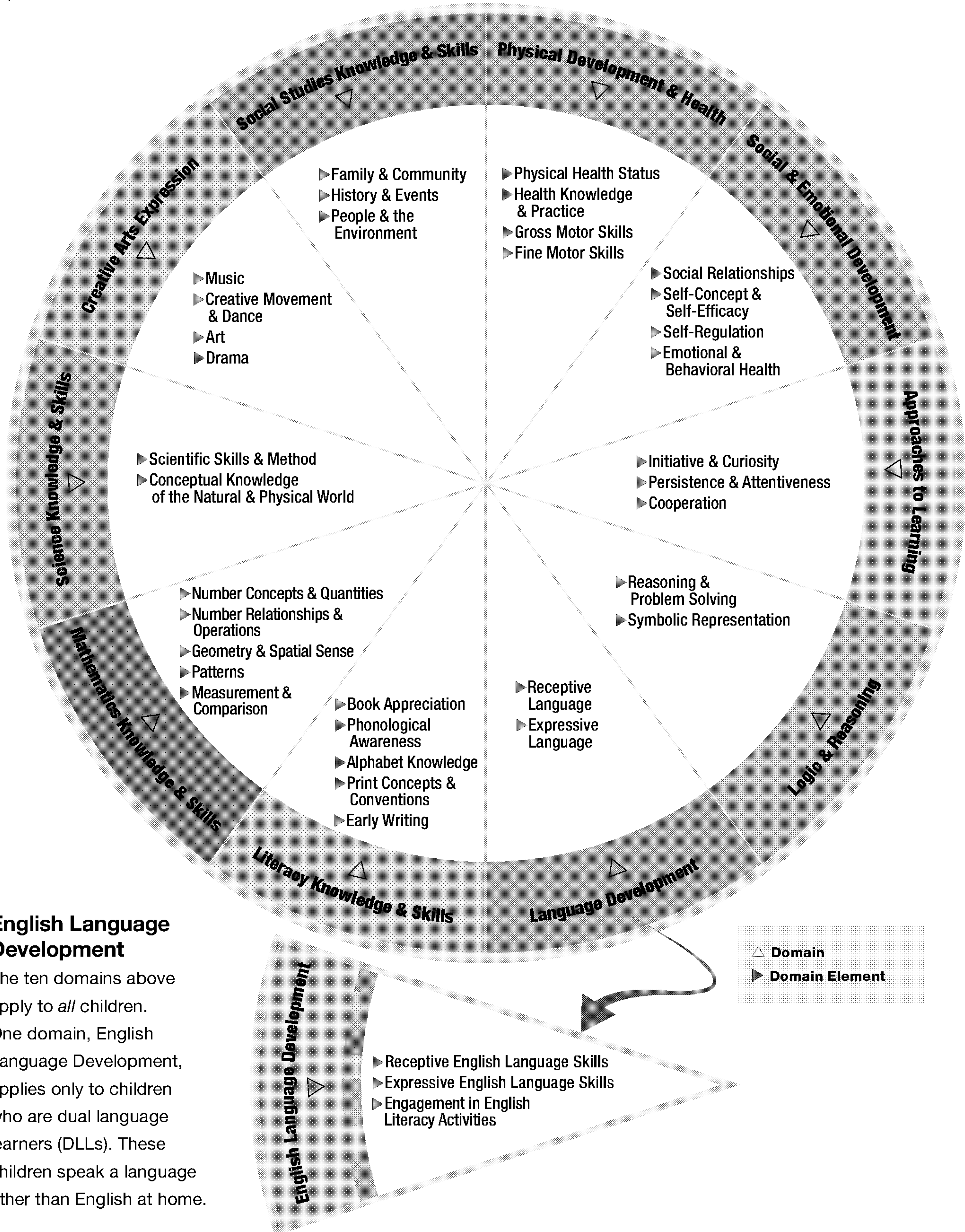
assessment of the child's progress. Developing the IEP is done in close collaboration with the special educators and related service providers identified on the IEP. Some children may need more individualized or intensive instruction in order to make progress on the domain elements in the Framework. Some may require accommodations in the environment or adaptive or assistive technology in order to participate in learning experiences that promote progress.

Staff needs to understand that children with disabilities can demonstrate what they know and can do in various ways. Children can make use of individual modifications or assistive technology while being assessed. In some cases, an assessment instrument may not be sensitive enough to detect small changes in development and learning, and the child may not appear to be making progress on a specific domain element. It is important to document small, incremental progress that may not be reflected on a particular assessment instrument. By monitoring the progress of children with disabilities, programs can decide if different or more intensive learning experiences and adaptations are needed.

(b)(6)

FIGURE 1: The Head Start Child Development and Early Learning Framework

These domains \triangle and domain elements \blacktriangleright apply to all 3 to 5 year olds in Head Start and other early childhood programs, including dual language learners and children with disabilities. A black and white figure for reproduction purposes is at the end of the document.



English Language Development

The ten domains above apply to *all* children. One domain, English Language Development, applies only to children who are dual language learners (DLLs). These children speak a language other than English at home.

△ PHYSICAL DEVELOPMENT & HEALTH

Physical Development & Health refers to physical well-being, use of the body, muscle control, and appropriate nutrition, exercise, hygiene, and safety practices. Early health habits lay the foundation for lifelong healthy living. Equally important, physical well-being, health, and motor development are foundational to young children’s learning. Motor skills permit children to fully explore and function in their environment, and support development in all other domains. Health problems, delays in physical development, and frequent illnesses interfere with children’s ability to learn and are associated with a range of poor developmental and educational outcomes. In the domain of Physical Development & Health, programs need to ensure that children who are dual language learners can demonstrate their abilities, skills, and knowledge in any language, including their home language.

KEY △ = Domain ► = Domain Element * = Example

The domain elements for Physical Health & Development for 3 to 5 year olds are:

► **PHYSICAL HEALTH STATUS**

The maintenance of healthy and age appropriate physical well-being.

- Possesses good overall health, including oral, visual, and auditory health, and is free from communicable or preventable diseases.
- Participates in prevention and management of chronic health conditions and avoids toxins, such as lead.
- Maintains physical growth within the Centers for Disease Control and Prevention (CDC) recommended ranges for weight by height by age.
- Gets sufficient rest and exercise to support healthy development.

► **HEALTH KNOWLEDGE & PRACTICE**

The understanding of healthy and safe habits and practicing healthy habits.

- Completes personal care tasks, such as dressing, brushing teeth, toileting, and washing hands independently from adults.
- Communicates an understanding of the importance of health and safety routines and rules.
- Follows basic health and safety rules and responds appropriately to harmful or unsafe situations.
- Distinguishes food on a continuum from most healthy to less healthy.
- Eats a variety of nutritious foods.
- Participates in structured and unstructured physical activities.
- Recognizes the importance of doctor and dentist visits.
- Cooperates during doctor and dentist visits and health and developmental screenings.

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► GROSS MOTOR SKILLS

The control of large muscles for movement, navigation, and balance.

- Develops motor control and balance for a range of physical activities, such as walking, propelling a wheelchair or mobility device, skipping, running, climbing, and hopping.
- Develops motor coordination and skill in using objects for a range of physical activities, such as pulling, throwing, catching, kicking, bouncing or hitting balls, and riding a tricycle.
- Understands movement concepts, such as control of the body, how the body moves (such as an awareness of space and directionality), and that the body can move independently or in coordination with other objects.

► FINE MOTOR SKILLS

The control of small muscles for such purposes as using utensils, self-care, building, and exploring.

- Develops hand strength and dexterity.
- Develops eye-hand coordination to use everyday tools, such as pitchers for pouring or utensils for eating.
- Manipulates a range of objects, such as blocks or books.
- Manipulates writing, drawing, and art tools.

(b)(6)

Social & Emotional Development refers to the skills necessary to foster secure attachment with adults, maintain healthy relationships, regulate one's behavior and emotions, and develop a healthy concept of personal identity. Positive social and emotional development provides a critical foundation for lifelong development and learning. In early childhood, social and emotional well-being predicts favorable social, behavioral, and academic adjustment into middle childhood and adolescence. It helps children navigate new environments, facilitates the development of supportive relationships with peers and adults, and supports their ability to participate in learning activities. Children with emotional or behavioral challenges are likely to receive less adult support for development and learning and to be more isolated from peers. In the domain of Social & Emotional Development, programs need to ensure that children who are dual language learners can demonstrate their abilities, skills, and knowledge in any language, including their home language.

KEY △ = Domain ▶ = Domain Element * = Example

The domain elements for Social & Emotional Development for 3 to 5 year olds are:

▶ **SOCIAL RELATIONSHIPS**

The healthy relationships and interactions with adults and peers.

- Communicates with familiar adults and accepts or requests guidance.
- Cooperates with others.
- Develops friendships with peers.
- Establishes secure relationships with adults.
- Uses socially appropriate behavior with peers and adults, such as helping, sharing, and taking turns.
- Resolves conflict with peers alone and/or with adult intervention as appropriate.
- Recognizes and labels others' emotions.
- Expresses empathy and sympathy to peers.
- Recognizes how actions affect others and accepts consequences of one's actions.

▶ **SELF-CONCEPT & SELF-EFFICACY**

The perception that one is capable of successfully making decisions, accomplishing tasks, and meeting goals.

- Identifies personal characteristics, preferences, thoughts, and feelings.
- Demonstrates age-appropriate independence in a range of activities, routines, and tasks.

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△ SOCIAL & EMOTIONAL DEVELOPMENT

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- Shows confidence in a range of abilities and in the capacity to accomplish tasks and take on new tasks.
- Demonstrates age-appropriate independence in decision making regarding activities and materials.

▶ **SELF-REGULATION**

The ability to recognize and regulate emotions, attention, impulses, and behavior.

- Recognizes and labels emotions.
- Handles impulses and behavior with minimal direction from adults.
- Follows simple rules, routines, and directions.
- Shifts attention between tasks and moves through transitions with minimal direction from adults.

▶ **EMOTIONAL & BEHAVIORAL HEALTH**

A healthy range of emotional expression and learning positive alternatives to aggressive or isolating behaviors.

- Expresses a range of emotions appropriately, such as excitement, happiness, sadness, and fear.
- Refrains from disruptive, aggressive, angry, or defiant behaviors.
- Adapts to new environments with appropriate emotions and behaviors.

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△ APPROACHES TO LEARNING

Approaches to Learning refers to observable behaviors that indicate ways children become engaged in social interactions and learning experiences. Children’s approaches to learning contribute to their success in school and influence their development and learning in all other domains. Children’s ability to stay focused, interested, and engaged in activities supports a range of positive outcomes, including cognitive, language, and social and emotional development. It allows children to acquire new knowledge, learn new skills, and set and achieve goals for themselves. Many early learning experts view approaches to learning as one of the most important domains of early childhood development. In the domain of Approaches to Learning, programs need to ensure that children who are dual language learners can demonstrate their abilities, skills and knowledge in any language, including their home language.

KEY △ = Domain ▶ = Domain Element • = Example

The domain elements for Approaches to Learning for 3 to 5 year olds are:

▶ **INITIATIVE & CURIOSITY**

An interest in varied topics and activities, desire to learn, creativeness, and independence in learning.

- Demonstrates flexibility, imagination, and inventiveness in approaching tasks and activities.
- Demonstrates eagerness to learn about and discuss a range of topics, ideas, and tasks.
- Asks questions and seeks new information.

▶ **PERSISTENCE & ATTENTIVENESS**

The ability to begin and finish activities with persistence and attention.

- Maintains interest in a project or activity until completed.
- Sets goals and develops and follows through on plans.
- Resists distractions, maintains attention, and continues the task at hand through frustration or challenges.

▶ **COOPERATION**

An interest and engagement in group experiences.

- Plans, initiates, and completes learning activities with peers.
- Joins in cooperative play with others and invites others to play.
- Models or teaches peers.
- Helps, shares, and cooperates in a group.

△ LOGIC & REASONING

Logic & Reasoning refers to the ability to think through problems and apply strategies for solving them. Logic and reasoning skills are an essential part of child development and early learning and a foundation for competence and success in school and other environments. Children’s ability to think, reason, and use information allows them to acquire knowledge, understand the world around them, and make appropriate decisions. In the domain of Logic & Reasoning, programs need to ensure that children who are dual language learners can demonstrate their abilities, skills, and knowledge in any language, including their home language.

KEY △ = Domain ► = Domain Element ■ = Example

The domain elements for Logic & Reasoning for 3 to 5 year olds are:

► REASONING & PROBLEM SOLVING

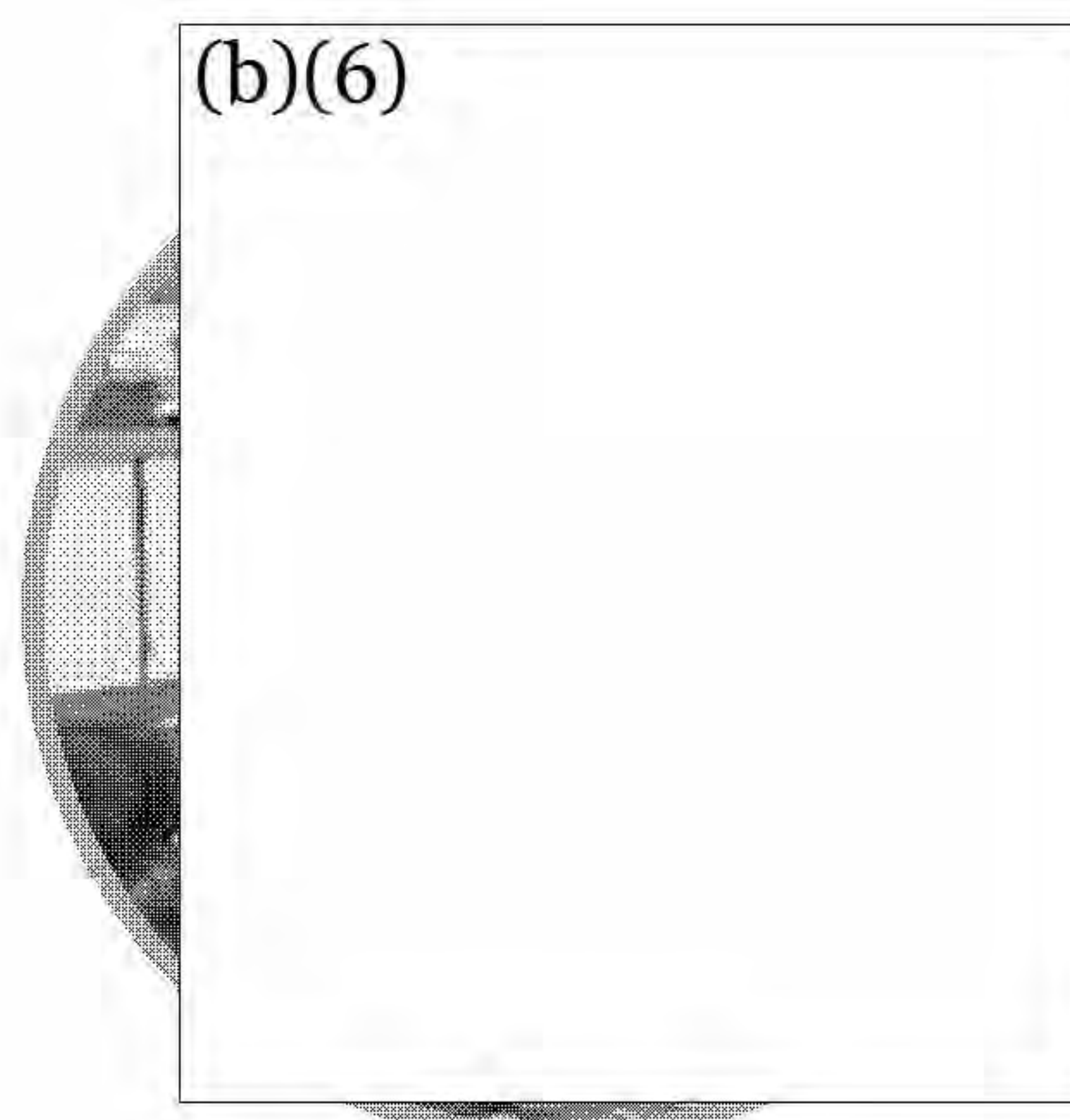
The ability to recognize, understand, and analyze a problem and draw on knowledge or experience to seek solutions to a problem.

- Seeks multiple solutions to a question, task, or problem.
- Recognizes cause and effect relationships.
- Classifies, compares, and contrasts objects, events, and experiences.
- Uses past knowledge to build new knowledge.

► SYMBOLIC REPRESENTATION

The use of symbols or objects to represent something else.

- Represents people, places, or things through drawings, movement, and three-dimensional objects.
- Engages in pretend play and acts out roles.
- Recognizes the difference between pretend or fantasy situations and reality.



△ LANGUAGE DEVELOPMENT

Language Development refers to emerging abilities in receptive and expressive language. This domain includes understanding and using one or more languages. Language development is among the most important tasks of the first five years of a child's life. Language is the key to learning across all domains. Specific language skills in early childhood are predictive of later success in learning to read and write. Also, children who are skilled communicators are more likely to demonstrate social competence. In the domain of Language Development, programs need to ensure that children who are dual language learners can demonstrate their abilities, skills, and knowledge in any language, including their home language.

KEY △ = Domain ▶ = Domain Element • = Example

The domain elements for Language Development for 3 to 5 year olds are:

▶ **RECEPTIVE LANGUAGE**

The ability to comprehend or understand language.

- Attends to language during conversations, songs, stories, or other learning experiences.
- Comprehends increasingly complex and varied vocabulary.
- Comprehends different forms of language, such as questions or exclamations.
- Comprehends different grammatical structures or rules for using language.

▶ **EXPRESSIVE LANGUAGE**

The ability to use language.

- Engages in communication and conversation with others.
- Uses language to express ideas and needs.
- Uses increasingly complex and varied vocabulary.
- Uses different forms of language.
- Uses different grammatical structures for a variety of purposes.
- Engages in storytelling.
- Engages in conversations with peers and adults.

△ LITERACY KNOWLEDGE & SKILLS

Literacy Knowledge & Skills refers to the knowledge and skills that lay the foundation for reading and writing, such as understanding basic concepts about books or other printed materials, the alphabet, and letter-sound relationships. Early literacy is the foundation for reading and writing in all academic endeavors in school. It is considered one of the most important areas for young children's development and learning. Early literacy learning provides children with an opportunity to explore the world through books, storytelling, and other reading and writing activities. It is a mechanism for learning about topics they enjoy and acquiring content knowledge and concepts that support progress in other domains. It is critical for supporting a range of positive outcomes, including success in school and other environments. In the domain of Literacy Knowledge & Skills, programs need to ensure that children who are dual language learners can demonstrate their abilities, skills, and knowledge in any language, including their home language.

KEY △ = Domain ▶ = Domain Element ■ = Example

The domain elements for Literacy Knowledge & Skills for 3 to 5 year olds are:

▶ **BOOK APPRECIATION AND KNOWLEDGE**

The interest in books and their characteristics, and the ability to understand and get meaning from stories and information from books and other texts.

- Shows interest in shared reading experiences and looking at books independently.
- Recognizes how books are read, such as front-to-back and one page at a time, and recognizes basic characteristics, such as title, author, and illustrator.
- Asks and answers questions and makes comments about print materials.
- Demonstrates interest in different kinds of literature, such as fiction and non-fiction books and poetry, on a range of topics.
- Retells stories or information from books through conversation, artistic works, creative movement, or drama.

▶ **PHONOLOGICAL AWARENESS**

An awareness that language can be broken into words, syllables, and smaller pieces of sound.

- Identifies and discriminates between words in language.
- Identifies and discriminates between separate syllables in words.
- Identifies and discriminates between sounds and phonemes in language, such as attention to beginning and ending sounds of words and recognition that different words begin or end with the same sound.

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▶ **ALPHABET KNOWLEDGE**

The names and sounds associated with letters.

- Recognizes that the letters of the alphabet are a special category of visual graphics that can be individually named.
- Recognizes that letters of the alphabet have distinct sound(s) associated with them.
- Attends to the beginning letters and sounds in familiar words.
- Identifies letters and associates correct sounds with letters.

▶ **PRINT CONCEPTS & CONVENTIONS**

The concepts about print and early decoding (identifying letter-sound relationships).

- Recognizes print in everyday life, such as numbers, letters, one's name, words, and familiar logos and signs.
- Understands that print conveys meaning.
- Understands conventions, such as print moves from left to right and top to bottom of a page.
- Recognizes words as a unit of print and understands that letters are grouped to form words.
- Recognizes the association between spoken or signed and written words.

▶ **EARLY WRITING**

The familiarity with writing implements, conventions, and emerging skills to communicate through written representations, symbols, and letters.

- Experiments with writing tools and materials.
- Recognizes that writing is a way of communicating for a variety of purposes, such as giving information, sharing stories, or giving an opinion.
- Uses scribbles, shapes, pictures, and letters to represent objects, stories, experiences, or ideas.
- Copies, traces, or independently writes letters or words.

△ MATHEMATICS KNOWLEDGE & SKILLS

Mathematics Knowledge & Skills refers to the conceptual understanding of numbers, their relationships, combinations, and operations. Mathematics also includes shapes and their structure; reasoning; measurement; classification; and patterns. Because math is also about generalizations and abstractions, math skills during the early years help children to connect ideas, develop logical and abstract thinking, and to question, analyze, and understand the world around them. Math knowledge, interest, and skills are basic to children’s success in school and later life. Early math skills are highly predictive of later academic achievement in multiple subject areas. In the domain of Mathematics Knowledge & Skills, programs need to ensure that children who are dual language learners can demonstrate their abilities, skills, and knowledge in any language, including their home language.

KEY △ = Domain ► = Domain Element • = Example

The domain elements for Mathematics Knowledge & Skills for 3 to 5 year-olds are:

► NUMBER CONCEPTS & QUANTITIES

The understanding that numbers represent quantities and have ordinal properties (number words represent a rank order, particular size, or position in a list).

- Recognizes numbers and quantities in the everyday environment.
- Recites numbers in the correct order and understands that numbers come “before” or “after” one another.
- Associates quantities and the names of numbers with written numerals.
- Uses one-to-one counting and subitizing (identifying the number of objects without counting) to determine quantity.
- Uses the number name of the last object counted to represent the number of objects in the set.

► NUMBER RELATIONSHIPS & OPERATIONS

The use of numbers to describe relationships and solve problems.

- Uses a range of strategies, such as counting, subitizing, or matching, to compare quantity in two sets of objects and describes the comparison with terms, such as more, less, greater than, fewer, or equal to.
- Recognizes that numbers (or sets of objects) can be combined or separated to make another number through the grouping of objects.
- Identifies the new number created when numbers are combined or separated.

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► GEOMETRY & SPATIAL SENSE

The understanding of shapes, their properties, and how objects are related to one another.

- Recognizes and names common shapes, their parts, and attributes.
- Combines and separates shapes to make other shapes.
- Compares objects in size and shape.
- Understands directionality, order, and position of objects, such as up, down, in front, behind.

► PATTERNS

The recognition of patterns, sequencing, and critical thinking skills necessary to predict and classify objects in a pattern.

- Sorts, classifies, and serializes (puts in a pattern) objects using attributes, such as color, shape, or size.
- Recognizes, duplicates, and extends simple patterns.
- Creates patterns through the repetition of a unit.

► MEASUREMENT & COMPARISON

The understanding of attributes and relative properties of objects as related to size, capacity, and area.

- Compares objects using attributes of length, weight and size (bigger, longer, taller, heavier).
- Orders objects by size or length.
- Uses nonstandard and standard techniques and tools to measure and compare.

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△ SCIENCE KNOWLEDGE & SKILLS

Science Knowledge & Skills refers to the emerging ability to gather information about the natural and physical world and organize that information into knowledge and theories. Young children are often called natural scientists. Their inclination to be curious, explore, ask questions, and develop their own theories about how the world works makes science an important domain for enhancing learning and school readiness. Science learning during the early childhood years encourages children to discover the world around them and refine their understanding of it. It provides opportunities for rich vocabulary learning and collaboration with peers. It fosters a sense of curiosity and motivation to learn. In the domain of Science Knowledge & Skills, programs need to ensure that children who are dual language learners can demonstrate their abilities, skills, and knowledge in any language, including their home language.

KEY △ = Domain ▶ = Domain Element ◆ = Example

The domain elements for Science Knowledge & Skills for 3 to 5 year olds are:

▶ **SCIENTIFIC SKILLS & METHOD**

The skills to observe and collect information and use it to ask questions, predict, explain, and draw conclusions.

- Uses senses and tools, including technology, to gather information, investigate materials, and observe processes and relationships.
- Observes and discusses common properties, differences, and comparisons among objects.
- Participates in simple investigations to form hypotheses, gather observations, draw conclusions, and form generalizations.
- Collects, describes, and records information through discussions, drawings, maps, and charts.
- Describes and discusses predictions, explanations, and generalizations based on past experience.

▶ **CONCEPTUAL KNOWLEDGE OF THE NATURAL & PHYSICAL WORLD**

The acquisition of concepts and facts related to the natural and physical world and the understanding of naturally-occurring relationships.

- Observes, describes, and discusses living things and natural processes.
- Observes, describes, and discusses properties of materials and transformation of substances.

△ CREATIVE ARTS EXPRESSION

Creative Arts Expression refers to participation in a range of activities that allow for creative and imaginative expression, such as music, art, creative movement, and drama. The creative arts engage children’s minds, bodies, and senses. The arts invite children to listen, observe, discuss, move, solve problems, and imagine using multiple modes of thought and self-expression. The creative arts provide ways for young children to learn and use skills in other domains. In the domain of Creative Arts Expression, programs need to ensure that children who are dual language learners can demonstrate their abilities, skills, and knowledge in any language, including their home language.

KEY △ = Domain ▶ = Domain Element * = Example

The domain elements of Creative Arts Expression for 3 to 5 year olds are:

▶ **MUSIC**

The use of voice and instruments to create sounds.

- Participates in music activities, such as listening, singing, or performing.
- Experiments with musical instruments.

▶ **CREATIVE MOVEMENT & DANCE**

The use of the body to move to music and express oneself.

- Expresses what is felt and heard in various musical tempos and styles.
- Moves to different patterns of beat and rhythm in music.
- Uses creative movement to express concepts, ideas, or feelings.

▶ **ART**

The use of a range of media and materials to create drawings, pictures, or other objects.

- Uses different materials and techniques to make art creations.
- Creates artistic works that reflect thoughts, feelings, experiences, or knowledge.
- Discusses one’s own artistic creations and those of others.

▶ **DRAMA**

The portrayal of events, characters, or stories through acting and using props and language.

- Uses dialogue, actions, and objects to tell a story or express thoughts and feelings about one’s self or a character.
- Uses creativity and imagination to manipulate materials and assume roles in dramatic play situations.

△ SOCIAL STUDIES KNOWLEDGE & SKILLS

Social Studies Knowledge & Skills refers to understanding people and how they relate to others and the world around them. Social studies helps children to understand themselves, their families, and communities. Through learning experiences related to history, culture, and the environment, children enhance their self-identity and expand their experiences beyond the walls of their home and early childhood setting. In the domain of Social Studies Knowledge & Skills, programs need to ensure that children who are dual language learners can demonstrate their abilities, skills, and knowledge in any language, including their home language.

KEY △ = Domain ► = Domain Element • = Example

The domain elements for Social Studies Knowledge & Skills for 3 to 5 year olds are:

► **SELF, FAMILY & COMMUNITY**

The understanding of one's relationship to the family and community, roles in the family and community, and respect for diversity.

- Identifies personal and family structure.
- Understands similarities and respects differences among people.
- Recognizes a variety of jobs and the work associated with them.
- Understands the reasons for rules in the home and classroom and for laws in the community.
- Describes or draws aspects of the geography of the classroom, home, and community.

► **PEOPLE & THE ENVIRONMENT**

The understanding of the relationship between people and the environment in which they live.

- Recognizes aspects of the environment, such as roads, buildings, trees, gardens, bodies of water, or land formations.
- Recognizes that people share the environment with other people, animals, and plants.
- Understands that people can take care of the environment through activities, such as recycling.

► **HISTORY & EVENTS**

The understanding that events happened in the past and how these events relate to one's self, family, and community.

- Differentiates between past, present, and future.
- Recognizes events that happened in the past, such as family or personal history.
- Understands how people live and what they do changes over time.

English Language Development is the development of receptive and expressive English language skills for children who speak a home language other than English. This domain only applies to these children, often referred to as dual language learners (DLLs). Learning English lays the foundation for a successful start as children transition to public school. When children are able to understand and speak some English, they are better prepared to learn from teachers and engage with peers in English-speaking environments. Because the home language serves as a foundation for learning English, ongoing development of the home language also is essential.

Children who are DLLs typically go through several stages of English language development prior to becoming proficient. The receptive skills usually emerge before the expressive skills. There may be an extended period of time when the child understands some English but relies on the home language as well as gestures and nonverbal means to communicate. During this time, the child is attending to and listening to the English language used in the learning environment and beginning to grasp the fundamentals of the language. Gradually, the child begins to use more English words and phrases, often interspersed with the home language. Over time, the child develops more complex vocabulary and grammar, moving toward English language proficiency.

How much time this process takes will vary. It may take several months or several years, depending on the individual child, the home and school language environments, motivation, and other factors. Children will be at different stages in the process when they enter a program, and therefore, the developing path of their receptive and expressive abilities will not be the same.

The examples represent behaviors individual children may demonstrate in the process of learning English.

KEY △ = **Domain** ► = **Domain Element** * = **Example**

The domain elements for English Language Development for 3 to 5 year olds are:

► **RECEPTIVE ENGLISH LANGUAGE SKILLS**

The ability to comprehend or understand the English language.

- Participates with movement and gestures while other children and the teachers dance and sing in English.
- Acknowledges or responds nonverbally to common words or phrases, such as “hello” “good bye” “snack time” “bathroom“, when accompanied by adult gestures.
- Points to body parts when asked, “Where is your nose, hand, leg...?”

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- Comprehends and responds to increasingly complex and varied English vocabulary, such as “Which stick is the longest?” “Why do you think the caterpillar is hungry?”
- Follows multi-step directions in English with minimal cues or assistance.

► EXPRESSIVE ENGLISH LANGUAGE SKILLS

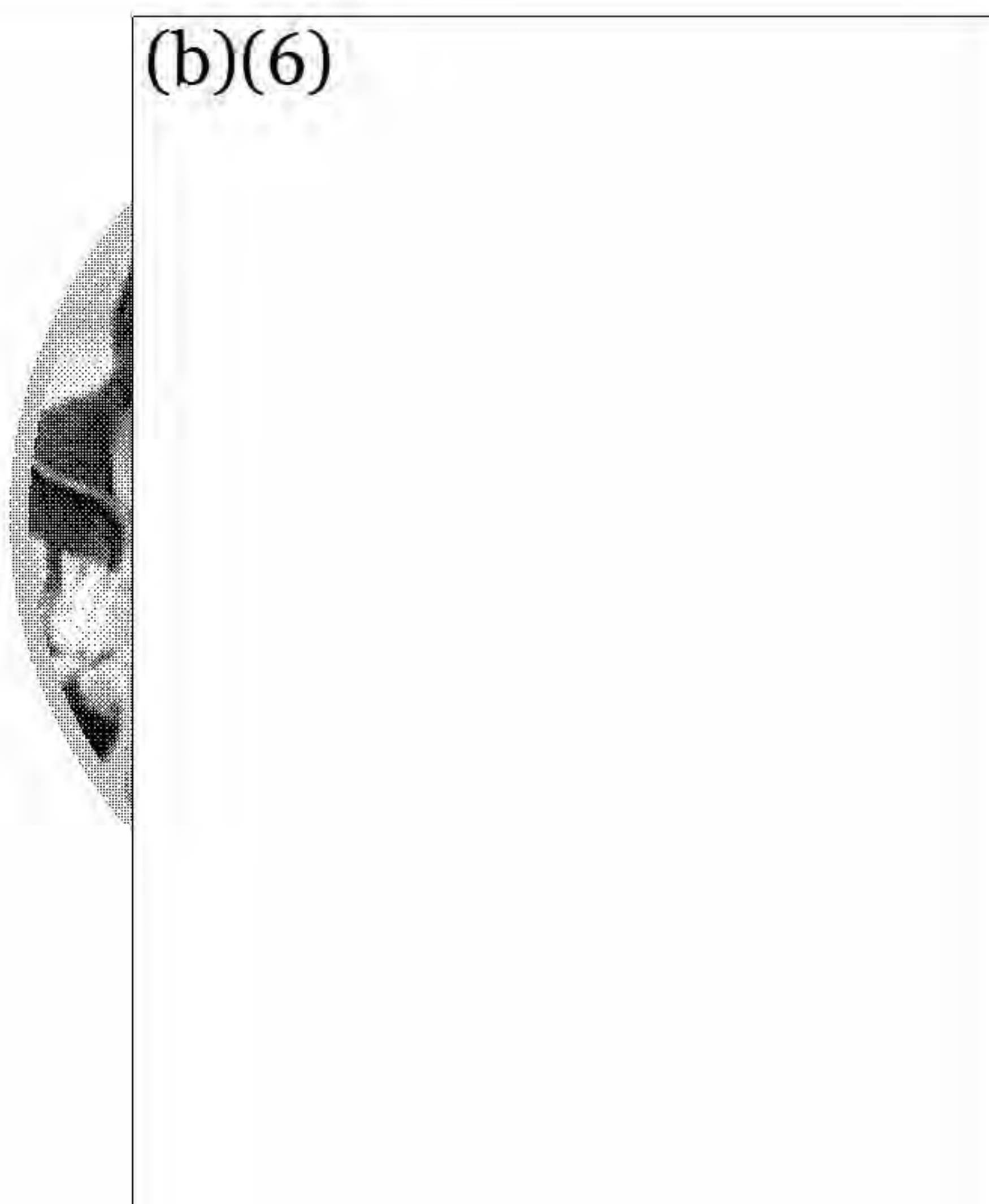
The ability to speak or use English.

- Repeats word or phrase to self, such as “bus” while group sings the “Wheels on the Bus” or “brush teeth” after lunch.
- Requests items in English, such as “car,” “milk,” “book,” “ball.”
- Uses one or two English words, sometimes joined to represent a bigger idea, such as “throwball.”
- Uses increasingly complex and varied English vocabulary.
- Constructs sentences, such as “The apple is round.” or “I see a fire truck with lights on.”

► ENGAGEMENT IN ENGLISH LITERACY ACTIVITIES

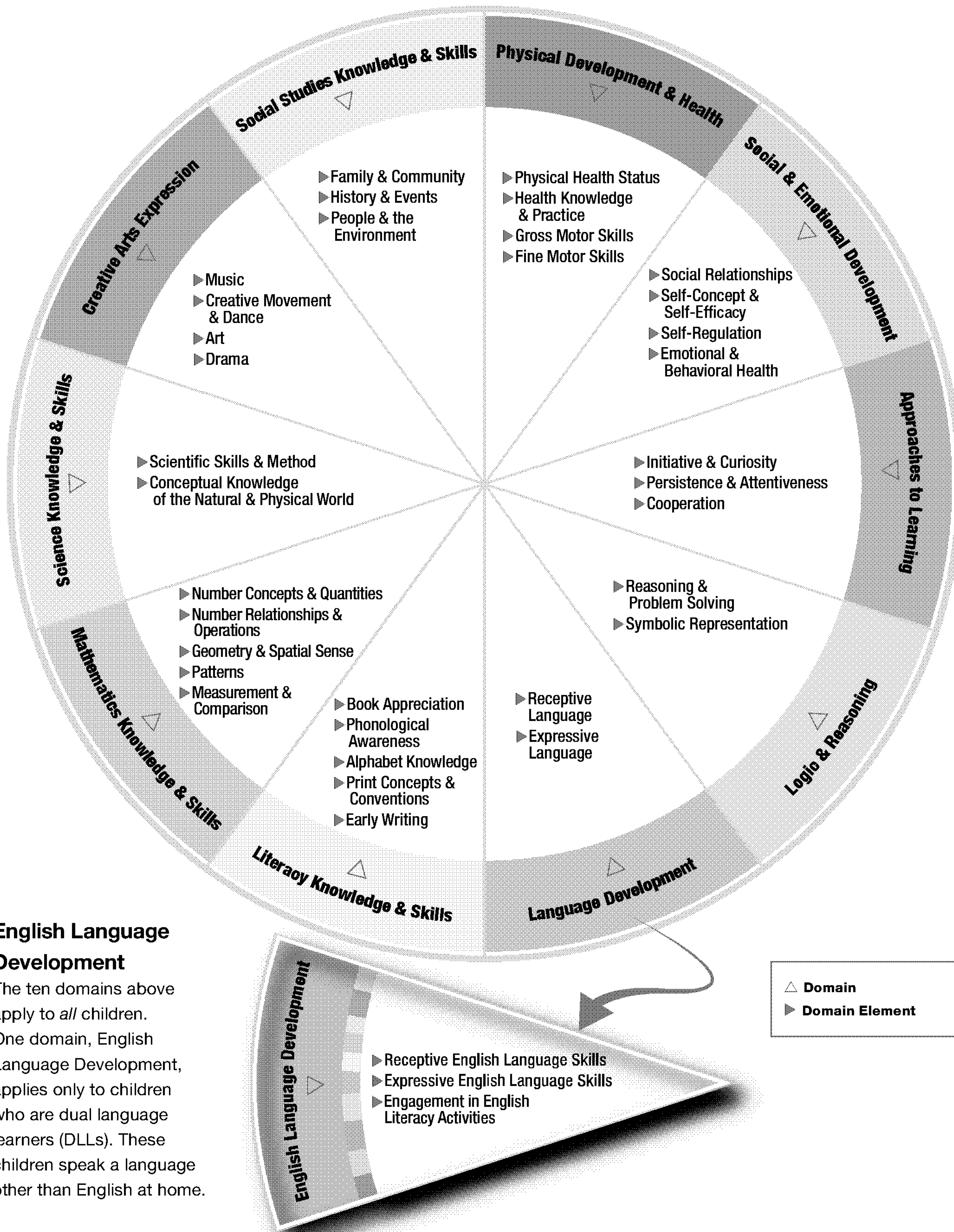
Understanding and responding to books, storytelling, and songs presented in English.

- Demonstrates eagerness to participate in songs, rhymes and stories in English.
- Points to pictures and says the word in English, such as “frog,” “baby,” “run.”
- Learns part of a song or poem in English and repeats it.
- Talks with peers or adults about a story read in English.
- Tells a story in English with a beginning, middle, and end from a book or about a personal experience.



The Head Start Child Development and Early Learning Framework

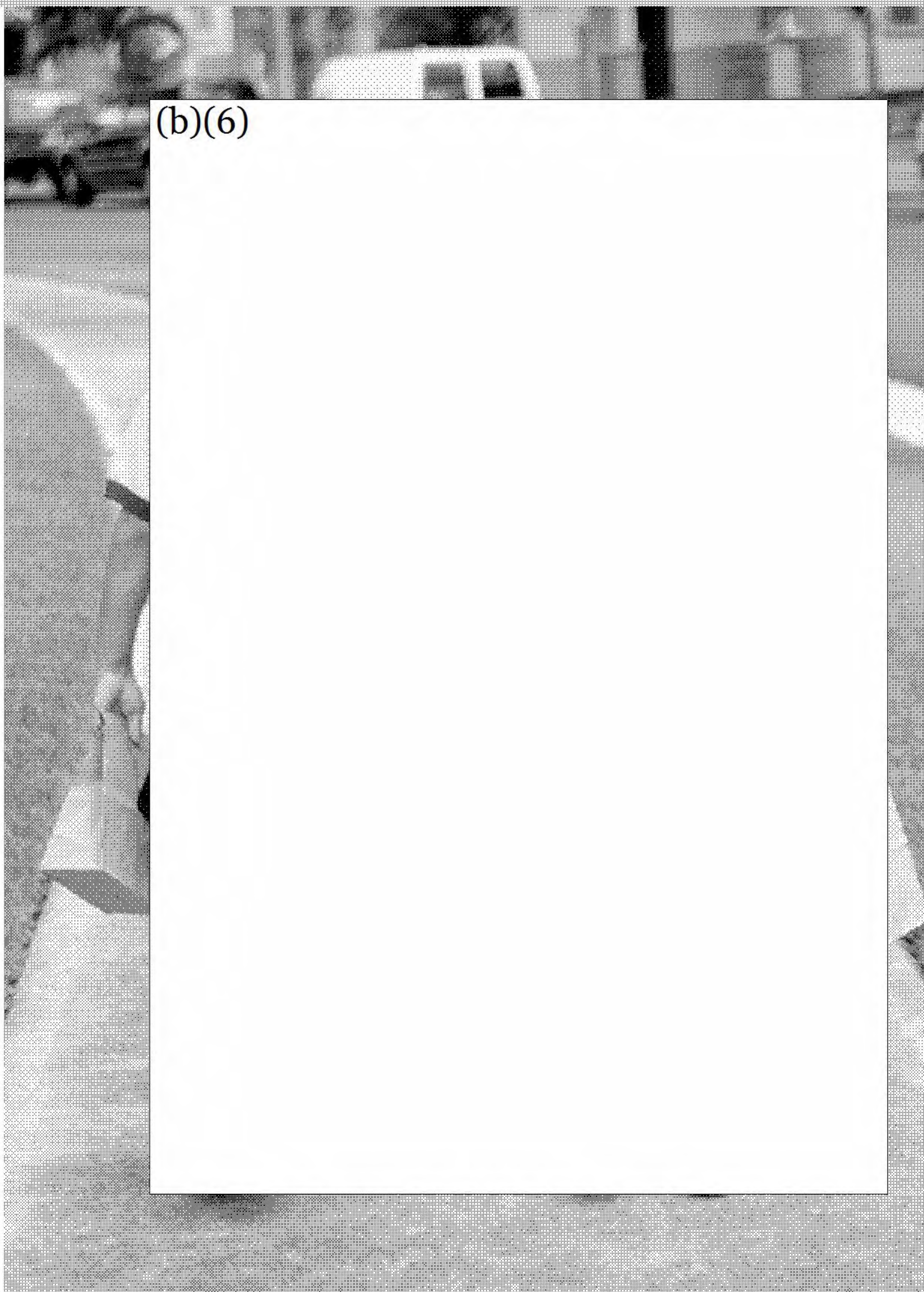
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English Language Development

The ten domains above apply to *all* children. One domain, English Language Development, applies only to children who are dual language learners (DLLs). These children speak a language other than English at home.

New York State Prekindergarten Foundation for the Common Core



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INTRODUCTION

“Early childhood education for all children ages birth through grade 3 is an integrated system designed to ensure that each child receives a healthy start and attains the skills and concepts to have a successful academic experience in developmentally-appropriate programs. Components of the system include standards based programs that start early, instruction by highly qualified persons and an environment that coordinates comprehensive services and provides information and support to families.”

***New York State Board of Regents
Early Childhood Policy***

(2006)

The New York State Prekindergarten Foundation for the Common Core

Carefully developed early learning expectations linked to K-12 standards contribute to a more cohesive, unified approach to young children’s education. Adopted and approved by the Board of Regents in January 2011, the original version of the New York State Prekindergarten Learning Standards¹ provided a framework that focuses on the learning and development of the whole child and was inclusive of the broad academic concepts of the newly adopted New York State P-12 Common Core Learning Standards for English Language Arts and Literacy, as well as for Mathematics. The New York State Prekindergarten Learning Standards also aligned with the existing New York State K-12 learning standards in science, social studies, and the arts. In an effort to provide a clear, comprehensive, and consolidated resource for early childhood professionals, the New York State Prekindergarten Learning Standards have been revised to fully encompass the New York State P-12 Common Core Learning Standards for English Language Arts and Literacy, as well as for Mathematics at the Prekindergarten level. The revision process has resulted in one document, the New York State Prekindergarten Foundation for the Common Core.

The New York State Prekindergarten Foundation for the Common Core is organized into five broad developmental and interrelated domains. The five distinct, but highly interrelated domains provide the structure for the New York State Prekindergarten Foundation for the Common Core. A brief description of each domain appears below:

- **Approaches to Learning** – How children become involved in learning and acquiring knowledge.
- **Physical Development and Health** – Children’s physical health and ability to engage in daily activities.
- **Social and Emotional Development** – The emotional competence and ability to form positive relationships that give meaning to children’s experiences in the home, school, and larger community.
- **Communication, Language, and Literacy** – Children’s understanding, creating, and communicating meaning.
- **Cognition and Knowledge of the World** – What children need to know and understand about their world and how they apply what they know. This domain is a direct reflection of the content competencies and knowledge of the Common Core Learning Standards.

¹ For a complete, detailed history of the creation of the New York State Prekindergarten Learning Standards and the genesis of the New York State Prekindergarten Foundation for the Common Core, please see the attachment labeled, “Appendix”.

The introduction to each domain sets the context for understanding its connection to how young children learn and develop. The benchmarks and benchmark indicators in each domain represent the standards for what prekindergarten students should know and be able to do in order to be successful learners. Indicators are observable and demonstrative and can be accomplished through the play and active engagement of four year olds within a rich and well designed environment. The lists of indicators are not exhaustive, but are samples of observable behaviors a child may exhibit in meeting the benchmarks.

Prekindergarten and preschool teachers, caregivers, and parents can determine what children are learning, what they enjoy, and what they have mastered, through careful observation of their play, work, and interactions with others, both in the classroom and in other environments. Listening and conversing with children, as well as examining and commenting on their creations and explorations, provides valuable information about each child's individual learning and development. The New York State Prekindergarten Foundation for the Common Core will provide an essential beginning for developing and implementing high quality curriculum, creating meaningful and appropriate learning experiences for four-year-olds across New York State, and informing other critical processes such as designing learning environments, planning standards based instruction and assessment, as well as pre-service and in-service training for administrators and teachers, and results-oriented parent engagement.

The New York State Prekindergarten Foundation for the Common Core and Success for All Students

The primary purpose of prekindergarten standards is to ensure that all children, including children with disabilities, students with Limited English Proficiency (LEP), and English Language Learners (ELLs) have rich and varied early learning experiences that prepare them for success in school and lay the foundation for college and career readiness.

Preschool Children with Disabilities

The New York State Prekindergarten Foundation for the Common Core will assist all early childhood professionals in setting high expectations for children. Preschool children with disabilities and their typically developing peers are all capable of learning, achieving, and making developmental progress. Preschool children with disabilities need specially designed instruction and related services designed to address their disability and ensure their participation in age appropriate activities with nondisabled peers. Each preschool child with a disability has an individualized educational program (IEP) which documents his/her individual goals, supports, and services as determined by his/her needs, strengths, and abilities. These individual supports, accommodations, and services are designed to assist the child to meet the goals in his/her IEP as well as to achieve the learning standards. With the appropriate services and supports, children with disabilities can participate in prekindergarten experiences with their nondisabled peers and be held to the same high standards and expectations as those without disabilities.

English Language Learners

Early childhood education plays an essential role in preparing young English language learners (ELLs) for later success in school. It provides children with the opportunity to develop basic foundational skills in language and literacy before they enter kindergarten ready to learn. Young English language learners can begin to develop these essential foundational skills even before they have developed strong English language skills. It is, therefore, essential to encourage continued first language development in our

children by providing them with appropriate education settings such as a bilingual classroom or integrated English as a Second Language (ESL) program, which support language and literacy learning in English. Those children who have had rich first language experiences seem to learn a second language, such as English, more easily than children who have had limited experience with the language they have used in their homes since birth. Like other skills, children develop language along a continuum with many factors contributing to the language acquisition process. The background knowledge that each child brings to the task of learning English has to be respected and acknowledged as part of the ongoing learning process.

The New York State Prekindergarten Foundation for the Common Core acknowledges the central role of language in the achievement of benchmarks as laid out for each of the domains and highlights the needs of learners who are still developing proficiency in English. These standards use students' first languages and cultures as the foundation for developing academic language proficiency, and encourage the education of young English language learners in a bilingual setting. The New York State Prekindergarten Foundation for the Common Core envisions language proficiency that builds on language complexity, cognitive engagement, and context within the key areas of language development (speaking, listening, viewing, representing, reading, and writing). The contexts of interaction, as defined by the benchmarks and performance indicators, are found within each of the domains of this document. These contexts allow for a range of language complexity and varying degrees of cognitive engagement as young English language learners interact with peers and adults in an encouraging and supportive environment for the purpose of negotiating meaning as well as exploration and discovery.

Guiding principles were developed by the original workgroup and were upheld throughout all work in the development of the New York State Prekindergarten Learning Standards as well as the New York State Prekindergarten Foundation for the Common Core. They are as follows:

GUIDING PRINCIPLES FOR THE DEVELOPMENT OF THE NEW YORK STATE PREKINDERGARTEN FOUNDATION TO THE COMMON CORE

1. All children are capable of learning, achieving and making developmental progress. The Prekindergarten Learning Standards are intended for all children regardless of economic, linguistic, and cultural differences or physical, learning, and emotional challenges.
2. Children develop at different rates and each child is unique in his/her own development, growth, and acquisition of skills. Appropriate and reasonable supports and accommodation must be provided to enable all children to succeed.
3. Children are active learners. A primary approach to learning is through purposeful play. Intentional planning promotes rich learning experiences that invite participation, involve multiple contexts, and engage the senses that help children explore their environment.
4. Early learning and development are multi-dimensional. Children's learning is integrated and occurs simultaneously across all domains, which are interrelated and interactive with one another.
5. Children learn in the context of interactions and relationships with family members, caregivers, teachers, and other children in their immediate environment and in their community.
6. The family is a significant contributor to children's lifelong learning and development. Actively engaging parents in the early education of their children is essential to children's success in the elementary classroom and later learning.
7. These Learning Standards may be used as tools to empower parents, teachers, and caregivers to better support and enhance young children's learning and development.
8. These Learning Standards acknowledge and respect children's rich backgrounds, their heritage, cultures, and linguistic differences.
9. The content of these Learning Standards is guided by research and effective practice to strengthen instruction and educational experiences across all settings. These Learning Standards are systemically aligned with New York State Common Core Learning standards, performance indicators for bilingual and preschool special education, Head Start outcomes, and the National Association for the Education of Young Children guidelines. They build upon provisions of quality set forth in child-care licensing requirements.

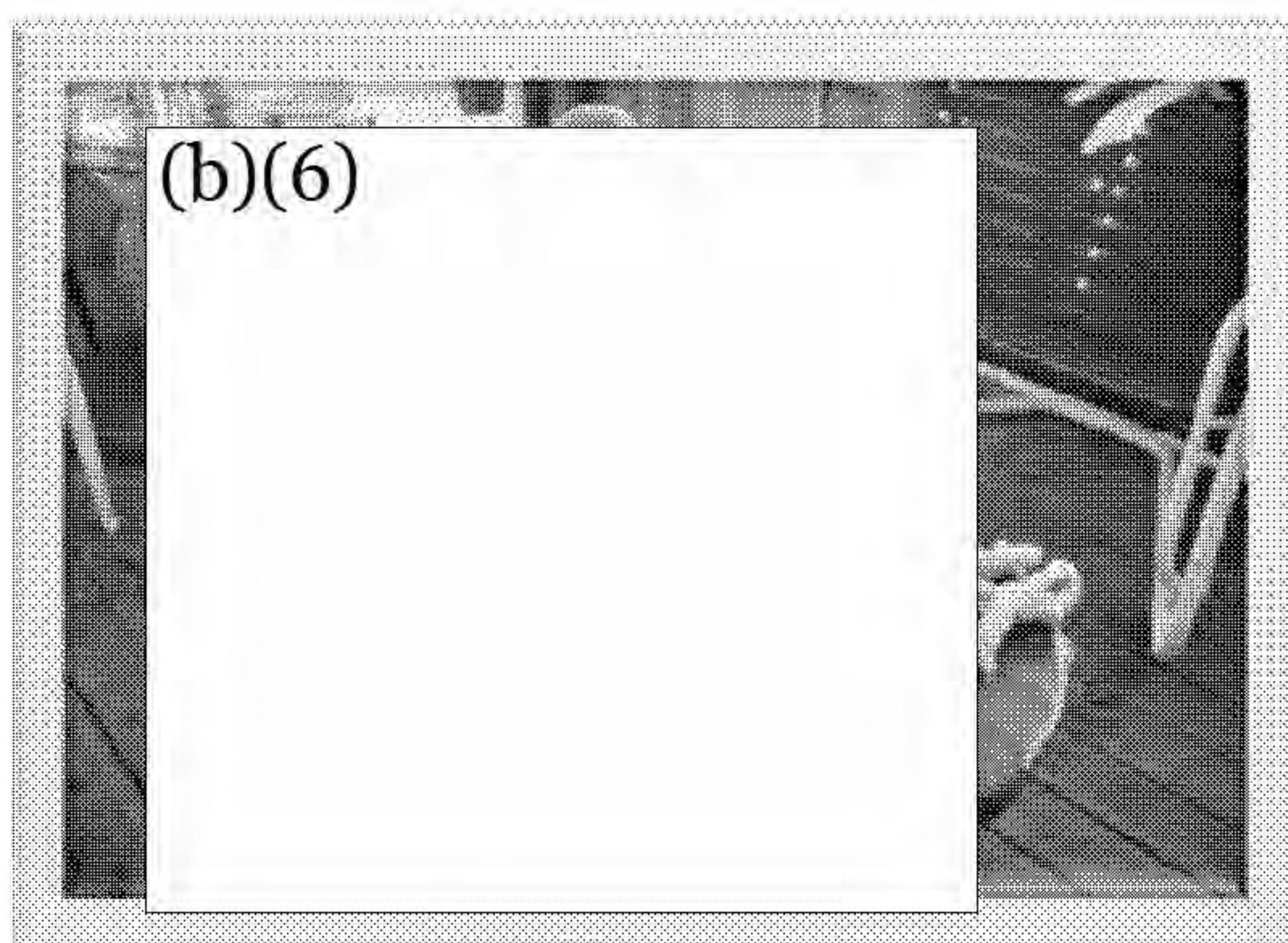
The following summary statements reinforce the guiding principles, relevant literature on early learning standards, and developmentally appropriate practice in early childhood programs.

The New York State Prekindergarten Foundation for the Common Core is:

- A resource for guiding the design, selection and implementation of a high quality curriculum.
- A guide for planning experiences and instructional activities that enable children to meet the standards.
- A guide for selecting assessment tools appropriate for children with differing abilities and challenges.
- A framework for all prekindergarten children regardless of language, background, or diverse needs.
- A bridge between the learning expectations of children birth through three and the standards for those attending K-12 in public schools.
- A focus for discussions regarding the education of young children by educators, policy makers, families and community members.
- A template for planning professional development opportunities.

The New York State Prekindergarten Foundation for the Common Core is not:

- Intended to be used as a checklist, but can inform the development or selection of screening and progress monitoring tools.
- Intended to be used as an assessment tool.
- Intended to be used as a curriculum.
- Meant to bar children from kindergarten entry.
- Meant to stifle the creativity of teachers, caregivers or parents.
- Intended to mandate specific teaching practices or materials.



Domain 1: Approaches to Learning

Approaches to Learning: Foundational Skills

NOTE: In prekindergarten, children are expected to demonstrate increasing awareness and competence in the areas that follow.

Engagement

1. Actively and confidently engages in play as a means of exploration and learning.
 - a) Interacts with a variety of materials through play.
 - b) Participates in multiple play activities with same material.
 - c) Engages in pretend and imaginative play – testing theories, acting out imagination.
 - d) Self-selects play activity and demonstrates spontaneity.
 - e) Uses “trial and error” method to figure out a task, problem, etc.
 - f) Demonstrates awareness of connections between prior and new knowledge.
2. Actively engages in problem solving.
 - a) Identifies a problem and tries to solve it independently.
 - b) Attempts multiple ways to solve a problem.
 - c) Communicates more than one solution to a problem.
 - d) Engages with peers and adults to solve problems.

Creativity and Imagination

3. Approaches tasks, activities and problems with creativity, imagination and/or willingness to try new experiences or activities.
 - a) Chooses materials/props and uses novel ways to represent ideas, characters, and objects.
 - b) Identifies additional materials to complete a task.
 - c) Experiments and seeks additional clarity to further his/her knowledge.
 - d) Seeks additional clarity to further his/her knowledge.
 - e) Seeks out connections, relations and assistance from peers and adults to complete a task.
 - f) Communicates more than one solution to a problem.

Curiosity and Initiative

4. Exhibits curiosity, interest, and willingness in learning new things and having new experiences.
 - a) Asks questions using who, what, how, why, when, where, what if.
 - b) Expresses an interest in learning about and discussing a growing range of ideas.
 - c) Actively explores how things in the world work.
 - d) Investigates areas of interest.
 - e) Takes objects and materials apart and attempts to reassemble them (e.g., puzzles, models, nuts and bolts).
 - f) Seeks out activities and materials that support his/her curiosity.
 - g) Willingly engages in new experiences and activities.

Persistence

5. Demonstrates persistence.
 - a) Maintains focus on a task.
 - b) Seeks assistance when the next step seems unclear or appears too difficult.
 - c) Modifies strategies used to complete a task.

(b)(6)

Domain 2: Physical Development and Health

Physical Development and Health: Foundational Skills

NOTE: In prekindergarten, children are expected to demonstrate increasing awareness and competence in the areas that follow.

Physical Development

1. Uses senses to assist and guide learning.
 - a) Identifies sights, smells, sounds, tastes and textures.
 - b) Compares and contrasts different sights, smells, sounds, tastes, and textures.
 - c) Uses descriptive words to discuss sights, smells, sounds, tastes, and textures.
2. Uses sensory information to plan and carry out movements.
 - a) Demonstrates appropriate body awareness when moving in different spaces.
 - b) Exhibits appropriate body movements when carrying out a task.
 - c) Demonstrates awareness of spatial boundaries and the ability to work within them.
3. Demonstrates coordination and control of large muscles.
 - a) Displays an upright posture when standing or seated.
 - b) Maintains balance during sitting, standing, and movement activities.
 - c) Runs, jumps, walks in a straight line, and hops on one foot.
 - d) Climbs stairs using alternating feet.
 - e) Puts on age appropriate clothing items, such as shirts, jackets, pants, shoes, etc.
4. Combines a sequence of large motor skills with and without the use of equipment.
 - a) Navigates age appropriate playground equipment.
 - b) Peddles a tricycle.
 - c) Throws, catches or kicks a large, light-weight ball (8" - 10").
 - d) Participates in a series of large motor movements or activities such as, dancing, follow the leader, or Simon Says.
5. Demonstrates eye-hand coordination and dexterity needed to manipulate objects.
 - a) Uses pincher grasp (index finger and thumb).
 - b) Demonstrates ability to engage in finger plays.
 - c) Uses materials such as pencils, paint brushes, eating utensils and blunt scissors effectively.

- d) Manipulates small objects with ease (fits objects into holes, strings wooden beads, stacks mini blocks, uses geo boards, etc.).
- e) Uses buttons, zippers, snaps, and hook and loop tape successfully.

Physical Fitness

- 6. Engages in a variety of physical fitness activities.
 - a) Engages in large motor activities (e.g., marching, hopping, running, jumping, dancing) in increasingly longer periods of time as skill and endurance develops.
 - b) Explores, practices, and performs skill sets: throwing, pushing, pulling, catching, balancing, etc.
 - c) Participates in activities designed to strengthen major muscle groups.
 - d) Participates in activities to promote balance and flexibility.

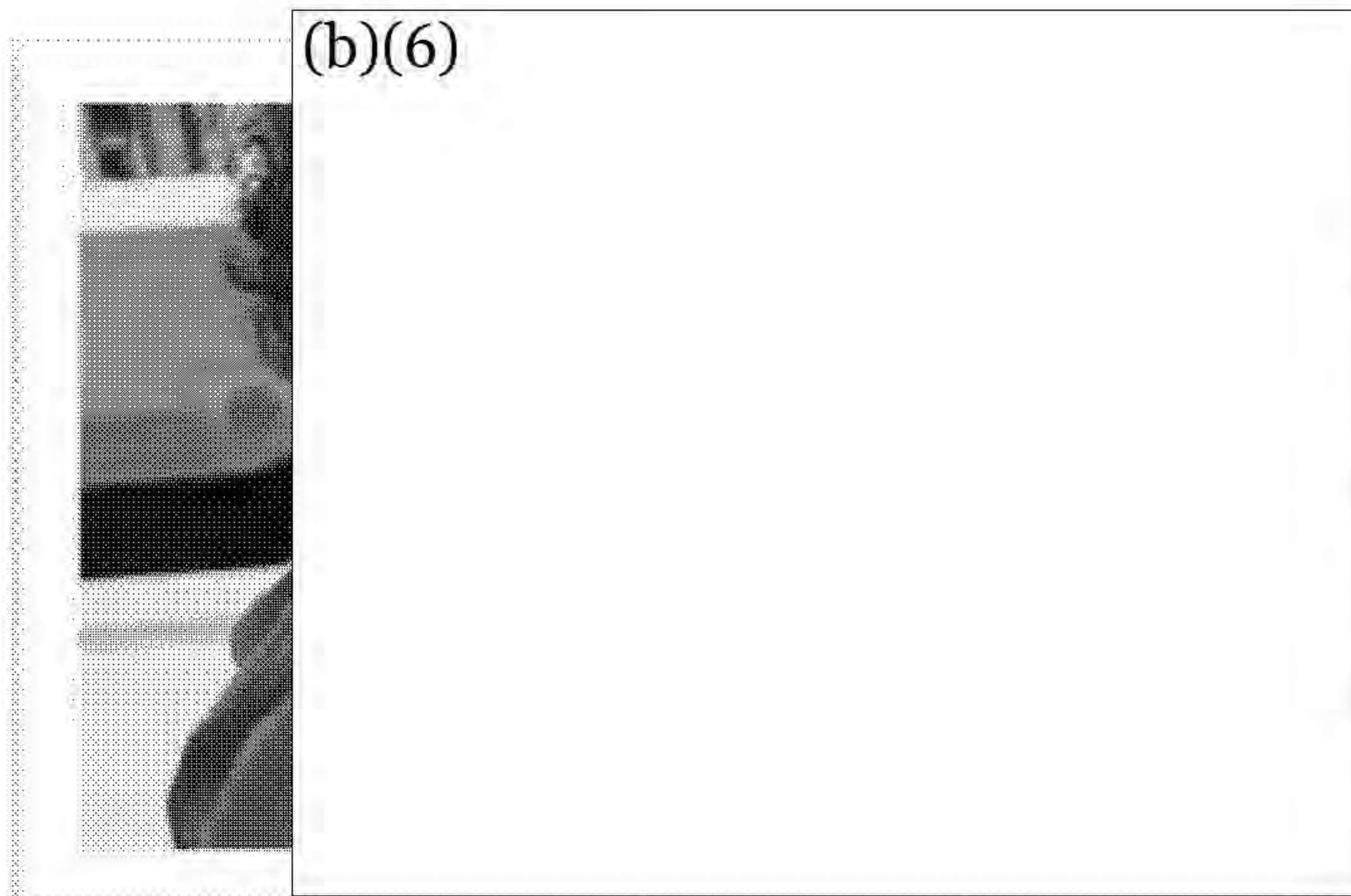
Health and Well Being

- 7. Demonstrates personal care and hygiene skills.
 - a) Demonstrates growing independence in using personal hygiene skills (e.g., washing hands, brushing teeth, toileting, etc.)
 - b) Exhibits self help skills when dressing, cleaning up, participating in meals, etc.
 - c) Recognizes and communicates when experiencing symptoms of illness.
- 8. Demonstrates awareness and understanding of healthy habits.
 - a) Recognizes the importance of good nutrition, water, rest and sleep in order to be healthy.
 - b) Talks about food choices in relationship to allergies and overall health.
 - c) Relates healthy behaviors to good personal health (milk for strong bones, spinach for strong muscles).
 - d) Describes the role of doctors, dentists and other health care workers in keeping him/herself healthy.

Health and Safety

- 9. Demonstrates awareness and understanding of safety rules.
 - a) Verbalizes and demonstrates safety rules such as holding an adult's hand when walking on sidewalks or near a street.
 - b) Communicates to peers and adults when observing unsafe behavior (e.g., Tommy is throwing rocks).
 - c) Understands that some practices could be unsafe (e.g., playing with matches, playing near a busy street, not wearing a bike helmet).
 - d) Demonstrates knowledge of bus safety (e.g., crosses in front of the bus after the driver signals, wears seatbelt).

- e) Participates in fire evacuation drills, understands what the alarm bell is and the need to go to a safe location, etc.
- f) Explains how to get help in emergency situations.



Domain 3: Social and Emotional Development

Social and Emotional Development: Foundational Skills

Note: In prekindergarten, children are expected to demonstrate increasing awareness and competence in the areas that follow.

Self Concept and Self Awareness

1. Recognizes himself/herself as a unique individual having his/her own abilities, characteristics, feelings and interests.
 - a) Describes himself/herself using several different characteristics.
 - b) Identifies self as being part of a family and identifies being connected to at least one significant adult.
 - c) Demonstrates knowledge of his/her own uniqueness (talent, interests, preferences, gender, culture, etc.).
 - d) Exhibits self confidence by attempting new tasks independent of prompting or reinforcement.
 - e) Compares and/or contrasts self to others (e.g., physical characteristics, preferences, feelings, abilities).
 - f) Identifies the range of feelings he/she experiences, and that his/her feelings may change over time, as the environment changes, and in response to the behavior of others.
 - g) Displays accomplishment, contentment, and acknowledgement when completing a task or solving a problem by himself/herself (e.g., wants to show a peer or adult).

Self Regulation

2. Regulates his/her responses to needs, feelings and events.
 - a) Expresses feelings, needs, opinions and desires in a way that is appropriate to the situation.
 - b) Appropriately names types of emotions (e.g., frustrated, happy, excited, sad) and associates them with different facial expressions, words and behaviors.
 - c) Demonstrates an ability to independently modify their behavior in different situations.

Relationships with Others

3. Demonstrates and continues to develop positive relationships with significant adults (primary caregivers, teachers and other familiar adults).
 - a) Interacts with significant adults.
 - b) Seeks guidance from primary caregivers, teachers and other familiar adults.
 - c) Transitions into unfamiliar setting with the assistance of familiar adults.
4. Develops positive relationships with their peers.
 - a) Approaches children already engaged in play.
 - b) Interacts with other children (e.g., in play, conversation, etc.).
 - c) Shares materials and toys with other children.
 - d) Sustains interactions by cooperating, helping, and suggesting new ideas for play.
 - e) Develops close friendship with one or more peers.
 - f) Offers support to another child or shows concern when a peer seems distressed.
5. Demonstrates pro-social problem solving skills in social interactions.
 - a) Seeks input from others about a problem.
 - b) Uses multiple pro-social strategies to resolve conflicts (e.g., trade, take turns, problem solve).
 - c) Uses and accepts compromise, with assistance.

Accountability

6. Understands and follows routines and rules.
 - a) Displays an understanding of the purpose of rules.
 - b) Engages easily in routine activities (e.g., story time, snack time, circle time).
 - c) Uses materials purposefully, safely and respectfully as set by group rules.
 - d) With assistance, understands that breaking rules have a consequence.
 - e) Applies rules in new, but similar situations.
 - f) Demonstrates the ability to create new rules for different situations.

Adaptability

7. Adapts to change.
 - a) Easily separates himself/herself from parent or caregiver.
 - b) Transitions with minimal support between routine activities and new/unexpected occurrences.
 - c) Adjusts behavior as appropriate for different settings and /or events.
 - d) Uses multiple adaptive strategies to cope with change (e.g., seeking social support from an adult or peer, taking deep breaths, engaging in another activity).

(b)(6)

Domain 4: Communication, Language, and Literacy

PART A: APPROACHES TO COMMUNICATION

Note: In prekindergarten, children are expected to demonstrate increasing awareness and competence in the areas that follow.

Motivation

1. Demonstrate that they are motivated to communicate.
 - a) Participates in small or large group activities for story telling, singing or finger plays.
 - b) Asks questions.
 - c) Listens attentively for a variety of purposes (e.g., for enjoyment; to gain information; to perform a task; to learn what happened; to follow directions).
 - d) Initiates conversations, both verbally and nonverbally, about things around them.
 - e) Nods or gives non verbal cues that he is understanding.
 - f) Maintains eye contact when trying to interact with a peer or adult.
 - g) Makes choices about how to communicate the ideas he wants to share (e.g., gestures, scribbles, sign language, speaking).

Background Knowledge

2. Demonstrates he/she is building background knowledge.
 - a) Asks questions related to a particular item, event or experience.
 - b) Correctly identifies meanings of words in read alouds, in conversation, and in the descriptions of everyday items in the world around them.
 - c) Uses new vocabulary correctly.
 - d) Makes comparisons to words and concepts already known.

Viewing

3. Demonstrates that he/she understand what they observe.
 - a) Uses vocabulary relevant to observations.
 - b) Identifies emotions by observing faces in pictures and faces of peers and adults.
 - c) Asks questions related to visual text and observations.
 - d) Makes inferences and draws conclusions based on information from visual text.

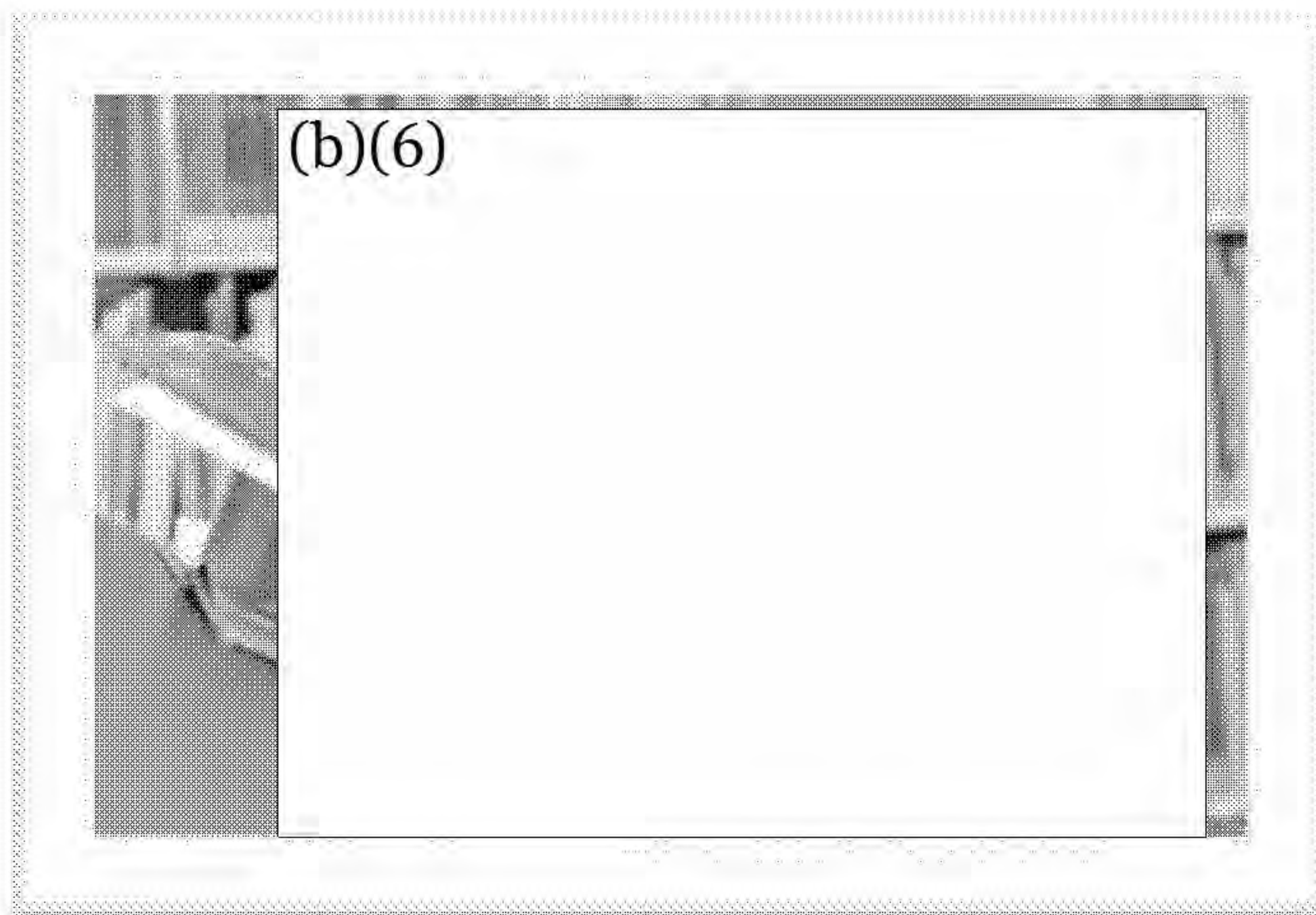
- e) Begins to identify relevant and irrelevant information, pictures, and symbols related to a familiar topic.

Representing

- 4. Demonstrates his/her ability to express ideas using a variety of methods.
 - a) Uses facial expressions, body language, gestures, and sign language to express ideas.
 - b) Uses existing objects to represent desired or imagined objects in play or other purposeful way (e.g., plastic banana for a telephone).
 - c) Uses visual media to represent an actual experience.
 - d) Reviews and reflects on his/her own representations.
 - e) Writes and draws spontaneously to communicate meaning with peers or adults during play.

Vocabulary

- 5. Demonstrates a growing receptive vocabulary.
 - a) Understands and follows spoken directions.
 - b) Identifies pictures related to words (show me the white dog).
 - c) Responds/reacts to questions/comments indicating he understands meaning (e.g., body language, gestures, facial expressions, and words).
 - d) Identifies meanings of words used in read-alouds, in conversation and in descriptions of everyday items in the world around him.
- 6. Demonstrates a growing expressive vocabulary.
 - a) Uses facial expressions, body language, gestures, and sign language to engage in reciprocal conversation.
 - b) Uses more complex words in conversation.
 - c) Makes use of new and rare words introduced by adults or peers.
 - d) Correctly names picture when asked, "What is this?"
 - e) Begins to use appropriate volume and speed so spoken message is understood.
 - f) Initiates conversations about a book, situation, event or print in the environment.



PART B: ENGLISH LANGUAGE ARTS AND LITERACY

(From the NYS Common Core Learning Standards)

Reading Standards for Literature

Key Ideas and Details

1. With prompting and support, ask and answer about detail(s) in a text.
2. With prompting and support, retell familiar stories.
3. With prompting and support, ask and answer questions about characters and major events in a story.

Craft and Structure

4. Exhibit curiosity and interest in learning new vocabulary (e.g., ask questions about unfamiliar vocabulary).
5. Students interact with a variety of common types of texts (e.g., storybooks, poems, songs).
6. With prompting and support, can describe the role of an author and illustrator.

Integration and Knowledge of Ideas

7. With prompting and support, students will engage in a picture walk to make connections between self, illustrations, and the story.
8. Not applicable to literature
9. With prompting and support, students will compare and contrast two stories relating to the same topic (Mercer Meyer series)
 - a) With prompting and support, students will make cultural connections to text and self.

Range of Reading and Level of Text Complexity

10. Actively engage in group reading activities with purpose and understanding.

Responding to Literature

1. With prompting and support, make connections between self, text, and the world around them (text, media, social interaction).

Reading Standards for Informational Text

Key Ideas and Details

1. With prompting and support, ask and answer questions about details in a text.
2. With prompting and support, retell detail(s) in a text.
3. With prompting and support, describe the connection between two events or pieces of information in a text.

Craft and Structure

4. Exhibit curiosity and interest in learning new vocabulary (e.g., ask questions about unfamiliar vocabulary).
5. Identify the front cover, back cover; displays correct orientation of book, page turning skills.
6. With prompting and support, can describe the role of an author and illustrator.

Integration and Knowledge of Ideas

7. With prompting and support, describe the relationship between illustrations and the text in which they appear (e.g., what person, place, thing or idea in the text an illustration depicts).
8. Not applicable to prekindergarten.
9. With prompting and support, identify basic similarities and differences between two texts on the same topic (e.g., illustrations, descriptions or procedures).

Range of Reading and Level of Text Complexity

10. With prompting and support, actively engage in group reading activities with purpose and understanding.

Reading Standards: Foundational Skills

NOTE: In prekindergarten, children are expected to demonstrate increasing awareness and competence in the areas that follow.

Print Concepts

1. Demonstrate understanding of the organization and basic features of print.
 - a) Follow words from left to right, top to bottom, and page by page.
 - b) Recognize that spoken words are represented in written language by specific sequences of letters.
 - c) Understand that words are separated by spaces in print.
 - d) Recognize and name some upper /lowercase letters of the alphabet, especially those in own name.
 - e) Recognize that letters are grouped to form words.
 - f) Differentiate letters from numerals.

Phonological Awareness

2. Demonstrate an emerging understanding of spoken words, syllables and sounds (phonemes).
 - a) Engage in language play (e.g., alliterative language, rhyming, sound patterns).
 - b) Recognize and match words that rhyme.
 - c) Demonstrate awareness of relationship between sounds and letters.
 - d) With support and prompting, isolate and pronounce the initial sounds in words.

Phonics and Word Recognition

3. Demonstrate emergent phonics and word analysis skills.
 - a) With prompting and support, demonstrate one-to-one letter-sound correspondence by producing the primary sound of some consonants.
 - b) Recognizes own name and common signs and labels in the environment.

Fluency

4. Displays emergent reading behaviors with purpose and understanding (e.g., pretend reading).

Writing Standards

Text Types and Purposes

1. With prompting and support, use a combination of drawing, dictating, or writing to express an opinion about a book or topic (e.g., I like... because...)
2. With prompting and support, use a combination of drawing, dictating, or writing to compose informative/explanatory texts in which they name what they are writing about and supply some information about the topic.
3. With prompting and support, use a combination of drawing, dictating, or writing to narrate a single event and provide a reaction to what happened.

Production and Distribution of Writing

4. Not applicable to prekindergarten (begins in grade 3).
5. With guidance and support, respond to questions and suggestions and add details to strengthen illustration or writing, as needed.
6. With guidance and support, explore a variety of digital tools to produce and publish writing; collaborate with peers.

Research to Build and Present Knowledge

7. With guidance and support, participate in shared research and writing projects (e.g., explore a number of books by a favorite author and express opinions about them).
8. With guidance and support, recall information from experiences or gather information from provided sources to answer a question.
9. Not applicable to prekindergarten (begins in grade 4).

Range of Writing

10. Not applicable to prekindergarten (begins in grade 3).

Responding to Literature

11. Create and present a poem, dramatization, art work, or personal response to a particular author or theme studied in class, with prompting and support as needed.

Speaking and Listening Standards

Comprehension and Collaboration

1. With guidance and support, participate in collaborative conversations with diverse partners about *pre-kindergarten topics and texts* with peers and adults in small and large groups.
 - a) Engage in agreed-upon rules for discussions (e.g., listening to others and taking turns speaking about the topics and texts under discussion).
 - b) Engage in extended conversations.
 - c) Communicate with individuals from different cultural backgrounds.
2. With guidance and support, confirm understanding of a text read aloud or information presented orally or through other media by asking and answering questions about key details and requesting clarification if something is not understood.
3. With guidance and support, ask and answer questions in order to seek help, get information, or clarify something that is not understood.

Presentation of Knowledge and Ideas

4. Describe familiar people, places, things, and events and, with prompting and support, provide additional detail.
5. Add drawings or other visual displays to descriptions as desired to provide additional detail.
6. Demonstrate an emergent ability to express thoughts, feelings and ideas.

Language Standards

Conventions of Standard English

1. Demonstrate command of the conventions of standard English grammar and usage when writing or speaking.
 - a) Print some upper- and lower-case letters.(e.g., letters in their name).
 - b) Use frequently occurring nouns and verbs (orally).

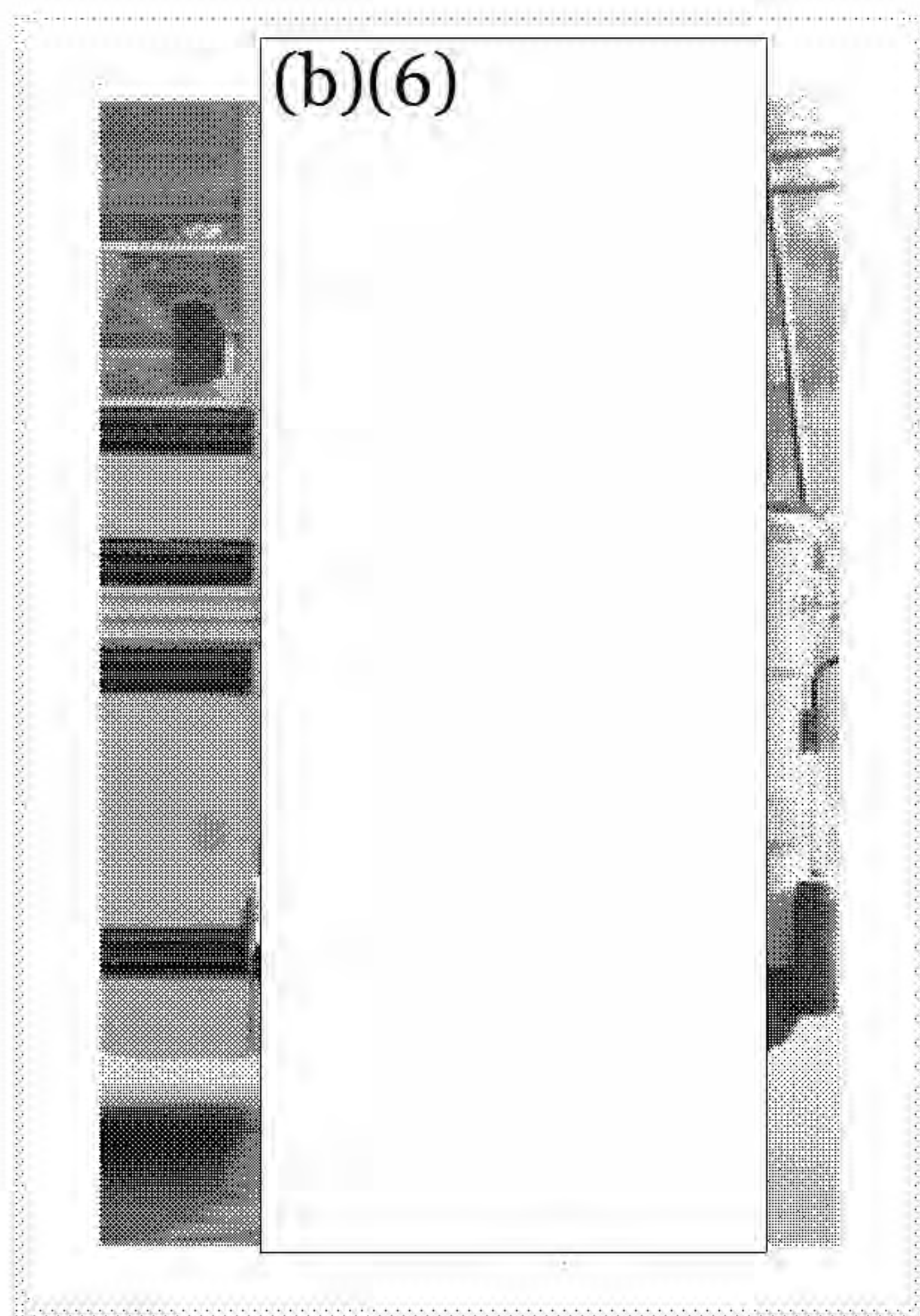
- c) With guidance and support, form regular plural nouns orally by adding /s/ or /es/ (e.g., *dog, dogs; wish, wishes*).
 - d) Understand and use question words (interrogatives) (e.g., *who, what, where, when, why, how*).
 - e) In speech, use the most frequently occurring prepositions (e.g., *to, from, in, out, on, off, for, of, by, with*).
 - f) With guidance and support, produce and expand complete sentences in shared language activities.
2. Demonstrate command of the conventions of standard English grammar and usage when writing or speaking.
- a) Capitalize the first letter in their name.
 - b) Attempt to write a letter or letters to represent a word.
 - c) With guidance and support, attempt to spell simple words phonetically, drawing on knowledge of sound-letter relationships.

Knowledge of Language

3. Use knowledge of language and how language functions in different contexts.

Vocabulary Acquisition and Use

4. Determine or clarify the meaning of unknown and multiple-meaning words and phrases based on *pre-kindergarten reading and content*.
- a) Identify new meanings for familiar words and apply them accurately (e.g., knowing *duck* is a bird and learning the verb *to duck*).
5. With guidance and support, explore word relationships and nuances in word meanings.
- a) Sort common objects into categories (e.g., shapes, foods) for understanding of the concepts the categories represent.
 - b) Demonstrate understanding of frequently occurring verbs and adjectives by relating them to their opposites (e.g., up, down, stop, go, in, out).
 - c) Identify real-life connections between words and their use (e.g., note places at school that are *colorful*).
 - d) Distinguish shades of meaning among verbs describing the same general action (e.g., *walk, march, strut, prance*) by acting out the meanings.
6. With prompting and support, use words and phrases acquired through conversations, reading and being read to, and responding to texts.



Domain 5: Cognition and Knowledge of the World

Cognition and Knowledge of the World

Mathematics

(From the NYS Common Core Learning Standards)

NOTE: In prekindergarten, children are expected to demonstrate increasing awareness and competence in the areas that follow.

Mathematical Practices

- a. Make sense of problems and persevere in solving them.
- b. Reason abstractly and quantitatively.
- c. Construct viable arguments and critique the reasoning of others.
- d. Model with mathematics.
- e. Use appropriate tools strategically.
- f. Attend to precision.
- g. Look for and make use of structure.
- h. Look for and express regularity in repeated reasoning.

Overview

Counting and Cardinality

- Know number names and the count sequence.
- Count to tell the number of objects.
- Compare numbers.

Operations and Algebraic Thinking

- Understand addition as adding to, and understand subtraction as taking from.
- Understand simple patterns.

Measurement and Data

- Describe and compare measurable attributes.
- Sort objects and count the number of objects in each category.

Geometry

- Identify and describe shapes (squares, circles, triangles, rectangles).
- Analyze, compare, and sort objects.

Counting and Cardinality

Know number names and the count sequence

1. Count to 20.
2. Represent a number of objects with a written numeral 0 – 5 (with 0 representing a count of no objects).

Count to Tell the Number of Objects

3. Understand the relationship between numbers and quantities to 10; connect counting to cardinality.
 - a) When counting objects, say the number names in the standard order, pairing each object with one and only one number name and each number name with one and only one object.
 - b) Understand that the last number name said tells the number of objects counted. The number of objects is the same.
 - c) Regardless of their arrangement or the order in which they were counted.
 - d) Understand that each successive number name refers to a quantity that is one larger.
4. Count to answer “how many?” questions about as many as 10 things arranged in a line, a rectangular array, or a circle, or as any as 5 things in a scattered configuration; given a number from 1 – 10, count out that many objects.

Compare Numbers

5. Identify whether the number of objects in one group is more, less, greater than, fewer, and/or equal to the number of objects in another group, e.g., by using matching and counting strategies (up to 5 objects).
6. Identify “first” and “last” related to order or position.

Operations and Algebraic Thinking

Understand addition as adding to, and understand subtraction as taking from.

1. Demonstrate an understanding of addition and subtraction by using objects, fingers, and responding to practical situations (e.g., if we have 3 apples and add 2 more, how many apples do we have all together?).

Understand simple patterns.

2. Duplicate and extend (e.g., what comes next?) simple patterns using concrete objects.

Measurement and Data

Describe and compare measurable attributes.

1. Identify measurable attributes of objects, such as length, and weight. Describe them using correct vocabulary (e.g., small, big, short, tall, empty, full, heavy, and light).

Sort objects and count the number of objects in each category.

2. Sort objects into categories; count the numbers of objects in each category (limit category counts to be less than or equal to 10).

Geometry

Identify and describe shapes (squares, circles, triangles, rectangles).

1. Describe objects in the environment using names of shapes, and describe the relative positions of these objects using terms such as top, bottom, up, down, in front of, behind, over, under, and next to.
2. Correctly name shapes regardless of size.

Analyze, compare, and sort objects.

1. Analyze, compare, and sort two- and three-dimensional shapes and objects, in different sizes, using informal language to describe their similarities, differences, and other attributes (e.g., color, size, and shape).
2. Create and build shapes from components (e.g., sticks and clay balls).

(b)(6)

SCIENCE

NOTE: In prekindergarten, children are expected to demonstrate increasing awareness and competence in the areas that follow.

Scientific Thinking

1. Asks questions and makes predictions based on observations and manipulation of things and events in the environment.
 - a) Uses senses to gather, explore, and interpret information.
 - b) Manipulates and observes objects in his or her surroundings to develop conclusions.
 - c) Makes observations and describes changes in objects, living things, and natural events in the environment.
 - d) Organizes his or her observations of objects and events by identifying, classifying, etc.
 - e) Asks “why,” “how,” and “what if” questions and seeks answers through experimentation and investigation.
 - f) Makes predictions based on background knowledge, previous scientific experiences, and observations of objects and events in the world.
2. Tests predictions through exploration and experimentation.
 - a) Gives oral, written or graphic explanations of what he/she wants to learn.
 - b) Uses a variety of tools and materials to test predictions through active experimentation (child uses magnifying glass to examine pine needles; child puts large paper clip on water to see if it floats.)
 - c) Replicates or changes the experimental approach.
 - d) Records and organizes data using graphs, charts, science journals, or other means of recording.
3. Generates explanations and communicates conclusions regarding experiments and explorations.
 - a) Compares and contrasts attributes of objects, living things, and events in the environment to organize what they have learned.
 - b) Identifies cause and effect relationships.
 - c) Verifies predictions by explaining “how” and “why.”
 - d) Makes age appropriate, logical conclusions about investigations.

- e) Shares ideas about objects, living things and other natural events in the environments through words, pictures, and other representations.

Earth and Space

- 4. Observes and describes characteristics of earth and space.
 - a) Investigates and identifies properties of soil, rocks, and minerals.
 - b) Investigates and identifies physical properties and characteristics of water (solid, liquid, and gas).
 - c) Makes simple observations of the characteristics and movements of sun, moon, stars, and clouds.
 - d) Observes and discusses changes in weather and seasons using common weather related vocabulary (e.g., rainy, sunny, snowy, windy, cloudy, etc.).
 - e) Expresses ways the environment provides natural resources that are needed by people (e.g., wood for lumber to build shelter, water for drinking).
 - f) Demonstrates ways that each person is responsible for protecting our planet (e.g., recycling plastic, glass, and cardboard, reusing a plastic container sandwich box, mending clothing rather than throwing away, etc.).

Living Things

- 5. Observes and describes characteristics of living things.
 - a) Observes and discusses similarities, differences, and categories of plants and animals.
 - b) Identifies things as living or non-living based on characteristics, such as breathes, moves by itself, grows.
 - c) Explains why plants and animals need water and food.
 - d) Observes and discusses similarities, differences, and categories of plants and animals.
 - e) Identifies things as living or non-living based on characteristics, such as breathes, moves by itself, grows.
 - f) Explains why plants and animals need water and food.
 - g) Describes simple life cycles of plants and animals.
 - h) Describes and identifies the different structures of familiar plants and animals. (Plants have stems, roots, leaves; animals have eyes, mouths, ears, etc.)
 - i) Recognizes that plants and animals have some characteristics of their “parents.”
 - j) Observes, describes, and compares the habitats of plants and animals.
 - k) Observes, records, and explains how plants and animals respond to changes in the environment and changes in seasons.

6. Acquires knowledge about the physical properties of the world.
 - a) Describes, compares, and categorizes objects based on their properties.
 - b) Uses senses to explore different environments (classroom, playground, field trips).
 - c) Recognizes and describes the effect of his/her own actions on objects.
 - d) Describes tools and their specific functions (e.g., hammer for pounding nails).
 - e) Uses a variety of tools to explore the world and learn how things work (such as magnifiers and balance scales).
 - f) Investigates common interactions between matter and energy (butter melting in cooking activities; cream turning to butter; peanuts becoming peanut butter, etc.)
 - g) Describes and compares the effects of common forces (pushes and pulls) on objects, such as those caused by gravity, magnetism, and mechanical forces.
 - h) Explores and discusses simple chemical reactions with teacher assistance (e.g., baking soda and water, mixing oil and water).



(b)(6)

SOCIAL STUDIES

NOTE: In prekindergarten, children are expected to demonstrate increasing awareness and competence in the areas that follow.

Geography

1. Develops a basic awareness of self as an individual, self within the context of family, and self within the context of community.
 - a) Identifies him/herself by using characteristics such as gender, ethnicity, race, religion, language and culture.
 - b) Describes how each person is unique and important.
 - c) Identifies family members, family characteristics and functions.
 - d) Identifies as a member of a family.
 - e) States how families are similar and different.
 - f) Describes his own community and/or cultural group.
 - g) Describes how people within a community are alike and different (e.g., eat different foods, wear different clothing, speak different languages).
 - h) Recognizes some community workers and describes what they do.
2. Demonstrates awareness and appreciation of their own culture and other cultures.
 - a) Talks about and/or shows items related to his/her family and cultural traditions to others.
 - b) Questions why and/or how people are similar/different.
 - c) Describes some of the holidays, dances, foods, costumes and special events, related to his/her own culture.
 - d) Demonstrates an understanding of similarities and differences between and among individual people and families.
3. Demonstrates knowledge of the relationship between people, places, and regions.
 - a) Identifies features of own home and familiar places.
 - b) Names the street, neighborhood, city or and town where he/she lives.
 - c) Uses words that indicate direction, position and relative distance.
 - d) Describes topographical features of familiar places (hill, river, roads, mountains, etc.).

- e) Creates representations of topographical features in art work, and/or while playing with blocks, sand or other materials.
- f) Is aware of his/her surroundings.

History

- 4. Develops an understanding of how people and things change over time and how to relate past events to their present and future activities.
 - a) Identifies routines and common occurrences in his/her life.
 - b) Identifies changes over time in him/herself, his/her families, and in his/her wider community.
 - c) Retells important events in sequential order.
 - d) Demonstrates interest in current events that relate to family, culture, and community.
 - e) Uses words and phrases that differentiate between events that happen in the past, present and future, e.g., uses phrases like “when I was a baby...” or “before I moved to my new house.”

Civics, Citizenship and Government

- 5. Demonstrate an understanding of roles, rights, and responsibilities.
 - a) Recognizes that all children and adults have roles, rights, and responsibilities at home, school, in the classroom and in the community.
 - b) Expresses that rules are for everyone.
 - c) Identifies rules that protect him/herself and others.
 - d) Explains that rules affect children and adults.
 - e) Describes possible consequences when rules are not followed.
- 6. Begins to learn the basic civic and democratic principles.
 - a) Participates in making group rules and/or rules for daily routines and transitions.
 - b) Follows rules and may remind others of the rules.
 - c) Applies the skills of communication, cooperation, respect and empathy with others.
 - d) Demonstrates preferences and choices by participating when the class votes to make simple decisions.

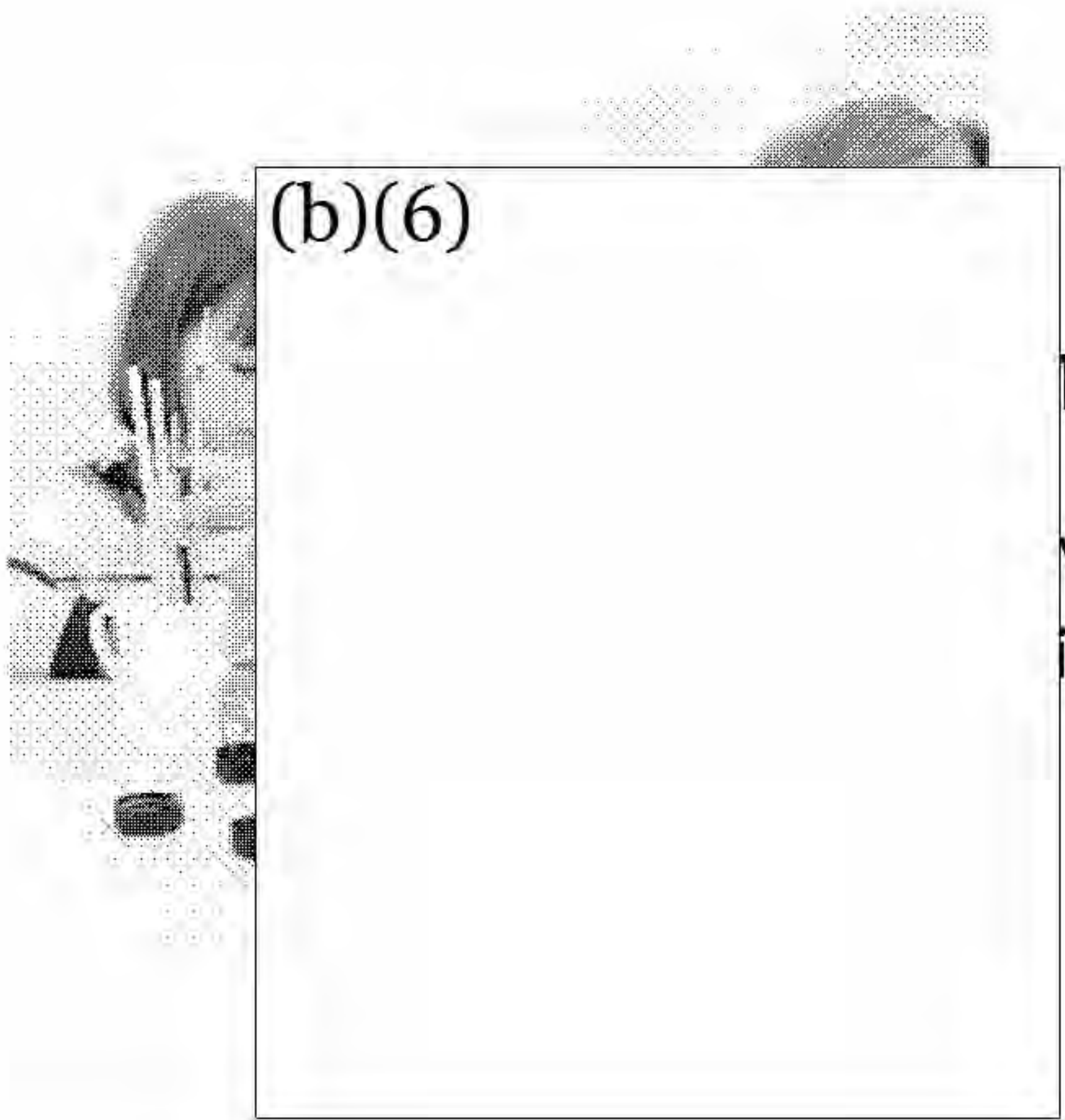
Economics

- 7. Develops a basic understanding of economic concepts within a community.
 - a) Demonstrates an understanding that money is needed to exchange for some goods and services.

- b) Demonstrates understanding that money comes in different forms, i.e., coins and paper money.
- c) Recognizes the roles/contributions of community workers as they produce goods/services that people need.
- d) Recognizes that goods and services may be purchased using different forms of payment, (e.g., coins, paper money, checks, electronic payment, credit cards).

Career Development

- 8. Demonstrates interest and awareness about a wide variety of careers and work environments.
 - a) Asks questions about and shows an interest in the jobs of his/her family members and/or “community helpers.”
 - b) Recognizes that people depend on “community helpers” to provide goods and services.
 - c) Identifies the tools and equipment that correspond to various roles and jobs.
 - d) Takes on the role of a “community helper”, e.g., dramatic play or in acting out a story or song.
 - e) Indicates an interest in a future career by making statements like, “I want to be a firefighter when I grow up.”
 - f) Talks about a parent’s, a relative’s or a neighbor’s job.



THE ARTS

NOTE: In prekindergarten, children are expected to demonstrate increasing awareness and competence in the areas that follow.

Visual Arts

1. Expresses oneself and represents what he/she knows, thinks, believes and feels through visual arts.
 - a) Experiments with a variety of mediums and methods of using art materials (such as using a big brush to paint broad strokes, combining colors, etc.).
 - b) Shows an interest in what can be created with tools, texture, color and technique.
 - c) Uses materials to build and create “pieces” that represent another item (blocks become a castle; clay becomes a snake).
 - d) Chooses materials and subjects with intent and purpose.
 - e) Paints, draws and constructs models based on observations.
2. Responds and react to visual arts created by themselves and others.
 - a) Expresses an interest in drawings, sculptures, models, paintings, and art creations of others.
 - b) Identifies similarities and differences among samples of visual art.
 - c) Shares opinions about visual arts, creations, and experiences.

Music

3. Expresses oneself by engaging in musical activities.
 - a) Participates with increasing interest and enjoyment in a variety of music activities including listening to music, singing songs, performing finger plays, and experimenting with various musical instruments.
 - b) Enjoys singing, making up silly and rhyming verses, imitating rhythmic patterns, and using music to tell stories and express feelings.
 - c) Engages in music activities having different moods, tempos, and rhythms.
 - d) Uses and explores traditional and non-traditional sound sources including those that are electronic.
 - e) Creates sounds using traditional instruments (bells, drums, recorders, etc) and non-traditional instruments (tin cans, oatmeal boxes, containers filled with water).

4. Responds and reacts during musical activities.
 - a) Observes a variety of musical performances, both vocal and instrumental.
 - b) Moves and keeps rhythm to different kinds of music.
 - c) Reacts to music through oral, written or visual expression.
 - d) Compares and contrasts different samples of music.
 - e) Expresses his/her preference for certain kinds of music.
 - f) Repeats, responds and/or reacts to lyrics and/or melodies.

Theatre / Dramatic Play

5. Participates in a variety of dramatic play activities to represent fantasy and real life experiences.
 - a) Represents fantasy, real-life, imagination, and literature through dramatic play.
 - b) Assumes the role of something or someone else and attempts to speak in the appropriate manner and tone.
 - c) Participates in teacher-guided and/or spontaneous dramatic play activities such as acting out a story.
 - d) Uses basic props, and costume pieces to establish time, setting, and character.
6. Responds and reacts to theater and drama presentations.
 - a) Demonstrates age-appropriate behavior when observing theatre and drama.
 - b) Expresses his/her feelings about theatrical or dramatic productions or experiences through oral, written or visual expressions.

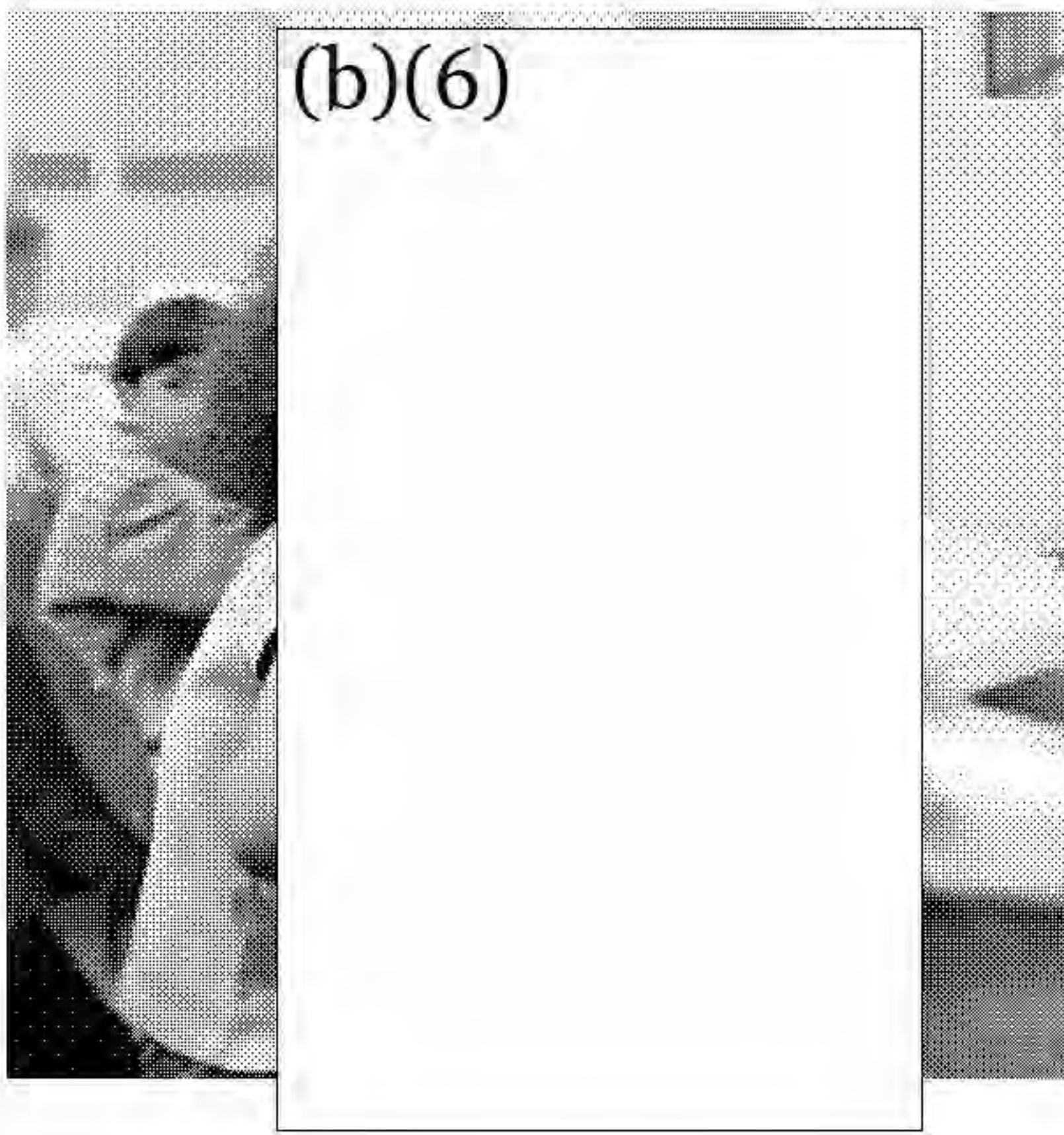
Dance / Creative Movement

7. Expresses what he/she knows, thinks, feels and believes through dance and creative movement.
 - a) Demonstrates concepts (feelings, directions, words, ideas, etc.) through creative movement.
 - b) Uses movement to interpret or imitate feelings, animals, and such things as plants growing, or a rainstorm.
 - c) Uses creativity using his/her body (dance, march, hop, jump, sway, clap, snap, stomp, twist, turn, etc.).
 - d) Uses creative movement props such as crepe paper, streamers, hoops, and scarves to create special movements and dances.
 - e) Demonstrates a wide variety of movements and positions.
 - f) Learns simple, repetitive dance steps and routines.
 - g) Moves in spontaneous and imaginative ways to music, songs, rhythm, and silence.
8. Responds and reacts to dance and creative movement.
 - a) Imitates parts of dance or movement activity that he/she enjoys.
 - b) Compares and contrasts different forms of dance.

- c) Demonstrates age appropriate audience behavior when observing dance and creative movement productions.
- d) Describes interpretations and reactions to dance and movement experience (e.g., drawing a picture, acting it out, retelling a story).

Cultural Differences

- 9. Expresses an understanding of artistic difference among cultures.
 - a) Compares his/her artistic creations with those from other cultures.
 - b) Describes similarities and differences in dance and creative movements from other cultures.
 - c) Distinguishes between different sounds of music and types of instruments from other cultures.
 - d) Discusses dances and dramatizations from various cultures.



TECHNOLOGY

NOTE: In prekindergarten, children are expected to demonstrate increasing awareness and competence in the areas that follow.

Foundations to Technology

1. Describes types of materials and how they're used.
 - a) Discusses or describes characteristics of materials in the environment.
 - b) Explains some uses for materials, e.g., wood, fur, plastic.
 - c) Creates structures with various materials to determine which do/don't work to achieve the desired purpose, (e.g., glue, tape; paper, cardboard, foam, plastic, wood; straws, spools).
2. Explores and uses various types of tools appropriately.
 - a) Identifies the functions of certain tools (e.g., cell phone, pulley, hammer, hearing aid, and microwave).
 - b) Follows simple directions for appropriate use of tools and demonstrates how they are used (e.g., computer, hammer, digital media or simple machine).
 - c) Describes and uses a variety of tools independently or with assistance (e.g., scissors, nut and bolt, incline plane, or lever).
 - d) Uses common tools to create simple objects or structures.
 - e) Invents and/or constructs simple objects or structures using common tools and materials in a safe manner (e.g., wood, glue, rulers, sandpaper, hammer, etc.).
3. Expresses an understanding of how technology affects them in daily life, and how it can be used to solve problems.
 - a) Identifies examples of technology used in daily life (e.g., telephone, computers, car).
 - b) Describes how technology can make finding information, completing tasks and solving problems faster and easier.
 - c) Identifies examples of how technology affects the environment, including home and school environments.

Using Technology

4. Understands the operation of technology systems.
 - a) Uses input and output devices to successfully operate technology systems (e.g., keyboard, monitor, printer, vending machine).
 - b) Begins using appropriate vocabulary when describing the nature and operation of a technological system (e.g., pedal power moves a bicycle, gas moves a car, batteries operate a toy).
 - c) Gives examples of how technological systems are used (e.g., internet, cameras, cell phones).
5. Uses the knowledge of technology to increase learning.
 - a) Uses computer to write, draw and explore concepts.
 - b) Learns basic skills by using age appropriate computer programs.
 - c) Uses technology tools independently (e.g., instructional media games, digital cameras).

RESEARCH AND SUPPORTING MATERIAL

DOMAIN 1: APPROACHES TO LEARNING

While all of the domains are undoubtedly equal in importance, *Approaches to Learning* captures the very essence of children: their inclinations, their dispositions, their attitudes, and their personal styles.

Approaches to Learning is influenced by such profound constants as gender, temperament, family expectations, and cultural values – constants present at birth and increasingly significant throughout the school years.²

Approaches to Learning was formally recognized as a separate and distinct domain integral to the development of children to their full potential almost twenty years ago. In 1989, the National Education Goals Panel (NEGP) was established to help improve the quality of education in the United States. Its very first national goal, “all children will start school ready to learn,” prompted the release of *Reconsidering Children’s Early Development and Learning*. This widely accepted and still highly regarded work brought together the input of over 350 scholars on what exactly young children should know and be able to do. To the four domains historically associated with children’s development – physical, socio-emotional, language, and cognitive – was added a fifth, somewhat new, domain that required explanation:

*Learning styles [how children approach learning situations] are composed of aggregated variables that characterize ways of responding across situations. Learning styles, in contrast to dispositions, are malleable and include variables that affect how children attitudinally address the learning process: their openness to and curiosity about new tasks and challenges; their initiative, task persistence, and attentiveness; their approach to reflection and interpretation; their capacity for invention and imagination; and their cognitive approaches to tasks.*¹

Since then, *Approaches to Learning* has clearly infiltrated the mainstream thinking of educators. Most State educational agencies that have established early learning standards – what children should know and be able to do before kindergarten entry – have either included *approaches to learning* as a distinct domain or have folded aspects of it, such as curiosity or persistence, into their standards. Studies of school readiness, and even of later success in school, now specifically address *approaches to learning*. For example, the nation-wide *Early Childhood Longitudinal Study, Kindergarten Class of 1998-99* directly assessed the developmental status of children entering kindergarten across five domains, one of which was *approaches to learning*.

Since its debut, *Approaches to Learning* has been regarded as the less well-defined of the domains. As scholars debate and policy makers try to implement, the burning question is, “What does it mean for teachers? . . . for parents? . . . for children?” The answer: teachers and parents must intentionally design learning environments that foster children’s natural curiosity, initiative, engagement, persistence, and creativity. The environments must be safe for students to ask questions, to embark on and embrace new tasks, to persevere, and to suggest original solutions. It is absolutely essential that such learning

² National Education Goals Panel, 2002.

environments are not contrived, but rather, engaging and relevant to the child and reflective of the child's interests. Learning what motivates each child will help teachers, parents and caregivers support individual differences and help children discover their own learning style.

Curiosity

“Why?” “How come?” “What if ...?”

As any caregiver of young children knows, the preschool years are peppered with seemingly endless questions. Preschoolers are curious about themselves, about their relationships with others, and about the worlds they are encountering. But, even before the pre-school stage, children are expressing their curiosity, albeit nonverbally. A new-born visually tracks interesting objects. An older baby “tastes” anything and everything – edible or not – to find out more about it.

Throughout the early years, children's curiosity prompts exploration and experimentation. They take it upon themselves to learn more – by mimicking, questioning – about whatever has piqued their interest. Research shows, in fact, that self-initiated activity “makes it possible for young children to be involved in intrinsically interesting experiences that help them to construct understandings of their world, remain focused during activity, and develop a love for learning.”³ By observing where children's natural curiosity leads them, caregivers can create environments in which children can direct their own learning. Scholars in early education concur that “preschool curriculum is most effective when it takes advantage of children's own interests and curiosity.”⁴

Initiative

Whereas curiosity may be a characteristic universal to all children, the degree and manner in which that curiosity is acted upon by each child varies tremendously. Initiative is the willingness to take on tasks or reasonable risks to learn more. Consider, for example, two children playing with race cars. Their pre-school teacher comments “Look at those cars move! What do you think makes them go?” The seed thus planted, one child is content to independently look at a book describing the parts of a car, while another's curiosity isn't satisfied until an adult or peer helps disassemble the car and put it back together again. Both children have taken the initiative to find out more; at the same time, they may have revealed clues to their preferred learning styles – print-oriented and independent in one instance, kinesthetic and small group in the other.

It is easy to fall into assumptions about learning styles based on a child's temperament: “Of course, our print-oriented friend chose a book, he's so shy.” And, there is some validity to this connection between personality and approaches to learning. One pilot study of doctoral students used a five factor model (extraversion, agreeableness, conscientiousness, neuroticism, and openness) to explore the relationship between personality and learning. It found statistical evidence that certain personalities adopt either a strategic, surface, or deep approach to learning.⁵ However, other research keeps alive the decades-old argument of nature versus nurture. A study of infants' exploration of new objects found that “infants who have spent a lot of time with caregivers who name, show, and demonstrate objects typically spend

³ Hohmann & Weikart as cited in Alabama Performance Standards for 4-year-olds: Alabama's Pre-Kindergarten Initiative, 2004

⁴ Bowman, Donovan, and Burns (2001) *Eager to Learn: Educating Our Preschoolers* as cited in Head Start Child Outcomes Framework, Domain 7: Approaches to Learning

⁵ Heinstrom (2000). The Impact of Personality and Approaches to Learning on Information Behavior.

more time with caregivers and objects together,” whereas infants who have not received such interaction will spend more time exploring the objects only.⁶

This finding provokes thought about how influential familial values and cultural expectations can be on children’s initiative. Among different families and cultures, there is a broad spectrum of belief about the role children play in their own learning, whether expected to learn through “observation, imitation, and non-verbal communication,” encouraged to actively engage in discussion with children and adults, or regarded as quiet recipients of parents’ instruction.⁷ In any case, fostering initiative in children can only be effective within the context of both:

- The children’s temperament – Are there different expectations for different temperaments (e.g., quiet and shy versus people-oriented)?
- The style of care they have received – How children are encouraged to learn at home and through their cultural experiences.

Engagement

“Engage,” as a transitive verb, means “to obtain and hold the attention of.” Transitive verbs express action that is carried from subject to object, such as “To engage her students, the preschool teacher connected the lesson to their holiday celebration.” Alternatively, the intransitive meaning of the verb is “to involve oneself,” suggesting an internal source of action. “Tamika was so engaged in her play, she lost track of time.” For either definition, young children’s engagement – in learning, but also in play as a means of learning – is paramount to their development and success.

As noted earlier, self-initiated activity, or learning more about something already of interest, lends itself to a love of learning. It has been noted that “infants and toddlers usually show pleasure when they are successful at manipulating their environment and at overcoming barriers to reach a goal.” This prompted at least one early researcher to maintain that young children are motivated to explore their surroundings, overcome obstacles, and master their environment – in other words, to engage.⁸

In the ideal world, all subjects are either so appealing by nature, or presented so appealingly by skillful teachers, that learners’ engagement is automatic. Despite educators’ best efforts, however, school tasks and activities are not always of intrinsic interest to every child. Learning to engage in challenging or frustrating tasks is an indicator of children’s school readiness.

How is engagement encouraged? Start by harnessing the pride and satisfaction children gain from self-chosen play or projects. The natural desire to excel in that which they are interested will propel them to overcome challenges. Point out that hard work and effort, rather than intelligence or luck, powered their success. When this is realized, according to researchers, children become engaged and motivated.⁹ When faced with the next challenge – learning something “off the radar” of interest, for example – that sense of accomplishment can be re-invoked.

⁶ Wachs and Combs. (1995) as cited in Iowa Early Learning Standards.

⁷ NEGP. Reconsidering Children’s Early Development and Learning, 1995.

⁸ White (1995) as cited in Iowa Early Learning Standards.

⁹ Dweck (1999) as cited in Head Start Child Outcomes Framework, Domain 7: Approaches to Learning.

Persistence

Learning how to persevere is not only key to success in school, but an important life skill as well. A recent study found that persistence “is one of the critical elements in successful learning [and] the ability to foster, nourish, and support the development of persistence is a crucial skill set for teachers.”¹⁰ When leaders in business were asked about the characteristics needed to guide companies through change, “perseverance” was most often cited.¹¹

What does persistence mean for preschoolers? It’s maintaining focus on, and investing energy into, a task. It’s tuning out distractions and interruptions. It’s following a series of steps to create a project. It’s knowing when to accept, and when to seek help from an adult or another child when the next step is unclear or too difficult.

As with all of the components associated with approaches to learning, persistence varies among children. This variation may be attributed, in part, to the child’s temperament, but other factors have surfaced as being influential as well.¹² Parents and teachers who participated in a longitudinal study of children entering kindergarten reported that “girls persist at tasks more often than boys, older kindergartners persist at tasks more often than the younger, and children not at risk persist at tasks more often than children at risk.”¹³ Based on the study’s definition of “at risk,” it appears that persistence can be impacted by the physical (gender), the developmental (age), and the socio-economic status of mothers, particularly single mothers, and/or mothers with less than a high school education.

These findings – that persistence is more than what one is born with – are important for caregivers of young children to understand. Both consciously and unconsciously, parents and early childhood educators are shaping this critical skill. Adults are often overheard expressing encouragement (“Oh, what a beautiful picture you’ve colored! What can you tell me about it?”), but do their actions transmit the same message about persistence? According to researchers Stipek and Greene (2001), “toddlers show more persistence in activities when caregivers promptly respond to their requests for help.” If asking for assistance is a signal of a child’s desire to persist, it is important that caregivers be responsive to that need. The value of persistence is thereby reinforced.

Creativity

According to Dr. Sharon Lynn Kagan, renowned expert on early learning standards and author of *Young Children and Creativity: Lessons from the National Education Goals Panel*, “creativity in American early childhood education has often been understood as a focus on specific activities associated with creative expression: art, music, and drama.” She goes on to say, however, that today’s view of creativity, “embraces it as an approach that encourages invention and problem-solving in all aspects of the curriculum: science, social studies, literacy, and numeracy.”¹⁴

Creativity, then, is the ability to solve problems. It is creating new connections from previous experiences and applying familiar strategies to new situations. Creative learners seek one or more solutions to a problem by actively exploring through trial and error and by observing and interacting with others. This

¹⁰ QIA Motivating Skills for Life Learners to Progress, Persist, and Achieve, 2006.

¹¹ Kotter, John P. (1996) *Leading Change*. Harvard Business School Press.

¹² Stipek and Greene (2001) as cited in Iowa Early Learning Standards.

¹³ U.S. Department of Education (Fall 1998) *Early Childhood Longitudinal Study, Kindergarten Class of 1998-99*.

¹⁴ Sharon Lynn Kagan, Ed.D (2003) *Young Children and Creativity: Lessons from the National Education Goals Panel*

has been observed in children as young as infants. For example, when unable to reach a toy at the edge of her blanket, a baby might instead tug on the blanket until the toy is in reach. A three-year-old has discovered something stuck in his cup. Having seen his father pry things out with a screwdriver, the boy proceeds to poke his play drumstick into the cup to loosen the object. Both of these children were creative in addressing the task at hand.

Both children were allowed the opportunity to be creative. Had an adult intervened in either case, by handing the toy to the baby or offering to dislodge the object from the cup, the child would have no need to problem-solve.

It is important for caregivers to recognize naturally occurring opportunities for children to problem-solve and to allow children the autonomy to experiment in those opportunities. As concluded by Piaget, caregivers can encourage problem-solving and can promote creativity “by making problem-solving opportunities available with a wide variety of materials, by encouraging infants and toddlers to experiment with solutions, by not interfering too quickly to solve problems for them, and by helping them notice the results of their experiments.”

DOMAIN 2: PHYSICAL DEVELOPMENT AND HEALTH

In all of the ways young children develop, perhaps the most dramatic and probably the earliest observed, is physical growth. New parents are astounded at how quickly their infants grow – on average, tripling in weight and doubling in length during their first year. While that rate does slow somewhat, children are still gaining up to 3.5 inches in height, per year, when they enter kindergarten.¹⁵ Furthermore, the first five years mark an amazing transformation in children’s bodies. Their bones, muscles, joints, nerves, and synapses learn to work together to produce that first smile, that first “DaDa,” that first step – before long the baby is an independent preschooler riding a tricycle.

Information about children’s physical milestones is abundant. At wellness visits, pediatricians talk in percentiles, comparing the height and weight of the patient to his or her peers. *Women, Infants, and Children* programs provide information and resources on what constitutes healthy growth to the parents who receive their services. Numerous books, pamphlets, and internet sites feature descriptions of children’s ages and expected abilities. Even well-meaning grandmothers are happy to share their opinion on the best age to toilet-train. If parents and caregivers somehow escape this deluge of information, it is nonetheless inevitable that they will – on their own – notice differences between their children and their playmates. “Why can’t my daughter form letters as well as her friend does?” “Our Johnny connects with the ball every time, but some of his teammates...”

Expectations that derive from comparing children to their peers – whether formally presented in the guise of height/weight percentiles or informally observed during play – can be both valuable and dangerous. At the first sign of deviance from the “normal,” it may be natural for parents to hit the panic button and ask, “What’s wrong with my child?” In most cases, there is nothing wrong. Children’s growth is highly dependent on many factors, such as genetic potential, quality of prenatal care, and overall nutrition. To expect “by the-book” growth at every checkpoint is unrealistic. On the other hand, repeated occurrences of slower-than-expected growth or patterns of failing to meet physical milestones

¹⁵ M.J. Hockenberry and D. Wilson (2007) “Nursing Care of Infants and Children (8th Ed.) St Louis: MI, Mosby Elsevier

may be cues for investigating further into possible causes, such as infections or chronic disease, psychosocial health, growth hormone deficiency, and other disorders.¹⁶ Many children with delayed growth can also have delays in other areas of development, so it is important to rule out metabolic problems.

It is also important to consider the impact that physical development has on learning. As coordination improves and bones grow, children can undertake increasingly complex physical endeavors. They learn to roll over, to scoot or crawl, to walk, to run, and so on. They progress to the next level of complexity when their bodies are able to support that level. Children learning to write, for example, go through distinct stages based, in part, on physical ability. Scribbling is often recognized as an important precursor to writing, but the process of learning to write actually begins far earlier than the first time the child puts crayon to paper. Being able to hold that crayon requires the fine-motor skill of coordinating index finger and thumb. By their first birthday, babies demonstrate this “pincer grasp” by picking up small objects like cheerios. But, babies are progressing toward this skill from as early as six months, when they pick up large objects by pushing their whole hand over a toy and curling their fingers around it.¹⁷

Between three and four months, babies begin developing the gross-motor skills that will eventually allow them to control a pencil, which “depends on stability of the shoulder and arm.”¹⁸ Babies strengthen their shoulders and arms every time they push up to raise their heads and shoulders during “tummy-time” and later, when they begin crawling. Crawling also reinforces the ability to cross the body’s midline, developing directionality, an important skill for writing left to right.¹⁹ Remarkably, even the act of gazing into babies’ eyes helps them learn to focus their vision, which develops into the eye-hand coordination necessary for forming letters. Proper sensory development, then, is also integral to the multifaceted process of writing.

Placing objects within reach, providing plenty of tummy-time, and interacting one-on-one, eye-to-eye are but a few of the ways that caregivers can promote the fine-motor, gross-motor, and sensory development of children. Perhaps the greatest gift a caregiver can offer, however, is to respect each child as an individual who will develop at a rate unique to him or herself. For each child, there will be abilities, there will be challenges, and there will be supports for those challenges. A child diagnosed with autism may require occupational therapy to address sensory problems. A preschooler struggling with writing may benefit from a pencil grip. It is important that every child, regardless of physical ability or physical challenge, receives the support necessary to not only engage in daily activities, but also to learn.

Teachers’ informal observations of the relationship between children’s physical well-being and their ability to learn have been confirmed by numerous studies. For example, research shows that children who don’t eat breakfast have trouble concentrating at school, becoming restless by late morning as glucose levels, the brain’s basic fuel, drop. This news is made more troubling by a finding in a Carnegie Foundation Report (1990) in which more than half of the teachers surveyed stated that poor nourishment is a problem at their school. Furthermore, “children who suffer from poor nutrition during the brain’s formative years score much lower on tests of vocabulary, reading comprehension, arithmetic,

¹⁶ U.S. National Library of Medicine and the National Institutes of Health. *MedLine Plus: Delayed Growth*. <http://www.nlm.nih.gov/medlineplus/ency/article/003021.htm>

¹⁷ Graham, Janice. Wondertime, “Get a Grip”. <http://wondertime.go.com/learning/article/get-a-grip-pincer-grasp.html> (date retrieved : 10/7/09)

¹⁸ Neuman, Susan B., Carol Copple, & Sue Bredekamp. *Learning to Read and Write: Developmentally Appropriate Practices for Young Children* (2000) National Association

¹⁹ Shamberg, Shoshana. *Preparing Mind and Body for Childhood Development*. Simple sensory motor strategies for childcare providers (2009)

and general knowledge.”²⁰ On the other hand, children who do eat a nutritious breakfast not only maintain their attention in late morning, but also display a quicker and more accurate working memory, are better able to perform complex tasks, and make fewer errors in problem-solving activities.²¹ It has also been found that regular physical activity can help improve mathematics, reading, and writing test scores, increase concentration, and reduce disruptive behavior, suggesting strongly that the “physical well-being of students has a direct impact on their ability to achieve academically.”²²

How can children be expected to learn if they are depressed, bullied, stressed, or abused? The National Association of State Boards of Education perhaps summarizes it best: “Health and success in school are interrelated” (1998). While proper nutrition and physical fitness are key contributors to good health, other factors impacting a child’s sense of well being have also been identified. The United States Department of Education’s belief that “[t]oo many of our children start school unready to meet the challenges of learning, and are adversely influenced by... drug use and alcohol abuse, random violence, adolescent pregnancy, AIDS, and the rest,” is backed by both state and federal mandates for tobacco-free buildings, drug- and gun-free zones, immunization requirements, and the 2004 Child Nutrition Reauthorization Act.^{23,24} The American Cancer Society maintains that children “who face violence, hunger, substance abuse, unintended pregnancy, and despair cannot possibly focus on academic excellence. There is no curriculum brilliant enough to compensate for a hungry stomach or a distracted mind.”²⁵

DOMAIN 3: SOCIAL AND EMOTIONAL DEVELOPMENT

Historically, the quality of many educational systems has been determined by measures of reading, writing and mathematics. Standardized tests and screening devices may well capture the extent to which students – whether incoming kindergartners, fourth-graders, eighth-graders, or high school graduates – can understand and express ideas or compute figures, but many such tests are less able to portray “non-academic” skills that are the keys to success in school and in life. It is imperative that individuals are able to form positive relationships with others, for it is those relationships that give meaning to their experiences in the home, in school, and in the larger community.

In this increasingly globalized and shrinking world, ensuring the healthy social and emotional development of preschoolers is now more critical than ever. Preschool children must learn to be aware of and comfortable with themselves and others and to recognize and manage their emotions. At this age, engaging in respectful two-way interactions with adults is as important as forming positive relationships with peers. Children should demonstrate trust with familiar adults and cooperation with their peers. They must also know when to seek guidance from adults and how to problem-solve with their peers and

²⁰ Brown, L and Pollitt, E. 1996 “Malnutrition, poverty, and intellectual development.” as cited in Action for Healthy Kids. “The Role of Sound Nutrition and Physical Activity in Academic Achievement.”

²¹ Dairy Council of California. “Good Nutrition: The First Step in Getting Kids Ready to Learn.” (1997)

²² Shephard, R.J. 2008 “Curricular Physical Activity and Academic Performance” as cited in Action for Healthy Kids. “The Role of Sound Nutrition and Physical Activity in Academic Achievement.”

²³ United States Department of Education. “America 2000: An Education Strategy Sourcebook” as cited in Association of State and Territorial Health Officials (ASTHO) and the Society of State Directors of Health, Physical Education and Recreation (SSDHPER). “Making the Connection: Health and Student Achievement.” 2002

²⁴ Marx, E., Wooley, S., and Donica, B. “A Coordinated Approach to Health and Learning.” *The Healthy Child*. Vol 85, No. 3. Jan/Feb 2006. Retrieved 5/28/08 from www.nawsp.org/ContentLoad.do?contentId=1788&action=print

²⁵ American Cancer Society. “National Action Plan for Comprehensive School Health Education” as cited in Association of State and Territorial Health Officials (ASTHO) and the Society of State Directors of Health, Physical Education and Recreation (SSDHPER). “Making the Connection: Health and Student Achievement.” 2002

independently. It is with these skills that children will be best prepared to self-regulate and adapt to new situations.

Dr. Edward Zigler, renowned child development expert and one of the architects of Head Start, writes:

“...cognitive skills are not the sole determinant of how successful a child will be in school or in life. Nor does intelligence develop independently of social-emotional and other systems of human development. Think about the not-so-simple task of learning how to tie a shoe. A child must have the cognitive ability to memorize the steps involved and their order, the fine motor skills and eyesight needed, and the motivation to want to learn the task and to keep trying until he or she succeeds.”²⁶

The measure of social and emotional development has long been the “missing piece” of intelligence testing. Alfred Binet, creator of the first modern intelligence test and so-called “father” of IQ testing, cautioned that his scale was designed to identify children who should be placed in special schools where they would receive more individual attention, not to serve as a definitive statement of a child’s intellectual capacity. He, in fact, argued:

“... in intelligence, there is a fundamental faculty, the alteration or the lack of which, is of the utmost importance for practical life. This faculty is judgment, otherwise called good sense, practical sense, initiative; the faculty of adapting one's self to circumstances. Indeed the rest of the intellectual faculties seem of little importance in comparison with judgment.”²⁷

David Wechsler, creator of the Wechsler Adult Intelligence Scale (1939), Wechsler Intelligence Scale for Children (1949), and the Wechsler Preschool and Primary Scale of Intelligence (1967), believed that intelligence is “the global capacity to act purposefully, to think rationally, and to deal effectively with [one’s] environment.”²⁸

These early allusions to social and emotional dimensions of child development were formally presented by Howard Gardner in his groundbreaking work on multiple intelligences. He argued that interpersonal intelligence (the capacity to understand the intentions, motivations and desires of other people) and intrapersonal intelligence (the capacity to understand oneself, to appreciate one's feelings, fears and motivations) were as important as the cognitive types of intelligence traditionally measured by IQ tests.

That social and emotional skills are integral to the holistic development of children and to their success in pre-school, as well as in later schooling, has been confirmed by many studies.

In separate studies, researchers established young children’s social status (a proxy for social and emotional skills) in very early grades as highly predictive of social and academic performance in the third grade²⁹ and of school success and mental health adjustment in adolescence.³⁰

²⁶ Zigler, E., Gilliam, W. S. and Jones, S.M., 2006 A vision for universal education. New York: Cambridge Press

²⁷ Plucker, J.A. (Ed.) (2003). Human Intelligence: Historical influences, current controversies, teaching resources. Retrieved 10/7/09 from <http://www.indiana.edu/~int>.

²⁸ Cited in Kaplan & Saccuzzo, Psychological Testing: Principles, Applications, And Issues (2008) Wadsworth Publishing Company. p. 256

²⁹ Wasik, B.H. 1997. Kindergarten predictors of elementary children’s social and academic performance. In *Influences on and Linkages between Children’s Social and Academic Performance: A Developmental Perspective*. B.H. Wasik, chair. Symposium conducted at the annual meeting for Social Research in Child Development, Washington, D.C.

³⁰ Lynch, M. and D. Cicchetti. 1997. Children’s relationships with adults and peers: An examination of elementary and junior high school students. *Journal of School Psychology* 35 (1): 81-99.

Raver found that children who are emotionally well-adjusted have a greater chance of early school success.³¹ In another study, she and Zigler found that children who are able to build positive relationships with others have a greater chance of academic success.³²

Joseph and Strain found that problem behaviors decrease and social skills improve when children are taught to understand their own and others' emotions, handle conflicts, problem-solve and to develop relationships with others.³³ This is particularly important for children whose life circumstances may prompt them to be labeled "at-risk." Several "risk factors" have been identified as possible inhibitors of a child's ability to meet society's standards for behavior, including homelessness, maternal depression, abuse, exposure to violence, and negative values in the school or neighborhood. Children who are living with four or more these factors are more likely to have social-emotional difficulties.³⁴

Reporting on a series of studies of preschoolers, Rubin and Coplan found that children who were non-social or withdrawn during preschool were more likely to suffer from peer rejection, social anxiety, loneliness, depression, and negative self-esteem in later childhood and adolescence. Negative implications for academic success were also suggested.³⁵

The impact of healthy social and emotional development remains strong past the preschool years, extending perhaps to adulthood. A study of over 280 programs addressing "social-emotional learning" (SEL) found that students who receive instruction on recognizing and managing emotions, understanding and interacting with others, making good decisions, and behaving ethically and responsibly experienced an increased 11-percentile-point achievement gain in comparison to students who do not participate in SEL programs.³⁶ Successful leaders in today's corporate world rely on social and emotional competencies for effective communication, sensitivity, initiative, and interpersonal skills. Economics Nobel Laureate James Heckman notes that the most effective interventions take place during and prior to kindergarten, and that investing in social-emotional skills is a cost-effective approach to increasing the quality and productivity of the workforce through fostering workers' motivation, perseverance, and self-control.

In an analysis of early childhood education research, the Northwest Regional Educational Laboratory (NWREL) confirmed the lifelong influence of social and emotional development. The numerous longitudinal studies reviewed in the analysis showed that children who graduated from preschool, as compared to those who did not participate, generally had a greater degree of success in later schooling and in life. (See Chart A). Indeed, NWREL found "it is in the non-cognitive realm that the greatest benefits of preschool experience occur."

³¹ Raver, C.C. 2002. Emotions matter: Making the case for the role of young children's emotional development for early school readiness. *SRCD Social Policy Report*, XVI (3). Ann Arbor, MI: Society for Research in Child Development. [Http: www.srcd.org/spr.html](http://www.srcd.org/spr.html).

³² Raver, C.C. & Zigler, E.F. 1997. Social competence: An untapped dimension in evaluating Head Start's success. *Early Childhood Research Quarterly*, 12, 363-385.

³³ Joseph, G.E. & P.S. Strain. 2003. Comprehensive evidence-based social-emotional curricular for young children: An analysis of efficacious adoption potential. *Topics in Early Childhood Special Education*. 23 (2):65-76.

³⁴ Bowman, B. 2006. School readiness and social-emotional development. In B. Bowman & E.K. Moore (Eds.) *School Readiness and Social Emotional Development: Perspectives on Cultural Diversity*. National Black Child Development Institute, Inc.

³⁵ Rubin, K. & R.J. Coplan. 1998. Social and nonsocial play in childhood: An individual differences perspective. In O.N. Saracho & B. Spodek (Eds.) *Multiple perspectives on play in early childhood*. (pp. 144 – 170). Albany: State University of New York Press.

³⁶ Durlak, J.A., Weissberg, R.P., Dynmicki, A. B., Taylor, R.D., Schellinger, K.B. *The impact of enhancing students social and emotional learning: meta-analysis of child-based universal interventions*. Child Development (in press).

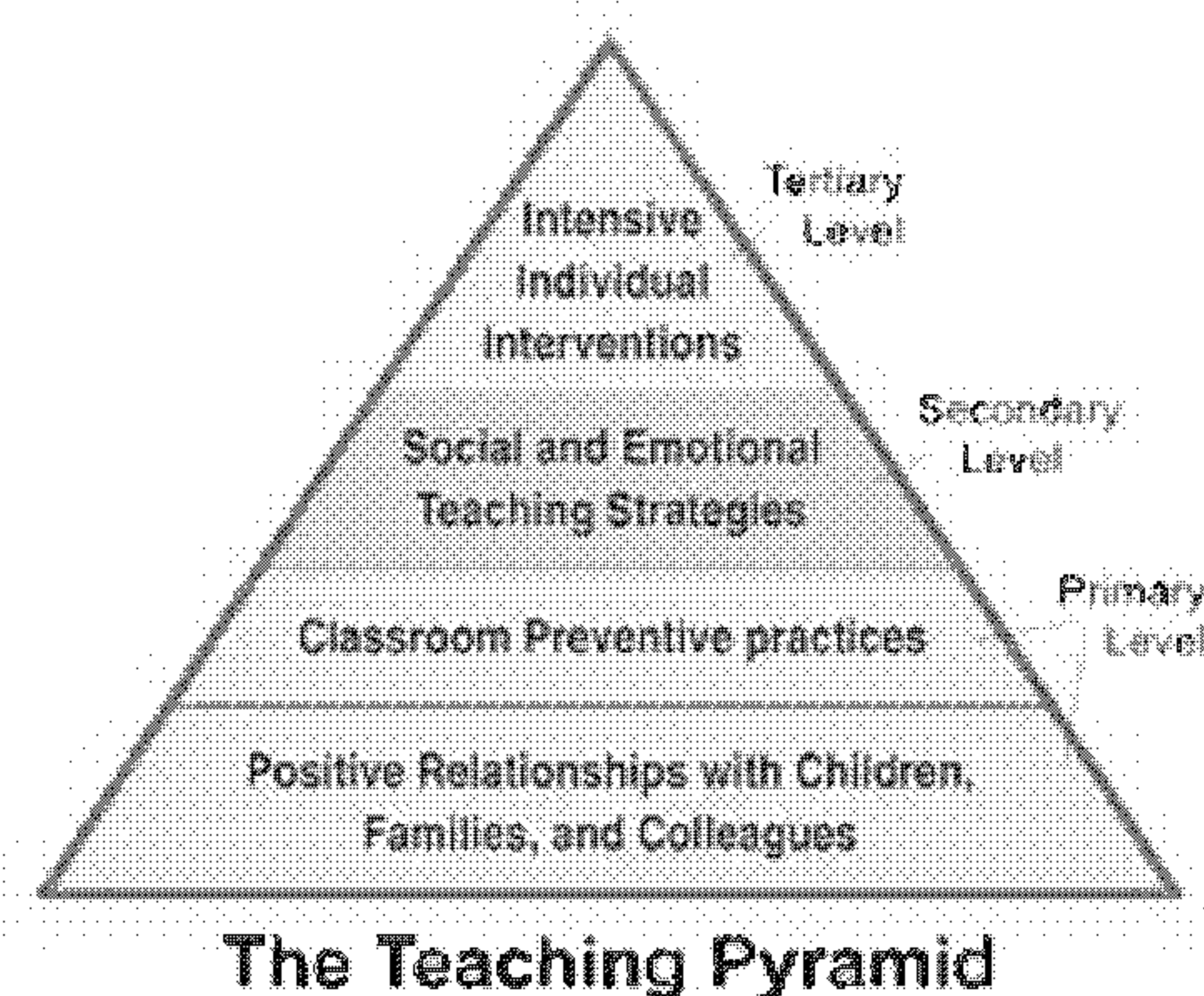
Chart A: Task-related, Social, and Attitudinal Outcomes Associated with Preschool Participation	
fewer referrals for remedial classes or special education	lower incidents of illegitimate pregnancy, drug abuse, and delinquent acts
less likely to repeat grades	higher employment rates and better earnings
less often absent or sent to detention	fewer arrests and antisocial acts
greater academic motivation, on-task behavior, and capacity for independent work	better relationships with family members
more positive attitudes toward school	higher incidence of volunteer work
more frequent high-school graduations or GED completion	better self-esteem and a greater locus of control
Cotton, K. & Conklin, N.F. 2001. <i>Research on Early Childhood Education. Topical Synthesis #3 of the School Improvement Research Series.</i> Northwest Regional Educational Laboratory. http://www.nwrel.org/scpd/sirs/3/topsyn3.html	

It is already clear that social and emotional development is paramount to success; it is becoming clearer that such development requires cultivation. The ability to get along with others, to recognize one's own strengths, to adapt, and to self-regulate are not merely natural by products of children maturing and interacting with peers; they are a learned skill set. Increasingly, early educators are finding that children are very much in need of this type of learning. Social-emotional development has been cited by many states as the area in which children are least prepared for kindergarten, and the number of kindergarten-aged children who are considered not "ready to learn" has been reported to be as high as fifty percent.³⁷ More troubling still, it has been estimated that between 16 and 30 percent of children entering kindergarten have emotional or behavioral problems that pose ongoing problems to teachers.³⁸ Researchers have also reported that *forty* percent of children in a Head Start program exhibited problem behaviors (such as kicking or threatening others) at least once a day.

³⁷ Rimm-Kaufman, S.E., Pianta, R.C. and Cox, M.J., 2000 *Teacher's judgement of problems in the transition of kindergarten.* Early Childhood Research Quarterly, 15 (2, 147-166).

³⁸ National Center for Children in Poverty. 2002. Building Services and Systems to Support the Healthy Emotional Development of Children: Promoting the Emotional Well-being of Children. Volume 12: No. 3 NCCP

How do early educators address these problems? Bodrova and Leong have suggested that the fourth “r” teachers must attend to – along with readin’, writin’, and ‘rithmetic – is regulation. Self-regulation has two dimensions: the ability to control one’s impulses (not *grabbing* a coveted toy from a peer’s hands) and the capacity to do something because it’s needed (*asking* to play with the desired toy and then *waiting* one’s turn). According to Bodrova and Leong, self-regulation is used in both social interactions and in thinking, providing the research-based example of having to overcome the desire to focus on the picture of a dog when reading its caption of “cat.” Children’s self-regulation behaviors in the early years are regarded by researchers as more predictive of school achievement in reading and math than their IQ scores.^{39, 40}



Critics seeking to minimize the role of self-regulation in a child’s development may argue that such behavior can only occur when the child is physiologically ready. There is some truth in this argument, as brain research does indicate that the ability to regulate is tied to the development of the prefrontal cortex, which is also important to controlling one’s emotions and focusing one’s attention.⁴¹ However, it has also been proven that those necessary neural pathways are constructed and strengthened by positive interactions with others.^{42, 43}

One model for promoting the social and emotional development of all children in the classroom extends to teachers the power of positive interactions with others. As depicted in the diagram, the Teaching Pyramid builds upon a base of “positive relationships with children, family, and colleagues.” This model urges teachers to focus on their relationships with children and families and to include developmentally appropriate, child-centered classroom environments that promote children’s developing independence, successful interactions, and engagement in learning. Such nurturing and responsive caregiving will address the social and emotional needs of most children. For those children whose challenging behavior indicates that these “universal practices” are not adequately addressing their social/emotional status, teachers can reframe the problem behavior into a skill-learning opportunity. The desired behavior is modeled for the child, practiced by the child, and maintained in both familiar and new situations.⁴⁴

³⁹ Bodrova, E. & D Leong. 2008. Developing Self-Regulation in Kindergarten – Can We Keep All the Crickets in the Basket?

⁴⁰ Blair, C. 2002. School readiness: Integrating cognition and emotion in a neurobiological conceptualization of children’s functioning at school entry. *American Psychologist* 57 (2):111-27.

⁴¹ Blair, C & RP Bazzaz. 2007. Relating effortful control, executive function, and false belief understanding to emerging math and literacy ability in kindergarten. *Child Development*. 78 (2):647-63.

⁴² Brodrova, E. & D. Leong. 2005. Self-Regulation as a Key to School Readiness

⁴³ Eisenberger, N.I., Taylor, S.P., Gable, S.L., Hilmert, C.J., Lieberman, M.D., 2007, *Neural pathways link social support to attenuated neuroendocrine stress responses*. *NeuroImage*, 35, 1601-1612.

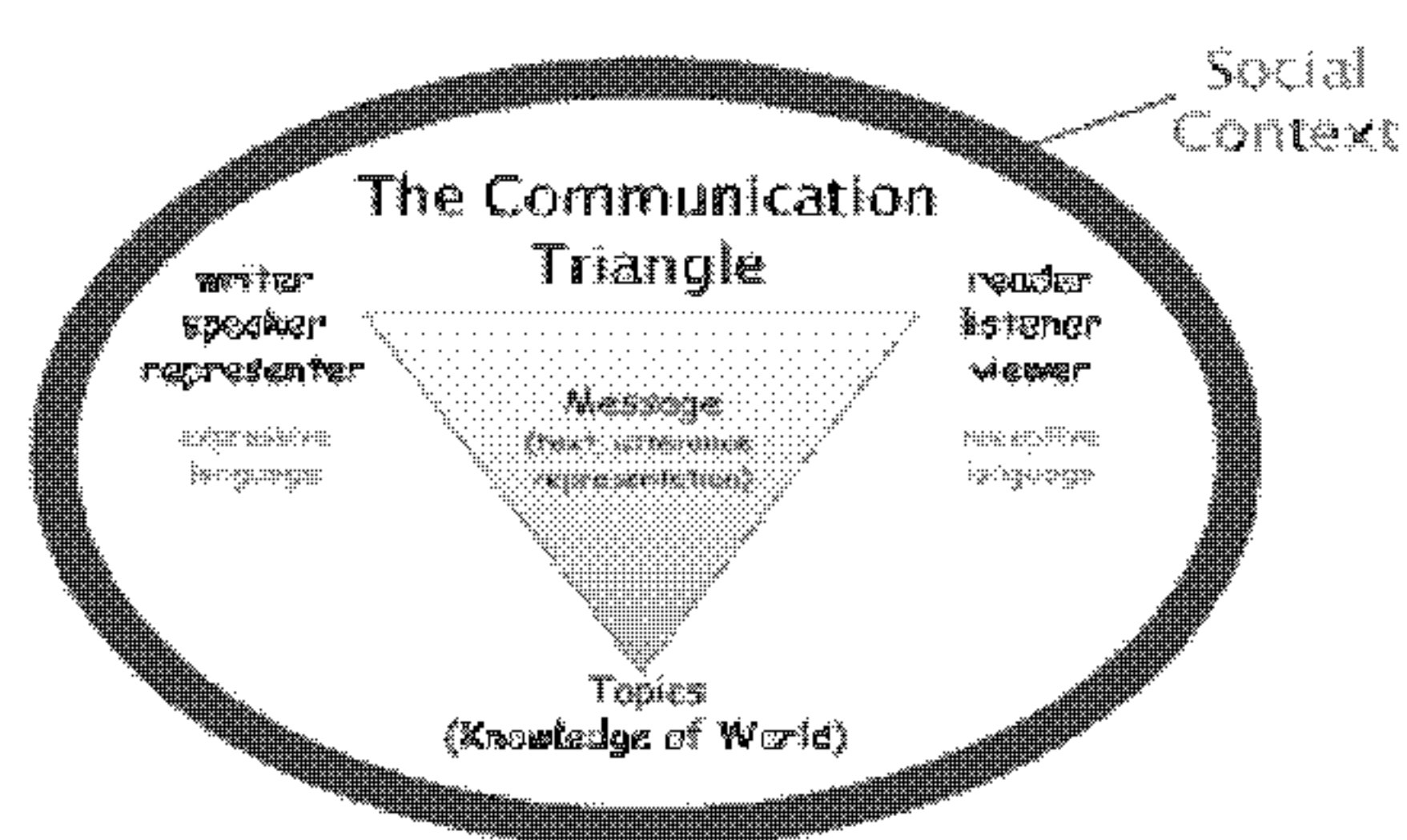
⁴⁴ Promoting Children’s Social and Emotional Development through Preschool Education; Crockenberg, S. & Leerkes, E. 2003. Infant negative emotionality, caregiving, and family relationships. In A.C. Crouter & A. Booth (eds.). *Learning to Read the World: Language and Literacy in the First Three Years*. (pp. 557-78). Mahwah, NJ:Erlbaum

Lest educators be overwhelmed by a “fourth r,” it is important to remember that fostering social and emotional development should occur within the context of everyday life. Of course, there are plenty of “teachable moments” – when Ben punches Denzel for stealing the ball, when Grace blurts out the answer to the question addressed to Taritha. But, in a more positive approach, the childhood act of play needs to be taken seriously as a very real avenue to social and emotional development. For it is through “activities in which children – and not adults – set, negotiate, and follow the rules” that pre-schoolers are best able to access one of the important gateways to success: self-regulation.^{45, 46}

DOMAIN 4: COMMUNICATION, LANGUAGE AND LITERACY

Communication, in its purest form, is neither the telephone nor the computer; it is the ability “to express oneself in such a way that one is readily and clearly understood.” Evolving technology: cell phones, instant messaging, email, and teleconferencing has seemingly propelled us into an age of telecommunication, one in which our messages can be instantaneously shared through speech, text, graphics, and video.

The ability to express oneself is displayed from the moment children are born. When infants cry, they are conveying a need arising from hunger, discomfort, pain, or distress. Parents and other caregivers are



often soon able to detect exactly what the baby wants by the distinctive sound of the cry. Young babies may also communicate feelings of displeasure by hiccupping, yawning, stretching out their arms, grimacing, or even falling asleep.⁴⁷ As early as six weeks, babies begin to express their contentment by cooing, making squeals, gurgling, and even making vowel sounds such as “ah-ah.”⁴⁸ At around this same time, babies exhibit their first “real” smiles. Although parents often notice their baby smiling earlier – perhaps while sleeping

or staring at a picture, those smiles are regarded as spontaneous, not requiring “the complex thought process of a social smile. One of the most special things about the social smile is that it opens up a whole new way of communicating with your baby.”⁴⁹

This connection between baby, parents and/or caregiver sets the stage for the “dance” of communication, a dance that becomes increasingly intricate as very young children acquire language. Daniel J. Siegel, a leader in the field of attachment and parenting, has proposed the idea of “contingent communication,” in which the mind of one person joins the other. Basically, the child sends a need. The parent perceives the need, interprets the need, and responds promptly and sensitively to it. Babies learn that they can rely on their parents’ responsiveness, thereby forming a secure attachment to the parent. Research by Shonkoff and Phillips indicates that infants whose parents respond appropriately and consistently to their efforts to communicate are more advanced on virtually all assessments of

⁴⁵ Fox, L. & R.H. Lentini: 2006. “You got it!” Teaching social and emotional skills. *Beyond the Journal*. National Association for the Education of Young Children.

⁴⁶ Zigler, E.F., Singer, D.G. and Bishop-Josef, S.J.: 2004 *Children’s play: The roots of reading*. Washington D.C., Zero to three.

⁴⁷ Reinhartsen, D. & P. Pierce, P. (no date) Developing communication abilities.” In *Baby Power: A Guide for Families for Using Assistive Technology with their Infants and Toddlers*, ed. P. Pierce. Chapel Hill, NC: The Center for Literacy and Disabilities Studies, University of North Carolina at Chapel Hill. Retrieved 6/6/08 from www2.edc.org/NCIP/LIBRARY/ec/Power_7.htm

⁴⁸ Papalia, D. & S. Wendkos Olds. 1987. *A Child’s World: Infancy through Adolescence*. Fourth Edition. New York: McGraw-Hill Book Company.

⁴⁹ *Smiling: What Experts Say*. Retrieved 6/6/08 from <http://family.go.com/parentpedia/baby/milestones-development/baby-smiling/>

developmental and cognitive status.⁵⁰ It has also been noted that mothers with securely attached children of preschool age tend to read more and give more reading instruction than mothers with children who are less securely attached, again suggesting the interactive nature of communication and of language development.^{51,52}

That language exists within a social context is not a new idea. In his book, *Closing the Circle: A Practical Guide to Implementing Literacy Reform, K-12*, author Sean Walmsley traces the roots of what is known as the “communication triangle” to Aristotle. The communication triangle “represents the basic relationships among those who create and express ideas (writers, speakers, and representers), those who receive and make sense of them (readers, listeners, and viewers), the topics or ideas themselves, and the actual text. All of these interactions lie within a social context that influences – in some cases, controls – these interactions.”⁵³

The terms “expressive language” and “receptive language” used in the diagram of the communication triangle have long been used in the study of language acquisition (and are defined below), but the listing of “representer” and “viewer” in their respective categories may be unexpected. To represent is to express ideas in a variety of media. Representing can be regarded a precursor to writing, but interestingly, writing is also one of the many forms of representing. Likewise, children “view” before they are able to read, yet the ability to make sense of what they observe will carry through as a necessary life-long skill in an increasingly visual world. That young children express themselves before knowing how to write, and acquire knowledge before knowing how to read convinces Walmsley that representing is indeed a critical and first component of expressive literacy, viewing a critical and first component of receptive literacy.⁵⁴

If communication is the ability to express oneself, and language is one way in which to do so, what then, is literacy? Traditionally, literacy has meant the ability to read and write, but experts agree that it is much more than that. Since the mid-twenties when the concept of “reading readiness” was introduced, to the early 1970’s when noted educator and researcher, Marie Clay, challenged reading readiness with the new idea of “emergent literacy,” to Walmsley’s present-day argument that viewing and representing are critical components, literacy has come to include a continuum of those early behaviors that lead to actual reading and writing.

Much research confirms the validity of this model. Teale and Sulzby found that literacy development begins before children participate in formal education and other researchers have identified contributors to that development.⁵⁵ According to Logue, “nothing is more important [to developing literacy skills] than regular, daily experiences of face-to-face interactions – being read to, talked to, listened to, touched, and comforted.”⁵⁶ Studies by Purcell-Gates, McGee, Lomax & Head, and Neuman & Roskos found that interacting with print or seeing print on a day-to-day basis helps children learn about written language

⁵⁰ Shonkoff, J. and D. Phillips. 2000. *From Neurons to Neighborhoods*. Washington, D.C.: National Academy Press.

⁵¹ Bus, A.G. and M.H. van Ijzendoorn. 1995. Attachment and early reading: A longitudinal study. *Journal of Genetic Psychology* 149: 199-210.

⁵² Bus, A.G. and M.H. van Ijzendoorn. 1988. Mother-child interactions, attachment and emergent literacy: A cross-sectional study. *Child Development* 59: 1262-1273.

⁵³ Walmsley, S. 2008. *Closing the Circle*. San Francisco: Jossey-Bass. pg. 7

⁵⁴ Walmsley, S. 2008. *Closing the Circle*. San Francisco: Jossey-Bass.

⁵⁵ Teale, W. and E. Sulzby. 1986. *Emergent Literacy: Writing and Reading*. Norwood, NJ: Ablex Publishing Corporation

⁵⁶ Logue, M.E. 2000. *Implications for Brain Development Research for Even Start Family Literacy Programs*. Washington, D.C.: United States Department of Education.

and reading, even if they do not already read.^{57, 58, 59} Nursery rhymes and rhyming, singing, and word games all promote linguistic awareness, which leads to phonemic awareness.^{60, 61} Inventive spelling – when young children attempt to spell a word based on what they hear in the word – appears to Clarke and Ehri to be a step toward alphabetic knowledge.^{62, 63}

These studies and many others over decades of research prompted the National Early Literacy Panel to identify characteristics of children, birth to age five, that were most closely linked to later literacy achievement: oral language development, phonological/phonemic awareness, alphabetic knowledge, print knowledge, and invented spelling. Furthermore, the Panel recommended the inclusion of high-quality early language experiences as a means to enhance young children’s development.⁶⁴ The National Reading Council’s recommendations for promoting literacy development in young children also includes instruction designed to “stimulate verbal interaction, to enrich children’s vocabularies, to encourage talk about books, and to provide practice with the sound structure of words.”⁶⁵

Why the heavy emphasis on oral language skills? Research by Tabors and Dickinson shows language development is crucial in preparing pre-school age children for literacy and that word knowledge is closely linked to reading accomplishments.⁶⁶ The National Reading Panel credits oral vocabulary as “the key to learning to make the transition from oral to written forms” of communication.⁶⁷ From findings of numerous studies, Whitehurst and Lonigan inferred that “children who have larger vocabularies and greater understanding of spoken language have higher reading scores.” A study by Larrick of children with limited language exposure, and therefore fewer words in their vocabulary by school entry, revealed that they did not understand sequence of events basic to stories and had difficulty recalling and anticipating the sequence of events in simple stories.⁶⁸

Before they enter school, children may know and use correctly as many as 32,000 words, most of which are learned indirectly by engaging in daily oral interaction (talking with parents and other caregivers, siblings, and peers), by listening to adults read aloud (bedtime stories), and by being actively involved with books (looking at and talking about books).⁶⁹ The quality, frequency, and nature of these interactions are influenced by a great number of factors, not the least of which is the socio-economic status of the family. Hart and Risely determined that an average child in a professional family accumulates experience with 45 million words in the first four years of life, compared to 13 million

⁵⁷ Purcell-Gates, V. 2000. Family literacy. In *Handbook of Reading Research*, eds. Kamil, M., P. B. Mosenthal, P. D. Pearson, & R. Barr. Vol. III (pp. 853-870). Mahwah, NJ: Lawrence Erlbaum

⁵⁸ McGee, L., R. Lomax, & M. Head. 1988. Young children’s written language knowledge: What environmental print and functional print reading reveals. *Journal of Reading Behavior* 20: 99-118.

⁵⁹ Neuman, S.B. & K. Roskos. 1993. Access to print for children of poverty: Differential effects of adult mediation and literacy-enriched play settings on environmental and functional print tasks. *American Educational Research Journal* 30: 95-122.

⁶⁰ Bryant, P.E., M. Maclean, L. Bradley, & J. Crossland. 1990. Rhyme and alliteration, phoneme alliteration, phoneme detection, and learning to read. *Developmental Psychology* 26: 429-438.

⁶¹ Maclean, M., P. Bryant, & L. Bradley. 1987. Rhymes, nursery rhymes, and reading in early childhood.” *Merrill-Palmer Quarterly* 33: 255-81.

⁶² Clarke, L. 1988. Invented versus traditional spelling in first graders’ writings: Effects on learning to spell and read. *Research in the Teaching of English* 22: 281-309.

⁶³ Ehri, L. 1988. Movement in word reading and spelling: How spelling contributes to reading. In *Reading and Writing Connections*, ed. J. Mason & J. Newton. MA: Allyn & Bacon.

⁶⁴ International Reading Association. 2005. *Literacy Development in the Preschool Years: A Position Statement of the International Reading Association* Newark, DE: Author. Available at http://www.reading.org/downloads/positions/ps1066_preschool.pdf

⁶⁵ Snow, C.E., M.S. Burns, & P. Griffin, eds. 1998. *Preventing Reading Difficulties in Young Children*. Washington, D.C.: National Academy Press.

⁶⁶ Dickinson, D. & Tabors, P. 2001. *Beginning Literacy with Language*. Baltimore: Paul H. Brookes. pp 139-287

⁶⁷ National Reading Panel. Undated. Teaching Children to Read: An Evidence-based Assessment of the Scientific Research Literature on Reading and Its Implications for Reading Instruction, Reports of the Subgroups. Rockville, MD: National Institute of Child Health and Human Development. pg. 4-3. Available at http://www.nichd.nih.gov/publications/nrp/upload/report_pdf.pdf

⁶⁸ Larrick, N. 1988. *Literacy Begins at Home*. Claremont, CA: Claremont Reading Conference

⁶⁹ Voyager U Reading Academy: NYS Reading Resource Center: www.nysrrc.monroe.edu and www.voyagerlearning.com

words for the child from a family receiving public assistance. This is a concrete example of how social context influences the interactions within the communication triangle and how, as suggested by Walmsley, the players can interact in ways that support – or inhibit – growth in expressive and receptive language.⁷⁰

The connection between vocabulary and prior knowledge is especially intriguing. Drawing on background knowledge helps children understand new words; at the same time, new words serve as tools of access to knowledge of the world around and beyond them. This interrelatedness between vocabulary development and background knowledge suggests that what children already know is as important as the new words they acquire. Studies establishing a connection between vocabulary development and literacy achievement have already been mentioned; research on background knowledge and achievement also exists. Robert Marzano, author of *Building Background Knowledge for Academic Achievement*, cites seven different studies that confirm that “what students already know about the content is one of the strongest indicators of how well they will learn new information relative to the content.”^{71,72} The significant contribution that background knowledge plays in learning to read prompted the New York State Department of Education to include it in its implementation of Reading First, an intervention strategy that focuses on improving reading instruction. New York State guidelines for scientifically based reading instruction call for a block of systematic and explicit instruction that includes “activating and building background knowledge.”⁷³

Clearly, cultural and background knowledge, as well as word knowledge, are key contributors to literacy and to communication, but how is such knowledge best cultivated? Again, the strategies are interrelated. Rare or unusual words can easily be introduced within the context of new experiences, which provide information for future ideas and thoughts. Intentionally engaging children in extended discourse – in meaningful conversation – about these experiences will benefit all children, but particularly those who don’t naturally interact in meaningful conversation in their day-to-day lives. Snow and Tabors, in their study of low-income elementary children who were experiencing reading difficulties, found that indirect activities, such as frequency of children’s outings with adults, amount of time spent interacting with adults, and other enrichment activities, were more closely related to literacy acquisition than direct activities such as helping with homework.⁷⁴

It is perhaps of little surprise that these same activities can serve as tools of assessment. Conversing with students and observing their literacy behaviors are very real means of assessment that can, and should, be used in conjunction with scientific, evidence-based, standardized measures of achievement. In this way, assessment, as a process, can not only help inform policy makers and school districts on what works, but also fulfills its true intent of guiding instruction. This is keenly important in the preschool years, when each student arrives with very different experiences and backgrounds that affect his/her ability to learn.

⁷⁰ Walmsley, S. 2008. *Closing the Circle*. San Francisco: Jossey-Bass.

⁷¹ Nagy, Anderson, & Herman, 1987; Bloom, 1976; Dochy, Segers, & Buehl, 1999; Tobia, 1994; Alexander, Kulikowich, & Schulze, 1994; Schiefele & Krapp, 1996; Tamir, 1996; and Boulanger, 1981

⁷² Marzano, R. 2004. *Building Background Knowledge for Academic Achievement*. Alexandria, VA: Association for Supervision and Curriculum Development. pg. 1

⁷³ New York State Education Department. 2005. *New York State Guidelines for Scientifically Based Reading Instruction*. Retrieved July 2008 from <http://principalsacademy.monroe.edu/files/NYSGuidelinesReading1stInst ruct.pdf>

⁷⁴ Snow, C. and P. Tabors. 1996. *Intergenerational Transfer of Literacy*. Commissioned Paper for *Family Literacy: Directions in Research and Implications for Practice -- January 1996 National Symposium*. (Available at www.ed.gov/pubs/FamLit/transfer.html).

By knowing where students started, where they are now, and where they are going, teachers and other caregivers can determine how to best build literacy.

Receptive Literacy

Receptive language, referred to above, is a component of the more encompassing term “receptive literacy” put forth by Walmsley. Receptive literacy is the ability to understand meaning that originates with others.⁷⁵ It is the taking in of information, whether by listening, viewing, or reading. In the first months of life, babies demonstrate receptive language skills when they respond to their mother’s voice. Toddlers often recognize logos and understand them to mean a favorite restaurant or activity. Pre-schoolers decipher messages from picture books, and are beginning to pay more attention to print. They may know some words and are starting to make letter-sound associations. As they mature, children are learning how to make sense of what they hear, what they see, and what they read.

A complementary sense of receptive language is the “mental store of words and phrases.”⁷⁶ As children are repeatedly exposed to a new word, they learn what the word means and how to use it. When this knowledge is securely captured, it is incorporated into the process of building background knowledge to understand more new words and to learn more about the world.

Young children understand more words than they are actually able to produce themselves, partially due to the context in which the message is being sent. In pretend play with food, for example, children may serve food to their adult “customers” who respond, “Oh yum! Doesn’t this food taste good? It’s so delicious!” While the child understands the connection between “delicious” and something that tastes good, he or she may not use this word until much later. By school age, children use approximately 2,500 words, in contrast to understanding 6,000 and responding to 25,000.⁷⁷

Expressive Literacy

The partner to receptive literacy is expressive literacy, or the ability to create and communicate meaning. If receptive literacy is the taking in of information, so then expressive literacy is the “output” of information through representing, speaking, and writing. As children develop, their ability to express ideas in each of these venues becomes increasingly refined.

Expressive literacy is perhaps easiest to observe through the distinct stages of writing development. Scribbling soon takes the direction of left to right; first letters appear; strings of letters suddenly turn into first “words,” words then look like they sound. Before long, and rather remarkably, children are expressing their ideas in conventional writing. Speaking is readily marked, from five-month-old babbling, to toddlers’ one-word utterances, to the ensuing explosion of words and phrases, all of which lead to complete sentences by kindergarten entry. Children also express their ideas through their speech.

As a form of expressive literacy, representing warrants further discussion. It may be thought of as what happens before children can speak or before they can write, but it is actually a life-long skill that becomes increasingly sophisticated. Eight-month-babies are representing when they wave bye-bye. Pre-schoolers

⁷⁵ Walmsley, S. 2008. *Closing the Circle*. San Francisco: Jossey-Bass.

⁷⁶ Roskos, K.A., P.O. Tabors, & L.A. Lenhart. 2005. *Oral Language and Early Literacy in Preschool: Talking, Reading, and Writing*. Newark, DE: International Reading Association.

⁷⁷ Pierce, P. & A. Profio. 2006. From cooing to conversation to *The Carrot Seed*: Oral and written language connections.” In *Learning to Read the World: Language and Literacy in the First Three*, eds. Rosenkoetter, S. and J. Knapp-Philo. Washington, D.C.: Zero to Three Press.

are representing when they draw or scribble, work with clay, and play “fire-fighter.” Older children – fully able to express themselves through speech and writing – continue to represent when they build models, when they illustrate books, when they perform in a school play. At all ages, children communicate understanding through a variety of media.

As the building blocks of literacy– vocabulary, background knowledge, expressive and receptive language, phonological and phonemic awareness, oral expression, the alphabetic principle come together, children learn to view and represent, to listen and speak, to read and write. They become increasingly sophisticated in expressing themselves in ways that are readily and clearly understood. But, true to the communication triangle, this doesn’t come in isolation. Pre-school aged children also are becoming increasingly able to interpret and describe in their own words that which others have expressed, whether the moral of a story, the main point of an argument, the feeling of a poem, or the message of artwork. Pre-schoolers are, in fact, perfecting the dance of communication.

The benchmarks and benchmark indicators in this domain represent the standards for what Prekindergarten children should know and be able to do in order to be successful learners. Indicators are observable and demonstrative and can be accomplished through the play and active engagement of four year olds within a rich and well designed environment.

DOMAIN 5: COGNITION AND KNOWLEDGE OF THE WORLD

Scientific research is beginning to reveal information about the physiology of our brains– nerve cells, circuitry, electrical and chemical processes – that is as fascinating as it is complex. Contrary to long-held beliefs that the brain is “hard-wired” at birth, researchers have confirmed it is actually under constant development and that the period of greatest activity is the early years. Interestingly, the brain attains 90 percent of its adult weight by the time a child reaches age five and develops faster than any other part of the body. The enormity of this physical growth aside, perhaps the most compelling finding for teachers and caregivers of young children is how significantly cognitive development can be influenced by environment and experience.

The National Scientific Council on the Developing Child analogizes cognitive development to building a house. The “blueprint” for building a brain is supplied by genetics, but it is the building materials – in this case, proper nutrition, social interactions with attentive caregivers, and absence of toxins – that brings those plans to optimal fruition. In making the house a home, builders modify blueprints to suit the needs of the family; likewise, children’s experiences define which neural connections will thrive and which will be discarded. The Council summarizes by stating:

“... the quality of a child’s early environment and the availability of appropriate experiences at the right stages of development are crucial in determining the strength or weakness of the brain’s architecture, which, in turn, determines how well he or she will be able to think and regulate emotions.”⁷⁸

The brain’s architecture is but one aspect of cognitive development. Historically, the term “cognitive development” is most frequently associated with the work of Jean Piaget, who theorized that children

⁷⁸ National Scientific Council on the Developing Child. “The Timing and Quality of Early Experiences Combine to Shape Brain Architecture.” (February 2008)

move through distinct stages of cognitive growth as the result of an adaptation process involving assimilation and accommodation. His work forwarded the idea of cognition as both the way a child thinks about something and what the child does. Learning is an active process and occurs when children interact in meaningful ways with the world around them.

Other leaders in the field of children's cognitive development also contributed to our current beliefs about how children learn. Lev Vygotsky asserted that interaction with knowledgeable others and culture are important shapers of cognitive development. Drawing from Piaget's model of cognitive stages and Vygotsky's emphasis on interpersonal communication, Jerome Bruner proposed that children's progress through four socio-cognitive stages is facilitated by interaction with adults and peers.

These models of cognitive development have spawned much discussion and unending research. Interestingly, findings have suggested that, contrary to what all three theorists believed, preschool children are capable of higher-order skills, such as hierarchical classification and quantitative reasoning. Armed with sufficient knowledge and/or experience, they can perform activities that might be considered "developmentally inappropriate" for their age or for their development in other areas. In studies by Gobbo and Chi, preschool children who knew a great deal about dinosaurs sorted them by land-living or not, meat-eating or not, etc. Researchers identified knowledge – in this case, of dinosaurs – as the key determinant of whether the pre-school children studied were able to sort by multiple criteria or not.⁷⁹

Presumably, these young dinosaur "experts" acquired their vast knowledge from their interest in the topic. Parents, teachers, and other caregivers can tap into children's natural interests and their prior knowledge to promote higher-level, abstract, and critical thinking. By facilitating conversation and purposefully asking questions, adults not only provide rich experiences that encourage children to delve deeper into a topic of interest, but also challenge them to reach the next level of thinking – essentially, implementing Vygotsky's strategy of "scaffolding." Open-ended questions, in particular, prompt children to not only use more language, but also require them to recall, and put into sequence, past events.⁸⁰ In the course of conversation, asking "Why do you think this dinosaur has such a long tail?" will elicit a far greater response than "Isn't this dinosaur's tail long?"

Teachers must be sure to provide age-appropriate opportunities to engage higher-order thinking. During morning hour, facilitate conversation with children about the day's weather, the clothes they are wearing, and the items they brought to school to help them draw conclusions about the four seasons. Ask children to retell – verbally or dramatically – the story behind their own or others' artwork. When reading aloud to a group of four-year-old children, prompt them to predict what will happen to Henny Penny. "Wonder aloud" with children about how life would be different if they were born at a different time or in a different world. For it is through such supportive, questioning, and attentive environments that children will acquire knowledge about language arts and literacy; mathematics; science; fine arts; social studies; and the world.

⁷⁹ Bowman, B.T., Donovan, S.M. and Burns, S.M. *Editors*; *Eager to Learn: Educating our Preschoolers*, 2000, p.41.

⁸⁰ National Scientific Council, Center on the Developing Child at Harvard University. (2007). *The Science of Early Childhood Development: Closing the Gap Between What We Know and What We Do*. Cambridge, MA.

The goal of thinking at a more critical level is infused throughout New York State’s learning standards for students in kindergarten through grade twelve. It is equally important for preschool children. It is during these early years that cognitive development and brain development are integrally linked. Young children are able to make sense of their world by acquiring, adapting, practicing, applying and transferring knowledge in order to construct new or expanded concepts. It is through play, active engagement, both linguistically and experientially, experimenting, observing, exploring, manipulating, creating, listening, reflecting, problem solving, and using logic and reasoning that children become capable of more complex thinking.

Cognitive development occurs across all domains and supports children’s learning about the world in which they live. This is reflected in the New York State Prekindergarten Foundation for the Common Core. Some examples of indicators of cognitive development and where they can be found in this document are illustrated below. (Please note: This list is a selected group of examples and is not inclusive of all cognitive indicators.)

Approaches to Learning

Child actively and confidently engages in play as a means of exploration and learning.

Child uses “trial and error” method to figure out a task, problem, etc.

Physical Development and Health

Child uses description words to discuss sights, smells, sounds, tastes and textures.

Child demonstrates awareness of spatial boundaries and the ability to work within them.

Social/Emotional Development

Child understands that other children have needs and rights

Child demonstrates awareness of similarities and differences in habits, traits, preferences, abilities, motives, etc. among his/her family members and/or peers;

Child understands how his/her own emotions impact choices (likes & dislikes).

Approaches to Communication

Child initiates conversations about things around them.

Child uses words, facial expressions, body language, gestures, and sign language to express ideas.

ELA and Literacy

Child demonstrates understanding of the organization and basic features of print.

Child identifies the front cover, back cover and displays correct orientation of book and page turning skills.

Cognition and Knowledge of the World

Math

Child will understand the relationship between numbers and quantities to 10.

Child identifies measurable attributes of objects such as length and weight.

Science

Child makes predictions based on background knowledge and previous scientific experience.

Child identifies cause and effect relationships.

Child verifies predictions by explaining “how” and “why”.

Child makes age-appropriate, logical conclusions about investigations.

Social Studies

Child uses words and phrases that differentiate between events that happen in the past, present and future, e.g., uses phrases like “when I was a baby...” or “before I moved to my new house.”

The Arts

Child compares or contrasts different forms of dance and music

Child identifies similarities and differences among samples of visual art.

The sections of the Cognition and Knowledge of the World Domain provide benchmarks and benchmark indicators for specific content areas: science, social studies, the arts, and technology. For Mathematics, benchmark and benchmark indicators are referred to as standards and clusters. Learning environments and instructional practices in early childhood classrooms across settings will be immediately impacted by these expectations. Teachers will be empowered to align curriculum and assessment horizontally across domains as well as vertically to ensure continuity of learning, beginning in Prekindergarten. Programs for young children will use these expectations to plan professional development tailored to the needs of individual teachers, as well as, to engage parents in monitoring the progress of their children.

MATH

While walking to the bus stop, Treva counts her footsteps. “One, two, three, four – hey! That’s how old I am!” Nodding, her Nana agrees, “You’re right! Keep going. What’s the next number?” Counting is a skill that many parents and caregivers recognize as being important for their children to have when they enter school, so it is not uncommon for them to encourage their preschoolers to practice. In the everyday context of their lives, however, children are also exposed – perhaps intentionally, perhaps not – to many, many other math concepts.

Math is about numeracy, but it is also about measurement, shapes, and patterns. When a new mark is added to the wall to note the latest growth spurt, children are picking up a sense of measurement, even though no numbers are involved. In fact, this type of math occurs every time a child happily exclaims, “I built the tallest tower!” or complains, “My bag is heavier than hers.” The understanding that something is taller/shorter, heavier/lighter, full/empty, and bigger/smaller is a pre-number math concept that paves the way for later understanding of inches, pounds, volume, and mass.

When children notice that their bags are heavier or their towers are taller, they inevitably notice other variables, such as shape. As a math concept for preschoolers, shape and spatial relationships include recognizing and manipulating geometric forms (squares, triangles, circles, rectangles, etc.). Parents and

caregivers may be surprised to learn that correctly using words such as *first, last, top, bottom, over, and under* can also indicate a child's awareness of spatial relationships.

There are many other math applications hiding within “non-math” activities. What, for example, does clapping have to do with math? The answer: when there is a pattern to the clapping, i.e., teachers sometimes attracts their busy classroom's attention with a “slow clap, slow clap, pause, fast clap, fast clap, fast clap.” Detecting patterns help children begin to understand how things work together, which is an important skill for later math development. Counting and measuring activities help children become more familiar with number concepts, equal values and an understanding of length, height and weight. Opportunities abound for promoting math learning in preschool classrooms.

SCIENCE

Teachers in K-12 classrooms have long struggled with taking the “sigh” out of science. Too often, secondary-school student's associate science with memorizing periodic tables, searching for mystery body parts in formaldehyde-soaked amphibians, and determining whether a rock is sedimentary, metamorphic, or igneous. While the content of this teaching is important, its decontextualized delivery does little to ignite students' interest in the physical properties of the world around them.

Young children, on the other hand, are fueled by an innate curiosity about what works, why it works, how it works, and what's in it that makes it work. Preschoolers are constantly asking, “Why does this rock sparkle?” “How can a frog jump so high?” “What's in water?” When they pose the time-honored, “why is the sky blue?” question, preschoolers are not expecting a detailed explanation of the electromagnetic spectrum but they are purposefully gathering information about, and trying to explain, their observations.

Science is exactly that: a system of acquiring knowledge. This system uses inquiry, observation and experimentation to describe or explain phenomena. For this age group, such activity involves manipulating objects, asking questions, making predictions, developing generalizations, and learning relevant vocabulary. Scientific experiences can occur both formally and informally, but should, as much as possible, allow for hands-on activity with objects and contexts that are meaningful to the child. Teachers may present a lesson on properties of water, but explaining why popsicles drip and ice cubes melt is likely to be more meaningful to children, to have a greater impact on their understanding, and more significantly, to increase their interest in the topic at hand. By exploring the science in the child's everyday world, science is understood not just as the work of chemists, biologists, and geologists, but as an integral and inspiring part of the real life of every child – a powerful message to be learned early and reinforced throughout life.

SOCIAL STUDIES

Today's shrinking globe presents wonderful opportunities for interaction with new people, cultures, and regions. Within these opportunities is a responsibility to appreciate the unique thoughts, beliefs, and actions of the people we meet. On a much smaller scale, pre-schoolers learn to do just that as they venture out of the familiarity of their homes into the community.

When they are very young, children begin to understand their role within their families. They learn the expectations and rules that govern this basic social structure. As they mature, their social circle enlarges to include extended family, friends, neighbors, classmates, teachers, and community helpers. Children soon realize that with new people come new rules, expectations, and ways of interacting.

It is important for children to learn how to navigate the increasing complexity of their social network. Communication and cooperation are tools of navigation that often present themselves naturally between and among individuals with similar perspectives. Reaching out to people with different backgrounds, experiences and beliefs, however, may be less comfortable, therefore requiring additional navigational tools: such as, respect and empathy.

Social studies is understanding one's role within the family and within the community, but also understanding others' roles. How do these roles interact? Older students explore the rights and responsibilities of community members in "Civics" or "Government" classes, but at the pre-school age, the focus is on sharing, taking turns, and practicing being followers and leaders.

Other areas of study traditionally associated with "social studies" are applicable to pre-school as well. History provides a sense of time, including the profound and minute changes that take place over the course of their day, week, or year. To pre-schoolers, this may mean comparing their fall self-portraits to their spring self-portraits. How are the portraits different? What occurred over the course of the school year to explain the difference? This exercise can promote children's grasp of the concept of "then" and "now," but also connect past events to present and future activities.

THE ARTS

Young children engage in pretend play to process their ideas about their world and the people in it. Research findings link dramatic play to children's cognitive, language, and social development, so it is important for caregivers to provide not only props and space, but also unstructured time, encouragement and positive feedback for dramatic play to occur. Fortunately, there are many forms of art through which children can express their thoughts, ideas, feelings, and wishes. Therapists have long used the arts to help children identify and resolve their emotions through media such as drawing, painting, and sculpting. The same is true for music and movement. Exposing children to music, in all its forms, has many benefits for cognitive, physical, social, and emotional development. Experts agree that actively participating in music – whether singing, playing an instrument, or dancing – helps children perform better in reading and math, play more cooperatively with others, control their bodies in space, and build their self-esteem. Even listening to music has its benefits, such as honing a child's ability to detect patterns, which is critical for emergent reading. And, listening to the most basic instrument – one's own voice – can help children distinguish between playground voices, inside voices, whispers, and silence, attributed to strengthening discrimination skills.

TECHNOLOGY

There was a time when preschoolers were well prepared for school if they had a new art smock and a box of crayons. Today, technology is changing the way in which children learn and develop literacy,

math, language, communication, social and problem solving skills. Children must ultimately be prepared to function as knowledgeable, productive, independent, creative thinkers in a technology-based society.

Technology is the systematic application of knowledge, materials, tools, and skills that extend human capabilities. It is a visible part of children's every day lives and it includes a broad range of tools (computers, telephones, MP3 players, cameras). While important, computers and instructional tools that use computers are only a few of the many technological advances we use today. Technologies developed through engineering include the systems that power our neighborhoods and schools and extend learning in our classrooms. Prekindergarten "play" has always included building with blocks, woodworking, playing with water, digging in sand, and molding clay. These activities still make up a part of the preschoolers day but involve a broader understanding of the concepts of engineering and technology. When a child constructs an object with wood and glue or can explain how a see-saw works, he or she is demonstrating an understanding of technology. Technology tools in the classroom (both traditional and digital technology) support a learner-centered and play-oriented early childhood curriculum.

Computers and other digital technology are powerful tools for supporting all learning in the early childhood classroom and can be integrated into classroom curricula, not merely as isolated curriculum components or centers. Children should be taught how to use technology and be provided opportunities to use it independently or cooperatively as in other learning centers. Computer and digital technology have provided many new tools to assist teachers as a means of supporting educational goals and outcomes.

APPENDIX

Background Information for the Creation of the New York State Prekindergarten Foundation for the Common Core

In seeking to further reduce the student achievement gap, the New York State Board of Regents set forth a charge to align standards, assessments, curriculum, and instruction not just across kindergarten through grade 12, but across the more comprehensive and inclusive span of prekindergarten (PreK) to 16. This call to action was particularly timely considering the growth of state-funded PreK programs. It is intended to improve the quality and consistency of early childhood instruction for all PreK children across all settings.

The New York State Education Department (NYSED) responded to this challenge by developing the *Prekindergarten Learning Standards* to strengthen instruction in PreK classrooms in all settings, as well as to help administrators and educators align PreK standards with the K-12 system. As a first step, NYSED invited representatives from the P-16 community to participate in a focused conversation about early learning standards. A workgroup comprised of teachers, program directors, representatives from teacher preparation programs, providers of professional development, national content experts, and NYSED staff all provided input into what parents, family members, and citizens – as a collective body – want children to be like when they grow up. They discussed how key values must be reinforced in children so that they will reflect their heritage and be prepared for their future. These values could be shaped into basic principles by acknowledging a series of fundamental beliefs about children, childhood, and learning.

Prekindergarten programs can enhance school readiness, lay the foundation for later achievement, and improve graduation rates. However, the positive impact of prekindergarten programs is only felt if they are of high quality and their results can be demonstrated. Without a focus on high standards this will not happen. There is growing consensus among educators, researchers, and policy makers that quality early learning standards must include outcomes – what children should know and be able to do after participating in prekindergarten and preschool programs. These outcomes, or benchmarks, as they are referred to in this *New York State Prekindergarten Learning Standards* document, cover a full range of knowledge, skills, habits, and attitudes that children need to master before they enter kindergarten. It was expected that these prekindergarten standards would strengthen instruction and educational experiences across all settings where New York State's four-year-olds are receiving their instruction.

Adopted and approved by the Board of Regents in January 2011, the original version of the *New York State Prekindergarten Standards* provided a framework that focused on the learning and development of the whole child and were aligned with the academic concepts outlined in the New York State P-12 Common Core Learning Standards, as well as with the existing New York State K-12 learning standards in Science, Social Studies and the Arts. Carefully developed early learning expectations linked to K-12 expectations can contribute to a more cohesive, unified approach to young children's education. In an effort to provide a clear, comprehensive, and consolidated resource for early childhood professionals, the New York State Prekindergarten Learning Standards have been revised to fully encompass the New York State P-12 Common Core Learning Standards in English Language Arts and Literacy, as well as for Mathematics at the prekindergarten level. The revision process has resulted in one document, the *New York State Prekindergarten Foundation for the Common Core*.

Cognition and Knowledge of the World Domains
(includes elements from multiple domains)

<p>A. Causation: Children demonstrate awareness of cause and effect</p> <p>B. Critical and Analytical Thinking: Children compare, contrast, examine and evaluate experiences, tasks and events.</p> <p>C. Critical and Analytic Thinking: Children use past knowledge to build new knowledge.</p> <p>D. Problem-Solving: Children find multiple solutions to questions, tasks, problems and challenges</p>	<p>Math: Compare numbers: Identify whether the number of objects in one group of more, less, greater than, fewer, and/or equal to the number of objects in another group, e.g., by using matching and counting strategies (up to 5 objects).</p> <p>Approaches to Communication: Children demonstrate they are building background knowledge.</p> <p>Approaches to Learning: Children approach tasks, activities and problems with creativity, imagination and/or willingness to try new experiences or activities.</p> <p>Approaches to Learning: Children actively engage in problem solving.</p> <p>Know number name and the county sequence: Count to 20, Represent a number of objects with a written numeral 0-5 (with 0 representing a count of no objects).</p> <p>Mathematics: Counting and Cardinality</p> <p>Know number names and the count sequence.</p> <ol style="list-style-type: none"> 1. Count to 20. 2. Represent a number of objects with a written numeral 0–5 (with 0 representing a count of no objects). <p>Count to tell the number of objects.</p> <ol style="list-style-type: none"> 3. Understand the relationship between numbers and quantities to 10; connect counting to cardinality. <ol style="list-style-type: none"> a. When counting objects, say the number names in the standard order, pairing each object with one and only one number name and each number name with one and only one object. b. Understand that the last number name said tells the number of objects counted. The number of objects is the same regardless of their arrangement or the order in which they were counted. c. Understand that each successive number name refers to a quantity that is one larger. 	<p>Reasoning & Problem Solving: the ability to recognize, understand and analyze a problem and draw on knowledge or experience to seek solutions to a problem.</p> <p>Reasoning & Problem Solving: the ability to recognize, understand and analyze a problem and draw on knowledge or experience to seek solutions to a problem.</p>
<p>E. Representational Thought: Children use symbols to represent objects</p> <p>F. Representational Thought: Children distinguish between fantasy and reality</p> <p>G. Number and Sense Operations: Children demonstrate knowledge of numbers and counting</p>		<p>Symbolic Representation: the use of symbols or objects to represent something else.</p> <p>Number Concepts & Quantities: the understanding that numbers represent quantities and have ordinal properties.</p> <p>Number Relationships & Operations: the numbers to describe relationships and</p>

	<p>4. Count to answer “how many?” questions about as many as 10 things arranged in a line, a rectangular array, or a circle, or as many as 5 things in a scattered configuration; given a number from 1–10, count out that many objects.</p> <p>Compare numbers</p> <p>5. Identify whether the number of objects in one group is more, less, greater than, fewer, and/or equal to the number of objects in another group, e.g., by using matching and counting strategies.1 (1: up to 5 objects)</p> <p>6. Identify “first” and “last” related to order or position.</p> <p>Understand addition as adding to, and understand subtraction as taking from.</p> <p>1. Demonstrate an understanding of addition and subtraction by using objects, fingers, and responding to practical situations (e.g., If we have 3 apples and add two more, how many apples do we have all together?).</p>	<p>solve problems.</p>
<p>H. Measurement: Children demonstrate knowledge of size, volume, height, weight & length</p>	<p>Math: Describe and compare measurable attributes.</p> <p>Identify measurable attributes of objects, such as length, and weight. Describe them using correct vocabulary (e.g., small, big, short, tall, empty, full, heavy, and light).</p>	
<p>I. Properties of Ordering: Children Identify and label shapes</p>	<p>Math: Identify and describe shapes (squares, circles, triangles, rectangles).</p> <p>1. Describe objects in the environment using names of shapes, and describe the relative positions of these objects using terms such as top, bottom, up, down, in front of, behind, over, under, and next to.</p> <p>2. Correctly name shapes regardless of size.</p>	<p>Geometry & Spatial Sense: the understanding of shaped, their properties, and how objects are related to one another.</p>
<p>J. Properties of Ordering: Children sort, classify and organize objects</p>	<p>Math: Understand simple patterns.</p> <p>2. Duplicate and extend (eg., What comes next?) simple patterns using concrete objects.</p> <p>Sort objects and count the number of objects in each category.</p> <p>2. Sort objects into categories; count the numbers of objects in each category. 1 (limit category counts to be less than or equal to 10).</p> <p>Analyze, compare, and sort objects.</p> <p>3. Analyze, compare, and sort two- and three-dimensional shapes and</p>	<p>Patterns: the recognition of patterns, sequencing, and critical thinking skills necessary to predict and classify objects in a pattern.</p>

	<p>objects, in different sizes, using informal language to describe their similarities, differences, and other attributes (e.g., color, size, and shape).</p> <p>4. Create and build shapes from components (e.g., sticks and clay balls).</p>	
<p>K. Scientific Thinking: Children collect information through observation and manipulating objects</p> <p>L. Scientific Thinking: Children explore the natural world by manipulating objects, asking questions, making predictions, and developing generalizations</p> <p>M. Scientific Knowledge: Children observe and describe the characteristics of living things</p> <p>N. Scientific Knowledge: Children observe and describe characteristics of the earth</p>	<p>Science- Scientific Thinking: Children test predictions through exploration and experimentation.</p> <p>Science- Scientific Thinking: Children ask questions and make predictions based on observations and manipulation of things and events in the environment.</p> <p>Science- Scientific Thinking: Children generate explanations and communicate conclusions regarding their experiments and explorations.</p> <p>Science -Physical Properties: Children acquire knowledge about the physical properties of the world.</p> <p>Science -Earth and Space: Children observe and describe characteristics of living things.</p> <p>Science -Earth and Space: Children observe and describe characteristics of earth and space.</p>	<p>Scientific Skills & Method: the skills to observe and collect information and use it to ask questions, predict, explain, and draw conclusions.</p> <p>Conceptual Knowledge of the Natural & Physical World: acquisition of concepts and facts related to the natural and physical world and understanding of naturally-occurring relationships.</p>
<p>O. History: Children demonstrate knowledge of past events and awareness of how they may influence the present and future</p>	<p>Social Studies – History: Children will develop an understanding of how people and things change over time and how to relate past events to their present and future activities.</p>	<p>History & Events: the understanding that events happened in the past and how these events relate to one’s self, family and community.</p>
<p>P. Geography: Children demonstrate awareness of location and spatial relationships</p>	<p>Social Studies –Geography: Children demonstrate knowledge of the relationship between people, places, and regions.</p>	
<p>Q. Geography: Children demonstrate knowledge of the relationships between people, places and regions</p>		

<p>R. Economics: Children demonstrate knowledge of various occupations related to trade and currency</p>	<p>Social Studies –Economics: Children develop a basic understanding of economic concepts within a community. Social Studies -Career Development: Children demonstrate interest and awareness about a wide variety of careers and work environments.</p>	<p>People & the Environment: the understanding of the relationship between people and the environment in which they live.</p>
<p>S. Ecology: Children demonstrate awareness of the relationship between humans and the environment.</p>		
<p>T. Technology:</p>	<p>Technology: Children describe types of materials and how they are used. Technology: Children explore and use various types of tools appropriately. Technology: Children express an understanding of how technology affects them in daily life, and how it can be used to solve problems. Technology: Children understand the operation of technology systems. Technology: Children use their understanding of technology to increase their learning.</p>	
<p>U. Family: V. Community: Children demonstrate awareness of community, human interdependence and social roles W. Community: Children demonstrate civic responsibility X. Culture: Children demonstrate awareness and appreciation of their own and others’ culture</p>	<p>Social Studies –Geography: Children develop a basic awareness of self as an individual Social Studies –Geography: Children will demonstrate an awareness of self within the context of family. Social Studies -Civics, Citizenship, and Government: Children demonstrate an understanding of roles, rights, and responsibilities. Social Studies –Geography: Children develop an understanding of self within the context of community. Social Studies -Civics, Citizenship, and Government: Children begin to learn the basic civic and democratic principles. Social Studies –Geography: Children will demonstrate awareness and appreciation of their own culture and other cultures.</p>	<p>Self, Family & Community: the understanding of one’s relationship to the family and community, roles in the family and community, and respect for diversity. Self, Family & Community: the understanding of one’s relationship to the family and community, roles in the family and community, and respect for diversity.</p>

<p>Y. Expression and Representation: Children use creative arts to express and represent what they know, think, believe, or feel.</p> <p>Z. Understanding and Appreciation: Children demonstrate understanding and appreciation of the creative arts</p>	<p>The Arts - Visual Arts: Children will express themselves and represent what they know, think, believe and feel through visual arts.</p> <p>The Arts – Music: Children will express themselves by engaging in musical activities.</p> <p>The Arts - Theater/Dramatic Play: Children will participate in a variety of dramatic play activities to represent fantasy and real life experiences.</p> <p>The Arts - Dance/Creative Movement: Children will express what they know, think, feel and believe through dance and creative movement.</p> <p>The Arts – Cultural Differences: Children will express an understanding of artistic difference among cultures.</p> <p>The Arts - Visual Arts: Children respond and react to visual arts created by themselves and others.</p> <p>The Arts – Music: Children will respond and react during musical activities.</p> <p>The Arts - Theater/Dramatic Play: Children will respond and react to theater and drama productions.</p> <p>The Arts - Dance/Creative Movement: Children will respond and react to dance and creative movement.</p>	<p>Music: the use of voice and instruments to create sound.</p> <p>Creative Movement & Dance: the use of the body to move to music and express oneself.</p> <p>Art: the use of a range of media and materials to create drawings, pictures or other objects.</p> <p>Drama: the portrayal of events, characters, or stories through acting and using props and language.</p>
<p>A. Dual Language Acquisition</p> <p>B. Receptive Vocabulary</p> <p>C. Expressive Vocabulary</p> <p>D. Grammar and Syntax</p> <p>E. Comprehension</p> <p>F. Expressive/Oral Language</p> <p>G. Listening</p>	<p>Approaches to Communication: Children demonstrate a growing receptive vocabulary.</p> <p>Children demonstrate that they are motivated to communicate.</p> <p>Children demonstrate that they are building background knowledge.</p> <p>Representing: Children demonstrate their ability to express their ideas using a variety of methods.</p> <p>Viewing: Children demonstrate that they understand what they observe.</p> <p>Reading Standards for Literature</p> <p>Key Ideas and Details</p> <ol style="list-style-type: none"> 1. With prompting and support, ask and answer about detail(s) in a text. 2. With prompting and support, retell familiar stories. 3. With prompting and support, ask and answer questions about characters and major events in a story. <p>Craft and Structure</p>	<p>Receptive Language: the ability to comprehend or understand language.</p> <ul style="list-style-type: none"> • Attends to language during conversations, songs, stories, or other learning experiences. • Comprehends increasingly complex and varied vocabulary. • Comprehends different forms of language, such as questions or exclamations. • Comprehends different grammatical structures or

<p>H. Oral and Written Communication</p> <p>I. Conventions of Social Communication</p> <p>J. Reading: Phonological Awareness</p>	<p>4. Exhibit curiosity and interest in learning new vocabulary (e.g., ask questions about unfamiliar vocabulary).</p> <p>5. Students interact with a variety of common types of texts (e.g., storybooks, poems, songs).</p> <p>6. With prompting and support, can describe the role of an author and illustrator.</p> <p>Integration and Knowledge of Ideas</p> <p>7. With prompting and support, students will engage in a picture walk to make connections between self, illustrations, and the story.</p>	<p>rules for using language.</p>
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<p>K. Reading: Alphabetic Principle</p> <p>L. Reading: Print Concepts</p> <p>M. Reading: Comprehension of Printed Material</p> <p>N. Reading: Awareness that Written Materials Can be Used for a Variety of Purposes</p> <p>O. Reading: Appreciation and Enjoyment</p>	<p>8. Not applicable to literature</p> <p>9. With prompting and support, students will compare and contrast two stories relating to the same topic (Mercer Meyer series)</p> <p style="padding-left: 20px;">a. With prompting and support, students will make cultural connections to text and self.</p> <p>Range of Reading and Level of Text Complexity</p> <p>10. Actively engage in group reading activities with purpose and understanding.</p> <p>Responding to Literature</p> <p>11. With prompting and support, make connections between self, text, and the world around them (text, media, social interaction).</p> <p>Reading Standards for Informational Text</p> <p>Key Ideas and Details</p> <p>1. With prompting and support, ask and answer questions about details in a text.</p> <p>2. With prompting and support, retell detail(s) in a text.</p> <p>3. With prompting and support, describe the connection between two events or pieces of information in a text.</p> <p>Craft and Structure</p> <p>4. Exhibit curiosity and interest in learning new vocabulary (e.g., ask questions about unfamiliar vocabulary).</p> <p>5. Identify the front cover, back cover; displays correct orientation of book, page turning skills.</p> <p>6. With prompting and support, can describe the role of an author and illustrator.</p> <p>Integration and Knowledge of Ideas</p> <p>7. With prompting and support, describe the relationship between illustrations and the text in which they appear (e.g. what person, place, thing or idea in the text an illustration depicts).</p> <p>8. Not applicable to prekindergarten.</p> <p>9. With prompting and support, identify basic similarities and differences</p>	<p>Expressive Language: the ability to use language.</p> <ul style="list-style-type: none"> • Engages in communication and conversation with others. • Uses language to express ideas and needs. • Uses increasingly complex and varied vocabulary. • Uses different forms of language. • Uses different grammatical structures for a variety of purposes. • Engages in storytelling. • Engages in conversations with peers and adults. <p>Phonological Awareness: awareness that language can be broken into words, syllables, and smaller pieces or sound.</p> <ul style="list-style-type: none"> • Identifies and discriminates between words in language. • Identifies and discriminates between separate syllables in words. • Identifies and discriminates between sounds and phonemes in language, such as attention to beginning and ending sounds of words and recognition that different
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<p>P. Writing: Alphabet Knowledge</p> <p>Q. Writing Conventions</p> <p>R. Writing: Use Writing for a Variety of Purposes</p>	<p>between two texts on the same topic (e.g. illustrations, descriptions or procedures).</p> <p>Range of Reading and Level of Text Complexity</p> <p>10. With prompting and support, actively engage in group reading activities with purpose and understanding.</p> <p>Reading Standards: Foundational Skills</p> <p>NOTE: In prekindergarten, children are expected to demonstrate increasing awareness and competence in the areas that follow</p> <p>Print Concepts</p> <ol style="list-style-type: none"> Demonstrate understanding of the organization and basic features of print. <ol style="list-style-type: none"> Follow words from left to right, top to bottom, and page by page. Recognize that spoken words are represented in written language by specific sequences of letters. Understand that words are separated by spaces in print. Recognize and name some upper /lowercase letters of the alphabet, especially those in own name. Recognize that letters are grouped to form words. Differentiate letters from numerals. <p>Phonological Awareness</p> <ol style="list-style-type: none"> Demonstrate an emerging understanding of spoken words, syllables and sounds (phonemes). <ol style="list-style-type: none"> Engage in language play (e.g. alliterative language, rhyming, sound patterns). Recognize and match words that rhyme. Demonstrate awareness of relationship between sounds and letters. With support and prompting, isolate and pronounce the initial sounds in words. <p>Phonics and Word Recognition</p> <ol style="list-style-type: none"> Demonstrate emergent phonics and word analysis skills. 	<p>words begin or end with the same sound.</p> <p>Book Appreciation and Knowledge: the interest in books and their characteristics, and the ability to understand and get meaning from stories and information from books and other texts.</p> <ul style="list-style-type: none"> Shows interest in shared reading experiences and looking at books independently. Recognizes how books are read, such as front-to-back and one page at a time, and recognizes basic characteristics, such as title, author, and illustrator. Asks and answers questions and makes comments about print materials. Demonstrates interest in different kinds of literature, such as fiction and non-fiction books and poetry, on a range of topics. Retells stories or information from books through conversation, artistic works, creative movement, or drama.
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	<p>a. With prompting and support, demonstrate one-to-one letter-sound correspondence by producing the primary sound of some consonants.</p> <p>b. Recognizes own name and common signs and labels in the environment.</p> <p>Fluency</p> <p>4. Displays emergent reading behaviors with purpose and understanding (e.g., pretend reading).</p> <p>Writing Standards</p> <p>Text Types and Purposes</p> <p>1. With prompting and support, use a combination of drawing, dictating, or writing to express an opinion about a book or topic (e.g., I like... because...)</p> <p>2. With prompting and support, use a combination of drawing, dictating, or writing to compose informative/explanatory texts in which they name what they are writing about and supply some information about the topic.</p> <p>3. With prompting and support, use a combination of drawing, dictating, or writing to narrate a single event and provide a reaction to what happened.</p> <p>Production and Distribution of Writing</p> <p>4. Not applicable to prekindergarten (begins in grade 3).</p> <p>5. With guidance and support, respond to questions and suggestions and add details to strengthen illustration or writing, as needed.</p> <p>6. With guidance and support, explore a variety of digital tools to produce and publish writing; collaborate with peers.</p> <p>Research to Build and Present Knowledge</p> <p>7. With guidance and support, participate in shared research and writing projects (e.g., explore a number of books by a favorite author and express opinions about them).</p> <p>8. With guidance and support, recall information from experiences or gather information from provided sources to answer a question.</p>	<p>Alphabet Knowledge: the names and sounds associated with letters.</p> <ul style="list-style-type: none"> • Recognizes that the letters of the alphabet are a special category of visual graphics that can be individually named. • Recognizes that letters of the alphabet have distinct sound(s) associated with them. • Attends to the beginning letters and sounds in familiar words. • Identifies letters and associates correct sounds with letters. <p>Print Concepts & Conventions:</p> <p>The concepts about print and early decoding.</p> <ul style="list-style-type: none"> • Recognizes print in everyday life, such as numbers, letters, one's name, words, and familiar logos and signs. • Understands that print conveys meaning. • Understands conventions, such as print moves from left to right and top to bottom of a page. • Recognizes words as a unit of print and understands that
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9. Not applicable to prekindergarten (begins in grade 4).
Range of Writing

10. Not applicable to prekindergarten (begins in grade 3).
Responding to Literature

11. Create and present a poem, dramatization, art work, or personal response to a particular author or theme studied in class, with prompting and support as needed.

Speaking and Listening Standards
Comprehension and Collaboration

1. With guidance and support, participate in collaborative conversations with diverse partners about *pre-kindergarten topics and texts* with peers and adults in small and large groups.

- Engage in agreed-upon rules for discussions (e.g., listening to others and taking turns speaking about the topics and texts under discussion).
- Engage in extended conversations.
- Communicate with individuals from different cultural backgrounds.

2. With guidance and support, confirm understanding of a text read aloud or information presented orally or through other media by asking and answering questions about key details and requesting clarification if something is not understood.

3. With guidance and support, ask and answer questions in order to seek help, get information, or clarify something that is not understood.

Presentation of Knowledge and Ideas

- Describe familiar people, places, things, and events and, with prompting and support, provide additional detail.
- Add drawings or other visual displays to descriptions as desired to provide additional detail.
- Demonstrate an emergent ability to express thoughts, feelings and ideas.

letters are grouped to form words.

- Recognizes the association between spoken or signed and written words.

Book Appreciation and Knowledge: the interest in books and their characteristics, and the ability to understand and get meaning from stories and information from books and other texts.

- Shows interest in shared reading experiences and looking at books independently.
- Recognizes how books are read, such as front-to-back and one page at a time, and recognizes basic characteristics, such as title, author, and illustrator.
- Asks and answers questions and makes comments about printed materials.
- Demonstrates interest in different kinds of literature, such as fiction and non-fiction books and poetry, on a range of topics.
- Retells stories or information from books through conversations, artistic works, creative movement, or drama.

Language Standards

Conventions of Standard English

1. Demonstrate command of the conventions of standard English grammar and usage when writing or speaking.

- a. Print some upper- and lowercase letters.(e.g. letters in their name).
 - b. Use frequently occurring nouns and verbs (orally).
 - c. With guidance and support, form regular plural nouns orally by adding /s/ or /es/ (e.g., *dog, dogs; wish, wishes*) (orally).
 - d. Understand and use question words (interrogatives) (e.g., *who, what, where, when, why, how*).
 - e. In speech, use the most frequently occurring prepositions (e.g., *to, from, in, out, on, off, for, of, by, with*).
 - f. With guidance and support, produce and expand complete sentences in shared language activities.
2. Demonstrate command of the conventions of standard English grammar and usage when writing or speaking.

- a. Capitalize the first letter in their name.
- b. Attempt to write a letter or letters to represent a word.
- c. With guidance and support, attempt to spell simple words phonetically, drawing on knowledge of sound-letter relationships.

Knowledge of Language

3. Use knowledge of language and how language functions in different contexts

Vocabulary Acquisition and Use

4. Determine or clarify the meaning of unknown and multiple-meaning words and phrases based on *pre-kindergarten reading and content*.
- a. Identify new meanings for familiar words and apply them accurately (e.g., knowing *duck* is a bird and learning the verb *to*

	<p><i>duck</i>).</p> <p>5. With guidance and support, explore word relationships and nuances in word meanings.</p> <ul style="list-style-type: none"> a. Sort common objects into categories (e.g., shapes, foods) for understanding of the concepts the categories represent. b. Demonstrate understanding of frequently occurring verbs and adjectives by relating them to their opposites (e.g., up, down, stop, go, in, out). c. Identify real-life connections between words and their use (e.g., note places at school that are <i>colorful</i>). d. Distinguish shades of meaning among verbs describing the same general action (e.g., <i>walk, march, strut, prance</i>) by acting out the meanings. <p>6. With prompting and support, use words and phrases acquired through conversations, reading and being read to, and responding to texts.</p>	<p>Early Writing: the familiarity with writing implements, conventions, and emerging skills to communicate through written representations, symbols, and letters.</p> <ul style="list-style-type: none"> • Experiments with writing tools and materials. • Recognizes that writing is a way of communicating for a variety of purposes, such as giving information, sharing stories, or giving an opinion. • Uses scribbles, shapes, pictures, and letters to represent objects, stories, experiences, or ideas. • Copies, traces, or independently writes letters or words. <p>English Language Development Domain: Receptive English Language Skills: the ability to comprehend or understand the English language. Participates with movement and gestures while other children and the teachers dance and sing in English.</p>
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<ul style="list-style-type: none"> • Acknowledges or responds nonverbally to common words or phrases, such as “hello” “good bye” “snack time” “bathroom”, when accompanied by adult gestures. • Points to body parts when asked, “Where is your nose, hand, leg...?” <p>Comprehends and responds to increasingly complex and varied English vocabulary, such as “Which stick is the longest?” “Why do you think the caterpillar is hungry?”</p> <ul style="list-style-type: none"> • Follows multi-step directions in English with minimal cues or assistance. <p>Expressive English language skills: the ability to speak or use English.</p> <ul style="list-style-type: none"> • Repeats word or phrase to self, such as “bus” while group sings the “Wheels on the Bus” or “brush teeth” after lunch. • Requests items in English, such as “car,” “milk,” “book,” “ball.” 	
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- Uses one or two English words, sometimes joined to represent a bigger idea, such as “throwball.”
- Uses increasingly complex and varied English vocabulary.
- Constructs sentences, such as “The apple is round.” or “I see a fire truck with lights on.”

Engagement in English

Literacy Activities:

- Understanding and responding to books, storytelling, and songs presented in English.
- Demonstrates eagerness to participate in songs, rhymes and stories in English.
 - Points to pictures and says the word in English, such as “frog,” “baby,” “run.”
 - Learns part of a song or poem in English and repeats it.
 - Talks with peers or adults about a story read in English.
 - Tells a story in English with a beginning, middle, and end from a book or about a personal experience.

Approaches to Learning Domain	
<p>A. Curiosity and Interest, including the child's interest in and desire to learn new information.</p>	<p>Approaches to Learning: Children actively and confidently engage in play as a means of exploration and learning.</p> <p>Initiative & Curiosity: an interest in varied topics and activities, desire to learn, creativeness, and independence in learning.</p>
<p>B. Initiative, includes the child's willingness to take on tasks, volunteer to participate during learning opportunities and willingness to take reasonable risks while exploring and learning new information.</p>	<p>Approaches to Learning: Children exhibit curiosity, interest, and willingness in learning new things and having new experiences.</p>
<p>C. Persistence and Attentiveness includes the child's ability to remain focused and engaged even in the face of distraction and/or frustration.</p>	<p>Approaches to Learning: Children demonstrate persistence.</p> <p>Persistence & Attentiveness: the ability to begin and finish activities with persistence and attention.</p>
<p>D. Creativity and Inventiveness, including the child's ability to move beyond current knowledge and to go beyond the here-and-now to explore and play using abstract ideas</p>	<p>Approaches to Learning: Children approach tasks, activities and problems with creativity, imagination and/or willingness to try new experiences or activities</p>

<p>and images.</p> <p>E. Reflection and Interpretation, including the child's ability to think about, understand and apply knowledge and information to future actions and learning.</p>	<p>Science- Scientific Thinking Children ask questions and make predictions based on observations and manipulation of things and events in the environment.</p> <p>Science- Scientific Thinking: Children generate explanations and communicate conclusions regarding their experiments and explorations.</p>	<p>Scientific Skills & Method: the skills to observe and collect information and use it to ask questions, predict, explain, and draw conclusions.</p>
		<p>Cooperation: an interest and engagement in group experiences.</p>

	Physical Development and Health Domain	
A. Gross Motor Skills	<p>Physical Development – Gross Motor: Children demonstrate coordination and control of large muscles.</p> <p>Children combine a sequence of large motor skills with and without the use of equipment.</p>	<p>Gross Motor Skills: the control of large muscles for movement, navigation, and balance.</p>
B. Fine Motor Skills	<p>Physical Development – Fine Motor: Children demonstrate eye-hand coordination and dexterity needed to manipulate objects.</p>	<p>Fine Motor Skills: the control of small muscles for such purposes as using utensils, self-care, building, and exploring.</p>
C. Sensori-Motor Skills	<p>Physical Development – Sensory/Motor: Children use sensory information to plan and carry out movements.</p>	<p>Health Knowledge & Practice: the understanding of healthy and safe habits.</p>
D. Physical Fitness: Daily Activities	<p>Physical Development – Sensory: Children use their senses to assist and guide learning.</p>	<p>Physical Health Status: the maintenance of healthy and age appropriate physical well-being.</p>
E. Physical Fitness: Variety and Well-Being	<p>Personal Health and Safety – Physical Fitness: Children engage in a variety of physical fitness activities.</p>	<p>Health Knowledge & Practice: the understanding of healthy and safe habits.</p>
F. Daily Living Skills	<p>Personal Health and Safety – Physical Health and Well Being: Children demonstrate awareness and understanding of healthy habits.</p>	<p>Physical Health Status: the maintenance of healthy and age appropriate physical well-being.</p>
G. Daily Living Skills: Hygiene	<p>Personal Health and Safety – Physical Health and Well Being: Children demonstrate personal care and hygiene skills.</p>	<p>Health Knowledge & Practice: the understanding of healthy and safe habits.</p>
H. Nutrition	<p>Personal Health and Safety – Safety: Children demonstrate awareness and understanding of safety rules.</p>	
I. Safe Practices		
J. Rules and Self Regulation		

Social and Emotional Development Domain

<p>A. Interactions with Adults</p> <p>B. Interactions with Adults: Seek assistance from adults</p>	<p>Social & Emotional Development: Children demonstrate and continue to develop positive relationships with significant adults (primary caregivers, teachers and other familiar adults).</p>	<p>Social Relationships: the healthy relationships and interactions with adults and peers.</p>
<p>C. Interactions with Peers</p> <p>D. Interactions with Peers: Cooperation</p>	<p>Social & Emotional Development Children develop positive relationships with their peers.</p>	
<p>E. Interactions with Peers: Negotiation</p>	<p>Social & Emotional Development Children demonstrate pro-social problem solving skills in social interactions.</p>	
<p>F. Adaptive Social Behavior</p>	<p>Social & Emotional Development: Children adapt to change.</p>	
<p>G. Adaptive Social Behavior: Group Activities</p>	<p>Approaches to Learning: Children approach tasks, activities and problems with creativity, imagination and/or willingness to try new experiences or activities.</p>	<p>Approaches to Learning: Cooperation: an interest and engagement in group experiences.</p>
<p>H. Adaptive Social Behavior: Diverse settings</p>	<p>Social & Emotional Development: Children understand and follow routines and rules.</p>	<p>Emotional & Behavioral Healthy: a healthy range of emotional expression and learning positive alternatives to aggressive or isolating behaviors.</p>
<p>I. Adaptive Social Behavior: Empathy</p>		
<p>J. Appreciating Diversity</p>		
<p>K. Self-Concept</p>	<p>Social & Emotional Development: Children recognize themselves as unique individuals having their own abilities, characteristics, feelings and interests.</p>	<p>Self-Concept & Self-Efficacy: the perception that one is capable of successfully making decisions, accomplishing tasks, and meeting goals.</p>
<p>L. Self-Concept: Abilities- Preferences</p>	<p>Social Studies –Geography: Children develop a basic awareness of self as an individual.</p>	

M. Self-Efficacy	Social & Emotional Development: Children regulate their responses to needs, feelings and events.	Self-Regulation: the ability to recognize and regulate emotions, attention, impulses, and behavior.
N. Self-Control		
O. Self-Control: Feelings and Impulses		
P. Emotional Expression		

Creation of the New York State PreKindergarten Learning Standards

Connections to Regents Policy

In July 2005, the Regents adopted a revised version of its 1992 policy on early childhood to extend the focus on “supporting young children and families” to “student achievement in a global community”. The earlier policy highlighted eight essential elements of effective early childhood programs. The current policy is framed around eleven components which integrate standards, curriculum, assessment, and data reporting into Component 5 (Strengthening Prek-Grade 4). This action was the impetus for statewide conversations designed to set a course for ensuring uniform quality across early childhood settings and continuity with programs serving children from birth – age three. In August 2007, a Prek Learning Standards Workgroup was established to shepherd the development process.

In January 2010, the Regents established a working group on early childhood education to recommend policy directions needed to support the P-12 strategic vision. Embedded within these discussions was an update on the development of prekindergarten learning standards as a bridge between birth – age three programs and kindergarten – grade three. At this juncture, the learning standards were awaiting final review and benchmarking by a distinguished panel of national content experts. The final draft was posted online for public comment in December 2010. All of this work culminated in a review and revision meeting with a core group of key internal and external stakeholders who were charged with making recommendations to finalize the Prek learning standards document for adoption by the Board of Regents.

Legislative and Programmatic Context

1. As part of the Article VII budget language enacted in 2007, the Department was required to promulgate regulations prescribing **uniform quality standards** for all state- and locally-funded prekindergarten programs operated by school districts. Subdivision 36 of Section 305 of Education Law specified several factors to be included in the regulations, including:
 - minimum qualifications for instructional staff in prekindergarten programs;
 - standards for assessing, tracking and reporting the performance of programs; and
 - the adoption and implementation of **curriculum standards** that ensure that prekindergarten programs have strong instruction content that is integrated with the district's instructional program in grades kindergarten through twelve.
2. In any given year, nearly 60 percent of UPK students are enrolled in classrooms operated by community-based organizations (CROs). All aspects of the uniform

quality standards apply equally to all Universal Prekindergarten classrooms, whether district-operated and CBO-operated

3. Many of the CBOs providing UPK services are subject to oversight by the NYS Office of Children and Family Services (OCFS), the NYC Department of Health and Mental Hygiene, and/or the NYC Administration for Children's Services. Successful implementation of the uniform quality standards will require the "buy-in" from this diverse group of stakeholders representing programs that vary widely with regard to philosophy, staff qualifications and level of instructional quality.
4. Article VII also called for the review of the New York State Learning Standards, beginning with English Language Arts. During that review the recommendations of teachers, school administrators, teacher educators, and those with educational expertise were to be considered, so that these standards prepared students for post secondary education or employment.

Executing Article VII as it Related to PreK Standards

1. The EERI team began the process of executing Article VII, by meeting to analyze the major activities in Article VII and to determine what areas needed clarification. An outline of these activities appears in the binder accompanying this description.
2. Immediately, the EERI team began looking at what prekindergarten standards and expectations existed within the present learning standards of New York State. Team members also began gathering sample preK learning standards from other states. When examining information from other states, the team initially considered the following:
 - a. Which agency within the State was responsible for the state preK or preschool program? Were there separate expectations for children of different ages younger than kindergarten?
 - b. How were the standards arranged and/or organized?
 - c. How specific were these expectations of young learners?
 - d. How many children participated in the preschool programs in these states?
3. Meetings were held both internally and externally to the Department in order to explain Article VII to those who would be impacted by the changes in the law as well as to those who supported the growth of UPK across New York State. The development of comprehensive prekindergarten standards was discussed at all of these meetings.

4. Information sessions were held across New York State in April and May, 2007 for the purpose of updating the field on the changes brought about through Article VII. Nearly 450 people attended these sessions. All attendees heard about the need and the plans for prekindergarten learning standards. Attendance sheets are in the EERI office.
5. In June, 2007, four State-wide meetings were held to promote collaboration so that UPK programs could be expanded, and new programs could be started. As collaboration was discussed so was the need for uniform quality standards that could be used regardless of the UPK setting.
6. At the same time the EERI team requested the approval to begin the necessary steps to convene an expert panel meeting to guide the development of a pre-kindergarten standards document.
7. Upon approval of the request to begin the work of developing preK Standards for New York State, the date was set for the first meeting to "kick off" this project August 7, 2007, was the first meeting of the stakeholders forming the PreK standards workgroup.

August 7, 2007 PreKindergarten Standards Meeting

1. Invitations for this meeting were sent to stakeholders from the Chancellor of the Board of Regents, Robert Bennett, and Vice Chancellor, Merryl Tisch.
2. Sharon Lynn Kagan presented a power point presentation about the development of standards and shared her experiences working in other countries and states. She specifically mentioned the need to align expectations of preschool children both vertically and horizontally so that the "standards" fit into the continuum of both development and school expectations from birth through graduation (adulthood).
3. The workgroup began the process of developing standards by discussing what they valued for children
4. These values were recorded and became the beginning of the guiding principles that were to be upheld during the standards development process.
5. The group agreed to gather together in the fall to continue this important work.
6. All notes from the meeting and suggestions for possible domain areas were sent out to all participants the following week.

Work Completed August 7 through October 16, 2007

1. Benchmarking other states' early learning standards became an ongoing process for the EERI team.
2. Consideration was given to the other state's learning standards or benchmark's by examining the following questions:

Do the domains and indicators reflect what we want a New York State child to know and be able to do before entering kindergarten at age 5?

Do the performance indicators reflect proficiency at the PREK level to assure readiness and preparedness for kindergarten?

Do the indicators for these other states align with expectations that exist in the New York State Learning Standards.

3. The team engaged in reading and discussing the NIEER paper, Issue 5; March, 2004, titled: *Child Outcome Standards in Pre-K Programs: What are Standards; What Is Needed to Make Them Work?*
4. After reading the above article, it was decided to mail it to all of the workgroup members so that it could inform discussion at the next meeting.
5. The team also became involved in the discussion of the Twenty First Century Skills. It was also decided that these would be discussed at the next PreK Standards Workgroup meeting.

Workgroup Meeting October 16, 2007

1. The agenda was established, and sent with supporting materials to all workgroup members.
2. The workgroup decided on draft suggestions for the PreKindergarten Domains and areas of explanation beneath each Domain.
3. The draft Guiding Principles were established at this meeting. All in attendance agreed that these principles would be upheld throughout the development and distribution of the preK Learning Standards.
4. Kay Peavey attended this work group meeting and after the discussion of the Domain sections of the document, began researching and writing the introduction to each segment of the draft.

Work completed between October 16, 2007 and the Workgroup Meeting on
September 23, 2008

1. Continued work was completed regarding the exploration and considerations of other states' learning standards. Much of this information was shared at the October 16, workgroup meeting. At that point, we had completed the examination of the following states' early learning standards:

Washington
Massachusetts
Arizona
Hawaii
Pennsylvania
Oklahoma
Nebraska
Florida
California
Tennessee
Michigan
Louisiana
Illinois
Indiana
New Hampshire
New Mexico
New Jersey
Georgia
Arkansas

2. Workgroup members and an independent consultant set up processes for corresponding with the EERI team so that work could be ongoing.
3. EERI team members attended the Infancy Summit on October 25, 2007. This summit allowed for discussion of the need for early learning standards for children birth through age three, as well as the need for creating comprehensive service delivery systems. Some committee members that attended were members of the PreK Standards Workgroup, representing the Child Care Coordinating Council and agencies serving children younger than three. This provided another system for communication about the development of a comprehensive learning continuum from birth through kindergarten entry.
4. EERI team members presented at multiple interagency venues to get feedback about the development of the draft prekindergarten standards. These presentations included:
 - NYC Early Childhood Professional Development Institute (Jan '08)
 - SUNY Cobleskill Early Childhood Leadership Conference (April '08)
 - Westchester/Mid-Hudson PreK Administrators Conference (April '08)
 - New York State Association for the Education of Young Children Conference (May '08)(Sample presentation materials and attendance lists are included in the binder)

5. EERI team members also met with groups internal to SED to share the development of the PreK standards and to gather feedback. Intra-agency meetings included:
 - Office of Curriculum and Instruction
 - Office of NYC School Improvement
 - Office of Higher Education VESID
6. Representatives from the EERI team were part of the ELA Standards Revision Initiative meetings, working to align the Communication, Language and Literacy domain with changes to the New York State standards for ELA.
7. Continued communication between EERI staff and Head Start trainers and administrators allowed them to become familiar with the Head Start Outcomes document. This document outlines areas of performance and the benchmarks expected of Head Start participants before they attend kindergarten.
8. The team worked to establish a library of research and materials supporting the development of the prekindergarten standards. Binders were established for every domain and every content area within the Cognition and Knowledge of the World domain. Filed in each binder was the most current research about the topic as well as some of the most specific information from other states. These resources were shared at team meetings and with members of the workgroups.
9. The work with the independent consultant and members of the preK standards workgroup yielded a draft set of domains and indicators and a meeting was held on September 23, 2008 to review the findings.

Workgroup Meeting September 23, 2008

1. Workgroup members were asked to choose small group tasks they would like to participate in prior to the meeting. All workgroup members were also mailed the complete draft of the Communication, Language and Literacy Domain. It was the expectation that all workgroup members would read and make comments on this draft before attending the meeting. (Materials are in the binder.)
2. Based upon the small group selection by the work group members, an organizational chart for small group discussion was established prior to the meeting. Materials were gathered from the library of preK Standards materials, including samples of other states' progress indicators and brought to the meeting for each small group to use.
3. The meeting began with a discussion about the Communication, Language and Literacy domain. There was debate about length and content; and discussions about performance indicators. The members of the ELA standards review initiative talked about the similarities to the ELA work and the prekindergarten

standards that were part of that process. After the morning discussions and many chart pages full of notes, a real format began to take shape.

4. During the small group work, teams examined the preliminary draft performance indicators for Approaches to Learning; Social Studies; Math; Communication, Language and Literacy; and Social/Emotional Development. Each group elected a recorder and a reporter. Indicators were decided upon for each of these areas and then shared with the larger group.
5. Wrap up to the meeting included deciding upon the best forms of continued communication. There was also a discussion about the development of developmental vs. academic learning standards for children from birth through age three. These standards would begin to be developed by the Child Care Coordinating Councils in collaboration with CUNY and the NYS Council on Children and Family Services.

Work completed between October 23, 2008 and the next workgroup meeting on June 3, 2009

1. All input and decisions from the workgroup meeting on October 23, 2008 were included into the draft PreK standards document.
2. Introductions to each section of the PreK document were rewritten and better organized with the help of an independent consultant. The introduction to the entire document was written and revised.
3. Staff meetings were spent re-examining indicators and re-wording them.
4. In February 2009, the expertise from the field of early education was called upon to give feedback. Directors of early childhood programs were contacted so that they could share the draft version of the PreK standards with their PreK teachers. Feedback on the domains of the PreK document was provided directly to the EERI office by these teachers, and by other stakeholders. (Please see binder for complete list of those providing feedback.)
5. Input from the teachers and others in the field was collected through April, 2009 and was discussed at team meetings. These suggestions were integrated into the PreK standards document where appropriate.
6. During monitoring and site visits to early childhood programs administered by the team, informal discussions were conducted with administrators and staff on the use of early learning standards in UPK, nursery school and Even Start classrooms. In particular, Utica, had established a set of learning standards based on the K-12 standards that they used for benchmarking children's progress. These great ideas were shared with the team.

7. Efforts continued to contact expert researchers, and to establish plans and SED internal approvals for them to review the New York State PreK Learning Standards.

Workgroup Meeting June 3, 2009

1. Large group discussions focused on the Social/Emotional and Approaches to Learning Domains. Consensus was reached on how to revise the indicators so that they were inclusive and developmentally appropriate for 4 year olds.
2. Small group discussions focused on physical development and health, science, the arts, technology, math and social studies.
3. Comments from each group were recorded and shared with the whole group at the end of the session.
4. All Workgroup members were pleased that all of the areas were discussed. They agreed to continue to be available for input and or questions via email.

Post June 3, 2009 Workgroup Meeting

1. There was continued follow up regarding a team of expert researchers to review the document.
2. Meetings occurred with the Early Childhood Advisory Council and related workgroups such as the Quality Improvement Workgroup. These meetings brought many early childhood providers together around the discussion of early learning standards.
3. EERI team members were present at all Common Core ELA and Math meetings; indicators from the Common Core were aligned with the Prek ELA and Math learning standards.

Input from Expert Researchers

1. The expert researchers previously contacted agreed to review the area that they were specifically selected for, as well as the entire document for consistency and alignment.
2. Edits, changes, additions, deletions, etc., were received from each of the reviewers and reviewed by the EERI team. Final drafts were created.
3. The Final Draft was prepared and posted on the EERI website for public comment.

Input from Public Comment (December 2010)

Input was received from over 500 individuals, ranging from teachers, administrators, curriculum consultants to parents. The PreK Learning Standards document was overall accepted by the public. Below is a summary of the feedback.

- For *Domain #1 Approaches to Learning*, the majority of the respondents agreed (90%) with the Benchmarks and Indicators as they were written.
- For *Domain #2 Physical Development and Health*, the majority of respondents (90%) agreed with the Benchmarks and Indicators as they were written. There was evidence in the comments that some children with physical disabilities may need to have support to master the benchmarks.
- For *Domain #3 Social and Emotional Development*, the majority of respondents (94%) agreed with the Benchmarks and Indicators as they were written. There were many strong comments from the respondents as well as the workgroup members regarding how to incorporate these kinds of benchmarks within the K-12 standards system.
- For *Domain #4 Communication, Language and Literacy*, the majority of respondents (86%) agreed with the Benchmarks and Indicators as written. Suggestions were made to include the word "culture" in the introduction to this section so that it is included with background knowledge and word knowledge as a contributing factor to developing literacy, particularly for our young English Language Learners.
- For *Domain #5 Cognition and Knowledge of the World*, the majority of the respondents (85%) agreed with the Benchmarks and Indicators as they were written. It was recommended that curriculum guidance that accompanies the PreK standards include a glossary of terms and a brief discussion of the importance of the classroom environment.
- Responses to the questions 6 and 7 on the survey regarding children with disabilities and English language learners included suggestions to take the time to give guidance not just to teachers but to administrators regarding the necessary approaches and supports needed by these children in a classroom setting..
- Question 8 on the survey asked the respondents to suggest the pre-service or in-service training that will be necessary for the implementation of the PreK Learning Standards. A very strong recommendation included the need to work with higher education to develop teacher training courses that support young learners.

Final Review and Revision by Core Work Group

1. Upon the receipt of 507 comments from the survey, this core group met to address any concerns and issues raised from the public comment period and to make recommendations for the final draft of the Prekindergarten Learning Standards that would be presented to the Board of Regents.

2. The core group addressed mostly issues of English Language Learners and students with disabilities that were specifically noted in the 507 comments.
3. Edits were also made to punctuation, footnotes and format.

Research Feedback on Prekindergarten Learning Standards

The Early Education and Reading Initiatives Office of the New York State Education Department received a memorandum from **Catherine Scott-Little on October 31, 2010**. This memorandum included her comments from her review of the NYSED Draft Prekindergarten Learning Standards.

Listed below are excerpts from that memorandum, supporting and endorsing the work completed within the Prekindergarten Learning Standards document:

“I have completed a review of the draft Prekindergarten Learning Standards and am forwarding my comments and suggestions. Overall, I think the draft is quite strong. The benchmarks and indicators address multiple areas of children’s development and, for the most part are age appropriate for pre-Kindergarten children. The decision to develop a holistic set of early learning standards is significant for your state. Within the individual domains, the benchmarks and indicators seem to typically address the most important specific areas of children’s development and learning.”

“Getting the balance right between the covering all areas of children’s learning and development and not having too many benchmarks and indicators is difficult. My sense is that you have struck a good balance in this draft.”

Catherine Scott-Little comments on each section of the PreK Learning Standards as the memorandum continues:

Introduction:

“The introduction to the document provides quite a bit of useful information. The guiding principles and statement of purpose for the document provide clear and concise guidance for the users of the document.”

Approaches to Learning:

*“I applaud the committee for including the **Approaches Toward Learning** domain. This is a critically important area of children’s learning and development. The introduction thoughtfully addresses several important issues related to **Approaches Toward Learning** and gives the reader a sense of research that supports the points made relative to this domain. The introduction also provides a good description of each sub-area of **Approaches Toward Learning**. I particularly noted the discussion of the role of temperament and environment in children’s tendency to display initiative, and the point that creativity is more than just expressing oneself creatively in the arts.”*

Physical Development and Health:

“The introduction to the Physical Development and Health covers important aspects of children’s physical development and emphasizes the importance of this domain in relation to children’s later learning.”

“The benchmark and indicators seem to cover all the areas of development and learning typically addressed within this domain and are worded clearly.”

Social and Emotional Development

“Social and Emotional Development is a very important area of children’s development and learning, and New York is to be commended on including it within the standards. The introduction to this domain does a nice job of explaining that this area is important even though it cannot be measured as easily as academic areas, and that adults can foster children’s development in this area.”

Communication, Language and Literacy

“The introduction to Communication, Language and Literacy is very thorough and addresses many important concepts related to language and literacy development.”

Cognition and General Knowledge of the World

“The introduction to the Cognition and General Knowledge of the World domain provides a good overview of what research tells us about children’s brain development and of the importance of cognitive processes, as well as how the overall document addresses children’s cognitive development. It is a real “plus” to articulate the difference indicators that address children’s thought processes.”

Mathematics

*“Within Cognition and General Knowledge of the World, the mathematics sub-area includes the content that the recent National Research Council’s report titled **Mathematics Learning in Early Childhood: Paths toward Excellence and Equity** suggests should be emphasized during the pre-Kindergarten years – number concepts and measurement. The indicators for these areas appear to include each of the constructs that the National Research Council’s panel recommended be addressed at this age...”*

Science

“The Science sub-area appropriately emphasizes children’s natural curiosity and the benchmarks focus attention on the different stages of the scientific process.”

Social Studies

“The introduction to this sub-area describes content that is addressed in the benchmarks and indicators included within the Geography sub-area. The content described is an important aspect of Social Studies learning for pre-Kindergarten children.”

“The first two benchmarks and indicators in this domain address children’s’ understanding of people within the context of their own self and the people they interact with directly. This focus on people children come into contact with regularly is an appropriate focus for this age because children’s understanding of their own family, etc. is the foundation for more traditional Social Studies concepts.”

The Arts

“The introduction to this subject area seems to convey the content in a way that may be particularly appealing/engaging to readers.”

“The benchmarks and indicators within the domain are age appropriate and written in a manner that is easy to understand.”

NYC Common Metric Description

Currently, NYC Department of Education, NYC Administration for Children's Services and the NYC Department of Health and Mental Hygiene have begun a partnership with New York University (NYU), to start a pilot test for a NYC Common Metric, a comparison of child outcome data on 4 year olds. Through a multi-agency, public-private collaboration with NYU and other funders, the project will create a population level understanding of child outcomes as well as create inter-agency efficiencies by aligning multiple assessments, standards, and early learning settings through a Common Metric. The project utilizes item response theory to align assessment measures in NYC's three major authentic assessment systems (Work Sampling System, Child Observation Record and Creative Curriculum GOLD, all of which are supported by the National Research Council¹) to create the NYC Common Metric. NYC chose to align multiple assessment systems, rather than mandating one assessment system, to provide ELDPs with a choice of the tool best for their specific population, while still ensuring that the tools utilized by ELDPs are appropriate for all populations, research-based, and valid and reliable. The NYC Common Metric will be aligned to the *NYS Early Learning Guidelines*, *NYS Prekindergarten Foundation for the Common Core*, and *Head Start Child Development and Learning Framework*. The project will empower NYC ELDPs to continue using the formative assessment tool already in use in their classrooms to leverage best practices and make decisions that are best for their population of children and staff, while increasing teacher, administrator and agency level understanding of child outcomes against multiple standards. The project is especially important for providers that leverage multiple funding streams to provide seamless, full day services to children and are required to respond to multiple funding streams which measure student progress against different sets of standards. Because of interest in the NYC Common Metric project among other states, NYC is positioned to become the leader of an interstate consortium using student data from multiple assessment systems and aligned to multiple sets of standards to inform decisions to improve instruction, programs and services.

NYU researchers are in the process of examining commonly utilized formative child assessment tools (WSS, COR, GOLD) to create a *Common Metric* (utilizing item response

¹ http://www.acf.hhs.gov/programs/opre/hs/national_academy/reports/early_child_assess/early_child_assess.pdf

theory) aligned to all three assessment systems (Phase 1).² Because the major formative assessment tools have been extensively studied and are valid and reliable, the *Common Metric* would build upon the strong foundation of the existing assessment tools. The *Common Metric* will then be aligned to *The Foundations to the Common Core*, and *The Head Start Child Development and Early Learning Framework*, allowing early childhood providers using any of the three major formative assessment tools to determine their students' progress against various sets of standards (Phase 2). This is especially important for providers who work to provide seamless, full-day service to students through blending state Prekindergarten, Head Start and/or Child Care funding and must be able to evaluate how their students meet different sets of standards required by each funding stream. The *Common Metric* meets the formative assessment requirement of the comprehensive assessment requirement in RTT-ELCG (C.2), and provides more flexibility than requiring a single formative assessment tool while still allowing teachers, administrators and agencies to examine child outcomes at the classroom, site/school, and district level. In essence this provides the state with child outcome data that is comparable, without mandating the use of a single tool.

The *Common Metric* will include all four-year-olds in all NYC public EC settings (UPK, CC and/or HS). All four-year-olds in NYC are given unique identifiers (OSIS numbers) through NYC's student data system (Automate the Schools – ATS), and are enrolled and tracked through the Pre-K Integrated Data System (PreKIDS). PreKIDS is unique in that it allows Community Based Organizations (CBOs) to interact with student data for their centers and through connecting with ATS, enables NYC to track the same data points for CBO and public school students. Data from the *Common Metric* could be entered through PreKIDS and aligned to longitudinal student outcomes as a student progresses through the P-3 continuum through the student's OSIS number (which in NYC continues with a student through graduation and/or matriculation/completion at the City Universities of New York). Starting in the 2011-12 School Year, New York City will be releasing Where Are They Now (WATN) reports that will provide information to early childhood programs on longitudinal outcomes for students after they leave the early childhood program (i.e. 3rd-5th grade NYS test scores). WATN reports will serve as a building block for the practice of using longitudinal student data to inform decisions and

²Note – NYU researchers are in Phase 1 of the Common Metric project, in which they will determine if there are enough common items across all three assessment systems to create a Common Metric, or provide recommendations for the creation of a new common item set should it be needed.

planning within early childhood programs. By collecting all data in an integrated data system, the policy addresses early learning development coordination across agencies.

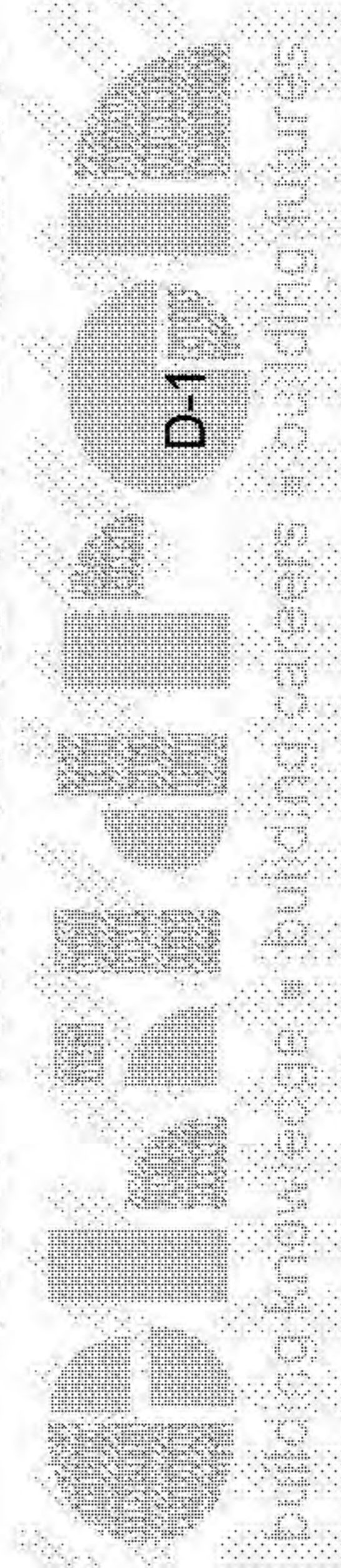
The *Common Metric* for Prekindergarten is planned to be tested and validated through a representative sample of NYC Prekindergarten students across all EC settings (~6000) in the 2012-13 and 2013-14 school years. NYC has a high concentration of high needs students (as measured through free and reduced lunch eligibility, ELL status and Special Education status).

Core Body of Knowledge

New York State's Core Competencies for Early Childhood Educators

(b)(6)

New York Works for Children



D-1

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INTRODUCTION

The *Core Body of Knowledge: New York State's Core Competencies for Early Childhood Educators* outlines what professionals working with young children should demonstrate in their daily work in order to facilitate optimal physical, social, emotional, and cognitive development for the children in their care.

It is geared to all professionals who work directly with young children (lead teachers, assistant teachers, aides, paraprofessionals, itinerant teachers, classroom volunteers when applicable, family care providers); directors and program administrators; those involved with training organizations, so as to plan their efforts regarding meaningful professional development; teacher education programs (college professors, field supervisors); those involved with policy and advocacy initiatives (local and state agencies, policymakers, early childhood advocates), those involved with professional development systems, families, and any others engaged in the efforts to elevate this field to reflect the growing need for high-quality early care and education as well as the need to fairly and equitably recognize and compensate the people in this field.

The goals and purposes of this document are:

- To guide professionals who work directly with young children in their daily practice by identifying strengths and skills, and therefore aid in their self-reflection processes and professional development journey;
- To inform the decisions of potential candidates to the field of early care and education;
- To guide professionals in leadership positions in evaluating staff performance, identifying areas to target for professional development, and creating/reviewing job descriptions;
- To aid training organizations in assessing, organizing, and developing education opportunities for professionals;
- To assist teacher education programs in assessing, coordinating, and designing course content that will fulfill competency needs and facilitate transfer and articulation agreements;
- To support advocacy efforts to reinforce the concept and language of professionalism in the field of early childhood as well as educate parents, policymakers, and the general public about the many facets of professional practice and the need for highly competent professionals with the accompanying fair compensation;
- To support local and state agencies in their quest to develop policy, initiatives and funding decisions that improve the competency of early childhood professionals;
- To provide a framework for professional development system efforts to use as the basis for creating and/or revising registry systems, professional development records, and plans; trainer/training approval systems; and scholarship/grant applications, among other opportunities;
- To empower families in their search for high-quality early care and education settings and professionals;
- To serve as an instrument for the general public to value the degree of knowledge and skill required for professional competency in early childhood; and
- To support public and private investments, incentives, and initiatives that encourage and facilitate professional competency.

This *Core Body of Knowledge* is organized in what we recognize as a graduated sequence of **competency areas**. It starts with the children, moves on to the concentric and ever-expanding social circles in which children grow and develop. It then looks at the relationships with the professionals who care for them and the processes that facilitate their development. Finally, it reaches the overall perspectives those professionals must consider as they perform their work and develop themselves professionally.

Competency Areas

1. Child Growth and Development
2. Family and Community Relationships
3. Observation and Assessment
4. Environment and Curriculum
5. Health, Safety, and Nutrition
6. Professionalism and Leadership
7. Administration and Management

The readers of this document should keep in mind that the above competency areas overlap and must be considered as an integrated unit rather than isolated checklists that are to be considered and “filled out” separately. As children grow and develop in an integrated manner and may exhibit different patterns of such growth and development, not always linear and not always at a steady pace, these areas must be read as a whole as to paint the most complete picture possible of the work of highly qualified professionals.

This third edition of the *Core Body of Knowledge* revisits a previous document – the *New York State Early Care and Education Core Body of Knowledge Framework* (Second Edition, 2001). The rationale behind this most recent edition has been to present competencies or recommended practices in each of the seven competency areas. It then relates specific behaviors and skills associated with each of the competencies.

This document does not organize competencies in terms of level, as was the case in previous editions. Instead, readers are encouraged to consider the competencies as recommended practices, suggested goals toward which early childhood professionals can work in order to provide high quality care and education for young children. Professionals advance along a continuum of practice over time, demonstrating these competencies with greater sophistication as they acquire more knowledge and experience, and develop necessary dispositions.

It should be noted that professionals are encouraged to consider the relevance of each competency, behavior and skill in the context of his or her program and community. Reflective, observant early childhood professionals know best the knowledge and skills that are essential for their daily work.

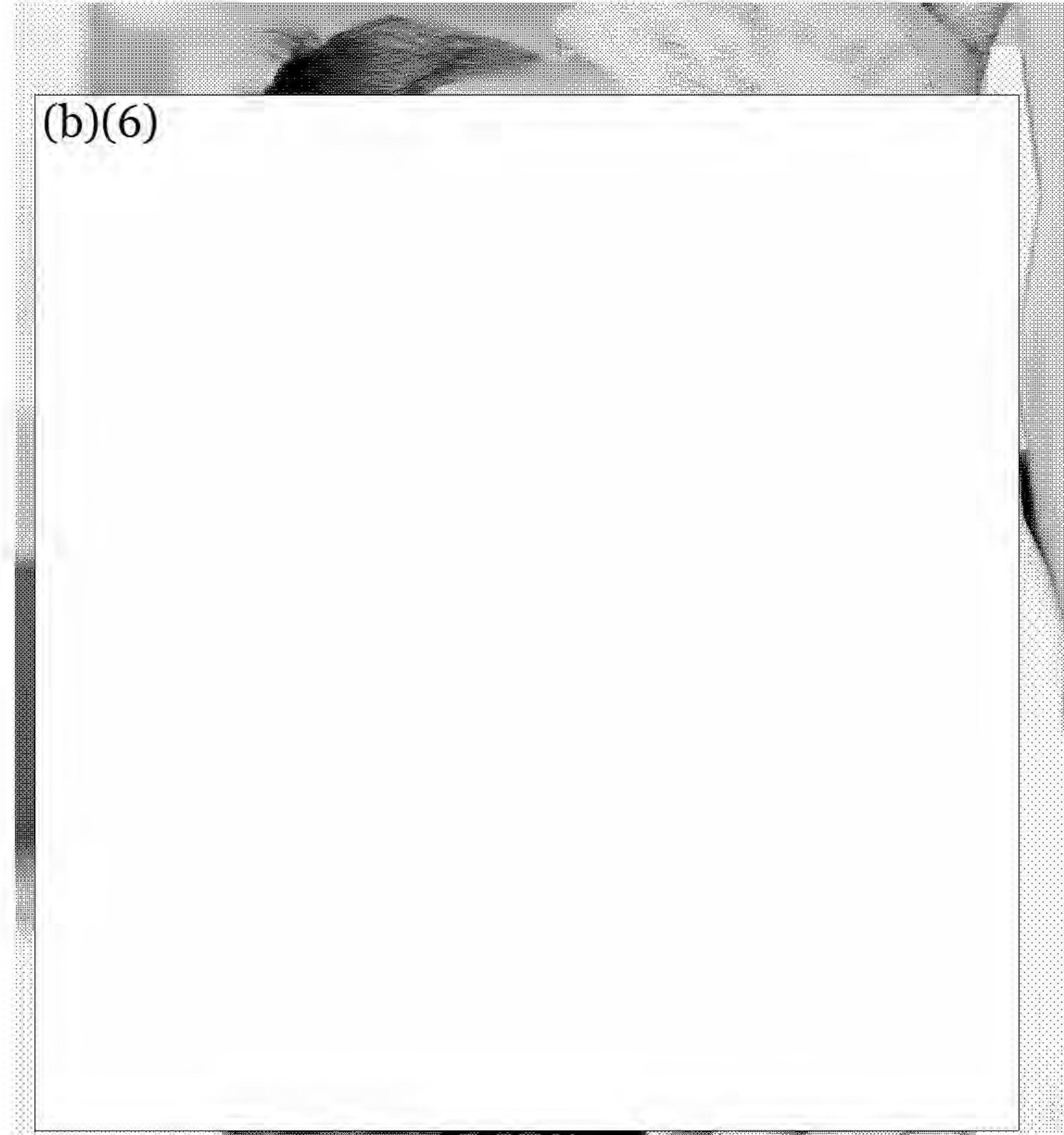
In keeping with current research and standards, this document presents a restructured organization of competency areas. It includes two new areas (*Health, Safety, and Nutrition; Administration and Management*), renames others (*from Child Assessment to Observation and Assessment; from Families in Society to Family and Community Relationships; from Environment, Curriculum, and Content to Environment and Curriculum*), removes *Communication* as a separate component but embeds it into all areas, and reorders the final table of contents in a way that follows the current emphasis on a more organic flow, taking into account the need to view early care and education through a wider lens that recognizes and celebrates the importance of partnering with families and community.

CORE BELIEFS

Several core beliefs served as the foundation for the writing of this document and exist at the heart of all seven of the competency areas:

- Children are born ready to learn.
- Every human being is a unique individual, with diverse modes of learning and expression as well as interests and strengths.
- Children are worthy of the same respect as adults.
- Children's needs for shelter and for physical, intellectual, emotional, and social nourishment must be met for them to grow, develop, and learn to their fullest potential.
- Children have the right to secure, trusting relationships with adults and to safe, nurturing environments.
- Children learn through play.
- Children construct their own knowledge based on their curiosity and driven by their interests. This active construction is facilitated by interaction with adults and other children.
- Children's learning is active and follows a recurring path: awareness, exploration, inquiry, and application.
- Children learn best when exposed to and engaged in high-quality environments, interactions, and relationships.
- Children learn best when the adults in his or her life work in partnership with one another.
- All children and their families, regardless of their ethnic origins, value systems, faiths, customs, languages, and compositions, must be equally respected.
- Families and children have the right to support systems that foster their growth and development.
- Teaching and learning are dynamic, integrated, and reciprocal processes.

1 CHILD GROWTH AND DEVELOPMENT



Solid knowledge of how children grow and develop is the cornerstone of quality early childhood practice. It lays the foundation for designing environments and curriculum, for observing and assessing, and for integrating diverse learners. Professionals working with young children must understand what to expect regarding children's range of abilities so as to be able to plan appropriate sequences of action, adjust teaching strategies, and pose manageable tasks and challenges to extend learning for all children.

In addition to being knowledgeable about the theories that spell general sequences of human development, early care and education professionals must understand the roles played by the uniqueness of each individual as well as the impact of culture and the expectations of families. It is the complexity of these components and how they interact that makes the work of early childhood professionals such a complex and worthy endeavor.

1 CHILD GROWTH AND DEVELOPMENT

CORE COMPETENCIES

The professional working with young children:

- 1.1 Applies the cycle of assessment, planning, implementation and evaluation to support children's healthy development.
- 1.2 Encourages children's social and emotional development.
- 1.3 Helps children achieve self-regulation and acquire coping skills.
- 1.4 Supports children's gross, fine, and graphomotor development.
- 1.5 Supports children's cognitive development.
- 1.6 Supports children's language and literacy development.
- 1.7 Encourages and supports English Language Learners.
- 1.8 Facilitates children's play to encourage motor, cognitive, language, social and emotional development.
- 1.9 Supports children with special needs and their families.

11 Applies the cycle of assessment, planning, implementation and evaluation to support children's healthy development

BEHAVIORS AND SKILLS

- 1. Uses observation and assessment to identify children's strengths and interests and the skills they are working to master
- 2. Collaborates with families and related professionals to create goals for individual children and for groups of children
- 3. Plans before implementing activities and interventions
- 4. Implements opportunities for children to learn and practice skills
- 5. Evaluates how well the experiences they plan meet children's needs and interests
- 6. Uses checklists and other assessment tools to track children's development
- 7. Gathers and labels documentation related to development
- 8. Engages in communication with families about their child's development
- 9. When appropriate, identifies children who may benefit from further professional support
- 10. When necessary, acquires the professional support they need to help children be successful
- 11. Implements and evaluates the effectiveness of interventions, modifications and accommodations to help children meet developmental and learning goals
- 12. When appropriate, writes, reviews and/or implements Individual Family Service Plan (IFSP) and Individualized Education Plans (IEP) goals that are aligned with Division for Exceptional Children (DEC) Recommended Practices

12 Encourages children's social and emotional development

BEHAVIORS AND SKILLS

- a Considers temperament and individual differences when interacting with children and planning experiences
- b Creates a climate and daily schedule that encourages trust and social interaction with other children and adults
- c Helps children cope with separation
- d Uses tone, words and gestures to let children know they are respected
- e Provides opportunities for children to help, to make choices, and to do things for themselves
- f Recognizes children's effort rather than their accomplishments, intelligence or other fixed characteristics
- g Acknowledges when children exert self-discipline and self-control
- h Finds ways to help children feel successful, identify and pursue passions, and develop a sense of personal identity
- i Uses empathy to help children recognize and acknowledge their emotions
- j Helps children value their ethnic and cultural traditions
- k Encourages children to be responsible, compassionate, inclusive, and appreciate each other's strengths
- l Helps children build on their strengths and work on their challenges
- m Models cooperative work and effective problem-solving, and helps children resolve conflict
- n Encourages cooperative work and play

13 Helps children achieve self-regulation and acquire coping skills

BEHAVIORS AND SKILLS

- a Investigates and provides for children's sensory preferences
- b Provides an adequate level of stimulation for children; keeping them interested without overwhelming them
- c Responds promptly to children's signals and needs
- d Reads children's cues and responds by adjusting expectations and activities
- e Uses empathy to help children recognize and acknowledge their emotions and energy levels
- f Creates an environment and provides strategies that help children to:
 - Manage strong emotions and calm themselves
 - Focus their attention to remain actively engaged with activities and materials
 - Read the cues of the environment to learn how to respond appropriately
 - Cope with fear, anger and frustration
- g Uses language to communicate their needs
- h Shift their perspective and take on the perspective of others
- i Use problem-solving and conflict resolution strategies

14 Supports children's gross, fine, and graphomotor development

BEHAVIORS AND SKILLS

- a Provides the appropriate environments, toys, materials, equipment and instruction to encourage a variety and range of motor skills
- b Helps children master self-help skills like eating, toileting, and dressing
- c Creates opportunities for children to practice skills that develop coordination, balance, movement, and strength:
 - Loco motor skills: rolling, crawling, walking, running, jumping, hopping, galloping, sliding, skipping, leaping
 - Object control: throwing, catching, kicking, striking, trapping, dribbling, ball rolling
 - Stability Skills: turning, twisting, bending, stretching, reaching, lifting, balancing
 - Activities that cross the midline
- d Leads physical activities at a moderate to vigorous level
- e Provides opportunities and activities that strengthen hand and finger muscles
- f Makes sure that indoor and outdoor environments allow children to move freely
- g Ensures that children spend time each day in outdoor gross motor play
- h Supports children in their pursuit of reasonable physical challenges
- i Provides children with opportunities and materials that foster sensory integration
- j Adapts physical activities to the skill and developmental level of the children, as well as to the environment (i.e., backyard, gym, classroom, living room)

15 Supports children's cognitive development

BEHAVIORS AND SKILLS

- a Analyzes and supports children's symbolic play development
- b Encourages perspective-taking
- c Helps children learn to problem-solve
- d Supports and provides strategies to children that enable them to communicate their understanding in a variety of modalities (speaking, visual art, movement, drama, etc.)
- e Plans experiences based on children's interests and asks open-ended questions that encourage critical and divergent thinking
- f Helps children to make and refine connections
- g Helps children to develop and evaluate theories
- h Encourages children to be enthusiastic and curious about each other's thinking

16 Supports children's language and literacy development

BEHAVIORS AND SKILLS

- a Creates a print-rich and conversation-rich environment
- b Uses precise, clear language
- c Uses a rich, developmentally appropriate vocabulary
- d Engages in conversations with children on topics that include their experiences and interests
- e Looks for ways in which pre-verbal and non-verbal children initiate communication and responds appropriately using gestures, vocalizations, words, pictures and/or assistive technologies
- f Helps children extend both verbal and non-verbal conversations
- g Provides a reasonable response time for all children and specific examples of how they expect children to participate
- h Provides numerous, varied opportunities to develop vocabulary including conversations, investigations, field trips, books, etc.
- i Encourages children to share their opinion and provides strategies that help them to articulate their opinions
- j Validates and supports children's expression using various forms of documentation including video, dictation, photography, audio recording, etc.

17 Encourages and supports English Language Learners

BEHAVIORS AND SKILLS

- Provides opportunities for children to experience oral and written communication in a language that their family uses and understands
- Helps children to see that knowing two languages is an asset
- Provides meaningful ways for children to develop competence with the second language
- Supports continued development of the first language
- Respects differences in culture and language as difference, rather than deficiencies
- Respects individual differences in language-learning style
- Makes adjustments and/or provides the support necessary to help the bilingual child succeed:

 - Appropriately uses props, visual aids, and body language
 - Labels objects and materials in English and the child's first language
 - Uses repetition, pauses, short sentences, and frequent comprehension checks
 - Designates a classroom peer to help the bilingual child find materials and resources
- Uses role play and cooperative group work to increase communication opportunities
 - Accepts children's best effort to communicate in the second language
 - Provides descriptions of what the bilingual child is doing
 - Allows the bilingual child to observe without the pressure to respond

18 Facilitates children's play to encourage motor, cognitive, language, social and emotional development

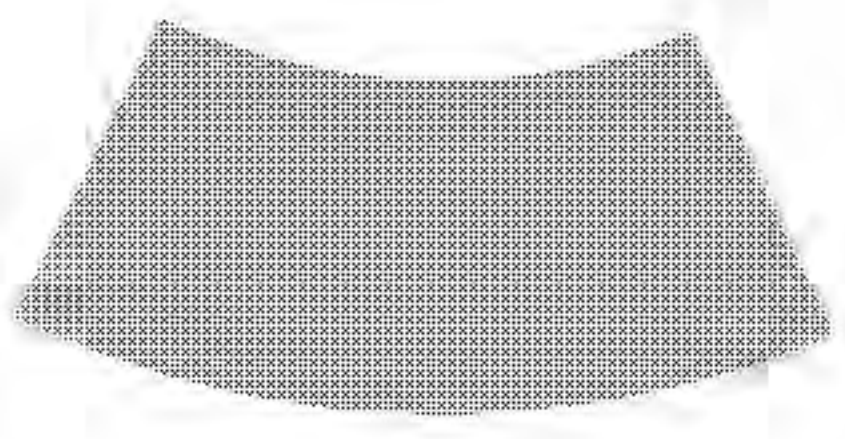
BEHAVIORS AND SKILLS

- a** Ensures that children are the prime architects of play
- b** Creates an environment that invites children to play. Places of relevant props near the dramatic play area.
- c** Responds to children's needs and interests as they play
- d** Plays with children by watching what they do, repeating what they are doing, and then modeling elaborations or variations on that play, while also verbally describing what they are doing
- e** Teaches children how to enter a play group, how to invite other children to play, and how to organize play with their peers
- f** Teaches children how to be peer models for play
- g** Provides support and structure to specific children during unstructured play times
- h** Assists children in sharing toys and materials with one another and teaches the appropriate social exchanges for turn-taking
- i** Teaches children to plan their play, and reinforces them for planning and for following through on their plan
- j** When working in the child's home, helps caregivers to join in the child's play and to involve siblings and/or other children in the child's play

1.9 Supports children with special needs and their families

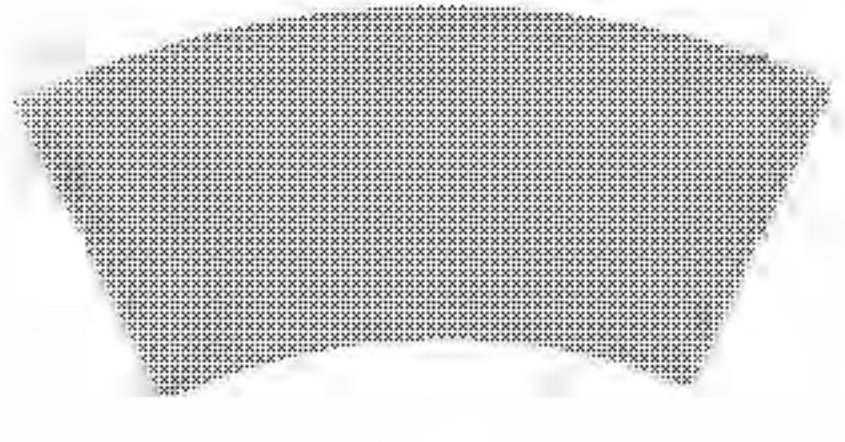
BEHAVIORS AND SKILLS

- 1. Applies the principles of family-centered practice
- 2. Recognizes the signs of possible atypical development and health problems
- 3. Honors children's and familie rights according to the Individuals with Disabilities Education Act (IDEA) and other applicable laws
- 4. Follows through on their roles and responsibilities pertaining to Individual Family Service Plans (IFSPs) and Individualized Education Plans (IEPs)
- 5. Applies strategies for modifying and adapting curriculum, materials, instruction and the environment to meet individual needs
- 6. Helps families access relevant community supports and resources



2

FAMILY AND COMMUNITY RELATIONSHIPS

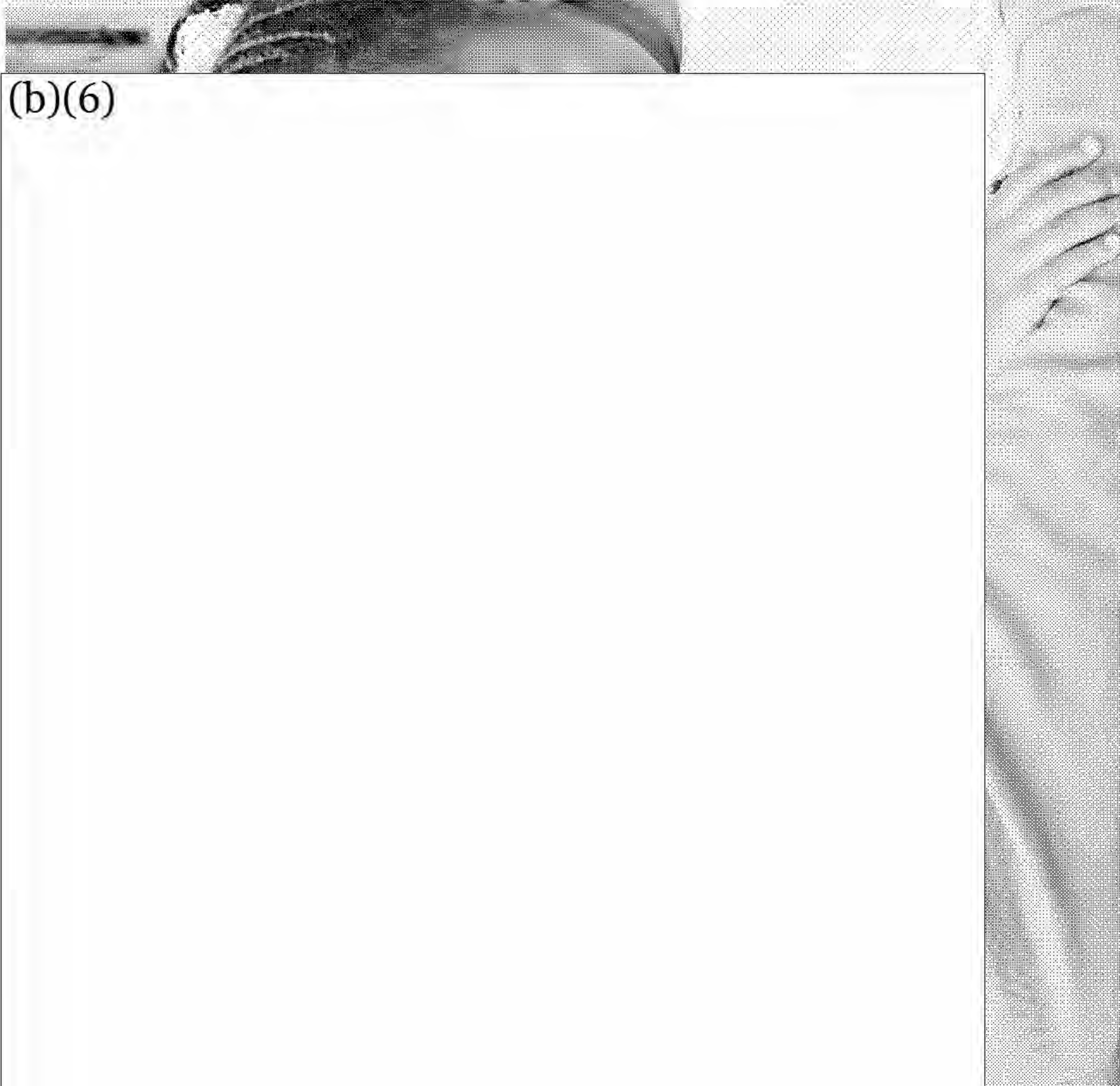


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The composition of the American family has been consistently changing over time, and the State of New York embodies this demographic shift. Professionals working with young children must, therefore, recognize the changing face of families so as to develop consistent practices that respect their cultures, ethnicities, languages, values, faiths, and belief systems, and thus be able to effectively support children's development and learning.

Family, in any form, is the first group a child comes in contact with upon birth. It sustains his or her growth and development, begins the processes of socialization and self-regulation, and provides the first learning environment for the child. Professionals working with young children must acknowledge the role families play in every child's life and strive to form respectful partnerships with the families of the children under her or his care so as to create not only the smoothest possible transition to a different, larger group of individuals but also the openness and consistency of care every child needs and deserves to in a democratic society.

Professionals working with young children are in actuality working not only with the children but also with their families, and are obligated to enrich and support that first network of care so as to be able to effectively impact the children, their development, and their current and future learning in a positive way.



2 FAMILY AND COMMUNITY RELATIONSHIPS

CORE COMPETENCIES

The professional working with young children:

- 2.1 Respects families and is responsive to language, culture, family characteristics, needs, concerns and priorities.
- 2.2 Communicates regularly, respectfully, and effectively with families.
- 2.3 Provides families with opportunities to learn and develop skills to help their children achieve desired outcomes at the program, at home, and in the community.
- 2.4 Shares power with families and involves them in decision-making.
- 2.5 Helps connect families with needed resources and services.
- 2.6 Supports families through transitions between programs.

2.1 Respects families and is responsive to language, culture, family characteristics, needs, concerns and priorities

BEHAVIORS AND SKILLS

- a** Treats families with dignity and respect
- b** Refrains from passing judgment on families that may depart from his or her standards or expectations
- c** Treats parents and family members as individual adults
- d** Works to identify and uphold families' hopes and dreams for their child
- e** Recognizes parents as the primary influence on their children
- f** Considers families or parents as central; the most important decision-makers in a child's life and honors their decision-making style
- g** Works to identify and empower the strengths and competence of the family
- h** Works in partnership with families to identify goals for their child
- i** Works with families in an individualized and flexible manner, including around parents' work schedules
- j** Takes time to learn about families' race, religion, home language, family structure, employment situation, other child care situations, as well as their values and beliefs about childhood, education and intervention
- k** Responds sensitively to parents' concerns, ways of coping, and child-rearing practices
- l** Respects families' boundaries
- m** Engages in courteous behavior with families (being on-time, keeping appointments, returning communication)
- n** Invites family members to include the people they would like to participate in meetings and activities
- o** Is open to learning and new information about family relationships
- p** Participates in cultural events in the community to better understand the families with whom they work

22 Communicates regularly, respectfully, and effectively with families

BEHAVIORS AND SKILLS

- a Shares and discusses the program's philosophy about provider family relationships with families on a regular basis
- b Is accessible and easy to reach
- c Communicates clear and complete information in a manner that matches the family's style, preferred language, level of understanding, and preferred means of communication
- d Communicates to and about families in a positive way
- e Communicates regularly with families; to share the accomplishments of the child, to answer questions, and to discuss routines, activities and progress
- f Talks with families about their lives, work, parenting, problems, etc.
- g Follows rules regarding confidentiality
- h Uses tools like communication journals as well as technology to share information with parents and for parents to share information about how children are doing at home
- i Uses surveys to elicit information and feedback from families
- j Listens to families' questions and responds honestly with accurate information
- k Solicits information from families about what "works" for them so that they can consider implementing those suggestions in their classroom or program
- l Uses an interpreter when necessary to ensure clear communication with families
- m Seeks input and collaboration from fathers, as well as from mothers or other caregivers
- n When appropriate, communicates the possibility of a developmental delay or special need sensitively and confidentially, providing documentation and explanation for the concern, and suggesting next steps and information about resources for assessment

- 2.3 Provides families with opportunities to learn and develop skills to help their children achieve desired outcomes at the program, at home, and in the community

BEHAVIORS AND SKILLS

- a Takes time with families and encourages them to find their own way to support their child
- b Offers recommendations, strategies and tools (i.e., libraries, museums, and parks) to families only when requested or welcomed, and matches the families' interests and priorities
- c Makes recommendations about strategies to use at home that preserve the parent/caregiver role
- d Works with families to embed teaching and learning opportunities in natural ways throughout the child's day
- e Helps families to implement easy to use tools and strategies at home and takes a planned approach to achieving desired outcomes

24 Shares power with families and involves them in decision-making

BEHAVIORS AND SKILLS

- a Values families and welcomes them into the classroom or program setting
- b Works with families as equal partners
- c Collaborates with families to identify children's strengths, interests and goals
- d Invites families to share special interests or talents with the classroom or program
- e Listens to families suggestions
- f Invites families on excursions into the community and field trips
- g Gives families choices about communication systems
- h Plans conferences, events and activities that are based on family interest, and schedules them for times that are convenient for families
- i Encourages families to participate in program decision-making

25 Helps connect families with needed resources and services

BEHAVIORS AND SKILLS

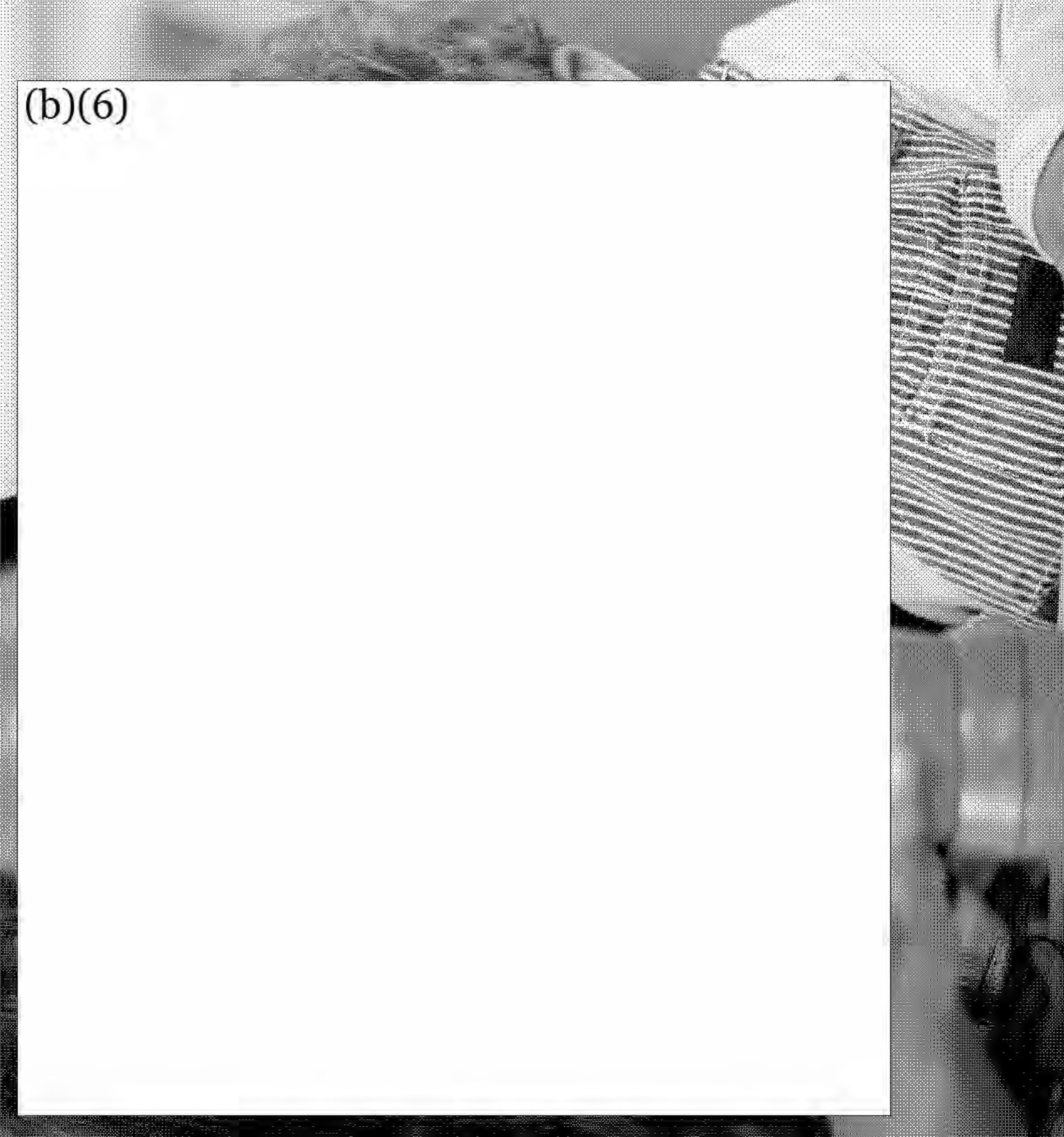
- 1. Implements creative ways to provide families with support and information (i.e., electronic newsletters, informational meetings, bulletin boards)
- 2. Empowers families, helping them to access needed resources such as other professionals, community resources, government services, and community activities for themselves
- 3. Provides opportunities for family-to-family gatherings and events
- 4. Helps families take advantage of parent education and training opportunities in the program and outside of the program
- 5. Encourages families to identify informal supports like shared babysitting, phone trees, etc.
- 6. When applicable, helps families understand the special education referral and evaluation processes

26 Supports families through transitions within and between programs

BEHAVIORS AND SKILLS

- a Facilitates initial adjustment from home to program
- b Helps children adjust to new schedules and routines
- c Provides information about transitions, including a timeline of activities whenever applicable
- d Helps families and children prepare for a change
- e When appropriate, arranges family visits to other potential programs
- f Shares information with staff of the new program

3 OBSERVATION AND ASSESSMENT



Observation and assessment form an ongoing cycle that is the basis for making educational decisions. Both must be done intentionally and provide a rationale for curriculum planning, adjustments, and accommodations. Professionals working with young children must observe constantly and maintain documentation of such observations, which must take place in all spaces, at all times, and over time so as to form the most complete picture possible of a child. Because young children's growth and development change rapidly, observation must happen frequently and be consistently updated.

Assessment, the systematic collection of information and the subsequent analysis of a child's growth and development processes, must also take place continually over time and utilize tools that are congruent with what is known about developmentally appropriate and culturally responsive practice.

The cycle of observation and assessment informs curriculum planning and evaluation of educational goals for children and programs.

3 OBSERVATION AND ASSESSMENT

CORE COMPETENCIES

The professional working with young children:

- 3.1 Uses observation and assessment tools to support children's development and learning.
- 3.2 Practices responsible assessment.
- 3.3 Builds positive, productive assessment partnerships with families and colleagues.
- 3.4 Practices responsible reporting of assessment results.
- 3.5 Uses observation and assessment to plan and modify environments, curriculum, and teaching.
- 3.6 Practices responsible formal evaluation and reporting procedures.

3.1 Uses observation and assessment tools to support children's development and learning

OBSERVATION AND ASSESSMENT

BEHAVIORS AND SKILLS

- a** Assesses children's progress across all developmental areas
- b** Uses multiple methods for data-collection (i.e., work samples, photographs, frequency counts, checklists, videotapes, etc.)
- c** Uses multiple sources to assess children (i.e., their conversations, misunderstandings, questions, play, work samples, etc.)
- d** Develops and/or uses assessments that are aligned with curriculum or development goals and have clear relevance for daily planning and curriculum development
- e** Regularly reflects on whether assessment methods provide necessary information
- f** Uses assessments to plan and modify environments, curriculum and teaching

32 Practices responsible assessment

BEHAVIORS AND SKILLS

- a Assesses children using tools they are fully qualified and trained to use, especially in the case of formal assessment
- b Reviews and considers information the family has provided about their child, as well as information provided by other programs or teachers, before beginning an assessment
- c Encourages families to share the concerns, hopes and developmental goals they have for their child
- d Ensures that assessment procedures are culturally and linguistically appropriate
- e Ensures that multiple measures are used to assess children (i.e., observations, curriculum-based assessments, work samples, clinical opinion, etc.)
- f Accommodates children's physical, temperamental, and sensory differences when choosing assessment materials and procedures
- g When possible, assesses children during familiar routines, with familiar materials, people and contexts, rather than only in controlled situations
- h Makes sure children are familiar with the assessor(s)
- i Considers children's strengths and needs across all developmental domains when giving an assessment and interpreting results
- j Uses assessment tools that are relevant to curriculum or program planning
- k Informs families about state Early Intervention/Early Childhood Special Education rules and regulations regarding assessment

33 Builds positive, productive assessment partnerships with families and colleagues

OBSERVATION AND ASSESSMENT

BEHAVIORS AND SKILLS

- a** Demonstrates sensitivity to family culture, values, home language, and literacy level when communicating about assessment procedures or results with families
- b** Engages families in discussion about the program's philosophy of assessment, the assessment tool or tools being used, and family participation in assessment
- c** Before beginning an assessment, asks families about their child's interests, favorite toys, special abilities and needs and uses this information during assessment
- d** When relevant, involves families in assessment procedures
- e** Provides family members and other involved colleagues with an opportunity to review assessment results before discussing them at conferences or meetings
- f** Supports family members that would like to bring other individuals to meetings to discuss the child's progress

34 Practices responsible reporting of assessment results

BEHAVIORS AND SKILLS

- (a) Shares assessment results in a manner that is understandable for families (i.e., uses the family's dominant language, limited jargon, specific information about the child rather than only scores)
- (b) Is sensitive to differences in processing modes when discussing assessment results with families
- (c) Reports strengths as well as areas of need
- (d) Writes narratives and reports that consider the interrelatedness of developmental domains (i.e., a child with a speech delay may not be able to express all that they know)
- (e) Collaborates with families to develop goals and plans based on assessment results
- (f) Shares and addresses the limitations of assessment

35 Uses observation and assessment to plan and modify environments, curriculum and teaching

OBSERVATION AND ASSESSMENT

BEHAVIORS AND SKILLS

- 35a With families, assesses and adjusts developmental and learning goals to meet the changing needs of the child and family
- 35b Pays close attention to the level of support a child needs to perform a task and acknowledges even small amounts of progress
- 35c Conducts ongoing assessments to ensure the environment, curriculum and approaches to learning meet children's needs
- 35d Regularly evaluates whether children generalize what they've learned to other contexts and people

3.6 Practices responsible formal evaluation and reporting procedures

BEHAVIORS AND SKILLS

- B** Identifies one team member who will act as a single point of contact for families regarding a child's assessment
- D** Plans the time, location and assessment strategies with families
- E** Follows established timelines for initiating and completing assessments, the evaluation process, reporting and meeting with families
- F** When working as part of an assessment team, reviews information about a child's birth and developmental history, as well as information from other sources before beginning assessment
- G** Before creating an Individual Family Service Plan (IFSP) or Individualized Education Plan (IEP), requests that families share the concerns, hopes, and developmental goals they have for their children
- H** Assesses children's strengths and needs across all developmental domains
- I** When applicable, develops Individual Family Service Plan (IFSP) and/or Individualized Education Plan (IEP) goals with families at the IFSP/IEP meeting rather than having prewritten goals
- J** Organizes reports by developmental domain
- K** Adheres to New York State legal and procedural requirements and meets Division for Exceptional Children (DEC) Recommended Practice guidelines for responsible assessment

The behaviors and skills listed above are specific to professionals working as part of an assessment team to evaluate children's need for additional support services using formal assessment tools and evaluation procedures. It is expected that these professionals exhibit these behaviors and skills in addition to those listed in Core Competencies 3.1-3.5.

4

ENVIRONMENT AND CURRICULUM



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The essence of the work of an early childhood education lies in the learning experiences provided for the children under his or her care. The higher the quality of these experiences, the better the outcomes for the children. Ensuring quality learning experiences involves careful planning, implementation, and evaluation not only of the content of such experiences but also of the physical and social settings that surround them.

Environment and curriculum are interdependent parts of a continuum of care and education in early childhood settings: Decisions made in regards to one impact the other. Their foundations lie on the knowledge of children's growth and development as well as on a critical understanding of social responsibility. Combined, these elements make up what is known as developmentally appropriate and emotionally responsive practice.

In thinking of environment and curriculum, an early care education must consider several aspects. First of all, both environment and curriculum must be designed *for* the children. Secondly, learning takes place everywhere, so in preparing the environment and planning curriculum professionals must include in their thinking all areas in the early childhood setting – indoors and outdoors. Thirdly, time plays a substantial role in learning and development, and professionals who work with young children must always keep in mind that allowing and encouraging children to repeat, revisit, and reflect on earlier experiences leads to deeper understandings and consequently richer learning. A pace that respects each child's development and diverse abilities also constitutes appropriate practice. Lastly, aesthetically pleasing and well-designed surroundings facilitate children's relationships with people and materials, therefore laying the foundations for exploration, interaction, and meaningful connections.

4 ENVIRONMENT AND CURRICULUM

CORE COMPETENCIES

The professional working with young children:

RELATIONSHIPS WITH CHILDREN

- 4.1 Creates genuine, supportive relationships with children.
- 4.2 Creates an environment that is predictable, promotes interaction and learning, and is responsive to children's needs.
- 4.3 Works to effectively and calmly address challenging behavior.

THE LEARNING ENVIRONMENT

- 4.4 Creates an environment that values the inclusion of all children.
- 4.5 Fosters a sense of community by encouraging interaction, empathy, connectedness, responsibility, and independence.
- 4.6 Arranges a learning environment that is well organized, aesthetically pleasing, promotes reflection, and extends learning.
- 4.7 Arranges and facilitates the use of the physical space and materials in ways that support healthy development, self-management, and cooperation.

APPROACHES TO LEARNING AND MEANINGFUL CURRICULUM

- 4.8 Uses approaches to learning that build on children's natural curiosity, deepen children's knowledge and awareness, and sustain active engagement with ideas and materials.
- 4.9 Adopts or designs meaningful curriculum for young children.
- 4.10 Makes sound decisions for selecting and using technology and media to enhance teaching and learning.
- 4.11 Plans and implements interventions to help children meet developmental and learning goals.

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4.1 Creates genuine, supportive relationships with children

BEHAVIORS AND SKILLS

- a** Shows genuine interest in children's experiences, ideas and work
- b** Engages in meaningful and extended conversation with children individually each day
- c** As appropriate, shares information about his or her life outside of the program or classroom with children (i.e., personal stories, interests, hobbies)
- d** Is interested in learning something that is special or important to each child
- e** Is attentive and responsive to children's needs, interests, and verbal and non-verbal cues
- f** Respects children's choices and supports them in the decision-making process
- g** Encourages children's independence
- h** Responds to children with comfort and support, and cultivates closeness and open communication
- i** Regularly engages in self-reflection regarding relationships with the children

RELATIONSHIPS WITH CHILDREN


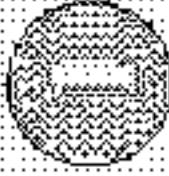

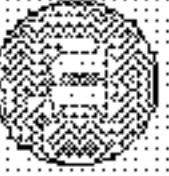

42 Creates an environment that is predictable, promotes interaction and learning, and is responsive to children’s needs

BEHAVIORS AND SKILLS

- a** Designs schedules that are predictable but flexible and reflect children’s right to fresh air, physical activity, rest, and nourishment
- b** Uses a steady, calm tone when providing direction and redirection to children
- c** Develops group rules with children and states the rules in a positive form and not in a negative form (“Walk, please” vs. “No running”)
- d** Implements classroom rules with consistency
- e** Consistently uses a predictable signal to gain the attention of the group and regularly models the expected response
- f** Uses a variety of strategies to engage children’s attention and active participation
- g** Engages and maintains children’s attention before and during communication (i.e., giving directions, speaking, beginning an activity, requesting information)
- h** Speaks slowly, briefly and concisely clearly when giving directions
- i** Makes sure expectations for routines and tasks are clear and purposeful for all children before asking them to follow through
- j** Teaches the steps involved in routines and tasks: repeats directions; provides visual support while giving directions; and uses visual and/or verbal prompts to help children follow through when necessary

- 4.2 Creates an environment that is predictable, promotes interaction and learning, and is responsive to children's needs (continued)

BEHAVIORS AND SKILLS

-  Observes and guides the whole group during transitions, rather than focusing on individual children or preparing materials
-  Uses clear visual and auditory cues to support children during transitions
-  Keeps transitions to a minimum, and makes them short, meaningful, and consistent
-  Uses positive guidance strategies to prevent challenging behavior from occurring
-  Establishes clear, consistent, and realistic boundaries based on developmentally appropriate expectations

4.3 Works to effectively and calmly address challenging behavior

BEHAVIORS AND SKILLS

- a** Considers whether or not his or her expectations of behavior are appropriate for the age and development of the child
- b** Responds to challenging behavior in ways that match the child's development
- c** Uses a consistent process of reflection and action to address challenging behavior:
 - Gathers information by asking him/herself: "What is going on?" "Where and in which situations does this behavior occur?" "What might I try?" "When?" "How?"
 - Considers various possibilities: "What might I try?"
 - Self-reflects: "Why is this happening?" "What can I change about my behavior?" "What can I change about the environment?"
 - Assesses tried actions: "Did it work?" If not, "What next?"
- d** Considers whether a child is trying to establish a sense of belonging by exhibiting challenging behavior (i.e., trying to get others to focus on them, hurting others or their things because they feel hurt, etc.) and chooses a response or solution that matches that need
- e** Considers what he or she knows about individual children's temperament (i.e., activity level, adaptability, persistence) and responds to challenging behavior in ways that match the children's temperament
- f** Remains calm and respectful toward the child exhibiting challenging behavior
- g** Allows natural consequences to guide children's behavior as much as possible
- h** When necessary, applies logical consequences that are related to the challenging behavior and its function, that are respectful to the child, and that are reasonable
- i** Intervenes immediately to stop behavior that affects safety and/or ability to learn, including bullying or rejecting others
- j** Makes sure children understand the connection between behavior and consequence

4.3 Works to effectively and calmly address challenging behavior (continued)

BEHAVIORS AND SKILLS

- K** When a child uses negative behavior, discusses the behavior with the child in private and in the context of expectations based on respect
- L** Teaches children more effective ways to meet their wants and needs, making the challenging behavior unnecessary
- M** Encourages children to monitor their own behavior
- N** For serious behavior challenges, seeks the assistance of an administrator and/or other professionals to help provide creative and effective interventions
- O** Identifies and describes the challenging behavior as a preliminary step in using a Functional Behavioral Assessment (FBA)
- P** Uses FBA to determine the “function” of a challenging behavior (the purpose a challenging behavior serves for the child)
- Q** Identifies what happens right before (antecedent) and what happens right after (consequence) challenging behavior occurs
- R** Develops a behavior intervention plan
- S** Regularly evaluates behavior intervention plans to make appropriate modifications, accommodations and interventions as necessary

4.4 Creates an environment that values the inclusion of all children

BEHAVIORS AND SKILLS

- 1 Acknowledges and honors the beliefs, values, and traditions of all children
- 2 Ensures that books, dramatic play props, dolls, musical instruments, kitchen utensils, and other materials reflect the languages and cultures represented in the program, and uses them to counter potential bias and discrimination
- 3 Makes accommodations and modifications to ensure that all children participate meaningfully in the curriculum. Such supports include but are not limited to: changing the physical environment, the social environment, and/or time demands; adapting materials; simplifying an activity; organizing for peer support; and using specialized equipment.
- 4 Allows for children's partial participation and participation with support
- 5 When applicable, works with related professionals as a team to implement the accommodations and modifications recommended on a child's Individual Family Service Plan (IFSP) or Individualized Education Plan (IEP)

- 4.5 Fosters a sense of community by encouraging interaction, empathy, connectedness, responsibility, and independence

BEHAVIORS AND SKILLS

- a** Provides children with choices and opportunities for decision-making about activities, plans and behavior
- b** Arranges groups of children so that they have a visual connection to one another and can interact
- c** Selects toys and materials to promote social interaction
- d** Engages children in activities and experiences that encourage social interaction
- e** Provides enough toys and materials to maximize play and work times and to minimize conflicts between children
- f** Supports children in their efforts to communicate their ideas and feelings with peers and adults in ways that help them feel competent
- g** Models for children how to care for their peers and for materials
- h** Creates opportunities for children of different races, cultures, languages, and genders to work and play together
- i** Provides children with time, space and trust to find their own way through conflict
- j** Teaches children how to be communicative partners with peers who use augmentative and alternative communication

THE LEARNING ENVIRONMENT

4.6 Arranges a learning environment that is well organized, aesthetically pleasing, promotes reflection, and extends learning

BEHAVIORS AND SKILLS

- a Maintains a space that is clean, organized, and free of clutter
- b Clearly organizes materials and storage, labeling materials when helpful to children
- c Uses visual cues in the flooring or low-lying furniture to define areas for children: library, quiet corner, art area, etc.
- d Organizes displays that are thoughtfully selected, relevant, and presents them in a visually appealing way
- e Prominently displays work and artifacts that are meaningful to the children, including relevant titles, captions or dictation
- f Places displays that children use for reference, learning and reflection at an accessible height

THE LEARNING ENVIRONMENT

- 4.7 Arranges and facilitates the use of the physical space and materials in ways that support healthy development, self-management, and cooperation

BEHAVIORS AND SKILLS

- a Elicits children’s input about room arrangement and materials
- b Designs the environment so that each child has a space for personal items to ensure his/her sense of belonging and security within the community
- c Ensures that walkways as well as gathering and work spaces have enough room for children to move and interact comfortably
- d Sets clear boundaries in the physical environment that help children know where centers begin and end
- e Separates noisy centers from quieter ones to help children concentrate
- f Places furniture so that various seating arrangements can be used: individual, small group, whole group
- g Includes a space for large muscle activity and movement
- h Designs a space for children to “cool off” or to be alone
- i Intentionally selects materials that foster discovery, inquiry, imagination, and creativity, and that actively support a variety of goals
- j Labels materials (when useful to children) using pictures and words, and places them so that children can access them independently
- k Includes input from families and observes children to identify children’s favorite toys/materials in order to encourage engagement and interaction
- l Regularly evaluates the amount/number, relevance, and types of materials available as they relate to children’s interests, development, level of stimulation, and curriculum content. Adds or removes materials as necessary.
- m Adapts materials to accommodate for children with special needs

- 4.8 Uses approaches to learning that build on children’s natural curiosity, deepen children’s knowledge and awareness, and sustain active engagement with ideas and materials

ENVIRONMENT AND CURRICULUM

BEHAVIORS AND SKILLS

- a Assesses children’s interests, learning styles, strengths and challenges and uses that knowledge to meet children’s instructional and social needs
- b Ensures that play is an integral part of the curriculum
- c Encourages child-directed learning, rather than learning that is dependent on adult direction
- d Attends to children’s curiosity and interests to determine how to engage them with new concepts and skills
- e Makes learning visible to children, families, colleagues and self through documentation
- f Helps children identify and apply prior knowledge
- g Poses problems and asks questions that provoke children’s thinking and curiosity
- h Values and encourages inquiry
- i Helps children learn how to think about a topic, question or problem, rather than what to think about it
- j Helps children express their ideas
- k Encourages children to use their bodies in dance, drama, costume, music and art
- l Ensures that children have plenty of opportunity to practice emerging skills

- 4.8 Uses approaches to learning that build on children’s natural curiosity, deepen children’s knowledge and awareness, and sustain active engagement with ideas and materials (continued)

BEHAVIORS AND SKILLS

- 1. Provides opportunities for children to revisit experiences and materials again and again so they are able to deepen their understanding
- 2. Encourages and supports children to prolong an activity that they show interest in
- 3. Is able to put plans on hold to focus on a meaningful concept or experience that a child might introduce
- 4. Adjusts the level of support he or she provides to children depending on their abilities
- 5. When necessary, breaks tasks or activities down into smaller parts so that children are able to understand them and carry them out on their own

4.9 Adopts or designs meaningful curriculum for young children

BEHAVIORS AND SKILLS

- a** Uses curriculum as a flexible framework for planning how to meet children’s learning and developmental goals
- b** Adopts or develops curriculum based on sound understanding of child development and National Association for the Education of Young Children’s (NAEYC) Developmentally Appropriate Practice (DAP)
- c** Implements curriculum that promotes group interaction, child-directed learning, play and creative expression
- d** Ensures that the curriculum has clearly defined goals that are relevant to the needs and interests of the children
- e** Plans engaging experiences to help children meet curriculum goals
- f** Uses developmentally appropriate assessment to assess children’s progression toward curriculum goals
- g** Implements curriculum in ways that are responsive to families’ home culture, values, and language
- h** Select or designs curriculum that integrates dramatic play, block building, literacy, the arts, math, science and social studies
- i** Embeds both indoor and outdoor experiences in the curriculum
- j** Invites families to share their culture with the classroom or program
- k** Plans field trips or excursions into the community or to places that reflect the cultures of the community, classroom or program
- l** Gives children opportunities to work on integrated projects and investigations that span at least several days in length

4.10 Makes sound decisions for selecting and using technology and media to enhance teaching and learning

BEHAVIORS AND SKILLS

- a** Utilizes technology and media that are clearly linked to a purpose, using them to engage children in thinking, creating, problem solving, designing, inquiring, critiquing, communicating and making connections, rather than simply to practice skills
- b** Selects technology and media tools that promote interaction, communication, and collaboration
- c** Considers developmental appropriateness when selecting technology and media learning tools, especially for infants and toddlers
- d** Considers developmental appropriateness when selecting assistive technologies, especially for infants and toddlers
- e** When making decisions for individual children, first considers the simplest and least intrusive assistive technologies
- f** Includes assistive technologies in the assessment process when appropriate
- g** Collaborates with families about the use of assistive technologies

4.11 Plans and implements interventions to help children meet developmental and learning goals

ENVIRONMENT AND CURRICULUM

BEHAVIORS AND SKILLS

- a Aligns intervention practices with DEC Recommended Practices
- b Bases modification, accommodation and intervention on ongoing formal and informal assessment and observation
- c Begins interventions where the child can be successful, building upon current skills
- d Individualizes practices and goals based on the child's current behavior and abilities, the family members' views on what the child needs to learn, the specialists' views on what the child needs to learn and the demands of the child's current environments
- e In partnership with the family, chooses to provide intervention with skills that will have the greatest impact on the child's life
- f Plans instruction and/or implements interventions to help children meet IFSP/IEP goals
- g Embeds intervention into daily routines and activities
- h Helps children generalize the skills they learn from interventions
- i Lets the child's interests guide the content for intervention
- j When providing intervention outside the child's home, ensures that family members understand how to interact with children to help them meet goals at home or in the community
- k Helps families make home routines predictable and manageable for their child
- l Collects data frequently to evaluate the effectiveness of interventions and plan changes



5 HEALTH, SAFETY, AND NUTRITION



(b)(6)

Children's safety at all times and in all settings is the first and foremost responsibility of adults who provide care for them. Safety encompasses not only the physical aspect but also the social and the emotional aspects.

Professionals working with young children must be knowledgeable of and meet all requirements dictated by laws and regulations regarding health, safety and nutrition. These include regular maintenance of the physical environment and all materials and equipment accessible to children; familiarity with signs and symptoms of abuse and neglect and of domestic violence as well as the course of action to take whenever necessary as mandated reporters; understanding of the importance of good nutrition to support healthy growth and physical, social, emotional, and cognitive development; and recognition of their role as advocates for policies and procedures that ensure the welfare of children and families.

5 HEALTH, SAFETY, AND NUTRITION

CORE COMPETENCIES

The professional working with young children:

ESSENTIAL TRAINING CONTENT

5.1 Has current, valid documentation of training in topics essential to children's health, safety, and nutrition.

RECORDKEEPING

5.2 Maintains organized, accessible, and up-to-date records related to the health, safety and nutrition of the children in their care.

HEALTH

5.3 Is aware of and follows proper procedures as outlined by the applicable regulatory agencies.

5.4 Takes precautions that protect children's health and maintains a healthy learning environment.

5.5 Applies practices that encourage positive health behaviors and support the physical and mental well-being of children and families.

SAFETY

- 5.6 Takes appropriate precautions and follows applicable procedures to ensure a safe learning environment.
- 5.7 Is prepared for emergencies and injuries.
- 5.8 Takes appropriate food safety precautions.

NUTRITION

- 5.9 Creates safe, healthy, enjoyable feeding and mealtime experiences for children.
- 5.10 Encourages children to adopt good nutritional habits.
- 5.11 Communicates with and provides support to families about children's nutrition and mealtime experiences.

ESSENTIAL TRAINING CONTENT

- 5.1 Has current, valid documentation of training in topics essential to children's health, safety, and nutrition

BEHAVIORS AND SKILLS

- a Child Abuse Identification and Prevention
- b School Violence Prevention
- c Pediatric First Aid
- d Infant and Child CPR
- e Infection Control and Preventing Infectious Diseases
- f Medication Administration Training
- g Identification and Prevention of Shaken Baby Syndrome
- h Identification and Prevention of Sudden Infant Death Syndrome

RECORDKEEPING

- 5.2 Maintains organized, accessible, and up-to-date records related to the health, safety and nutrition of the children in their care

BEHAVIORS AND SKILLS

- a Maintains the confidentiality of health records to protect each child and family
- b Makes sure that each child's health record is current
- c Makes sure that each child's immunization record is current
- d Has emergency contacts on file for each child and has a system to make sure that contacts are up-to-date
- e For each child, keeps a record of people who are authorized to pick the child up from the program
- f Maintains, understands, and keeps in an accessible location, any instructions related to children's special health needs, like allergies, asthma, urinary needs, chronic illness, etc.
- g Keeps all permission slips authorizing non-emergency health care and giving medications
- h Maintains, understands, and keeps in an accessible location, any paperwork related to court orders pertaining to the children in their care
- i Keeps records of all results from screenings and assessments
- j Maintains records of all injuries and illnesses that occur while the child is in the program
- k Keeps records of all communication with a child's family or health provider
- l Keeps record of any outbreak of a communicable disease
- m Maintains own health and immunization records

HEALTH

- 53 Is aware of and follows proper procedures as outlined by the applicable regulatory agencies

BEHAVIORS AND SKILLS

- a Diapering
- b Hand washing
- c Handling blood and other bodily fluids
- d Communicating with families about communicable disease
- e Administering medication to children
- f Feeding
- g Tooth brushing
- h Managing soiled clothes
- i Protecting children from sun and insects

HEALTH

5.4 Takes precautions that protect children's health and maintains a healthy learning environment

BEHAVIORS AND SKILLS

- a Provides information to families verbally and in writing about any unusual level or type of communicable disease to which their child was exposed
- b If children have allergies or other health needs, maintains the environment according to the recommendations of the child's health practitioner, knows how the allergy manifests, and what to do in case of exposure
- c Assures the appropriate implementation of medical and physical care plans
- d Opens windows or uses other forms of ventilation and sanitizing to eliminate odors, rather than sprays or air fresheners
- e Regularly washes and sanitizes children's toys, and whenever they have come in contact with bodily fluids
- f Especially in infant and toddler spaces, ensures that the floor surfaces used for play are clean, and uses footwear specifically for indoor use at the program
- g Uses fresh water, suitable for drinking, to fill water tables
- h Ensures that water is drained completely and replaced with fresh water for each new group of children, or that the water table allows for continuous flow and drainage of water
- i Teaches children proper hand washing procedures and makes sure children wash their hands before and after eating or handling food, after handling pets and other animals, after using the toilet, and after water and outdoor play
- j Makes sure that children are dressed appropriately for the weather. Clothes are dry and layered for warmth when necessary.

HEALTH

- 5.4 Takes precautions that protect children's health and maintains a healthy learning environment (continued)

BEHAVIORS AND SKILLS

- 1** Makes sure classroom pets or other visiting animals are in good health
- 1** Instructs children on safe, proper handling of pets/visiting animals and supervises children's interactions with them
- 1** Does not come to work when they cannot fully participate in the program or if they have a disease that poses a risk to others in the setting

HEALTH

- 5.5 Applies practices that encourage positive health behaviors and support the physical and mental well-being of children and families

BEHAVIORS AND SKILLS

- a Posts routines and reminders such as emergency plans, hand washing techniques, diapering instructions, etc.
- b Collects a developmental health history from families for each child that covers topics like physical health, self-care skills, and social relationships
- c Establishes good health routines including tooth brushing, serving only healthy foods, and hand washing
- d Makes drinking water available to children throughout the day
- e Provides children with at least 120 minutes of gross motor activity (for children attending a full day program) each day through both structured and unstructured play
- f Gives children opportunities to play outside every day
- g When children cannot play outside because of weather or air quality conditions, arranges for indoor gross motor activities
- h Maintains a quiet, calm atmosphere during rest time for children each day
- i Ensures that children under 2 years have no screen time (TV, computers, DVDs, etc.) and that children 2-5 years have no more than 30 minutes once a week of high quality, education or movement-focused, commercial free programming, and never during meal or nap times
- j Conducts daily checks of children's health and emotional well-being
- k Models acceptance, helps children understand similarities and differences among people, and how to interact with all kinds of people

- 5.5 Applies practices that encourage positive health behaviors and support the physical and mental well-being of children and families (continued)

BEHAVIORS AND SKILLS

- 1 Recognizes the importance of a child's secure home base, and facilitates families' access to applicable resources for consultation about nutrition, emergencies, diagnoses, treatments and other information
- 2 Creates a psychologically safe environment for all children and families
- 3 Explains reasons for health-related rules to children
- 4 Communicates with families each day about how their child ate, drank, slept, behaved, and voided, particularly in infant/toddler settings
- 5 Creates a mutually respectful environment, and encourages families to ask questions and express concerns

SAFETY

5.6 Takes appropriate precautions and follows applicable procedures to ensure a safe learning environment (continued)

BEHAVIORS AND SKILLS

- a** Makes sure the physical environment (space, materials and equipment) is safe and is checked on a regular basis and follows all safety regulations as outlined by applicable regulatory agencies or programs
- b** Keeps pathways and play areas clear and free from tripping hazards
- c** Positions oneself to see all children. Counts heads throughout the day and frequently scans the room to make sure all children are present and safe.
- d** Supervises infants and toddlers at all times by sight and sound
- e** Closely monitors transitions between the classroom and other areas (i.e., the playground) and checks frequently on children who are out of sight (i.e., in the bathroom, visiting the nurse's office, etc.)

f Ensures safe sleeping:

- Checks the sides of cribs to be sure they are locked
- When children are sleeping, uses direct visual and auditory monitoring, rather than relying on sound monitors
- If working with infants, makes sure that they are placed to sleep on their backs, on a firm surface made for infant sleep that meets U.S. Consumer Product Safety Commission
 - If working with infants younger than eight months of age, makes sure that cribs are free of loose blankets, stuffed toys, pillows and other objects
 - Takes all other precautions outlined by applicable New York State or New York City regulations to reduce the risk of Sudden Infant Death Syndrome

- 5.6 Takes appropriate precautions and follows applicable procedures to ensure a safe learning environment (continued)

BEHAVIORS AND SKILLS

- g Protects children from getting burned by hot liquids, foods, or tools (i.e., hot plate, oven, boiling water, etc.)
- h Uses child-appropriate methods like dramatics and story-telling to teach children:
 - What to do in an emergency and where to get help
 - Pedestrian safety rules
 - Fire safety
 - Basic water safety rules
 - Stranger safety
 - Poison prevention
- i When age-appropriate, involves children in creating and enforcing safety rules. Checks to make sure children understand the rules and expectations
- j Pays extra attention to safety during field trips and neighborhood excursions
- k Follows procedures for safe dropping off and picking up of children from the program
- l When working in the child's home, helps families to monitor their environments for safety risks

5.7 Is prepared for emergencies and injuries

BEHAVIORS AND SKILLS

- a Updates emergency contact lists regularly
- b Knows where to go if the building is evacuated
- c Posts emergency telephone numbers beside each telephone
- d Is trained in pediatric first aid, including CPR and handling a choking episode
- e Is aware of and follows emergency procedures
- f Fills out an injury report within 24 hours when a child in their care becomes injured, gives the family a copy and keeps the original in the central record of injury logs
- g Maintains a complete first aid kit
- h Carries a mobile phone when visiting parks, playgrounds and for other field trips and excursions
- i Is aware of and follows procedures for interacting with persons who pose security risks

5.8 Takes appropriate food safety precautions

BEHAVIORS AND SKILLS

- a Adheres to all food storage, preparation and handling requirements (including those for breast milk) as outlined by the applicable regulatory agencies and programs
- b Maintains a list of children with food allergies and dietary restrictions, and consults this list when planning meals, menus or cooking projects
- c Does not serve foods that can be a choking hazard (i.e., pretzels, hot dogs sliced into rounds, raw carrots, etc.)
- d Cuts food into small pieces appropriate for each child's age and ability to chew
- e Makes sure that children sit or are held to be fed. Does not allow children to eat lying down, in cribs, or while walking, running, or riding in vehicles. Does not use bottle props.

NUTRITION

5.9 Creates safe, healthy, enjoyable feeding and mealtime experiences for children

BEHAVIORS AND SKILLS

- a Accommodates and incorporates children's cultural and religious dietary restrictions
- b Provides time, support and opportunities for simple food preparation, self-serving and self-feeding
- c Provides regular times for meals and snacks each day (more than two, but no longer than three hours apart)
- d Provides a balanced variety of nutritious foods that children can eat easily, and that align with recommendations from the New York State Child and Adult Care Food Program (NYS CACFP) for the ages of the children in their care
- e Encourages children to try a wide variety of foods, but does not force children to eat or place food items on their plate
- f Presents all components of the meal simultaneously, including fruit and drink
- g Is responsive to children's food preferences and respects each child's order of consumption
- h Makes sure children sit at a comfortable height in relation to the tabletop. Children's feet should touch the floor or a foot rest.
- i Uses plates and utensils appropriate for children's size and skills
- j Sits and engages in conversation with children during snack and mealtimes
- k Provides enough time for children to enjoy a relaxed meal, does not leave children at the table for too long, and makes transitional activities available for children who've finished before others
- l Does not use food as punishment or as a reward

5.10 Encourages children to adopt good nutritional habits

BEHAVIORS AND SKILLS

- a Models healthy eating habits
- b Encourages children to drink water throughout the day
- c Does not offer fruit juice beyond the 4 oz., 100% fruit juice daily regulated portion
- d Feeds children or encourages children to eat when they are hungry
- e Encourages self-regulation by helping children recognize fullness cues and responding appropriately
- f Provides opportunities for children to experience new tastes, textures, and cultural food experiences
- g Engages children in discussion about foods that help them grow and stay healthy, and how to choose snacks and meals wisely
- h Guides children to investigate the sources of the foods they eat

NUTRITION

5.11 Communicates with and provides support to families about children's nutrition and mealtime experiences

HEALTH, SAFETY, AND NUTRITION

BEHAVIORS AND SKILLS

- a** Works with each family to understand the nutritional needs of their child and to make sure that the food provided at the program meets those needs
- b** Makes the program's menu available to families
- c** Encourages exclusive breastfeeding until infants are at least 6 months of age and accommodates breastfeeding mothers, including storing milk and providing space
- d** Provides families of infants and toddlers with a log of the types of foods and the quantities eaten each day (if applicable)

6 PROFESSIONALISM AND LEADERSHIP

Professionalism in the early care and education field requires a commitment to providing the highest quality possible services to children and their families, to life-long personal and professional growth and learning, and to ethical conduct. These are the basis for making educated decisions and being able to reflect on and adjust planning and practice.

Professionalism involves collaboration and accepting responsibility. It involves the curiosity and drive to continue searching for information and understandings about issues pertaining to children and society in general, as well as education in particular. It also involves the ability to advocate for children and for high-quality early care and education, pointing back to collaboration in a broader sense.

Leadership denotes not only formal positions of authority but also the informal qualities of vision, skill, and initiative that provide inspiration and a sense of security to others, regardless of the capacity in which a professional functions in the field. Professionals who exhibit such qualities and skills and utilize them to facilitate the growth and development of others are leaders and carry the ensuing responsibilities of actively helping to shape the profession.

(b)(6)



6 PROFESSIONALISM AND LEADERSHIP

CORE COMPETENCIES

The professional working with young children:

- 6.1 Uses and follows all relevant ethical standards and professional guidelines.
- 6.2 Develops the dispositions to effectively support young children and their families.
- 6.3 Displays professionalism in practice.
- 6.4 Exhibits commitment to ongoing growth and learning.
- 6.5 Exhibits classroom and program leadership skills.
- 6.6 Advocates for appropriate practices within the early childhood field.

6.1 Uses and follows all relevant ethical standards and professional guidelines

BEHAVIORS AND SKILLS

- a Meets or exceeds the education and experience requirements needed for their position (teachers, caregivers and administrators), as applicable
- b Adheres to relevant New York State and New York City regulatory licensing, certification and training requirements, as well as the requirements of funders (if applicable)
- c Obeys laws related to child abuse, the rights of children with disabilities, and school attendance
- d Recognizes potentially unethical practices. Uses NAEYC's Code of Ethical Conduct to resolve ethical dilemmas. Visit http://www.naeyc.org/positionstatements/ethical_conduct
- e Upholds standards of confidentiality, sensitivity and respect for children, families and colleagues
- f Uses relevant professional standards and guidelines to plan and implement experiences for young children and families
- g Refers to NAEYC position statements to make thoughtful choices in their early childhood settings
- h Maintains a developmentally and culturally appropriate environment and curriculum based on basic principles and theories of child growth and development
- i Counters any teaching practices, curriculum approaches or materials that are degrading with regard to race, sexual orientation, family structure, gender, culture or religion
- j Responsibly serves as part of an interdisciplinary team, including participation in Individual Family Service Plan/Individual Education (IFSP/IEP) Plan meetings, according to Division for Exceptional Children (DEC) Recommended Practices

62 Develops the dispositions to effectively support young children and their families

BEHAVIORS AND SKILLS

- a Develops and exhibits an attitude of inquiry
- b Reflects on their ability to meet the needs of the children in their charge
- c Recognizes that a love of children is necessary, but is not sufficient to work effectively with children and families
- d Models a positive attitude
- e Recognizes and respects individual differences and viewpoints among children, families, colleagues, and the community
- f Is open to change and takes risk
- g Is willing to admit what they don't know
- h Turns mistakes into learning opportunities
- i Asks for help
- j Sees him/herself as part of a professional community
- k Is open to mentoring relationships and collaborative dialogue
- l Values multiple perspectives and participates in open, collaborative discussion to generate ideas and solve problems

6.3 Displays professionalism in practice

BEHAVIORS AND SKILLS

- a Maintains a presentable, professional appearance with respect to:
 - Hygiene
 - Fingernails
 - Clothing
 - Jewelry
 - Shoes
- b Chooses to work in settings that are aligned with his/her beliefs around children, families and learning
- c Aligns his/her practice to personal philosophy of education
- d Maintains a balance between personal and professional commitments
- e Demonstrates an awareness that his/her personal behaviors and actions within the work setting, reflect on the setting
- f Maintains professional boundaries in relationship with staff, children and families
- g Develops strategies to maintain his/her healthy physical, mental, and emotional abilities, so as to provide an optimal environment for all
- h Recognizes when his/her abilities do not meet the needs of the children in their care and takes appropriate action

6A Exhibits commitment to ongoing growth and learning

BEHAVIORS AND SKILLS

- a Develops and constantly refines a personal philosophy of education
- b Reflects on current practice, investigates ways to improve, and maintains an individualized professional development plan
- c Seeks out knowledge of the cultures and populations within the community and integrates it into his/her practice
- d Exhibits awareness that certain behaviors and types of communication among unfamiliar cultures can lead to misinterpretation and misunderstanding
- e Integrates his/her knowledge of current issues, professional values and standards, and research findings to make and justify decisions related to early education
- f Engages in classroom based research
- g Maintains an ongoing professional development record
- h Uses technology to access current research and best practices, and to communicate with peers
- i Participates in collaborative learning communities and shares new learning with colleagues
- j Attends professional meetings/conferences and joins professional groups, such as the National Association for the Education of Young Children and their local affiliates, the Association for Childhood Education International, etc.

6.5 Exhibits classroom and program leadership skills

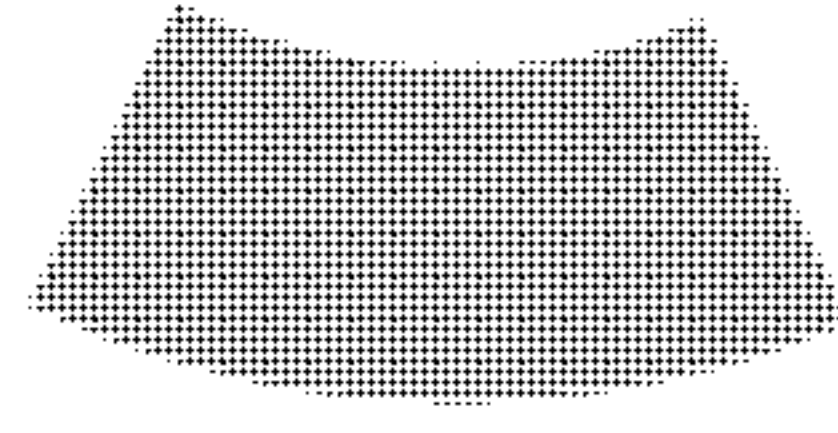
BEHAVIORS AND SKILLS

- (a) Contributes to a work culture that is inspiring and empowers initiative
- (b) Incorporates into practice, the knowledge of the difference between learning styles of adults and children
- (c) Understands curriculum and can effectively explain it to a variety of audiences
- (d) Articulates educational vision, mission and goals
- (e) Participates in the creation and regular review of program vision, mission and goals
- (f) Builds networks and teams to have a broad base of support and facilitate professional growth
- (g) Exhibits the oral and written skills required to communicate effectively with children, families and colleagues
- (h) Works to develop trust among children, families and colleagues
- (i) Builds supportive relationships with student teachers and teacher interns, providing them with meaningful feedback, sharing teaching responsibilities, and modeling best practices
- (j) Intentionally serves as a mentor and resource for others in the field

66 Advocates for appropriate practices within the early childhood field

BEHAVIORS AND SKILLS

- a Stays informed about current issues and exercises the right to make decisions within early care and education
- b Uses experiences and knowledge to inform and influence others about the needs of all young children, families, and the profession
- c Advocates for services and legislation for all young children and families, and the profession
- d Assumes an early childhood leadership role in the community
- e Contributes to the advocacy efforts of professional organizations (i.e., joining a committee, journal submissions, financial contributions, etc.)



7

ADMINISTRATION AND MANAGEMENT



Although there are technical differences between the terms *administration* and *management*, both encompass tasks that are essential to the functioning of an organization of any size. Professionals in early care and education who have been entrusted with an administrative role must keep track of several layers of performance and accountability. Traditionally, most of those in administrative roles in this field have been drafted from the ranks of teachers and direct providers of early care and education, and find themselves in the position of having to seek further knowledge in business-related areas. Therefore, continuing professional development becomes paramount. Dispositions and skills that indicate one is a successful educator are no longer sufficient from that point forward.

Administrators must be proficient in the knowledge of accepted business practices, legal and regulatory

requirements, financial obligations, marketing, and record-keeping as well as in the ability to develop and implement program policies, communication strategies, and management plans in addition to the vision, philosophy, and mission for the program they administer.

Successful administration and management involves several skills and abilities, including but not limited to: to listen to others as well as articulate one's ideas clearly and authoritatively; to make decisions; to take as well as to delegate responsibility when appropriate; to build meaningful and respectful partnerships; to inspire and to lead; to plan, implement, maintain, and evaluate systems; to advocate for children, families, staff, and other stakeholders; to balance multiple needs and perspectives; to plan; to supervise and to guide.

7 ADMINISTRATION AND MANAGEMENT

CORE COMPETENCIES

The professional working with young children:

- 7.1 Creates, implements, and revises management policies and procedures.
- 7.2 Maintains systems that adhere to all New York State and local regulatory requirements, as well as best practices related to health, safety and nutrition.
- 7.3 Maintains effective personnel policies and procedures and effective systems for staff recruitment, development, management, and evaluation.
- 7.4 Applies sound financial planning and management to the program's operation.
- 7.5 Implements policies that promote partnerships with families and allows the program to be responsive to families' preferences and styles.

7.1 Creates, implements, and revises management policies and procedures

BEHAVIORS AND SKILLS

- a Maintains defined roles and responsibilities for governing boards and parent advisory committees
- b Uses strategic planning to ensure the long-term success and effectiveness of the program
- c Has written policies and procedures that demonstrate how the program prepares for, orients and welcomes new families, as well as supports family involvement in all aspects of the program
- d Has written policies and procedures to attract and retain a qualified, well-trained staff
- e Ensures that the curriculum is developmentally appropriate and aligned with recent research and knowledge of best practices
- f Maintains a system for individualized, ongoing child assessment and documentation that is related to planning programs, services, referrals, and transitions to other services and programs
- g Makes sure that the program follows a written plan for assessment that addresses the purposes, procedures and uses of assessment results, and adheres to assessment timelines
- h Organizes and staffs the program to minimize the number of transitions experienced by an individual child during the day and program year
- i Uses technology effectively to manage the program
- j Implements effective publicity and marketing strategies to share information about the program with prospective families and the community

7.2 Maintains systems that adhere to all New York State and local regulatory requirements, as well as best practices related to health, safety and nutrition

BEHAVIORS AND SKILLS

- a** Has written policies and procedures that outline what health and safety information is to be collected from each family, and ensures that it is updated at least quarterly
- b** Maintains files with health and safety information for each family in a central location within the program
- c** Explains confidentiality requirements regarding health and safety information to staff
- d** Ensures that children have received routine screenings and immunizations according to the recommended schedules issued by the American Academy of Pediatrics, the Centers for Disease Control, and the Academy of Family Practice
- e** Follows relevant regulations pertaining to the administration of medicine to children and special medical procedures needed by enrolled children
- f** Maintains plans that have been approved by a health official regarding including staff or children that are ill (i.e., what types of illnesses require exclusion)
- g** Provides space, supervision and comfort for ill children waiting to be picked up from the program
- h** Provides information verbally and in writing to families about any communicable disease to which their child might have been exposed. Information should include: signs and symptoms of the disease, mode of transmission, period of communicability, and control measures that are being implemented at the program and that families should implement at home
- i** Maintains procedures to reduce occupational hazards (i.e., back strain, falls) and exposure to infectious diseases
- j** Provides staff with resources and referrals to support their well-being (i.e., stress-management, treatment for depression, wellness, etc.)
- k** Has written policies that require children have outdoor gross motor play each day. When children cannot play outside, makes sure that staff arrange for indoor gross motor activities.

7.2 Maintains systems that adhere to all New York State and local regulatory requirements, as well as best practices related to health, safety and nutrition (continued)

BEHAVIORS AND SKILLS

- 1 Arranges for the use of assistive technology to improve services for children with special needs
- m Maintains written procedures that address all aspects of arrival, departure, and transportation of children
- n Provides for adequate supervision and monitoring of children throughout the day
- o Has written policies and procedures for reporting child abuse and neglect that comply with federal, state, and local laws
- p Has written policies and procedures to be followed if a staff member is accused of abuse or neglect of a child in the program that protect both the rights of the accused staff person and the children in the program
- q Makes sure that staff can provide proof of current training in required health and safety topics. These topics *may* include but are not limited to: CPR training, prevention and reporting of child abuse and maltreatment, preventing infectious diseases, etc.
- r Maintains written, current, thorough procedures consistent with applicable regulatory agency requirements, for preparing for and handling major medical emergencies for children and adult staff
- s Has written policies and procedures to protect children and adults from environmental hazards (i.e., asbestos, lead, air pollution, etc.) in accordance with requirements outlined by applicable regulatory agencies
- t Maintains written and posted disaster preparedness and emergency evacuation procedures
- u Makes sure that staff prepare, serve, and store food in line with U.S. Department of Agriculture Child and Adult Food Care Program guidelines, as well as the requirements outlined by applicable regulatory agencies
- v Ensures that a registered dietitian or pediatric public health nutritionist evaluates the menus for nutritional content at least two times a year, unless the program participates in the U.S. Department of Agriculture's Child and Adult Care Food Program (CACFP)
- w Posts menus and provides copies to families
- x Ensures that drinking water is clean and sanitary

73 Maintains effective personnel policies and procedures and effective systems for staff recruitment, development, management, and evaluation

BEHAVIORS AND SKILLS

- a Provides an orientation for new staff members that covers the program's philosophy, expectations for ethical conduct, health, safety and emergency procedures, accepted classroom management techniques, regulatory requirements, etc.
- b Hires enough staff and maintains an up-to-date substitute list to ensure proper staff-child ratios at all times
- c Ensures that all staff members meet minimum qualifications and training requirements
- d Has clearly written job descriptions and staff responsibilities
- e Provides the supervisory support necessary for staff to maintain ethical standards and recommended practices
- f Considers the skills and dispositions of individuals when organizing teaching/professional teams to best meet the needs of the children
- g Maintains the consistent assignment of teachers/caregivers to individual children or groups of children
- h Ensures that all staff members have completed coursework and/or professional development about working with children and families of diverse backgrounds, languages and abilities
- i Expects that staff observe, document and assess children's progress across all developmental domains
- j Shares the program's policies regarding the purposes and appropriate uses for formal assessment, and expectations of confidentiality

- 73 Maintains effective personnel policies and procedures and effective systems for staff recruitment, development, management, and evaluation (continued)

BEHAVIORS AND SKILLS

- 18 Arranges for teaching teams to review assessment results and documentation, discuss child progress, and to plan curriculum on a regular (at least a weekly) basis

- 19 Ensures that interdisciplinary teams work in alignment with Division for Exceptional Children (DEC) Recommended Practices for Interdisciplinary Models

- 20 Provides staff with access to the Internet for locating information and resources and for communicating

- 21 Uses observation, reflection and assessment tools to assess her/himself in the role of administrator, and evaluate staff performance

7A Applies sound financial planning and management to the program's operation

BEHAVIORS AND SKILLS

- a Implements fiscal policies and procedures that are consistent with the program's vision, mission and goals
- b Prepares budgets at least once annually
- c Maintains fiscal records (i.e., balance sheets, banking reconciliation, etc.)
- d Maintains a system to review and adjust budgets at least on a quarterly basis
- e Actively works to generate and manage the resources needed to run a high quality early childhood program

7.5 Implements policies that promote partnerships with families and allow the program to be responsive to families' preferences and styles

BEHAVIORS AND SKILLS

- a Maintains a physical environment that is accessible to all children and families
- b Uses information from families to adapt the program structure or curriculum
- c Ensures that the program communicates parents' rights in a format and language that is most comfortable for families
- d Provides families with a variety of choices for participating in the program (i.e., volunteer opportunities, advisory groups, helping with repairs, etc.)
- e Implements procedures that allow families to visit at any time during the program day
- f Sponsors activities that meet the parenting needs of the program's families
- g Considers families' schedules and availability and provides child care when planning events, and offers evening and weekend options so that families are able to participate in meetings and activities
- h Makes available a current list of resources for families
- i Provides families with updates on children's progress on a regular (at least quarterly) basis
- j Makes sure that professionals can speak privately with families on a regular basis
- k Helps families manage their child's transition between groups, teachers, classrooms, and programs
- l Provides opportunities for families to meet together to work on projects or provide support for each other
- m Provides families with choices to use technology to access information or communicate with the program and other families
- n Supports breastfeeding by accepting, storing and feeding children breast milk, coordinating feedings with the infant's mother, and providing a comfortable place for mothers to nurse (if applicable)

ASSESSMENT AND PROFESSIONAL DEVELOPMENT PLANNING TOOL

Use the *Core Body of Knowledge* along with this assessment tool to evaluate your skills and to identify areas of strength and areas of opportunity in your work with children and families. Then, develop goals for your work and plan your professional development. Administrators can also use this tool to conduct performance appraisals and to encourage staff members' commitment to ongoing professional growth and learning.

Instructions:

Work through one competency area at a time. You may want to complete the assessment over the course of a few days. You may also choose to focus on just one specific competency or competency area. *Note to Administrators: When using the Core Body of Knowledge to conduct a performance appraisal, request that the staff member conduct a self-assessment as well. Together, discuss the results of the staff member's self-assessment and your performance appraisal. Use the results to select goals and to plan for professional development.*

1) ASSESS

Carefully read through the related behaviors and skills for each core competency. Use the assessment tool to note whether that competency is an area of strength, an area of steady progress, or an area of opportunity. If you are not sure what is meant by a particular competency, indicate that it is an area of opportunity. It is expected that even after many years as an early childhood educator, one would still have much more to learn. Take notes or keep track of your thoughts as needed. You can use the Summary Page to keep track of your results as you complete each section.

2) REFLECT

Use the reflection questions to consider your strengths and areas of opportunity.

**Take notes as needed as you work through the assessment tool*

3) PLAN

Use the Professional Development Planning tool to select goals, plan for needed resources or professional development, and establish a timeframe for meeting the goals.

Area of Opportunity

- Never/rarely exhibits the related behaviors/skills
- Implements the related behaviors/skills, but only with guidance
- Feels uncertain or has misunderstandings about the related behaviors/skills

Steady Progress

- Implements the related behaviors/skills, but inconsistently
- Implements many, but not all of the related behaviors and skills

Area of Strength

- Consistently implements almost all behaviors/skills
- Is able to help others understand and implement the related behaviors/skills

1. CHILD GROWTH AND DEVELOPMENT

Core Competencies	Assessment			Notes
	Area of Strength	Steady Progress	Area of Opportunity	
1.1 Applies the cycle of assessment, planning, implementation, and evaluation to support children's healthy development.				
1.2 Encourages children's social and emotional development.				
1.3 Helps children achieve self-regulation and acquire coping skills.				
1.4 Supports children's gross, fine, and graphomotor development.				
1.5 Supports children's cognitive development.				
1.6 Supports children's language and literacy development.				
1.7 Encourages and supports English Language Learners.				
1.8 Facilitates children's play to encourage motor, cognitive, language, social and emotional development.				
1.9 Supports children with special needs and their families.				

2. FAMILY AND COMMUNITY RELATIONSHIPS

Core Competencies	Assessment			Notes
	Area of Strength	Steady Progress	Area of Opportunity	
2.1 Respects families and is responsive to language, culture, family characteristics, needs, concerns and priorities.				
2.2 Communicates regularly, respectfully, and effectively with families.				
2.3 Provides families with opportunities to learn and develop skills to help their children achieve desired outcomes at the program, at home, and in the community.				
2.4 Shares power with families and involves them in decision-making.				
2.5 Helps connect families with needed resources and services.				
2.6 Supports families through transitions between programs.				

Area of Opportunity

- Never/rarely exhibits the related behaviors/skills
- Implements the related behaviors/skills, but only with guidance
- Feels uncertain or has misunderstandings about the related behaviors/skills

Steady Progress

- Implements the related behaviors/skills, but inconsistently
- Implements many, but not all of the related behaviors and skills

Area of Strength

- Consistently implements almost all behaviors/skills
- Is able to help others understand and implement the related behaviors/skills

3. OBSERVATION AND ASSESSMENT

Core Competencies	Assessment			Notes
	Area of Strength	Steady Progress	Area of Opportunity	
3.1 Uses observation and assessment tools to support children's development and learning.				
3.2 Practices responsible assessment.				
3.3 Builds positive, productive assessment partnerships with families and colleagues.				
3.4 Practices responsible reporting of assessment results.				
3.5 Uses observation and assessment to plan and modify environments, curriculum, and teaching.				
3.6 Practices responsible formal evaluation and reporting procedures.				

Area of Opportunity

- Never/rarely exhibits the related behaviors/skills
- Implements the related behaviors/skills, but only with guidance
- Feels uncertain or has misunderstandings about the related behaviors/skills

Steady Progress

- Implements the related behaviors/skills, but inconsistently
- Implements many, but not all of the related behaviors and skills

Area of Strength

- Consistently implements almost all behaviors/skills
- Is able to help others understand and implement the related behaviors/skills

4. ENVIRONMENT AND CURRICULUM

Core Competencies	Assessment			Notes
	Area of Strength	Steady Progress	Area of Opportunity	
4.1 Creates genuine, supportive relationships with children.				
4.2 Creates an environment that is predictable, promotes interaction and learning, and is responsive to children's needs.				
4.3 Works to effectively and calmly to address challenging behavior.				
4.4. Creates an environment that values the inclusion of all children.				
4.5 Fosters a sense of community by encouraging interaction, empathy, connectedness, responsibility, and independence.				

ASSESSMENT AND PD PLANNING TOOL

Area of Opportunity

- Never/rarely exhibits the related behaviors/skills
- Implements the related behaviors/skills, but only with guidance
- Feels uncertain or has misunderstandings about the related behaviors/skills

Steady Progress

- Implements the related behaviors/skills, but inconsistently
- Implements many, but not all of the related behaviors and skills

Area of Strength

- Consistently implements almost all behaviors/skills
- Is able to help others understand and implement the related behaviors/skills

4. ENVIRONMENT AND CURRICULUM (CONTINUED)

Core Competencies	Assessment			Notes
	Area of Strength	Steady Progress	Area of Opportunity	
4.6 Arranges a learning environment that is well organized, aesthetically pleasing, promotes reflection, and extends learning.				
4.7 Arranges and facilitates the use of the physical space and materials in ways that support healthy development, self-management, and cooperation.				
4.8 Uses approaches to learning that build on children's natural curiosity, deepen children's knowledge and awareness, and sustain active engagement with ideas and materials.				
4.9 Adopts or designs meaningful curriculum for young children.				
4.10 Makes sound decisions for selecting and using technology and media to enhance teaching and learning.				
4.11 Plans and implements interventions to help children meet developmental and learning goals.				

Area of Opportunity

- Never/rarely exhibits the related behaviors/skills
- Implements the related behaviors/skills, but only with guidance
- Feels uncertain or has misunderstandings about the related behaviors/skills

Steady Progress

- Implements the related behaviors/skills, but inconsistently
- Implements many, but not all of the related behaviors and skills

Area of Strength

- Consistently implements almost all behaviors/skills
- Is able to help others understand and implement the related behaviors/skills

5. HEALTH, SAFETY, AND NUTRITION

Core Competencies	Assessment			Notes
	Area of Strength	Steady Progress	Area of Opportunity	
5.1 Has current, valid documentation of training in topics essential to children's health, safety, and nutrition.				
5.2 Maintains organized, accessible, and up-to-date records related to the health, safety, and nutrition of the children in their care.				
5.3 Is aware of and follows proper procedures as outlined by the applicable regulatory agencies.				
5.4 Takes precautions that protect children's health and maintains a healthy learning environment.				
5.5 Applies practices that encourage positive health behaviors and support the physical and mental well-being of children and families.				
5.6 Takes appropriate precautions and follows applicable procedures to ensure a safe learning environment.				

Area of Opportunity

- Never/rarely exhibits the related behaviors/skills
- Implements the related behaviors/skills, but only with guidance
- Feels uncertain or has misunderstandings about the related behaviors/skills

Steady Progress

- Implements the related behaviors/skills, but inconsistently
- Implements many, but not all of the related behaviors and skills

Area of Strength

- Consistently implements almost all behaviors/skills
- Is able to help others understand and implement the related behaviors/skills

5. HEALTH, SAFETY, AND NUTRITION (CONTINUED)

Core Competencies	Assessment			Notes
	Area of Strength	Steady Progress	Area of Opportunity	
5.7 Is prepared for emergencies and injuries.				
5.8 Takes appropriate food safety precautions.				
5.9 Creates safe healthy, enjoyable feeding and mealtime experiences for children.				
5.10 Encourages children to adopt good nutritional habits.				
5.11 Communicates with and provides support to families about children's nutrition and mealtime experiences.				

Area of Opportunity

- Never/rarely exhibits the related behaviors/skills
- Implements the related behaviors/skills, but only with guidance
- Feels uncertain or has misunderstandings about the related behaviors/skills

Steady Progress

- Implements the related behaviors/skills, but inconsistently
- Implements many, but not all of the related behaviors and skills

Area of Strength

- Consistently implements almost all behaviors/skills
- Is able to help others understand and implement the related behaviors/skills

6. PROFESSIONALISM AND LEADERSHIP

Core Competencies	Assessment			Notes
	Area of Strength	Steady Progress	Area of Opportunity	
6.1 Uses and follows all relevant ethical standards and professional guidelines.				
6.2 Develops the dispositions to effectively support young children and their families.				
6.3 Displays professionalism in practice.				
6.4 Exhibits commitment to ongoing growth and learning.				
6.5 Exhibits classroom and program leadership skills.				
6.6 Advocates for appropriate practices within the early childhood field.				

Area of Opportunity

- Never/rarely exhibits the related behaviors/skills
- Implements the related behaviors/skills, but only with guidance
- Feels uncertain or has misunderstandings about the related behaviors/skills

Steady Progress

- Implements the related behaviors/skills, but inconsistently
- Implements many, but not all of the related behaviors and skills

Area of Strength

- Consistently implements almost all behaviors/skills
- Is able to help others understand and implement the related behaviors/skills

7. ADMINISTRATION AND MANAGEMENT

Core Competencies	Assessment			Notes
	Area of Strength	Steady Progress	Area of Opportunity	
7.1 Creates, implements, and revises management policies and procedures.				
7.2 Maintains systems that adhere to all New York State and local regulatory requirements, as well as best practices related to health, safety and nutrition.				
7.3 Maintains effective personnel policies and procedures and effective systems for staff recruitment, development, management, and evaluation.				
7.4 Applies sound financial planning and management to the program's operation.				
7.5 Implements policies that promote partnerships with families and allows the program to be responsive to families' preferences and styles.				

Area of Opportunity

- Never/rarely exhibits the related behaviors/skills
- Implements the related behaviors/skills, but only with guidance
- Feels uncertain or has misunderstandings about the related behaviors/skills

Steady Progress

- Implements the related behaviors/skills, but inconsistently
- Implements many, but not all of the related behaviors and skills

Area of Strength

- Consistently implements almost all behaviors/skills
- Is able to help others understand and implement the related behaviors/skills

SUMMARY PAGE

Record your assessment results below.

	Area of Strength	Steady Progress	Area of Opportunity
1. Child Growth and Development	Ex) 1.2, 1.5	Ex) 1.2, 1.3, 1.4, 1.6, 1.8	Ex) 1.7, 1.9
2. Family and Community Relationships			
3. Observation and Assessment			
4. Environment and Curriculum			
5. Health, Safety, and Nutrition			
6. Professionalism and Leadership			
7. Administration and Management			

REFLECTION QUESTIONS

1. Review the Summary Page and consider your assessment results. Which of the competencies are particular strengths for you? What has contributed to your effectiveness in these areas?
2. How do you plan to further develop your strengths or exhibit leadership in these areas?
3. What are your areas of opportunity? Prioritize them in order of importance to you.
4. Select the first priority. Why is this priority important to you and your work with children and families?

5. Develop two goals related to this priority. Use the related behaviors and skills listed in the Core Body of Knowledge to help you. For example, if your top priority is to better support *English Language Learners (ELLs) (1.7)*, you might have the following goals:

- 1) To provide ELLs with opportunities to read and/or hear the language that their family uses at home, in the classroom or program (1.7a).
- 2) To provide supports to ELLs to help them experience success in the classroom program. Specifically, I want to learn how to use props and visual aids, as well role-play to help support ELLs in my classroom (1.7g)

Priority

Core Competency

Goal #1

Goal #2

PROFESSIONAL DEVELOPMENT PLANNING TOOL

Priority _____

Core Competency _____

	Goal #1 _____	Goal #2 _____
<p>Actions What will I do to meet the goal?</p>		
<p>Resources Do I need any materials or physical resources to help me meet this goal? If so, what are they?</p>		
<p>Professional Development Content Do I need any professional development to help me meet this goal? If so, in what content or topic area?</p>		
<p>Professional Development Format What format/s of professional development would be most effective in helping me meet this goal (i.e., workshop, credit-bearing course, teacher-research, study group with colleagues, coaching, etc.)</p>		
<p>Finding Professional Development How do I find the professional development that I need?</p>		
<p>Additional Support What type of support might I need in my classroom or program in order to help me implement my new skills or apply my new knowledge?</p>		
<p>Performance Indicators How will I know if I am making progress? How will my practice change?</p>		

Glossary

Accommodations: Alterations in the environment, curriculum format, or equipment to allow an individual with a disability to gain access to content and/or complete assigned tasks; changes to the way that individual is expected to learn or to how he or she is assessed.

Advocacy: Active support for a cause or idea.

Appropriate: Suitable for a particular purpose. In early childhood settings, it refers to practices that are respectful and inclusive of all individuals.

Articulate: Express an idea with clarity and coherence.

Attitude: A value- and belief-laden predisposition to behavior; the manner in which an individual views something.

Augmentative and alternative communication (AAC): All forms of communication other than oral speech that may be used to express thoughts, needs, wants, and ideas.

CACFP: Child and Adult Care Food Program.

Colleague: Every professional who works or volunteers within a particular setting, regardless of position, role, or responsibility in the setting.

Communication: The exchange of information between individuals through a common system of signs, symbols, or behaviors.

Connection: Link between concepts, ideas, or thoughts.

Content area: Field of study; subject area. The collection of facts, concepts, and ideas related to a specific branch of knowledge such as mathematics, science, social studies, etc.

Critical thinking: The mental process of actively and skillfully conceptualizing, applying, analyzing, synthesizing, and evaluating information to reach an answer or conclusion.

Curriculum: The entire range of experiences provided in an educational setting, including content, goals, philosophical underpinnings, teaching strategies, and assessment practices, among many other aspects.

Curricula: Plural.

DEC: The Division for Early Childhood. An international membership organization for those who work with or on behalf of young children with disabilities and other special needs, with the mission of promoting policies and advancing evidence-based practices to support the optimal development of young children with special needs. <http://www.dec-sped.org>

Development: Systematic processes of physical and mental adaptation to new environments and expectations, based on growth patterns and changing abilities.

Divergent thinking: Creative thinking that may follow many lines of thought and tends to generate new and original solutions to problems.

Documentation: The provision and use of evidence for statements, decisions, conclusions, or opinions. In education, it refers to qualitative as well as quantitative data collected in order to make visible and assess children's learning processes.

Domain: Each aspect of an individual's growth and development – social, emotional, physical, and cognitive.

ELL: English Language Learner.

Environment: Everything that makes up the atmosphere or background in which individuals live or work. Learning environment encompasses the physical, the emotional, and the social aspects of a particular environment where people learn.

Ethical dilemma: A moral conflict that involves determining appropriate conduct when an individual faces conflicting professional values and responsibilities.
www.naeyc.org/files/naeyc/file/positions/PSETH05.pdf

Family-centered: Related to practices which recognize families as equal partners and collaborators in young children's early care and education.

FBA: Functional Behavioral Assessment.

Graphomotor: Relating to or affecting the muscular movements used or required in writing.

Growth: Natural physiological processes of maturation over time.

IEP: Individual Education Plan.

IFSP: Individual Family Service Plan.

Logical consequences: Outcomes that do not occur naturally as a direct result of behavior but are intentionally planned by individuals in positions of authority.

Mission: Pre-established purpose.

Modifications: Changes in the content of the material a child is expected to learn and in the resulting educational outcomes.

NAEYC: The National Association for the Education of Young Children. <http://www.naeyc.org/>

Narrative: A detailed account of events or experiences, whether oral or written.

Natural consequences: Outcomes that happen as a direct result of behavior; they are not planned or controlled by someone in a position of authority.

Need: The lack of something basic.

Partial participation: A principle according to which every special-needs individual has the right to participate in all experiences provided in a setting to the extent permitted by his or her abilities.

Print-rich: Quality of an environment where writing is present in appropriate ways (such as books and other sources of reading materials; labeled centers and storage bins; useful and meaningful signs children can follow independently), where all necessary supplies for writing are available and accessible to children, and where adults model writing and reading with a purpose.

QSNY: QUALITYstarsNY. New York State's Quality Rating and Improvement System.

Scaffolding: The provision of sufficient support to promote learning when concepts and skills are being first introduced. A practice where the more skillful individual creates a safe learning environment and gradually withdraws direct support as the learner progresses along the learning continuum.

Support: Help or assist; the help or assistance offered by a team or network of like-minded people, family, or colleagues.

Team: Any group of individuals working together towards a particular purpose for any amount of time.

Vision: Overarching goal; the foreseen image of what a program, center, classroom, or group wants to achieve and what it stands for.

Alignment with Related Standards

CORE BODY OF KNOWLEDGE COMPETENCY AREA	NAEYC TEACHER PREPARATION PROGRAM STANDARDS	NAEYC EARLY CHILDHOOD PROGRAM STANDARDS AND CRITERIA	DEC RECOMMENDED PRACTICES	CDA FUNCTIONAL AREAS
1 Child Growth and Development	(1) Promoting child development and learning	(1) Relationships (2) Curriculum (3) Teaching (4) Assessment of Child Progress (5) Health	Child Focused Practices	(4) Physical (5) Cognitive (6) Communicative (7) Creative (8) Self (9) Social
2 Family and Community Relationships	(2) Building Family and Community Relationships (4) Using developmentally appropriate approaches to connect with children and families	(1) Relationships (7) Families (8) Community Relationships	Child Focused Practices Technology Applications	(11) Families
3 Observation and Assessment	(3) Observing, documenting and assessing	(4) Assessment of Child Progress	Family-based practices Assessment	
4 Environment and Curriculum	(4) Using developmentally appropriate approaches to connect with children and families (5) Using content knowledge to build meaningful curriculum	(1) Relationships (2) Curriculum (9) Physical Environment	Assessment	(3) Learning Environment (4) Physical (5) Cognitive (6) Communicative (7) Creative (8) Self (9) Social (10) Guidance
5 Health, Safety, and Nutrition		(5) Health (9) Physical Environment	Child Focused Practices	(1) Safe (2) Healthy
6 Professionalism	(6) Becoming a professional	(6) Teachers (10) Leadership and Management	Interdisciplinary Models Policies, Procedures and Systems Change	(13) Professionalism
7 Administration and Management		(10) Leadership and Management	Interdisciplinary Models Policies, Procedures and Systems Change	(12) Program Management

Alignment with Related Standards

CORE BODY OF KNOWLEDGE COMPETENCY AREA	QUALITY STARS NY STANDARDS	NYS TEACHING STANDARDS	OCES TRAINING PRIORITY AREAS
<p>1 Child Growth and Development</p>	<p>LE I: Classroom Environment LE II: Child Observation and Assessment LE III: Curriculum Planning and Implementation</p>	<p>Standard I: Knowledge of Students and Student Learning – I.1, Standard II: Knowledge of Content and Instructional Planning – II.4 Standard III: Instructional Practice – III.5 Standard IV: Learning Environment – IV.2 Standard V: Assessment for Student Learning – V.1, V.2</p>	<p>(1) Principles of childhood development, including the appropriate supervision of children, meeting the needs of children enrolled in the program with physical or emotional challenges and behavior management and discipline</p>
<p>2 Family and Community Relationships</p>	<p>FE I: Communication FE II: Involvement & Family Support FE IV: Transitions</p>	<p>Standard I: Knowledge of Students and Student Learning – I.4, I.5 Standard VI: Professional Responsibilities and Collaboration-VI.3</p>	
<p>3 Observation and Assessment</p>	<p>LE II: Child Observation and Assessment</p>	<p>Standard I: Knowledge of Students and Student Learning – I.6 Standard II: Knowledge of Content and Instructional Planning – II.2, II.3, II.4, II.5 Standard III: Instructional Practice – III.1, III.2, III.5, III.6 Standard IV: Learning Environment – IV.1 Standard V: Assessment for Student Learning – V.1, V.2, V.3, V.4, V.5</p>	
<p>4 Environment and Curriculum</p>	<p>LE I: Classroom Environment LE III: Curriculum Planning and Implementation</p>	<p>Standard I: Knowledge of Students and Student Learning – I.1, I.2, I.3, I.5, I.6 Standard II: Knowledge of Content and Instructional Planning – II.1, II.2, II.3, II.4, II.5, II.6 Standard III: Instructional Practice – III.1, III.3, III.4 Standard IV: Learning Environment – IV.1, IV.2, IV.3, IV.4 Standard V: Assessment for Student Learning – V.5</p>	<p>1) Principles of childhood development, including the appropriate supervision of children, meeting the needs of children enrolled in the program with physical or emotional challenges and behavior management and discipline</p>

Alignment with Related Standards

CORE BODY OF KNOWLEDGE COMPETENCY AREA	QUALITY STANDARDS	NYS TEACHING STANDARDS	OCFS TRAINING PRIORITY AREAS
<p>5 Health, Safety, and Nutrition</p>	<p>LE I: Classroom Environment</p>	<p>Standard IV: Learning Environment – IV.4 Standard VI: Professional Responsibilities and Collaboration-VI.4, VI.5,</p>	<p>(1) Principles of childhood development, including the appropriate supervision of children, meeting the needs of children enrolled in the program with physical or emotional challenges and behavior management and discipline (2) nutrition and health needs of children (4) safety and security procedures, including communication between parents and staff (7) statutes and regulations pertaining to child day care (8) statutes and regulations pertaining to child abuse and maltreatment (9) education and information on the identification, diagnosis, and prevention of shaken baby syndrome</p>
<p>6 Professionalism</p>	<p>ML I: Administrative Self-Assessment QE III: Teaching Staff Qualifications QE IV: Teaching Staff Experience QE V: Retention</p>	<p>Standard VI: Professional Responsibilities and Collaboration – VI.1, VI.2, VI.3, VI.5 Standard VII: Professional Growth – VII.1, VII.2, VII.3, VII.4</p>	<p>6) child abuse and maltreatment identification and prevention (7) statutes and regulations pertaining to child day care (8) statutes and regulations pertaining to child abuse and maltreatment</p>
<p>7 Administration and Management</p>	<p>QE I: Administrator Qualifications QE II: Administrator Experience QE III: Teaching Staff Qualifications QE IV: Teaching Staff Experience QE V: Retention FE IV: Transitions ML I: Administrative Self-Assessment ML II: Financial Accountability and Sustainability ML III: Policies and Procedures ML IV: Staff Compensation and Benefits ML V: Staff Planning</p>	<p>Standard VI: Professional Responsibilities and Collaboration – VI.2, VI.4</p>	<p>(3) child day care program development (5) business record maintenance and management (7) statutes and regulations pertaining to child day care (8) statutes and regulations pertaining to child abuse and maltreatment</p>

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History

The first edition of the *Core Body of Knowledge* was titled, *The New York State Early Care and Education Core Body of Knowledge Framework*, and was published in 1997. Writing for the original document was led by the Consistent Standards Committee of the Career Development Initiative (CDI). The writers revised and published the second edition in 2001. In 2009, the NYC Early Childhood Professional Development Institute (PDI) reformatted the second edition, in response to a need to code each competency to enable users to reference and align professional development more accurately to city and state requirements. The need for a more thorough revision became apparent in 2010 as PDI embarked on its system building work and sought to include a comprehensive set of competencies as a major component of a professional development system. The need to align the NYS Office of Children and Family Services 9 training priorities and future professional development opportunities led to integration of the revision of the Core Body of Knowledge into the work plan of the NYS Early Childhood Advisory Council (ECAC) Work Force Development Work Group.

This resulting third edition was published in 2011.



Acknowledgements

The third edition of the *Core Body of Knowledge* is the result of thoughtful collaboration among many early childhood professionals. We thank members of the NYS Early Childhood Advisory Council's Workforce Development work group, led by Sherry Cleary and Kristen Kerr, for recognizing the need to update the *Core Body of Knowledge* and for guiding the revision: Pat Amanna, Maria Benejan, Yvonne Martinez Brathwaite, Jane Brown, Pedro Cordero, Jessica Howe, Nancy T. Cupolo, Denise Dowell, Lori Fallon, Doris Fromberg, Nancy Gabriel, Shari Gruber, Barbara Hogan, Jackie Jones, Deborah King, Nicole LaBar, Candace Larue, Mary Lavin, Leigh Mountain, Mary Louise Musler, Barbara Nilsen, Lynnette Pannucci, Patty Persell, Melanie Pores, Sanjiv Rao, Carol Rasowsky, Sage Ruckterstuhl, Sherone Sanchez, Rebecca Valenchis, Michelle Washington, Lynda Weismantel, Regina Canuso, and Susan Perkins.

We would also like to extend a special thanks to the NYS Office of Children and Family Services for their continued support throughout the revision process.

We appreciate the knowledge, wisdom and commitment that Dana Benzo, Jennifer Butch, Jessica Howe and Liege Motta contributed to this work.

A special thanks to Toni Porter at Bank Street College of Education for her insight and contributions to the process of writing the Family and Community Relationships competencies.

(b) (6) English Strong, Angelica Velazquez and Raedell Wallace at
(b) (6) r contributions to the final document.

hret, Jillinda Briggs, Marilyn Colon, Sherry Copeland,
ngellis, Leslie Kimball, Dr. Cynthia Lashley, Donn King,
ay, Jan Robbins, Carol Robinson, Yadira Rodriguez, Ellen

re *Body of Knowledge*, as well as those who provided
feedback to those editions: Jacqualine Berger, Ken Counselman, Gail Flanery, Sandra Hughes, Lynn Iacabucci,
Donna Stiglmeier, Kathryn Sue Updike, Chris Allgeier, Colleen Eagar, Doris Hill-Wyley, Diana Levy, Judy Marotta, George
Sand, Linda Schear, Connie Valk, Susan Gibbons, and Barbara Nilsen.



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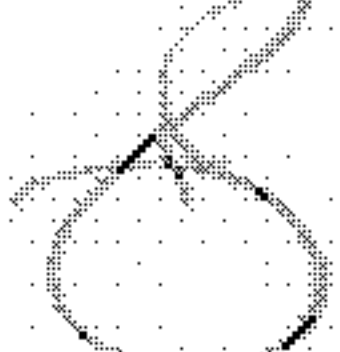
New York Works for Children Registry Key Goals, Activities, and Timeline	Projected Timeline: 4 Years				
	Years: 2012-2016				
	Responsible Parties	Y1	Y2	Y3	Y4
Goal 1: All classroom teaching and school/program-based support personnel working in Early Learning and Development programs regulated by the NYS Office of Children and Family Services and the NYC Department of Health and Mental Hygiene, as well as Early Intervention providers and classroom teaching staff in UPK programs regulated by the NY State Education Department, will be required to maintain an up-to-date record of their employment, education, and professional development in the registry.					
Complete registry development, including the bridge to the QSNY data system, and small test (Approximately 10 programs).	ECAC, NY PDI, OCFS, SED, NYC DOHMH, The Registry, Inc.,	X			
Develop three online training modules that will be used to orient early childhood educators and professional development providers to the registry system (1. Overview of the registry, 2. Targeted assistance navigating each section, and 3. The Training Approval System and PD calendar).	ECAC, NYPDI, NYSAEYC, ECLC, QSNY	X			
Assure that staff working at the 300 programs participating in QSNY during its first year of full implementation has up-to-date education and professional development records in the registry. Related activities intended to enable educators to participate in the registry would include providing online training modules, face-to-face training, and technical assistance provided over the phone, mail, and email.	NYPDI, QSNY	X	X		
Assure that staff working at a minimum of an additional 1,000 programs per year has up to date education and professional	NYPDI				

Assure that staff working at a minimum of an additional 1,000 programs per year has up to date education and professional development records in the registry. NYPDI and critical partners would lead outreach efforts to recruit new programs and participants. Ongoing technical assistance would be provided by NY PDI.	NYPDI		X	X	X
NYPDI will recruit Early Intervention providers and other school/program based support personnel to participate in the registry (target numbers to be determined).	ECAC, NYPDI, NYDOH			X	X
All classroom teaching and school/program-based support personnel working in Early Learning and Development programs regulated by the NYS OCFS and the NYC Department of Health and Mental Hygiene, as well as Early Intervention providers and classroom teaching staff in Universal Prekindergarten programs regulated by the NY State Education Department, are required to maintain an up-to-date record of their employment, education, and professional development in the registry.	OCFS, SED, NYCDOHMH, DOH				X
Goal 2: A registry-based trainer and training approval process will assure the quality of professional development offered by professional development providers that receive Educational Incentive Plan (EIP) funding, as well as the professional development content's alignment with New York's Core Knowledge and Competency Framework.					
<i>Trainer approval</i> -The registry will begin to verify Trainer Credential applicants' education level, number of early childhood credits, years of experience, and number of hours providing professional development for NYSAEYC. (NYSAEYC is currently doing this verification for the credential. Moving the verification process to the registry will increase NYSAEYC's capacity to recruit more trainers to pursue the credential, provide ongoing support to trainers going through the process, and review application portfolios.	NYPDI, NYSAEYC	X			
Solidify the registry- based training approval process.		X			
Develop and offer monthly webinars to help trainers join the registry, pursue the Trainer Credential, and submit their training to be approved	NYPDI, NYSAEYC				

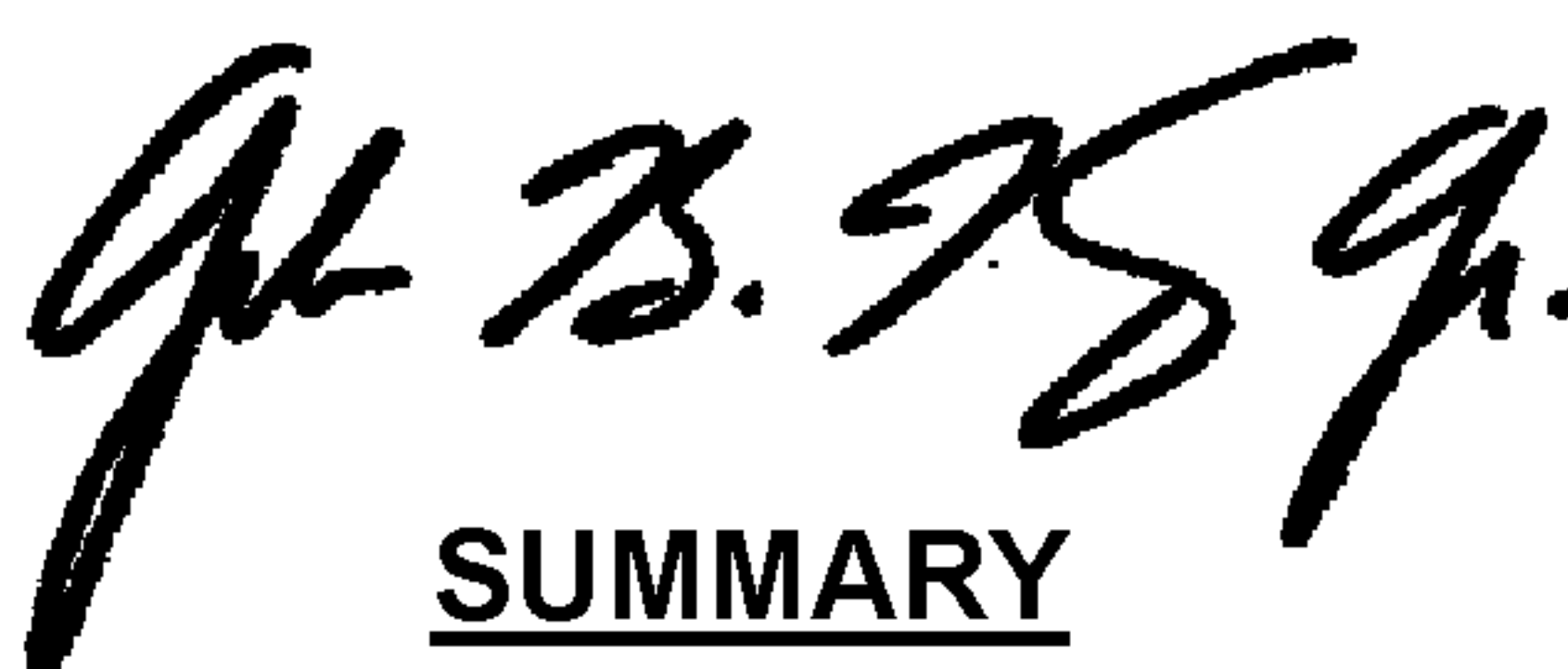
Develop online module to help trainers join the registry, pursue the Trainer Credential, and submit their training to be approved and posted on the statewide training calendar.	NYPDI, NYSAEYC		X		
Module will be made available on the registry, New York Works for Children, and other relevant websites.	NYPDI		X	X	X
Registry will process 10 new trainer applications per month.	NYPDI	X			
Registry will process 20 new trainer applications per month.	NYPDI		X	X	X
Registry will process 25 applications to approve training content per month.	NYPDI	X	X		
Registry will process 50 applications to approve training per month.	NYPDI			X	X
Goal 3: The registry will manage a statewide calendar of all publicly available professional development targeted to early childhood educators and funded by the Educational Incentive Plan (EIP), thereby increasing educators' access to high-quality professional development opportunities.					
Finalize the design and development of the professional development calendar. Ensure coordination between the registry training calendar and those hosted by partners including to the SUNY Professional Development Program.	NYPDI, The Registry, Inc.	X			
The statewide calendar will include 10% of training funded by EIP.	NYPDI, SUNY PDP, OCFS		X		
The statewide calendar will include 20% of training funded by EIP.	NYPDI, SUNY PDP, OCFS			X	
The statewide calendar will include 30% of training funded by EIP.	NYPDI, SUNY PDP, OCFS				X

Goal 4: The registry will successfully transfer data to the NYS Early Learning Data System.					
Plan linkage to the NYS Early Learning Data System.	SED, OCFS, NYPDI	X	X	X	
Workforce data is transferred nightly to the NYS Early Learning Data System.	NYPDI, SED				X
Goal 5: Early Learning and Development programs will be able to use registry data and reports as documentation to support their candidacy for NAEYC Program Accreditation or NAFCC Accreditation, important indicators of program quality.					
Develop a comprehensive policy and procedure manual.	NYPDI		X	X	
Develop a training guide for registry staff.	NYPDI		X	X	
Prepare to apply for The National Registry Alliance Partnership Eligibility Review (PER). PER is the national quality assurance process for state or regional workforce registries. Once a registry passes PER, their data is considered adequate and can be used in national workforce data sets and to report to NAYEC and NAFCC to support Early Learning and Development programs' accreditation candidacy.	NYPDI			X	
Pass Partnership Eligibility Review.	NYPDI				X
A minimum of 15 programs will use registry reports to support their accreditation candidacy.	NYPDI, QSNY				X
Goal 6: Publicly report data from the Workforce Registry on early childhood educator development, advancement, and retention, and use this data to inform public policies.					
Publish annual "How New York Works for Children" report containing aggregated data on the early childhood workforce	NYPDI		X	X	X



TO: P-12 Education Committee
FROM: Ken Slentz 
SUBJECT: Determination of Kindergarten Readiness
DATE: October 11, 2011

AUTHORIZATION:


SUMMARY

Issue for Discussion

At the request of the Governor, and contingent upon New York State winning the Race to the Top Early Learning Challenge Grant, should the Board of Regents direct staff to design, develop and implement a statewide tool to be used for the Determination of Kindergarten Readiness for implementation in the 2014-15 school year?

Reason(s) for Consideration

On May 25, 2011, the US Departments of Education (USDOE) and Health and Human Services (HHS) announced a \$500 million state-level Race to the Top – Early Learning Challenge grant competition that will reward states that build a coordinated cross-agency early learning system that dramatically improves early learning and development programs, particularly for children with high needs. New York is eligible to receive up to \$100 million over four years from this competition.

SED is a participating agency in the development of the Race to the Top Early Learning Challenge Grant (ELCG) application for New York State. One of the Criteria and Competitive Priorities of this grant is the development of a tool which measures across multiple domains the kindergarten readiness of our children. As evidence suggests that more than half the achievement gap found in later school years already is present at kindergarten entry and widens through the school years, understanding the level of skills, abilities and knowledge possessed by children at the time of kindergarten entry and using this information to inform instruction is an important step in closing the achievement gap. The Tool for the Determination of Kindergarten Readiness will allow policymakers to use data collected from the tool as one of multiple measures to make informed policy decisions and provide targeted support to early learning and development programs. The Governor has requested the Board consider approval of such a tool.

Proposed Handling

This topic will come before the P-12 Education Committee at its October meeting, where the rationale will be discussed and action considered.

Background Information

1. The Early Learning Challenge Grant: on August 23rd the USDOE announced the latest competition under Race to the Top. Under the grant, NYS is eligible for a \$100 million grant with a focus on the following areas:
 - Successful State Systems
 - High-Quality, Accountable Programs
 - Promoting Early Learning and Development Outcomes for Children
 - A Great Early Childhood Education Workforce, and
 - Measuring Outcomes and Progress

A key requirement of the *Measuring Outcomes and Progress* area is the establishment of a tool for determining the readiness of our kindergartners. In accordance with grant requirements, the four criteria for the development of the tool are:

- a. The tool is administered to children during the first few months of their admission into kindergarten.
- b. The tool covers all Essential Domains of School Readiness - language and literacy development, cognition and general knowledge (including early mathematics and early scientific development), approaches to learning, physical well-being and motor development (including adaptive skills) and emotional development.
- c. The tool is used in conformance with the recommendations of the National Research Council¹ reports on early childhood.
- d. The tool is valid and reliable for its intended purposes and for the target populations and aligned to the State's Early Learning and Development Standards.

It is important to note that the rules of the grant do not allow ELCG funds to be used for this purpose and we have received assurance that additional funding for development of the tool and ongoing maintenance would be provided in SED's budget.

2. The purpose of the tool: the Determination of Kindergarten Readiness tool would allow schools to establish an individualized developmental baseline for each enrolled child. It would be a single-point-in-time measure of the essential domains of school readiness that is more in depth than the screening

¹Stedron, J.M. & Berger, A. "NCSL Technical Report: State Approaches to School Readiness Assessment": August 2010.

requirements currently in place and would be used as one piece of evidence that will help schools understand what knowledge, skills, and dispositions toward learning children possess when they begin kindergarten. Results would be used to inform efforts to close the school readiness gap at kindergarten entry by providing the state with data to improve early learning and development programs and to inform instruction. It is recommended, and ELCG guidance prescribes, that the results of the tool *not* be used to prevent a child's entry into kindergarten, to place them in special education or make other high stakes decisions such as evaluating teacher effectiveness.

3. Current practices:

- a. In NYS currently, Commissioner's Regulations require the screening of every new entrant to the schools to determine which students are possibly gifted, have or are suspected of having a disability, and/or are limited English proficient. In addition, new entrants must also receive a health examination, vision and hearing screening and scoliosis screening. Such screenings are intended to determine if a child needs further evaluation for services in the areas noted above. Beyond screening, a recent statewide survey showed that more in depth determinations of readiness for kindergarten are quite varied both in form and function regarding the domains of learning.
- b. Across the country as of 2010, 25 states had implemented Kindergarten Entry Assessments and four states were in the process of developing a system. Of the 25 states with implemented systems, 21 required that all kindergarten students be assessed.
 - i. Eleven (11) states require schools to use specific instruments that address the five essential domains of school readiness.
 - ii. Nine (9) states require the use of a specific instrument but only assess the domain of early literacy.
 - iii. The remaining five states do not require use of a specific instrument and do not specify the areas of children's development to be assessed.

Recommendation

Contingent on NYS winning the ELCG, the Regents direct staff to 1) develop a comprehensive proposal for implementing a common readiness tool for implementation in the 2014-15 school year and 2) create an Kindergarten Readiness Advisory Council made up of expert stakeholders from around the state.

Workforce Data Elements

Key--Y=Yes, I=Inconsistent, M=Maybe, ?=Unsure, Blank=No	WORKFORCE REGISTRY	NYC DOH CCATS	OCFS CCFS	Intervention Early	ACS HEAD START
Person Unique ID	Y		Y	Y	
Name	Y	Y	Y	Y	Y
Person SSN	I		I	I	
Date of Birth	Y		Y		Y
Gender	Y		Y		?
Race/Ethnicity	Y				Y
Language(s) Fluency	M		Y	Y	Y
Address	Y			Y	?
Phone	Y			Y	?
Email	Y	I		Y	
Setting	Y			Y	
Start Date	Y		Y	Y	
End Date	Y		Y	Y	
Position Title	Y		I	Y	Y
Hourly Wage	Y			Y	Y
Hours Worked per Week	Y			M	Y
Age Groups Worked With	Y			Y	
Highest Level of Education	Y		Y	Y	Y
Institution of Higher Education Name	Y		I		
Degree Name	Y		I	Y	Y
Date Conferred	Y		I	Y	
Major	Y		I		Y
College Credits	Y		I		Y
ECE Credits	Y		I		Y
School Age Credits	Y		I		
Business/Administrative Credits	Y		I		
CDA Credential	Y			Y	?
CDA Credential Expiration	Y			Y	
Other Credentials	Y			Y	
Other Credential Award Date	Y			Y	
Other Credential Expiration Date	Y			Y	
Training Taken	Y				Y
Who trainer was	Y				
Dates	Y				Y
Hours	Y				
Content/Curriculum	Y				
Mandated Trainings Received	Y				

Early Learning and Development Program Data Elements

Key--Y=Yes, I=Inconsistent, M=Maybe, ?=Unsure, Blank=No	WORKFORCE REGISTRY	QUALITY STARS/WELS	OFCS CCTA	NYC DOH CCATS	OFCS CCFS	Intervention Early	NYSED--PSE	NYSED UPK	ACS ACCIS
Provider Unique ID					Y	Y	Y	Y	
Owner/Operator Name	Y		Y	Y	Y	Y	Y	Y	Y
Owner/Operator address	Y		Y	Y	Y	Y	Y	Y	Y
Owner/Operator phone	Y		Y	Y	Y	Y	Y	Y	Y
Owner/Operator email	Y		Y	Y	Y	Y	Y	Y	
Benefits Provided to employees	Y								
Owner/Operator Tax ID/SSN			Y		?	Y	Y		I
Provider name	Y		Y	Y	Y	Y	Y	Y	Y
Provider address	Y		Y	Y	Y	Y	Y	Y	Y
Provider Phone	Y		Y	Y	Y	Y	Y	Y	Y
County	Y		Y	Y	Y	Y	Y	Y	Y
School District	Y			Y	Y			Y	
Director Name	Y			Y	Y	Y	Y		Y
Program Type (Can be more than one)	Y		Y	Y	Y	Y	Y	Y	Y
Regulated	Y			Y	Y	I	Y		Y
Quality Stars Ranking		Y							
Quality Stars Sub Scores		Y							
Receive subsidies	Y		Y	Y	M				Y
Complaint Investigation History				Y	Y	Y	Y		
Inspection History				Y	Y		Y		
Enforcement History				Y	Y	?	?		
Number of Classrooms	Y			Y	Y		Y		
Classroom Age Range	Y				Y				
Classroom Capacity	Y			Y	Y		Y		
Curriculum used (may be different for different classrooms)	I								
Number of staff	I			Y	Y				
Rate (different for different ages)			Y				Y		Y
Classroom Quality (if possible)		Y							
Waiting List (may be different for different classrooms)									
Hours open	Y			Y	M				
Days open	Y			Y	M				
Funding sources			Y	Y			Y		Y
Funding source amount			Y				Y		
Special Services Provided			Y	Y			Y		
Operating cost							Y		
Medication Dispensation Certified				Y	Y				
Screening used and when						Y			
Assesments used and when						Y			

Child & Family Data Elements

Key--Y=Yes, I=Inconsistent, M=Maybe, ?=Unsure, Blank=No	OFCS CCTA	OCFS CCFS	Intervention Early	NYSED--PSE	NYSED UPK	ACS ACCIS
Child Unique ID			Y	Y	Y	
Child Name	Y	Y	Y	Y	Y	Y
Family (Head of Household) name	Y	Y	Y		Y	Y
Family address	Y	Y	Y	?	Y	Y
Family phone	Y	Y	Y		Y	Y
County	Y	Y	Y	Y		Y
School District		Y	Y	Y	Y	
Family income (% of Poverty Level)	Y		M			Y
Family benefits receiving	WMS		Y			I
Family receiving Child Care subsidies	Y	Y				Y
Language spoken at home		Y	Y	Y	Y	Y
Number of Siblings in home/Child Care	WMS/Y	Y	Y/N			I
Number in household	WMS		Y			Y
Relationship to family/family type	WMS	Y	Y			
Providers attended	Y	Y	Y	Y		Y
Days/hours attended that provider	Y	Y	Y	Y		Y
Assessment/Test results			Y			
Receiving subsidy	Y	Y		Y		Y
Amount of subsidy	Y	Y		Y		Y
Child SSN	I		Y	Y		
DOB	Y	Y	Y	Y	Y	Y
Gender	Y	Y	Y	Y	Y	Y
Race	WMS		Y	Y	Y	Y
Ethnicity	WMS		Y	Y	Y	Y
Previous Child Care Provider/Type		M				
Reason Child Care Services needed?	Y					Y
Language(s) spoken		Y	Y	Y		Y
Language(s) proficiency			Y			
EI/Special Ed services receiving			Y	Y		I

NOTES Data Elements

DB	Area	Element(s)	Note
CCATS	WorkForce	Unique ID	Workforce ID is not unique
CCATS	WorkForce	All	Information is poor and inconsistent
CCATS	Provider	Funding Source	Can be done by tracking what type of site it is, Head Start and/or ACS Contract site. It also tracks whether the program receives Child Care Adult Food program subsidies, accepts ACS vouchers, has an Early Intervention program (there is some funding associated with Early Intervention), and Department of Education Universal Pre-K.
CCFS	WorkForce	Start/end Date	Will have for every staff's role over time, may not be time sensitive
CCFS	WorkForce	Education/Training	Highest Level of Educ and other education is just for Director & Asst. Director
CCFS	WorkForce	Address	Address is just at time of getting fingerprinting done, not updated
CCFS	WorkForce	SSN	CCFS is allowed to track SSN only for those who have (or had) financial responsibility for the facility
CCFS	Provider	Subsidies/Hours/Days	Subsidies and hours/days open just for Legally Exempt
CCFS	Child & Family	All	Information will ONLY be for children at Legally Exempt homes, through CCTA and will not be implemented until at least 2012
CCFS	Child & Family	Language	Will have information on languages spoken and written
ACCIS	Provider	Rate	Market Rate only
ACCIS	Provider	All	Only for facilities (incl. Head Start) they fund
ACCIS	Child & Family	Language Spoken at Home	Primary language only, optional response
ACCIS	Child & Family	Number of sibling in home	Will only have number receiving CC subsidies
ACCIS	Child & Family	Provider/days & hours attended	Historical information is difficult to get
ACCIS	Child & Family	EI/Special Ed services receiving	Only if they receive a higher rate than normal
EI	WorkForce	SSN	Only for staff that are not licensed, such as teachers. Approx 35% of the workforce
EI	WorkForce	Hourly Wage/Worked per week	Sophisticated rate setting mechanism, based on region/service type. Will be able to get the hours "billed" for
EI	Provider	Complaint Investigation HX	They will only have it if the complaint is to EI
EI	Child & Family	Family Income	Will have insurance info, which can be used as a proxy
Registry	Provider	Most	Provider information will be seeded by data extracts from CCFS and CCATS
Registry	Workforce	Person SSN	Will only have the last 5 digits of SSN
NYS UPK	Provider	All	Will only have basic Provider information if the UPK is in the school, no information on CBO's doing UPK
NYS PSE	Provider	All	Will only have information on Agencies/facilities, not individual providers
NYS PSE	Child & Family	Days & hours attended	Will only have 1/2 or full day information
CCTA	Provider	ALL	If the parent gets paid the subsidy directly, the provider information may not be correct
CCTA	Child & Family	EI/Special Ed services receiving	Only if they receive a higher rate than normal
CCTA	Provider	Special Services provided	Only if they receive a higher rate than normal
CCTA	Provider	Funding Sources/amount	Will only have subsidized funding info, but can break it down within the multiple subsidization streams
CCTA	Provider	Rate	Will have market rate, may have rate they charge all children
CCTA	Child & Family	ALL	WMS stands for Welfare Management System (NYS OTDA). WMS data feeds into CCTA
CCTA	Child & Family	Provider/days & hours attended	Only information on when they were subsidized
CCTA	Child & Family	Child SSN	Not required, but analysis shows that 95% of children have a SSN in the system
CCTA	Provider	ALL	Gets information on LE, Licensed and registered facilities from CCFS on a nightly basis

EDUCATION LAW
TITLE V. TAXATION AND FINANCIAL ADMINISTRATION
ARTICLE 73. APPORTIONMENT OF PUBLIC MONIES
PART 1. GENERAL PROVISIONS

§ 3602-e. Universal prekindergarten program. 1. Definitions. For the purposes of this section, the following terms shall have the following meanings:

a. "School district" shall mean all public school districts eligible for total foundation aid pursuant to subdivision four of section three thousand six hundred two of this article, such term shall not include boards of cooperative educational services.

b. "Eligible agencies" shall mean a provider of child care and early education, a day care provider, early childhood program or center, or community-based organization, including but not limited to approved pre-school special education programs, head start, and nursery schools so long as the standards and qualifications set forth pursuant to subdivision twelve of this section have been met.

c. "Eligible children" shall mean resident children who are four years of age on or before December first of the year in which they are enrolled or who will otherwise be first eligible to enter public school kindergarten commencing with the following school year.

d. "Pre-kindergarten program plan" shall mean a plan approved by the board of education or, in the case of a school district having a population of one million or more, by the community superintendent and the chancellor that is designed to effectively serve eligible children directly through the school district or through collaborative efforts between the school district and an eligible agency or agencies.

e. "Session" shall mean one universal prekindergarten program class operating pursuant to time, staff ratio and other regulatory requirements as set forth by the board of regents and the commissioner for such purpose.

2. The commissioner is hereby authorized and directed to award grants for the establishment and implementation of a prekindergarten program to serve eligible children.

5. In any school district, other than the city school district of the city of New York, that seeks an apportionment pursuant to this section, the school district shall develop and submit an application pursuant to the rules and regulations adopted by the board of regents and the commissioner for such purpose. Such application shall be submitted by a date and in a form prescribed by the commissioner pursuant to subdivision eight of this section, including the program elements as provided for in subdivision seven of this section and shall be consistent with the plan adopted by the district.

a. If the school district chooses to coordinate proposals for prekindergarten program services, it shall conduct a competitive process in accordance with procedures set forth by the commissioner and with the requirements and regulations set forth in, and pursuant to, subdivisions seven, eight and twelve of this section.

b. An application developed by coordinating proposals submitted by eligible agencies pursuant to a competitive process shall ensure delivery of prekindergarten program services in an effective, efficient and non-duplicative manner.

c. The results of the competitive process for prekindergarten program services shall be made public at a regular meeting of the board of education. An eligible agency may request a written statement from the

board of education stating why the application was not accepted.

d. Notwithstanding any other provision of law, the school districts shall be authorized to enter any contractual or other arrangements necessary to implement the district's prekindergarten plan.

e. Not less than ten percent of the total grant award to the school district shall be set aside for collaborative efforts with eligible agencies, provided that the commissioner may waive such set aside requirement based upon documented evidence that the school district was unable to use the set aside to make a collaborative arrangement that would meet all requirements of this subdivision because of unavailability of eligible agencies willing to collaborate or other factors beyond the control of the school district, or for school districts which have fully implemented a universal prekindergarten program by serving all eligible four year olds in the nineteen hundred ninety-eight--ninety-nine school year and due to parental choice the ten percent set aside requirement exceeds the total of the district's aid per kindergarten pupil multiplied by the number of pre-kindergarten pupils in collaborative programs. In such cases, school districts shall set aside, for collaborative efforts with eligible agencies, the total of the district's aid per kindergarten pupil multiplied by the number of prekindergarten pupils in collaborative programs.

f. Notwithstanding any other provisions of this section to the contrary, two or more school districts may submit a joint application to operate a joint universal prekindergarten program. For purposes of paragraph e of this subdivision and all other provisions of this section except subdivision ten, all references to a school district shall be deemed a reference to all school districts participating in such joint program as if they were a single district. For purposes of subdivision ten of this section, the grant award for the joint program shall be the sum of the grant awards computed for each participating district pursuant to such subdivision ten.

6. In the city school district of the city of New York, if a community school superintendent seeks to receive an apportionment pursuant to this section, the community school superintendent shall submit such plan to the chancellor for adoption, modification or rejection.

a. If the chancellor adopts such plan as submitted or as modified by the chancellor, the chancellor shall submit an application in accordance with subdivision five of this section.

b. If the chancellor rejects such plan, he or she shall notify the community superintendent in writing and shall state the reasons for such rejection.

The community superintendent may modify and resubmit such application to the chancellor for adoption.

7. In order to receive approval from the commissioner to implement a prekindergarten program, applications and proposals shall demonstrate that the program to be implemented contains, at a minimum, the following components:

a. provides for an age and developmentally appropriate curriculum and activities which are learner-centered;

b. provides for an assessment of the development of language, cognitive and social skills;

c. ensures continuity in the program with instruction in the early elementary grades;

d. encourages children to be self-assured and independent;

e. encourages the co-location and integration of children with special needs;

f. utilizes staff who meet the qualifications set forth pursuant to

the rules of the board of regents;

g. provides for strong parental partnerships and involvement in the implementation of and participation in the plan;

h. provides staff development and teacher training for staff and teachers in all settings in which prekindergarten services are provided pursuant to this section; and

i. establishes a method for selection of eligible children to receive prekindergarten program services on a random selection basis where there are more eligible children than can be served in a given school year, provided, however, that a school district that operated a targeted prekindergarten program in the base year may use the selection process established for such program.

8. Each application for a prekindergarten program pursuant to this section shall be on a form prescribed by the commissioner and shall include, but not be limited to:

a. a prekindergarten program plan identifying specific goals, including how the district will expand its program to assure that all eligible children may be served, and a proposed timetable for the implementation and achievement of such goals;

b. a proposed budget and a description of the proposed use of the grant funds including the mechanism for the distribution of such funds;

c. the local share to be used, as defined by the commissioner, which may include resources which may be available from the community;

d. the participation and contribution of each of the collaborative partners; and

e. a description of any costs associated with the administration of the program.

9. a. Each year, the commissioner shall determine the maximum allocation that each district would be eligible to receive pursuant to this section in the following school year based on pupil data on file with the commissioner on a date prescribed by the commissioner, and applying the formula specified in subdivision ten of this section. No later than April thirtieth of the base year, the commissioner shall notify districts of the maximum allocations they may be eligible for pursuant to this section in the following school year, and such maximum allocations shall be deemed final and not subject to change thereafter.

b. The board of regents and the commissioner shall develop criteria for awarding all grants pursuant to this section. The commissioner shall give preference to those applications which demonstrate innovative methods for serving eligible children, are strong collaborative arrangements which maximize, to the extent possible, the utilization of existing resources of the school district, eligible agencies and the community, have an immediate capacity for providing services, and which can most effectively address the prekindergarten needs of each of the eligible children.

10. Universal prekindergarten aid. Notwithstanding any provision of law to the contrary, for aid payable in the two thousand eight--two thousand nine school year, the grant to each eligible school district for universal prekindergarten aid shall be computed pursuant to this subdivision, and for the two thousand nine--two thousand ten and two thousand ten--two thousand eleven school years, each school district shall be eligible for a maximum grant equal to the amount computed for such school district for the base year in the electronic data file produced by the commissioner in support of the two thousand nine--two thousand ten education, labor and family assistance budget, provided, however, that in the case of a district implementing programs for the first time or implementing expansion programs in the two thousand

eight--two thousand nine school year where such programs operate for a minimum of ninety days in any one school year as provided in section 151-1.4 of the regulations of the commissioner, for the two thousand nine--two thousand ten and two thousand ten--two thousand eleven school years, such school district shall be eligible for a maximum grant equal to the amount computed pursuant to paragraph a of subdivision nine of this section in the two thousand eight--two thousand nine school year, and for the two thousand eleven--two thousand twelve and two thousand twelve--two thousand thirteen school years each school district shall be eligible for a maximum grant equal to the amount set forth for such school district as "UNIVERSAL PREKINDERGARTEN" under the heading "2011-12 ESTIMATED AIDS" in the school aid computer listing produced by the commissioner in support of the enacted budget for the 2011-12 school year and entitled "SA111-2", and provided further that the maximum grant shall not exceed the total actual grant expenditures incurred by the school district in the current school year as approved by the commissioner.

a. Each school district shall be eligible to receive a grant amount equal to the sum of (i) its prekindergarten aid base plus (ii) the product of its selected aid per prekindergarten pupil multiplied by the positive difference, if any of the number of aidable prekindergarten pupils served in the current year, as determined pursuant to regulations of the commissioner, less the base aidable prekindergarten pupils calculated pursuant to this subdivision for the two thousand seven--two thousand eight school year, based on data on file for the school aid computer listing produced by the commissioner in support of the enacted budget for the two thousand seven--two thousand eight school year and entitled "SA070-8". Provided, however, that in computing an apportionment pursuant to this paragraph, for districts where the number of aidable prekindergarten pupils served is less than the number of unserved prekindergarten pupils, such grant amount shall be the lesser of such sum computed pursuant to this paragraph or the maximum allocation computed pursuant to subdivision nine of this section.

b. For purposes of paragraph a of this subdivision:

(i) "Selected aid per prekindergarten pupil" shall equal the greater of (A) the product of five-tenths and the school district's selected foundation aid for the current year, or (B) the aid per prekindergarten pupil calculated pursuant to this subdivision for the two thousand six--two thousand seven school year, based on data on file for the school aid computer listing produced by the commissioner in support of the enacted budget for the two thousand six--two thousand seven school year and entitled "SA060-7"; provided, however, that in the two thousand eight--two thousand nine school year, a city school district in a city having a population of one million inhabitants or more shall not be eligible to select aid per prekindergarten pupil pursuant to clause (A) of this subparagraph;

(ii) "Base aidable prekindergarten pupils". "Base aidable prekindergarten pupils" shall equal the sum of the base aidable prekindergarten pupils calculated pursuant to this subdivision for the base year, based on data on file for the school aid computer listing produced by the commissioner in support of the enacted budget for the base year, plus the additional aidable prekindergarten pupils calculated pursuant to this subdivision for the base year, based on data on file for the school aid computer listing produced by the commissioner in support of the enacted budget for the base year;

(iii) "Unserved prekindergarten pupils" shall mean the product of eighty-five percent multiplied by the positive difference, if any,

between the sum of the public school enrollment and the nonpublic school enrollment of children attending full day and half day kindergarten programs in the district in the year prior to the base year less the number of resident children who attain the age of four before December first of the base year, who were served during such school year by a prekindergarten program approved pursuant to section forty-four hundred ten of this chapter, where such services are provided for more than four hours per day;

(iv) "Additional aidable prekindergarten pupils". For the two thousand seven--two thousand eight through two thousand eight--two thousand nine school years, "additional aidable prekindergarten pupils" shall equal the product of (A) the positive difference, if any, of the unserved prekindergarten pupils less the base aidable prekindergarten pupils multiplied by (B) the prekindergarten phase-in factor;

(v) the "prekindergarten aid base" shall mean the sum of the amounts the school district received for the two thousand six--two thousand seven school year for grants awarded pursuant to this section and for targeted prekindergarten grants;

(vi) The "prekindergarten phase-in factor". For the two thousand eight--two thousand nine school year, the prekindergarten phase-in factor shall equal the positive difference, if any, of the pupil need index computed pursuant to subparagraph three of paragraph a of subdivision four of section thirty-six hundred two of this part less one, provided, however, that: (A) for any district where (1) the maximum allocation computed pursuant to subdivision nine of this section for the base year is greater than zero and (2) the amount allocated pursuant to this subdivision for the base year, based on data on file for the school aid computer listing produced by the commissioner on February fifteenth of the base year, pursuant to paragraph b of subdivision twenty-one of section three hundred five of this chapter, is greater than the positive difference, if any, of such maximum allocation for the base year less twenty-seven hundred, the prekindergarten phase-in factor shall not exceed eighteen percent, and shall not be less than ten percent, and (B) for any district not subject to the provisions of clause (A) of this subparagraph where (1) the amount allocated pursuant to this subdivision for the base year is equal to zero or (2) the amount allocated pursuant to this section for the base year, based on data on file for the school aid computer listing produced by the commissioner on February fifteenth of the base year, pursuant to paragraph b of subdivision twenty-one of section three hundred five of this chapter, is less than or equal to the amount allocated pursuant to this section for the year prior to the base year, based on data on file for the school aid computer listing produced by the commissioner on February fifteenth of the base year, pursuant to paragraph b of subdivision twenty-one of section three hundred five of this chapter, the prekindergarten phase-in factor shall equal zero, and (C) for any district not subject to the provisions of clause (A) or (B) of this subparagraph, the prekindergarten phase-in factor shall not exceed thirteen percent, and shall not be less than seven percent;

(vii) "Base year" shall mean the base year as defined pursuant to subdivision one of section thirty-six hundred two of this part.

c. Notwithstanding any other provision of this section, the total grant payable pursuant to this section shall equal the lesser of: (i) the total grant amounts computed pursuant to this subdivision for the current year, based on data on file with the commissioner as of September first of the school year immediately following or (ii) the total actual grant expenditures incurred by the school district as approved by the commissioner.

11. Notwithstanding the provisions of subdivision ten of this section, where the district serves fewer children during the current year than in the base year, the school district shall have its apportionment reduced in an amount proportional to such deficiency in the current year or in the succeeding school year, as determined by the commissioner, except such reduction shall not apply to school districts which have fully implemented a universal pre-kindergarten program by making such program available to all eligible children. Expenses incurred by the school district in implementing a pre-kindergarten program plan pursuant to this subdivision shall be deemed ordinary contingent expenses.

12. The board of regents and the commissioner shall be authorized to adopt regulations to implement the provisions of this section and which shall prescribe uniform quality standards for such prekindergarten programs. In developing such regulations, the board of regents and the commissioner shall consider and seek to coordinate any regulations which may currently be applicable to any existing programs or eligible agencies. In addition, the regents when developing regulations shall consider and recognize the diversity of settings and models available for the delivery of prekindergarten programs operated by eligible agencies in alternative settings, including libraries and community based organizations, that comply with this section. Such regulations shall include but not be limited to:

a. minimum qualifications for personnel providing instructional and other services in prekindergarten programs. In promulgating such regulations, the commissioner and the board of regents shall take into account the availability of certified teachers and teaching assistants to provide instruction in prekindergarten programs and shall consider ways to increase the pool of qualified personnel;

b. minimum curriculum standards that ensure that such programs have strong instructional content that is integrated with the school district's instructional program in grades kindergarten through twelve;

c. performance standards for prekindergarten programs, which shall include procedures for assessing the performance of such programs and establishing mechanisms for tracking progress of such programs and reporting such progress to parents of prekindergarten students and the public;

* d. transitional guidelines and rules which allow a program to meet the required staff qualifications and any other requirements set forth pursuant to this section and regulations adopted by the board of regents and the commissioner;

* NB Effective June 30, 2012

* d-1. guidelines which allow personnel employed by an eligible agency that is collaborating with a school district to provide prekindergarten services and licensed by an agency other than the department, to meet the staff qualifications prescribed by the licensing or registering agency; provided however, a written plan is established for prekindergarten teachers to obtain a certificate valid for service in early childhood grades within five years after commencing employment, or by January third, two thousand thirteen, whichever is later;

* NB Repealed June 30, 2012

* d-2. guidelines which allow personnel employed by an eligible agency that is collaborating with a school district to provide prekindergarten services and not licensed or registered by the department or other agency, to meet the staff qualifications prescribed by such eligible agency; provided however, a written plan is established for prekindergarten teachers to obtain a certificate valid for service in early childhood grades within five years after commencing employment, or

by January third, two thousand thirteen, whichever is later;

* NB Repealed June 30, 2012

e. health and safety standards;

f. time requirements which reflect the needs of the individual school districts for flexibility, but meeting a minimum weekly time requirement;

g. the staff/child ratio;

h. reasonable grounds and basis for the non-acceptance of a proposal submitted to the school district when the proposal otherwise meets, to the extent applicable, all the regulations of the commissioner and the requirements set forth in this subdivision, as well as subdivisions seven and eight of this section;

i. any other program components, such as health, nutrition or support services, which the regents deem appropriate and necessary for the appropriate and effective implementation of a prekindergarten program;

j. a provision for a waiver of any inconsistent provisions of this section or the regulations implementing this section to allow school districts that operated a targeted prekindergarten program in the two thousand six--two thousand seven school year to continue to operate such program pursuant to the regulations of the commissioner that applied to targeted prekindergarten programs in such school year; provided that, notwithstanding any other provision of this section to the contrary, the amounts allocated to such targeted prekindergarten program from grants awarded pursuant to this section shall not exceed the amount of targeted prekindergarten grant funds received by the district for the two thousand six--two thousand seven school year;

k. a process by which a school district must submit an application;

l. a definition of the approved expenditures for which grant funds may be used, which shall include but not be limited to transportation services and lease expense or other appropriate facilities expenses; and

m. a process for the waiver of the time requirements established pursuant to this subdivision in order to authorize the operation of a summer universal prekindergarten program limited to the months of July and August, upon a finding by the commissioner that the school district is unable to operate the program during the regular school session because of a lack of available space pursuant to regulations of the commissioner. Notwithstanding any other provision of this section to the contrary, such process shall provide for a reduction of the aid per prekindergarten pupil payable for pupils served pursuant to such waiver by one one-hundred eightieth of the aid per prekindergarten pupil determined pursuant to paragraph a of subdivision ten or subparagraph (i) of paragraph b of subdivision ten-a of this section for each day less than one hundred eighty days that the summer program is in session.

13. Each school district that has implemented a prekindergarten program shall on an annual basis report to the board of regents, the commissioner, parents, teachers and the public on the status of such program. Such annual report shall include a financial summary of the approved expenditures of the program, as defined pursuant to paragraph 1 of subdivision twelve of this section, setting forth the expenditures from state, local and other revenue sources, and the district shall maintain documentation to insure that all grant funds are used for such approved expenditures.

14. On February fifteenth, two thousand, and annually thereafter, the commissioner and the board of regents shall include in its annual report to the legislature, information on school districts receiving grants under this section; the amount of each grant; a description of the program that each grant supports and an assessment by the commissioner

of the extent to which the program meets measurable outcomes required by the grant program or regulations of such commissioner; and any other relevant information. Such report shall also contain any recommendations to improve or otherwise change the program.

15. The commissioner shall also provide for a system for evaluation and assessment of the prekindergarten programs which have been implemented to determine the short and long-term success, outcomes and effects of the programs based on relevant and measurable performance standards.

16. The grant payable to a school district pursuant to this section in the current year shall be reduced by one one-hundred eightieth for each day less than one hundred eighty days that the universal prekindergarten classes of the district were actually in session, except that the commissioner may disregard such reduction for any deficiency that may be disregarded in computing total foundation aid pursuant to subdivision seven or eight of section thirty-six hundred four of this chapter.

EDUCATION LAW
TITLE VI. SPECIAL SCHOOLS AND INSTRUCTION
ARTICLE 89. CHILDREN WITH HANDICAPPING CONDITIONS

- § 4410. Special education services and programs for preschool children with handicapping conditions. 1. Definitions. As used in this section:
- a. "Approved evaluator" means either:
 - (1) a program approved by the commissioner pursuant to paragraph b of subdivision nine of this section; or
 - (2) a school district or group of appropriately licensed and/or certified professionals associated with a public or private agency approved by the commissioner pursuant to subdivision nine-a of this section.
 - b. "Approved program" means a program approved by the commissioner pursuant to paragraph a of subdivision nine of this section.
 - c. "Board" means:
 - (i) a board of education as defined in section two of this chapter; or
 - (ii) trustees of a common school district as defined in section sixteen hundred one of this chapter.
 - d. "City or county official" means the chief executive officer, or, in any county which does not have a chief executive officer, the county governing body, or the mayor of the city of New York.
 - e. "Committee" means committee on preschool special education.
 - f. "First eligible for services" means the earliest date on which a child becomes age-eligible for services pursuant to this section, and as defined in regulations of the commissioner in accordance with applicable federal law and regulations, except that a child who is already receiving services under section two hundred thirty-six of the family court act or its successor may, if the parent so chooses, continue to be eligible to receive such services through August thirty-first of the calendar year in which the child first becomes age-eligible to receive services pursuant to this section.
 - g. "Municipality" means a county outside the city of New York or the city of New York in the case of a county contained within the city of New York.
 - h. "Parent" means parent or person in parental relation.
 - i. "Preschool child" means a child with a disability as defined in section forty-four hundred one of this article who is first eligible for services as defined in paragraph f of this subdivision but who will not have become five years of age on or before December first of the school year, or a later date if a board establishes such later date for eligibility to attend school. A child shall be deemed a preschool child through the month of August of the school year in which the child first becomes eligible to attend school pursuant to section thirty-two hundred two of this chapter.
 - j. "Related services" means those services as defined in paragraph k of subdivision two of section forty-four hundred one of this article provided to a preschool child at a site determined by the board, including but not limited to an approved or licensed prekindergarten or head start program; the work site of the provider; the child's home; a hospital; a state facility; or a child care location as defined in paragraph a of subdivision eight of this section. If the board determines that documented medical or special needs of the preschool child indicate that the child should not be transported to another site, the child shall be entitled to receive related services in the preschool

child's home.

k. "Special education itinerant services" means an approved program provided by a certified special education teacher on an itinerant basis in accordance with the regulations of the commissioner, at a site determined by the board, including but not limited to an approved or licensed prekindergarten or head start program; the child's home; a hospital; a state facility; or a child care location as defined in paragraph a of subdivision eight of this section. If the board determines that documented medical or special needs of the preschool child indicate that the child should not be transported to another site, the child shall be entitled to receive special education itinerant services in the preschool child's home.

2. Provision of services. The board of each school district shall be responsible for the provision of special education services and programs to preschool children in accordance with the provisions of subdivision two of section four thousand four hundred one of this article, except as otherwise limited by regulations of the commissioner; provided, however, that prior to July first, nineteen hundred ninety-one, a board shall be responsible for the provision of special education services and programs to a preschool child only to the extent that there is an approved program available for such preschool children.

3. Committee on preschool special education. a. Each such board shall establish one or more committees to conduct meetings to develop, review and revise the individualized education program of a preschool child with a disability.

* (1) Such board shall ensure that such committee is composed of at least the following members: (i) the parents of the preschool child; (ii) a regular education teacher of such child, whenever the child is or may be participating in a regular education environment; (iii) a special education teacher of the child or, if appropriate, a special education provider of the child; (iv) an appropriate professional employed by the school district who is qualified to provide, or supervise the provision of, special education, who is knowledgeable about the general curriculum of the school district and the availability of preschool special education programs and services and other resources in the school district and the municipality, and who shall serve as chairperson of the committee; (v) an additional parent of a child with a disability who resides in the school district or a neighboring school district and whose child is enrolled in a preschool or elementary level education program, provided that such parent shall not be employed by or under contract with the school district or municipality, and provided further that such additional parent shall not be a required member if the parents request that such additional parent member not participate; (vi) an individual who can interpret the instructional implications of evaluation results, provided that such individual may be the member appointed pursuant to clause (ii), (iii), (iv) or (vii) of this subparagraph where such individuals are determined by the school district to have the knowledge and expertise to do so; (vii) such other persons having knowledge or expertise regarding the child as the board or the parents shall designate, to the extent required under federal law; and for a child in transition from programs and services provided pursuant to applicable federal laws relating to early intervention services, at the request of the parent or person in parental relation to the child, the appropriate professional designated by the agency that has been charged with the responsibility for the preschool child pursuant to said applicable federal laws. In addition, the chief executive officer of the municipality of the preschool child's residence

shall appoint an appropriately certified or licensed professional to the committee. Attendance of the appointee of the municipality shall not be required for a quorum.

* NB Effective until June 30, 2012

* (1) Such board shall ensure that such committee is composed of at least the following members: (i) the parents of the preschool child; (ii) a regular education teacher of such child, whenever the child is or may be participating in a regular education environment; (iii) a special education teacher of the child or, if appropriate, a special education provider of the child; (iv) an appropriate professional employed by the school district who is qualified to provide, or supervise the provision of, special education, who is knowledgeable about the general curriculum of the school district and the availability of preschool special education programs and services and other resources in the school district and the municipality, and who shall serve as chairperson of the committee; (v) an additional parent of a child with a disability who resides in the school district or a neighboring school district and whose child is enrolled in a preschool or elementary level education program, provided that such parent shall not be employed by or under contract with the school district or municipality, and provided further that such additional parent shall not be a required member if the parents request that such additional parent member not participate; (vi) an individual who can interpret the instructional implications of evaluation results, provided that such individual may be the member appointed pursuant to clause (ii), (iii), (iv) or (vii) of this subparagraph where such individuals are determined by the school district to have the knowledge and expertise to do so; (vii) such other persons having knowledge or expertise regarding the child as the board or the parents shall designate, to the extent required under federal law; and for a child in transition from programs and services provided pursuant to applicable federal laws relating to early intervention services, the appropriate professional designated by the agency that has been charged with the responsibility for the preschool child pursuant to said applicable federal laws. In addition, the chief executive officer of the municipality of the preschool child's residence shall appoint an appropriately certified or licensed professional to the committee. Attendance of the appointee of the municipality shall not be required for a quorum.

* NB Effective June 30, 2012

(2) At least five business days prior to a meeting of the committee on preschool special education notice of such meeting shall be given to each committee member, including the appointee of the municipality, and the parent of the preschool child, in writing by first class mail, postage prepaid, telefacsimile, or by personal service. The appropriately licensed or certified professional designated by the agency that has been charged with the responsibility for the preschool child pursuant to applicable federal laws relating to early intervention services shall attend all meetings of the committee conducted prior to the child's initial receipt of services pursuant to this section. The regular education teacher of the child shall participate in the development, review and revision of an individualized education program for the child to the extent required under federal law. A member of such committee shall be considered as a member of a committee on special education for the purposes of section thirty-eight hundred eleven of this chapter.

* (3) Notwithstanding any provision of law, rule or regulation to the contrary, a member of the committee on preschool special education,

other than the parents or persons in parental relation to the student or the appointee of the municipality, is not required to attend a meeting of the team, in whole or in part, if the parent or person in parental relation to the student and the school district agree, in writing, that the attendance of the member is not necessary because the member's area of the curriculum or related services is not being modified or discussed at the meeting.

* NB Repealed June 30, 2012

* (4) Notwithstanding any provision of law, rule or regulation to the contrary, a member of the committee on preschool special education, other than the parents or persons in parental relation to the student or the appointee of the municipality, may be excused from attending a meeting of the committee, in whole or in part, when the meeting involves a modification to or discussion of the member's area of the curriculum or related services if the parent or person in parental relation to the student and the school district consent, in writing, to the excusal and the excused member submits to the parent or person in parental relation to the student and such committee, written input into the development of the individualized education program, and in particular written input with respect to their area of curriculum or related services prior to the meeting.

* NB Repealed June 30, 2012

* (5) Requests for excusal of a member of the committee on preschool special education as provided for in subparagraphs three and four of this paragraph, and the written input as provided for in subparagraph four of this paragraph, shall be provided not less than five calendar days prior to the meeting date, in order to afford the parent or person in parental relation a reasonable time to review and consider the request. Provided however, that a parent or person in parental relation shall retain the right to request and/or agree with the school district to excuse a member of the committee on preschool education at any time including where the member is unable to attend the meeting because of an emergency or unavoidable scheduling conflict and the school district submits the written input for review and consideration by the parent or person in parental relation within a reasonable time prior to the meeting and prior to obtaining written consent of the parent or person in parental relation to such excusal.

* NB Repealed June 30, 2012

* (6) Notwithstanding any other provision of law, rule or regulation to the contrary, in making changes to a student's individualized education program after the annual review has been conducted, the parent or person in parental relation to the student and the school district may agree not to convene a meeting of the committee on preschool special education for the purpose of making those changes, and instead may develop a written document to amend or modify the student's current individualized education program under the following circumstances:

(i) The parent or person in parental relation makes a request to the school district for an amendment to the individualized education program and the school district and such parent or person in parental relation agree in writing; or

(ii) The school district provides the parent or person in parental relation with a written proposal to amend a provision or provisions of the individualized education program that is conveyed in language understandable to the parent or person in parental relation in such parent's or such person's native language or other dominant mode of communication, informs and allows the parent or person in parental relation the opportunity to consult with the appropriate personnel or

related service providers concerning the proposed changes and the parent or person in parental relation agrees in writing to such amendments.

(iii) If the parent or person in parental relation agrees to amend the individualized education program without a meeting, the parent or person in parental relation shall be provided prior written notice of the changes to the individualized education program resulting from such written document and the committee on preschool special education shall be notified of such changes. If the school district makes such changes by rewriting the entire individualized education program, it shall provide the parent or person in parental relation with a copy of the rewritten individualized education program. If the school district amends the individualized education program without rewriting the entire document, the school district shall provide the parent or person in parental relation with a copy of the document that amends or modifies the individualized education program or, upon request of the parent or person in parental relation, a revised copy of the individualized education program with the amendments incorporated.

Amendments to an individualized education program pursuant to this clause shall not affect the requirement that the committee on preschool special education review the individualized education program at the annual meeting, or more often if necessary.

* NB Repealed June 30, 2012

b. Two or more boards may, subject to the approval of the commissioner, establish a joint committee. Boards seeking to establish such a joint committee shall apply to the commissioner for approval on a form prescribed by the commissioner. Such application shall include, but not be limited to, a plan for holding meetings in a manner and at a location convenient for parents.

c. A municipality with one or more boards located within the municipality may coordinate the scheduling and location of meetings with the prior consent of such board or boards and the approval of the commissioner.

d. The committee shall review, at least annually, the status of each preschool child.

e. In any meeting held to review or evaluate a preschool child, the preschool child's parent shall be given the opportunity to attend and participate in the meeting. The committee shall permit individuals invited by the parent to be present. To the extent possible, any meeting of the committee shall be held at a site mutually convenient to the members of the committee and the parent of the preschool child, including but not limited to the work site of the evaluator, the municipal representative on the committee, or the chairperson of the committee. In a city having a population of less than two hundred fifty thousand but more than two hundred thousand and in a city having a population of less than one hundred seventy-five thousand but more than one hundred fifty thousand, the chairperson of the committee shall determine the location of the meeting.

f. After notification by an early intervention official, as defined in section twenty-five hundred forty-one of the public health law, that a child receiving services pursuant to title II-A of article twenty-five of the public health law potentially will transition to receiving services under this section and that a conference is to be convened to review the child's program options and establish a transition plan, which conference must occur at least ninety days before such child would be eligible for services under this section, the chairperson of the committee on preschool special education of the local school district or his or her designee in which such child resides shall participate in the

conference.

g. In any meeting of the committee held to review or reevaluate the status of a preschool child, the professional who participated in the evaluation shall, upon the request of the parent or committee, attend and participate at such meeting.

4. Evaluations. a. The board shall identify each preschool child suspected of having a handicapping condition who resides within the district and, upon referral to the committee shall, with the consent of the parent, provide for an evaluation related to the suspected disability of the child. The board shall make such identification in accordance with regulations of the commissioner.

b. Each board shall, within time limits established by the commissioner, be responsible for providing the parent of a preschool child suspected of having a handicapping condition with a list of approved evaluators in the geographic area. The parent may select the evaluator from such list. Each board shall provide for dissemination of the list and other information to parents at appropriate sites including but not limited to pre-kindergarten, day care, head start programs and early childhood direction centers, pursuant to regulations of the commissioner.

c. The documentation of the evaluation shall include all assessment reports and a summary report of the findings of the evaluation on a form prescribed by the commissioner including a detailed statement of the preschool child's individual needs. The summary report shall not make reference to any specific provider of special services or programs. In addition, with the consent of the parents, approved evaluators and committees shall be provided with the most recent evaluation report for a child in transition from programs and services provided pursuant to title two-a of article twenty-five of the public health law. Nothing shall prohibit an approved evaluator or the committee from reviewing other assessments or evaluations to determine if such assessments or evaluations fulfill the requirements of the regulations of the commissioner. Notwithstanding any inconsistent provisions of this section, the committee, in its discretion, may obtain an evaluation of the child from another approved evaluator prior to making any recommendation that would place a child in the approved program that conducted the initial evaluation of the child.

d. The approved evaluator shall, following completion of the evaluation, transmit the documentation of the evaluation to all members of the committee and to a person designated by the municipality in which the preschool child resides. Each municipality shall notify the approved evaluators in the geographic area of the person so designated. The summary report of the evaluation shall be transmitted in English and when necessary, also in the dominant language or other mode of communication of the parent; the documentation of the evaluation shall be transmitted in English and, upon the request of the parent, also in the dominant language or other mode of communication of the parent, unless not clearly feasible to do so pursuant to regulations promulgated by the commissioner. Costs of translating the summary report and documentation of the evaluation shall be separately reimbursed. If, based on the evaluation, the committee finds that a child has a handicapping condition, the committee shall use the documentation of the evaluation to develop an individualized education program for the preschool child. Nothing herein shall prohibit an approved evaluator from at any time providing the parent with a copy of the documentation of the evaluation provided to the committee.

e. Prior to the committee meeting at which eligibility will be

determined, the committee shall provide the parent with a copy of the summary report of the findings of the evaluation, and shall provide the parent with written notice of the opportunity to address the committee in person or in writing. Upon timely request of the parent, the committee shall, prior to meeting, provide a copy of all written documentation to be considered by the committee; provided, however, that such material shall be provided to the parent at any time upon request.

f. If the parent disagrees with the evaluation, the parent may obtain an additional evaluation at public expense to the extent authorized by federal law or regulation.

5. Determination of services. a. The committee shall review all relevant information, including but not limited to:

(i) information presented by the parent and the child's teacher or teachers pertinent to each child suspected of having a handicapping condition;

(ii) the results of all evaluations; and

(iii) information provided by the appropriate licensed or certified professional designated by the agency that is charged with the responsibility for the child pursuant to applicable federal laws, if any.

b. (i) If the committee determines that the child has a disability, the committee shall recommend approved appropriate services or special programs and the frequency, duration and intensity of such services, including but not limited to the appropriateness of single services or half-day programs based on the individual needs of the preschool child. The committee shall first consider the appropriateness of providing: (i) related services only; (ii) special education itinerant services only; (iii) related services in combination with special education itinerant services; (iv) a half-day program, as defined in the regulations of the commissioner; (v) a full day program; in meeting the child's needs. If the committee determines that the child demonstrates the need for a single related service, such service shall be provided as a related service only or, where appropriate, as a special education itinerant service. Prior to recommending the provision of special education services in a setting which includes only preschool children with disabilities, the committee shall first consider providing special education services in a setting which includes age-appropriate peers without disabilities. Provision of special education services in a setting with no regular contact with such age-appropriate peers shall be considered only when the nature or severity of the child's disability is such that education in a less restrictive environment with the use of supplementary aids and services cannot be achieved satisfactorily. The committee's recommendation shall include a statement of the reasons why less restrictive placements were not recommended. The committee may recommend placement in a program that uses psychotropic drugs only if the program has a written policy pertaining to such use and the parent is given a copy of such written policy at the time such recommendation is made.

(ii) The committee shall recommend approved appropriate services or special programs. The recommendation shall be based on the individual needs of the preschool child. Appropriate services may include one or more related services selected from a list maintained by a municipality pursuant to paragraph c of subdivision nine of this section; provided, however, that if the committee recommends one or more related services from such list, or itinerant services, the committee shall request that the parent identify the initial child care location arranged by the parent, or other site, at which each such service will be provided.

(iii) The reasons for such recommendation shall be in writing and shall be furnished to the preschool child's parent, the municipality in which the preschool child resides and the board. If the committee's recommendation differs from an expressed preference of a parent with respect to the frequency, duration or intensity of services, or with respect to more or less restrictive settings, the committee shall include in its statement the reasons why the committee recommended a program or service other than that preferred by the parent. The committee shall include in its recommendation any statement or statements provided by the parent, which the board shall consider.

(iv) The members of the committee or subcommittee may compile a list of appropriate and/or helpful services that may be available outside of the school setting to provide the parents or person in parental relation of a child with a disability with such information. Such list shall clearly state that these services are in addition to services supplied by the school district and will not be paid for by the school district. Any member of a committee or his or her respective school district who, acting reasonably and in good faith, provides such information shall not be liable for such action.

c. After consideration of the recommendation of the committee and its statement of reasons, including any statement or statements of a parent setting forth an expressed preference, the board shall arrange for the provision of the recommended special services or programs from among the special services and programs approved for such purpose by the commissioner. In the event the special service or program will be provided in the child's home or another care setting for which the parent has made or subsequently makes arrangements, no transportation shall be indicated.

d. If the board disagrees with the recommendation of the committee, it shall set forth in writing a statement of its reasons and send the recommendation back to the committee, a notice of which shall be furnished to the preschool child's parent and the municipality in which the preschool child resides. In the event a board refers the recommendation back to the committee for reconsideration, the board shall also notify the parent and the committee in writing of the need to schedule a meeting to ensure timely placement. If the determination is for two or more related services, where possible, the board shall select from the list maintained by the municipality pursuant to paragraph c of subdivision nine of this section such related service providers that are employed by a single agency for the provision of such services. The board shall provide each related service provider with a copy of the individualized education program and the name and location of each related service provider. The board shall designate one of the service providers to coordinate the provision of the related services. If the determination is for special education itinerant services and one or more related services, the special education itinerant service provider shall be responsible for the coordination of such services pursuant to regulations of the commissioner.

* e. A preschool child shall receive the services of a program arranged for by the board commencing with the starting date for such program, unless such services are recommended by the committee less than thirty days prior to, or after, the starting date for such program, in which case, such services shall be provided as soon as possible following development of the individualized education program, but no later than thirty days from the recommendation of the committee; provided, however, that in no case shall a child receive services prior to the date that such child is first eligible for services pursuant to

paragraph f of subdivision one of this section.

* NB Effective until June 30, 2012

* e. A preschool child shall receive the services of a program arranged for by the board commencing with the starting date for such program, unless such services are recommended by the committee less than thirty days prior to, or after, the starting date for such program, in which case, such services shall be provided no later than thirty days from the recommendation of the committee; provided, however, that in no case shall a child receive services prior to the date that such child is first eligible for services pursuant to paragraph f of subdivision one of this section.

* NB Effective June 30, 2012

f. The board shall give written notice of the special services or programs arranged for to the appropriate municipality, and to the related service provider or the approved program selected to provide the services. The municipality shall contract with the approved program in a timely manner but in no event later than forty days from the receipt of written notice of the determination of the board. If the municipality is a city of one million or more persons, the municipality may delegate contracting authority to the board. The contract shall include but not be limited to any provisions required by the commissioner, shall adhere to the rates established pursuant to subdivision ten of this section as applicable and shall be in a form approved by the commissioner. After receipt of notification from a municipality of actions taken pursuant to this paragraph and subdivision eight of this section, the commissioner shall issue a notice of authorization for reimbursement to the municipality pursuant to the provisions of subdivisions ten and eleven of this section. Provided further, any agreement for transportation services pursuant to subdivision eight of this section shall be a contract, separate and distinct from the contract for special services or programs pursuant to this section, between the municipality and the approved program which shall include but not be limited to any provisions required by the commissioner on a form prescribed by the commissioner.

g. The board shall determine the appropriate municipality based on the municipality within the school district in which the preschool child resides at the time such board issues its written notice of determination. The board shall terminate such determination if the board arranges for the provision of a new service or program for such child or if the preschool child moves out of the school district or moves to a different municipality within the school district. If the board terminates such determination for a preschool child because such child moves to a different municipality within the school district, such board shall issue a new written notice of determination for the same special education service or program effective the next school day which shall become the responsibility of the new municipality in which such child resides. Pursuant to regulations promulgated by the commissioner, if the preschool child moves to a school district that is within a reasonable distance of the child's current approved placement such child may continue in such placement if it is consistent with the individualized needs of the child and the board of the new school district shall issue a notice of determination to continue such placement, provided that nothing shall preclude a parent from requesting and receiving from the committee of the new school district a reevaluation of the continued placement of such preschool child prior to the annual review establishing the placement for the next school year.

h. Such special services or programs shall be furnished between the

months of September and June of each year, except for those preschool children whose disabilities are severe enough to exhibit the need for a structured learning environment of twelve months duration to prevent substantial regression. The committee shall include in its recommendation for such services or programs a statement of the reasons for such recommendation. The board, after consideration of the recommendation of the committee, shall select an appropriate special service or program for each preschool child eligible for such special service or program during the months of July and August from among those programs approved for such purpose by the commissioner. Nothing contained herein shall be construed to prevent the committee from recommending or the board from selecting a special service or program, or the frequency or duration of a special service or program, which is different in type or intensity than the service or program that the child is furnished between the months of September and June.

6. Professional practice issues. a. Notwithstanding any provisions of law to the contrary, approved programs operated by private providers shall be authorized to employ licensed professionals or contract with licensed professionals or entities legally authorized to provide professional services in accordance with section sixty-five hundred three-b of this chapter.

b. An approved program may be formed as an education corporation, or with the consent of the commissioner as: (i) a not-for-profit corporation; (ii) a business corporation that has the operation of an approved program or another special education school as a primary purpose; (iii) a limited liability company; (iv) a professional service limited liability company or a foreign professional service limited liability company in accordance with the applicable provisions of article twelve or thirteen of the limited liability company law; (v) a registered limited liability partnership or registered foreign limited liability partnership in accordance with article eight-B of the partnership law. In addition, a group of appropriately licensed or certified professionals may be formed as a professional services corporation established pursuant to article fifteen of the business corporation law or as a professional service limited liability company, foreign professional service limited liability company or registered limited liability partnership or registered foreign limited liability partnership in accordance with article eight-B of the partnership law. An approved program formed as such a professional service limited liability company or registered limited liability partnership may be authorized to provide special education itinerant services or other educational services not involving the practice of a profession under title eight of this chapter, and, upon grant of a waiver pursuant to section sixty-five hundred three-b of this chapter, may employ or contract with individuals licensed or otherwise authorized to practice, or with a professional service corporation, partnership or other entity legally authorized to practice any profession under title eight of this chapter in which the entity would not be authorized to provide professional services under the applicable provisions of section twelve hundred three or subdivision (a) of section thirteen hundred one of the limited liability company law or sections 121-1500 or 121-1502 of the partnership law, provided that such contract is within the scope of the department's approval and is only for the purpose of conducting a multi-disciplinary evaluation of a preschool child suspected of having a disability or a preschool child with a disability or providing related services specified in the individualized education program of a preschool child with a disability.

c. Notwithstanding any other provision of law to the contrary, the exemption in subdivision two of section eighty-two hundred seven of this chapter shall apply to persons employed by a center-based program approved pursuant to subdivision nine of this section to perform the duties of a speech-language pathologist, audiologist, teacher of the speech and hearing impaired or teacher of the deaf to students enrolled in such approved center-based program in the course of their employment.

d. Notwithstanding any other provision of law to the contrary, the exemption in subdivision one of section seventy-six hundred five of this chapter shall apply to persons employed by a center-based program approved pursuant to subdivision nine of this section as a school psychologist to provide activities, services and use of the title psychologist to students enrolled in such approved center-based program in the course of their employment.

7. Appeals. * a. The parent may file a written request with the board for an impartial hearing with respect to any matter relating to the identification, evaluation or educational placement of, or provision of a free appropriate public education to, the preschool child or a manifestation determination or other matter relating to the preschool child's placement upon discipline, provided, however, that mediation shall be available to the parent in accordance with the procedures specified in section forty-four hundred four-a of this article.

* NB Effective until June 30, 2012

* a. If the determination of the board is not acceptable to the parent, or if the committee or board fails to make or effectuate such a recommendation within such periods of time as are required by subdivision five of this section or by the regulations of the commissioner, such parent may file a written request with the board for an impartial hearing, provided, however, that mediation shall be available to the parent in accordance with the procedures specified in section forty-four hundred four-a of this article.

* NB Effective June 30, 2012

* b. Upon receipt of such request, the board shall provide for a hearing to be conducted in accordance with the provisions of subdivision one of section forty-four hundred four of this article. The impartial hearing officer shall render a decision, and mail a copy of the decision to the parents and to the board, not later than thirty calendar days after the receipt by the board of a request for a hearing or after the initiation of such a hearing by the board. The decision of the impartial hearing officer shall be based solely upon the record of the proceeding before the impartial hearing officer, and shall set forth the reasons and the factual basis for the determination. The decision shall also include a statement advising the parents and the board of the right to obtain a review of such a decision by a state review officer. The board may initiate a hearing to the extent provided in subdivision one of section forty-four hundred four of this article.

* NB Effective until June 30, 2012

* b. Upon receipt of such request, the board shall provide for a hearing to be conducted in accordance with the provisions of subdivision one of section forty-four hundred four of this article. The impartial hearing officer shall render a decision, and mail a copy of the decision to the parents and to the board, not later than thirty calendar days after the receipt by the board of a request for a hearing or after the initiation of such a hearing by the board. The decision of the impartial hearing officer shall be based solely upon the record of the proceeding before the impartial hearing officer, and shall set forth the reasons and the factual basis for the determination. The decision shall also

include a statement advising the parents and the board of the right to obtain a review of such a decision by a state review officer.

* NB Effective June 30, 2012

* c. During the pendency of an appeal pursuant to this subdivision, unless the board and the parent otherwise agree:

(i) a preschool child who has received services pursuant to subdivision five of this section, shall remain in the current educational placement; or

(ii) a preschool child not previously served pursuant to this section shall, if the parent agrees, receive services in the program designated by the board pursuant to such subdivision five, which designation resulted in such appeal.

A preschool child who is transitioning from part C of the individuals with disabilities education act and/or title two-A of article twenty-five of the public health law and is no longer eligible for services under part C and title two-A of article twenty-five of the public health law by reason of age, the school district or other public agency is not required to provide the services that the child had been receiving under part C and such title two-A. If the child is found eligible for special education programs and services pursuant to this section, and the parent or person in parental relation consents to the initial provision of services, then the school district or other public agency shall provide those special education programs and services that are not in dispute between the parent and the school district or other public agency.

* NB Effective until June 30, 2012

* c. During the pendency of an appeal pursuant to this subdivision, unless the board and the parent otherwise agree:

(i) a preschool child who has received services pursuant to subdivision five of this section, shall remain in the current educational placement; or

(ii) a preschool child not previously served pursuant to this section shall, if the parent agrees, receive services in the program designated by the board pursuant to such subdivision five, which designation resulted in such appeal; or

(iii) a preschool child who received services pursuant to section two hundred thirty-six of the family court act during the previous year may receive, from the provider of such services, preschool special education services in an approved program appropriate to the needs of such child.

* NB Effective June 30, 2012

d. A state review officer of the education department shall review the decision of the impartial hearing officer in the manner prescribed in subdivision two of section forty-four hundred four of this article and render a decision no later than thirty days after the decision of such hearing officer.

e. Review of the final determination or order of the state review officer may be brought in the manner prescribed in subdivision three of section forty-four hundred four of this article.

8. Transportation. The municipality in which a preschool child resides shall, beginning with the first day of service, provide either directly or by contract for suitable transportation, as determined by the board, to and from special services or programs; provided, however, that if the municipality is a city with a population of one million or more persons the municipality may delegate the authority to provide such transportation to the board; and provided further, that prior to providing such transportation directly or contracting with another entity to provide such transportation, such municipality or board shall

request and encourage the parents to transport their children at public expense, where cost-effective, at a rate per mile or a public service fare established by the municipality and approved by the commissioner. Except as otherwise provided in this section, the parents' inability or declination to transport their child shall in no way effect the municipality's or board's responsibility to provide recommended services. Such transportation shall be provided once daily from the child care location to the special service or program and once daily from the special service or program to the child care location up to fifty miles from the child care location. If the board determines that a child must receive special services and programs at a location greater than fifty miles from the child care location, it shall request approval of the commissioner. For the purposes of this subdivision, the term "child care location" shall mean a child's home or a place where care for less than twenty-four hours a day is provided on a regular basis and includes, but is not limited to, a variety of child care services such as day care centers, family day care homes and in-home care by persons other than parents. All transportation of such children shall be provided pursuant to the procedures set forth in section two hundred thirty-six of the family court act using the date called for in the written notice of determination of the board or the date of the written notice of determination of the board, whichever comes later, in lieu of the date the court order was issued.

9. Program approval. a. Providers of special services or programs shall apply to the commissioner for program approval on a form prescribed by the commissioner; such application shall include, but not be limited to, a listing of the services to be provided, the population to be served, a plan for providing services in the least restrictive environment and a description of its evaluation component, if any. Providers of early intervention services seeking approval pursuant to subdivision seven of section twenty-five hundred fifty-one of the public health law shall apply to the commissioner for such approval on a form prescribed by the commissioner. The commissioner shall approve programs in accordance with regulations adopted for such purpose and shall periodically review such programs at which time the commissioner shall provide the municipality in which the program is located or for which the municipality bears fiscal responsibility an opportunity for comment within thirty days of the review. In collaboration with municipalities and representatives of approved programs, the commissioner shall develop procedures for conducting such reviews. Municipalities shall be allowed to participate in such departmental review process. Such review shall be conducted by individuals with appropriate experience as determined by the commissioner and shall be conducted not more than once every three years.

(iii) Commencing July first, nineteen hundred ninety-six and continuing through June thirtieth, two thousand three, a moratorium on the approval of any new or expanded programs in settings which include only preschool children with disabilities is established. Exceptions shall be made for cases in which school districts document a critical need for a new or expanded program in a setting which includes only preschool children with disabilities, to meet the projected demand for services for preschool children in the least restrictive environment. Applications for new or expanded programs may be made directly to the state education department. Nothing herein shall prohibit the commissioner from approving the modification of a full-day program into half-day sessions.

Commencing July 1, 1999 the department shall only approve any new or

expanded programs in settings which include only preschool children with disabilities, if the applicant can document a critical need for a new or expanded program in a setting which includes only preschool children with disabilities to meet the projected demand for services for preschool children in the least restrictive environment. If the department determines that approval will not be granted, it must notify the applicant, in writing, of its reasons for not granting such approval. The department shall establish guidelines, within 90 days of the effective date of this section which shall state the criteria used to determine if the applicant has demonstrated such a critical need. The department is authorized to consult with the local school district to verify any data submitted.

On December 1, 2003 the commissioner shall submit a report to the board of regents, the majority leader of the senate, the speaker of the assembly and governor evaluating the impact of such moratorium on the availability of preschool special education services. The report shall include: (i) information regarding the number of applications for new programs and program expansions and the disposition of those applications by the commissioner; (ii) an assessment of the projected need for additional classes serving only disabled children and those serving disabled children with their non-disabled peers and in other less restrictive settings; (iii) an assessment of the projected need for additional programs due to program closings in the region, number of children receiving early intervention services and existing waiting lists; (iv) an assessment of the distance that children must be transported to receive preschool special education services; (v) an evaluation of the programmatic performance and cost-effectiveness of existing programs; (vi) recommendations regarding ways in which improved quality and cost-effectiveness could be achieved through the selective expansion of effective programs and/or the curtailment of less effective programs; and (vii) an assessment of the availability and effectiveness of approved programs providing services to preschool children with autism.

b. As part of an application submitted pursuant to paragraph a of this subdivision, a provider of special services or programs shall submit a description of its multi-disciplinary evaluation component, if any, which shall be subject to the approval of the commissioner in accordance with regulations adopted for such purpose after consultation with the appropriate advisory committee. Such components or program may rely in part on formal written agreements or affiliations with appropriately certified or licensed professionals, or agencies employing such professionals, provided that such professionals or agencies perform their responsibilities in conformance with regulations of the commissioner and that providers fully disclose any such arrangements on all applications for program approval, and provided further that the provider certifies that it shall apply for and obtain a waiver pursuant to section sixty-five hundred three-b of this chapter prior to providing evaluation services pursuant to such written agreements or affiliations. Nothing herein shall require a provider of special services or programs to have a multidisciplinary evaluation program.

c. Municipalities, or in the case of a city of one million or more persons, the board, shall maintain a list of appropriately certified or licensed professionals to deliver related services consistent with this section and the regulations of the commissioner and shall determine reasonable reimbursement for such services subject to the approval of the commissioner. Such list shall also include reasonable reimbursement, as determined by the municipality and approved by the commissioner and

the director of the budget, for the coordination of two or more related services pursuant to paragraph d of subdivision five of this section.

d. Providers may make application to conduct a program that relies on formal written agreements or affiliations with other approved programs or appropriately certified or licensed professionals, provided that such arrangements are fully disclosed on all applications to the commissioner for program approval, and provided further that the provider certifies it shall apply for and obtain a waiver pursuant to section sixty-five hundred three-b of this chapter prior to providing related services pursuant to any such written agreements or affiliations involving licensed professionals.

e. Nothing herein shall preclude an approved program from providing services in the preschool child's home.

f. As part of an application submitted pursuant to paragraph a of this subdivision, a provider of special services or programs shall describe any program in which preschool children will receive services in conjunction with children placed pursuant to section two hundred thirty-six of the family court act or title II-A of article twenty-five of the public health law. If such preschool program otherwise meets the criteria for approval of preschool programs established by regulations of the commissioner, the commissioner shall approve such program.

9-a. (a) A school district or a group of appropriately licensed and/or certified professionals associated with a public or private agency may apply to the commissioner for approval as an evaluator on a form prescribed by the commissioner. The commissioner shall approve evaluators pursuant to this subdivision consistent with the approval process for the multi-disciplinary evaluation component of programs approved pursuant to subdivision nine of this section consistent with regulations adopted pursuant to such subdivision.

Such application shall include, but not be limited to, a description of the multi-disciplinary evaluation services proposed to be provided and a demonstration that all agency employees and staff who provide such evaluation services shall have appropriate licensure and/or certification and that the individual who shall have direct supervision responsibilities over such staff shall have an appropriate level of experience in providing evaluation or services to preschool or kindergarten-aged children with disabilities. To be eligible for approval as an evaluator under this subdivision on and after July first, two thousand eleven, a group of appropriately licensed or certified professionals shall be formed as a limited liability company or professional services corporation established pursuant to article fifteen of the business corporation law, article twelve or thirteen of the limited liability company law or article eight-B of the partnership law. The approval of any groups of licensed or certified professionals that are in existence on July first, two thousand eleven and would not be eligible for approval thereafter shall terminate on July first, two thousand thirteen.

(b) The commissioner shall periodically review such evaluators at which time the commissioner shall provide the municipality in which the evaluator is located an opportunity for comment.

(c) The commissioner shall establish a billing and reimbursement system for services provided by evaluators approved pursuant to the provisions of this subdivision consistent with billing and reimbursement for evaluation services provided by evaluators approved pursuant to the provisions of subdivision nine of this section.

9-b. Program reapproval process. The commissioner shall periodically review and reapprove programs, including the provision of evaluation

services, in accordance with regulations adopted for such purpose, which shall include reapproval criteria designed to assure that quality services are provided in a necessary and cost efficient manner and in the least restrictive environment which may include settings in which age-appropriate peers without disabilities are typically found. In reviewing programs and the provision of evaluation services, the commissioner shall consider factors including, but not limited to, the percentage of children receiving services from the approved program that conducted the evaluation of the child; and whether there has been evidence of misleading or erroneous advertising. The division of the budget shall consider in a timely manner all requests submitted by the department to hire sufficient staff to conduct such periodic reapproval of programs, as determined by the commissioner, using available federal funds.

Such reapproval process shall provide the municipality in which the program is located or for which the municipality bears fiscal responsibility, an opportunity for comment thirty or more days prior to completion of the reapproval. In collaboration with municipalities and representatives of approved programs, the commissioner shall develop procedures for conducting such reapprovals. Municipalities shall be allowed to participate in such departmental review process. Such reapprovals shall be conducted by individuals with appropriate experience as determined by the commissioner and shall be conducted not more than once every three years, unless the commissioner, on his or her own initiative or at the request of a municipality, determined that reapprovals are earlier or more frequently required. The commissioner shall commence such reapproval process no later than January fifteenth, nineteen hundred ninety-seven. Program reapprovals may result in disapproval of the entire program or a component of the program, including but not limited to the evaluation component. In reapproving a program component, such approval criteria shall include, but not be limited to:

a. the extent to which the program offers services in settings with regular contact with age-appropriate peers, where appropriate to the needs of the population served; and

b. whether there has been evidence of misleading or erroneous advertising.

Such reapproval shall assure an appropriate opportunity to be heard on the findings of the reapproval and the opportunity to address such findings through corrective or remedial action, where applicable. Such reapproval process shall also provide for the determination of action on the part of the department to address the findings of the reapproval which may include, but not be limited to, the withdrawal of approval to provide evaluation services.

9-c. Advertising. The commissioner is authorized to require approved programs and evaluators to periodically submit copies of advertising for review, and to commence a proceeding to revoke the approval of an approved program or evaluator pursuant to this subdivision for false, misleading, deceptive or fraudulent advertising pursuant to regulations to be promulgated by the commissioner, which shall be consistent with article twenty-two-a of the general business law. Such regulations shall prohibit advertisements from including misleading or erroneous information with respect to services to be provided to preschool children and their families. The department shall issue guidelines as to appropriate advertising content. In a revocation proceeding, such guidelines shall not be presumptive evidence that particular advertising is appropriate.

9-d. Business plans. Approved providers of special services and programs, including local educational agencies, shall develop and submit to the commissioner, by January first, nineteen hundred ninety-seven, a business plan, the contents of which shall be determined by the commissioner, which redirects fiscal and personnel resources toward providing special education programs and services in settings with children who do not have disabilities, and reduces the reliance on programs and settings which include only preschool children with disabilities.

10. Approved costs. a. (i) Commencing with the nineteen hundred ninety--ninety-one school year, the commissioner shall annually determine the tuition rate for approved services or programs provided to preschool children pursuant to this section. Such rates for providers of such services and programs shall be determined in conformance with a methodology established pursuant to subdivision four of section forty-four hundred five of this article after consultation with and a review of an annual report prepared by the advisory committee established pursuant to paragraph a of subdivision twelve of this section and shall be subject to the approval of the director of the budget. Notwithstanding any other provision of law, rule or regulation to the contrary, tuition rates established for the nineteen hundred ninety-five--ninety-six school year shall exclude the two percent cost of living adjustment authorized in rates established for the nineteen hundred ninety-four--ninety-five school year.

(ii) Upon request, the commissioner shall, on a timely basis, transmit to the municipality in which an approved program is located any information provided by such approved program for the purpose of establishing a rate for the program.

(iii) Following determination of tuition rates pursuant to subparagraph (i) of this paragraph, the commissioner shall submit such rates to the director of the budget for approval and shall simultaneously transmit to each municipality the rates for programs located in the municipality. Within thirty calendar days of the commissioner's transmittal date, the municipality may submit comments in writing to the commissioner. The commissioner shall consider such comments and, if he deems it appropriate, adjust such rate prior to final action by the director of the budget. If the commissioner does not adjust the rate, the commissioner shall respond to the comments presented by the municipality.

b. Reimbursement for evaluations conducted by approved evaluators shall be provided pursuant to regulations of the commissioner after consultation with the advisory committee established pursuant to paragraph a of subdivision twelve of this section and shall be subject to approval by the director of the budget.

c. Approved costs for transportation shall be the costs incurred by the municipality in accordance with the provisions of subdivision eight of this section. The commissioner shall establish, in consultation with the municipalities, and with the approval of the director of the budget, regional ceilings for each region of the state, as defined by the commissioner, on the maximum allowable state reimbursement. In developing such ceilings, the commissioner shall consider the size of the geographic area to be served, the projected number of children requiring transportation services and such other factors as the commissioner shall determine may influence the cost of transportation services.

d. (i) At the beginning of the school year, the commissioner shall allocate funds for reimbursement of allowable administrative costs, as

defined in regulations of the commissioner, incurred by a board pursuant to this section. Such allocation shall be in an amount equal to a school district's pro rata share of the statewide base year count of preschool children as a percent of federal funds available for such reimbursement, as determined by the commissioner. In January of any school year in which additional federal funds are determined by the commissioner to be available for such reimbursement, the commissioner shall equitably allocate such funds for reimbursement of allowable administrative costs, in a manner determined by the commissioner which is consistent with federal statutes and regulations governing the use of federal funds, to school districts which have demonstrated a need for such additional funds. At the close of the school year for which such funds were allocated, each board shall submit, in a form prescribed by the commissioner, a statement of the allowable administrative costs incurred pursuant to this section. A board may, subject to approval of the commissioner, submit any allowable administrative costs for which federal funds are not allocated to that school district pursuant to this subdivision to the appropriate municipality or municipalities for reimbursement pursuant to subdivision eleven of this section.

(ii) Boards may submit reasonable costs incurred pursuant to paragraphs a through d of subdivision seven of this section to the appropriate municipality for reimbursement. Boards may also submit to the appropriate municipality for reimbursement of reasonable costs incurred pursuant to paragraph e of subdivision seven of this section: (A) in an action or proceeding brought by another party or (B) in an action or proceeding brought by the board, other than an action or proceeding brought against the state, a department, board or agency of the state or a state officer, except where such state defendant is joined as a necessary party to such action or proceeding, if, upon final disposition of the action or proceeding, the board receives a judgment in its favor annulling the determination or order of the state review officer. The municipality shall be reimbursed for payment of such costs pursuant to subdivision eleven of this section.

(iii) On or after July first, nineteen hundred ninety, and annually thereafter until June thirtieth, two thousand one, municipalities shall be eligible for reimbursement for administrative costs incurred during the preceding year of fifty dollars for each eligible preschool child served in such year pursuant to this section. On or after July first, two thousand one, and annually thereafter, municipalities shall be eligible for reimbursement for administrative costs incurred during the preceding year of seventy-five dollars for each eligible preschool child served in such year pursuant to this section. Each municipality shall submit a claim in a form prescribed by the commissioner. Upon approval, reimbursement shall be made by the commissioner from appropriations available therefor. Such reimbursement shall be made in the first instance from any federal funds designated under federal law for local use, as determined by the commissioner, that are available after satisfying the provisions of subparagraph (i) of this paragraph. To the extent that such federal funds are not sufficient or available to reimburse a municipality for such costs, reimbursement shall be made with state funds.

e. Public special education funding provided for the purposes of this section shall not be used to purchase regular preschool educational services, day care or other child care services, or to purchase any instructional service other than special services or programs as defined in subdivision two of section forty-four hundred one of this article or in this section, and the purchase of such regular preschool educational

services and child care services shall not be approvable pursuant to this section as a charge upon the municipality or the board.

11. Financial responsibility for approved costs. a. The approved costs for a preschool child who receives services pursuant to this section shall be a charge upon the municipality wherein such child resides. All approved costs shall be paid in the first instance and at least quarterly by the appropriate governing body or officer of the municipality upon vouchers presented and audited in the same manner as the case of other claims against the municipality. Notwithstanding any inconsistent provisions of this section, upon notification by the commissioner, a municipality may withhold payments due any provider for services rendered to preschool children in a program for which the commissioner has been unable to establish a tuition rate due to the failure of the provider to file complete and accurate reports for such purpose, as required by the commissioner.

b. (i) Commencing with the reimbursement of municipalities for services provided pursuant to this section on or after July first, nineteen hundred ninety-three, the state shall reimburse fifty-nine and one half percent of the approved costs paid by a municipality for the purposes of this section. Commencing with the reimbursement of municipalities for services provided pursuant to this section on or after July first, nineteen hundred ninety-four, the state shall reimburse sixty-nine and one-half percent of the approved costs paid by a municipality for the purposes of this section. The state shall reimburse fifty percent of the approved costs paid by a municipality for the purposes of this section for services provided prior to July first, nineteen hundred ninety-three. Such state reimbursement to the municipality shall not be paid prior to April first of the school year in which such approved costs are paid by the municipality.

(ii) In accordance with a schedule adopted by the commissioner, each municipality which has been notified by a board of its obligation to contract for the provision of approved special services or programs for a preschool child shall be provided with a listing of all such children by the commissioner. Such list shall include approved services and costs as prescribed by the commissioner for each such child for whom the municipality shall certify, on such list, the amount expended for such purposes and the date of expenditure. Upon the receipt of such certified statement, the commissioner shall examine the same, and if such expenditures were made as required by this section, the commissioner shall approve it and transmit it to the comptroller for audit. The comptroller shall thereupon issue his warrant, in the amount specified in such approved statement for the payment thereof out of moneys appropriated therefor, to the municipal treasurer or chief fiscal officer as the case may be.

(iii) (a) Notwithstanding the provisions of this paragraph, any monies due municipalities pursuant to this paragraph for services provided during the two thousand eight--two thousand nine and prior school years shall be reduced by an amount equal to the product of the percentage of the approved costs reimbursed by the state pursuant to subparagraph (i) of this paragraph and any federal participation, pursuant to title XIX of the social security act, in special education programs provided pursuant to this section. The commissioner shall deduct such amount, as certified by the commissioner of health as the authorized fiscal agent of the state education department. Such deductions shall be made in accordance with a plan developed by the commissioner and approved by the director of the budget. To the extent that such deductions exceed moneys owed to the municipality pursuant to this paragraph, such excess shall

be deducted from any other payments due the municipality.

(b) Any moneys due municipalities pursuant to this paragraph for services provided during the two thousand nine--two thousand ten school year and thereafter, or for services provided in a prior school year that were not reimbursed by the state on or before April first, two thousand eleven, shall, in the first instance, be designated as the state share of moneys due a municipality pursuant to title XIX of the social security act, on account of school supportive health services provided to preschool students with disabilities pursuant to this section. Such state share shall be assigned on behalf of municipalities to the department of health, as provided herein; the amount designated as such nonfederal share shall be transferred by the commissioner to the department of health based on the monthly report of the commissioner of health to the commissioner; and any remaining moneys to be apportioned to a municipality pursuant to this section shall be paid in accordance with this section. The amount to be assigned to the department of health, as determined by the commissioner of health, for any municipality shall not exceed the federal share of any moneys due such municipality pursuant to title XIX of the social security act. Moneys designated as state share moneys shall be paid to such municipality by the department of health based on the submission and approval of claims related to such school supportive health services, in the manner provided by law.

(iv) Notwithstanding any other provision of law to the contrary, no payments shall be made by the commissioner pursuant to this section on or after July first, nineteen hundred ninety-six based on a claim for services provided during school years nineteen hundred eighty-nine--ninety, nineteen hundred ninety--ninety-one, nineteen hundred ninety-one--ninety-two, nineteen hundred ninety-two--ninety-three, nineteen hundred ninety-three--ninety-four, and nineteen hundred ninety-four--ninety-five which is submitted later than two years after the end of the nineteen hundred ninety-five--ninety-six school year; provided, however, that no payment shall be barred or reduced where such payment is required as a result of a court order or judgment or a final audit, and provided further that the commissioner may grant a waiver to a municipality excusing the late filing of such a claim upon a finding that the delay was caused by a party other than the municipality or a board to which the municipality delegated authority pursuant to paragraph f of subdivision five or subdivision eight of this section.

(v) Notwithstanding any other provision of law to the contrary, no payments shall be made by the commissioner pursuant to this section on or after July first, nineteen hundred ninety-six based on a claim for services provided in the nineteen hundred ninety-five--ninety-six school year or thereafter which is submitted later than three years after the end of the school year in which services were rendered, provided, however, that no payment shall be barred or reduced where such payment is required as a result of a court order or judgment or a final audit, and provided further that the commissioner may grant a waiver to a municipality excusing the late filing of such a claim upon a finding that the delay was caused by a party other than the municipality or a board to which the municipality delegates authority pursuant to paragraph f of subdivision five or subdivision eight of this section.

(vi) Notwithstanding any other provision of law to the contrary, beginning with state reimbursement otherwise payable in the two thousand six--two thousand seven state fiscal year and in each year thereafter, payments pursuant to this section, subject to county agreement and in

the amounts specified in such agreement, shall be paid no later than June thirtieth of the state fiscal year next following the state fiscal year in which such reimbursement was otherwise eligible for payment and in which the liability to the county for such state reimbursement accrued, provided that such payments in a subsequent state fiscal year shall be recognized by the state and the applicable county as satisfying the state reimbursement obligation for the prior state fiscal year. Any unspent amount associated with such county agreements shall not be available for payments to other counties or municipalities.

c. (i) Each municipality, or, in addition, in the case of a city of one million or more persons, the board, may perform a fiscal audit of such services or programs for which it bears fiscal responsibility in accordance with audit standards established by the commissioner, which may include site visitation. Prior to commencing a fiscal audit pursuant to this subparagraph, a municipality shall ascertain that neither the state nor any other municipality has performed a fiscal audit of the same services or programs within the current fiscal year for such program. If it is determined that no such audit has been performed, the municipality shall inquire with the department to determine which other municipalities, if any, bear financial responsibility for the services or programs to be audited and shall afford such other municipalities an opportunity to recommend issues to be examined through the audit. Municipalities completing audits pursuant to this subparagraph shall provide copies to the department, the provider of the services and programs and all other municipalities previously determined to bear financial responsibility for the audited services and programs. No other municipality may conduct an additional fiscal audit of the same services or programs during such current fiscal year for such program.

(ii) Payments made pursuant to this section by a municipality shall, upon conclusion of the July first to June thirtieth school year for which such payment was made, be subject to audit against the actual difference between such audited expenditures and revenues. The municipality shall submit the results of any such audit to the commissioner and the commissioner of social services, if appropriate, for review and, if warranted, adjustment of the tuition and/or maintenance rates. The municipality is authorized to recover overpayments made to a provider of special services or programs pursuant to this section as determined by the commissioner or the commissioner of health based upon their adjustment of a tuition and/or maintenance rate. Such recovery may be accomplished by withholding such amount from any moneys due the provider in the current year, or by direct reimbursement.

12. Advisory committees. a. The commissioner shall establish an advisory committee consisting of representatives of municipalities to advise the commissioner on establishing the rate methodology authorized by subdivision ten of this section.

b. The commissioner shall establish such other advisory committees as he deems necessary to implement the provisions of this section.

13. a. The commissioner shall adopt regulations to implement the provisions of this section. Such regulations shall include:

(i) regional cost ceilings on average per pupil transportation cost for the reimbursement of transportation expenditures, where regions shall be as defined by the commissioner;

(ii) the requirement that committees identify transportation options for preschool children, consistent with this article, including encouraging parents to transport their children at public expense where cost-effective; and

(iii) the requirement that each program approved pursuant to the

provisions of this section shall make application to the commissioner for approval to provide special education itinerant services.

b. The commissioner shall ensure that eligibility criteria are consistently applied.

c. The commissioner shall, in consultation with clinicians trained in early childhood educational services, municipal representatives, representatives of parents of children requiring preschool and school age special education services, representatives of statewide and regional provider organizations, academic experts concerned with the provision of special education services, and such other early childhood education professionals as the commissioner shall deem appropriate, develop clinical practice guidelines for the purpose of assisting evaluators with respect to appropriate diagnosis and evaluation, and committees with respect to the type, frequency and duration of services. The commissioner may at his or her own discretion use existing advisory committees and may add additional members to develop these guidelines. Such guidelines shall be designed to assure that appropriate services are provided in a manner which is necessary and cost efficient, and in the least restrictive environment, and shall promote the education of children in integrated settings with children who do not have disabilities insofar as possible and appropriate, including through the provision of related services or special education itinerant services.

* d. The commissioner shall establish procedures for administrative appeals to resolve interagency disputes between boards and municipalities over responsibility for provision of, or payment for, special education programs or services to preschool children with disabilities. During the pendency of any such appeal, the board or, where applicable, a state department or agency responsible for developing the preschool child's individualized education program, shall provide and pay for the special education programs and services on the preschool child's individualized education program and may seek reimbursement in the appeal. The commissioner shall be authorized to make all orders that in the commissioner's judgment are proper or necessary to give effect to the decision in the appeal. Upon a determination that a public agency has failed to provide or pay for such special education programs and services, the commissioner shall certify the amount of such costs to the state comptroller and the state comptroller to deduct such amount from any state funds that become due to such public agency.

* NB Repealed June 30, 2012

PUBLIC HEALTH LAW
ARTICLE 25. MATERNAL AND CHILD HEALTH
TITLE II-A. EARLY INTERVENTION PROGRAM FOR INFANTS AND TODDLERS
WITH DISABILITIES AND THEIR FAMILIES

- Section 2540. Establishment of early intervention program.
2541. Definitions.
2542. Comprehensive child find system and public awareness program.
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2546. Interim services.
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2551. Coordinated standards and procedures.
2552. Responsibility of municipality.
2553. Early intervention coordinating council.
2554. Local early intervention coordinating councils.
2556. Administrative costs.
2557. Financial responsibility and reimbursement.
2558. Responsibility for certain temporary-resident infants and toddlers with disabilities.
2559. Third party insurance and medical assistance program payments.
2559-a. Transportation.
2559-b. Regulations.

§ 2540. Establishment of early intervention program. There is established an early intervention program under the administration of the commissioner.

§ 2541. Definitions. As used in this title the following terms shall have the following meanings, unless the context clearly requires otherwise:

1. "Children at risk" means children who may experience a disability because of medical, biological or environmental factors which may produce developmental delay, as determined by the commissioner through regulation.

2. "Coordinated standards and procedures" means standards and procedures developed by state early intervention service agencies pursuant to section twenty-five hundred fifty-one of this title.

3. "Council" means the early intervention coordinating council established under section twenty-five hundred fifty-three of this title.

4. "Developmental delay" means that a child has not attained developmental milestones expected for the child's chronological age, as measured by qualified professionals using appropriate diagnostic instruments and/or procedures and informed clinical opinion, in one or more of the following areas of development: cognitive, physical, communication, social or emotional, or adaptive.

5. "Disability" means:

- (a) a developmental delay; or
- (b) a diagnosed physical or mental condition that has a high probability of resulting in developmental delay, such as Down syndrome or other chromosomal abnormalities, sensory impairments, inborn errors of metabolism or fetal alcohol syndrome.

6. "Early intervention official" means an appropriate municipal official designated by the chief executive officer of a municipality and an appropriate designee of such official.

7. "Early intervention services" means developmental services that:

- (a) are provided under public supervision;
- (b) are selected in collaboration with the parents;
- (c) are designed to meet a child's developmental needs in any one or more of the following areas:
 - (i) physical development, including vision and hearing,
 - (ii) cognitive development,
 - (iii) communication development,
 - (iv) social or emotional development, or
 - (v) adaptive development;
- (d) meet the coordinated standards and procedures;
- (e) are provided by qualified personnel;
- (f) are provided in conformity with an IFSP;
- (g) are, to the maximum extent appropriate, provided in natural environments, including the home and community settings where children without disabilities would participate;
- (h) include, as appropriate:
 - (i) family training, counseling, home visits and parent support groups,
 - (ii) special instruction,
 - (iii) speech pathology and audiology,
 - (iv) occupational therapy,
 - (v) physical therapy,
 - (vi) psychological services,
 - (vii) case management services, hereafter referred to as service coordination services,
 - (viii) medical services for diagnostic or evaluation purposes, subject to reasonable prior approval requirements for exceptionally expensive services, as prescribed by the commissioner,
 - (ix) early identification, screening, and assessment services,
 - (x) health services necessary to enable the infant or toddler to benefit from the other early intervention services,
 - (xi) nursing services,
 - (xii) nutrition services,
 - (xiii) social work services,
 - (xiv) vision services,
 - (xv) assistive technology devices and assistive technology services,
 - (xvi) transportation and related costs that are necessary to enable a child and the child's family to receive early intervention services, and
 - (xvii) other appropriate services approved by the commissioner.
- (i) are cost-effective.

8. (a) "Eligible child" means an infant or toddler from birth through age two who has a disability; provided, however, that any toddler with a disability who has been determined to be eligible for program services under section forty-four hundred ten of the education law and:

- (i) who turns three years of age on or before the thirty-first day of August shall, if requested by the parent, be eligible to receive early intervention services contained in an IFSP until the first day of

September of that calendar year; or

(ii) who turns three years of age on or after the first day of September shall, if requested by the parent and if already receiving services pursuant to this title, be eligible to continue receiving such services until the second day of January of the following calendar year.

(b) Notwithstanding the provisions of paragraph (a) of this subdivision, a child who receives services pursuant to section forty-four hundred ten of the education law shall not be an eligible child.

9. "Evaluation" means a multidisciplinary professional, objective assessment conducted by appropriately qualified personnel and conducted pursuant to section twenty-five hundred forty-four of this title to determine a child's eligibility under this title.

10. "Evaluator" means a team of two or more professionals approved pursuant to section twenty-five hundred fifty-one of this title to conduct screenings and evaluations.

11. "IFSP" means the individualized family service plan adopted in accordance with section twenty-five hundred forty-five of this title.

12. "Lead agency" means the department of health, the public agency responsible for the administration of the early intervention system in collaboration with the state early intervention service agencies.

13. "Municipality" means a county outside the city of New York or the city of New York in the case of a county contained within the city of New York.

13-a. Subject to federal law and regulations, "natural environment" or "natural setting" means a setting that is natural or normal for the child's age peers who have no disability.

14. "Parent" means parent or person in parental relation to the child. With respect to a child who has no parent or person in a parental relation, "parent" shall mean the person designated to serve in parental relation for the purposes of this title, pursuant to regulations of the commissioner promulgated in consultation with the commissioner of social services for children in foster care.

15. "Qualified personnel" means:

(a) persons holding a state approved or recognized certificate, license or registration in one of the following fields:

- (i) special education teachers;
- (ii) speech and language pathologists and audiologists;
- (iii) occupational therapists;
- (iv) physical therapists;
- (v) social workers;
- (vi) nurses;
- (vii) dietitians or nutritionists;

(viii) other persons designated by the commissioner who meet requirements that apply to the area in which the person is providing early intervention services, where not in conflict with existing professional licensing, certification and/or registration requirements.

(b) persons holding a state approved license in one of the following fields:

- (i) psychologists; or
- (ii) physicians.

16. "Service coordinator" means a person who:

(a) meets the qualifications established in federal law and regulation and demonstrates knowledge and understanding of:

(i) infants and toddlers who may be eligible for services under this title;

(ii) principles of family-centered services;

(iii) part H of the federal individuals with disabilities education act and its corresponding regulations;

(iv) the nature and scope of services available under this title; and

(v) the requirements for authorizing and paying for such services and other pertinent information;

(b) is responsible for:

(i) assisting eligible children and their families in gaining access to services listed on the IFSP;

(ii) coordinating early intervention services with other services such as medical and health services provided to the child;

(iii) coordinating the performance of evaluations and assessments;

(iv) participating in the development, monitoring and evaluation of the IFSP;

(v) assisting the parent in identifying available service providers;

(vi) coordinating service delivery;

(vii) informing the family of advocacy services;

(viii) where appropriate, facilitating the transition of the child to other appropriate services; and

(ix) assisting in resolving any disputes which may arise between the family and service providers, as necessary and appropriate; and

(c) meets such other standards as are specified pursuant to section twenty-five hundred fifty-one of this title.

17. "State early intervention service agencies" means the departments of health, education and social services and the offices of mental health, mental retardation and developmental disabilities and office of alcoholism and substance abuse services.

18. "Year" shall mean the twelve-month period commencing July first unless otherwise specified.

§ 2542. Comprehensive child find system and public awareness program.

1. The commissioner shall develop a comprehensive child find system that ensures that eligible children in the state are identified, located, referred to the early intervention official and evaluated. Such system shall:

(a) require early intervention officials to identify and locate eligible children within their municipality;

(b) be coordinated with efforts to identify, locate and track children conducted by other agencies responsible for services to infants and toddlers and their families, including the efforts in (i) part B of the federal individuals with disabilities education act, including early childhood direction centers, (ii) the maternal and child health program under title V of the federal social security act, including the infant health assessment program, (iii) medicaid's early periodic screening, diagnosis and treatment program under title XIX of the federal social security act, and (iv) the federal supplemental security income program; and

(c) provide for the identification, tracking and screening of children at risk of developmental delay, using resources available through the programs, identified in paragraph (b) of this subdivision and such other available resources as the commissioner shall commit to this purpose.

2. The commissioner shall develop, implement, and maintain a public awareness program to inform the general public and the professional community of the availability of the early intervention program and the benefits of services to infants and toddlers with disabilities and their families. The program shall include materials which describe the normal

developmental achievements of young children, identification and procedures for referral of children with disabilities, and how to gain access to early intervention services.

3. The following persons and entities, within two working days of identifying an infant or toddler suspected of having a disability or at risk of having a disability, shall refer such infant or toddler to the early intervention official or the health officer of the public health district in which the infant or toddler resides, as designated by the municipality, but in no event over the objection of the parent made in accordance with procedures established by the department for use by such primary referral sources, unless the child has already been referred: hospitals, child health care providers, day care programs, local school districts, public health facilities, early childhood direction centers and such other social service and health care agencies and providers as the commissioner shall specify in regulation; provided, however, that the department shall establish procedures, including regulations if required, to ensure that primary referral sources adequately inform the parent or guardian about the early intervention program, including through brochures and written materials created or approved by the department.

4. The commissioner shall provide each early intervention official with a list of all approved evaluators and service coordinators in the municipality or geographic area proximate to such municipality or, with respect to the city of New York, subdivisions of the city as prescribed by the commissioner.

Such list of approved evaluators shall be updated at least annually and shall describe the specific areas of expertise of each qualified evaluator, if known.

§ 2543. Service coordinators. 1. Upon referral to the early intervention official of a child thought to be an eligible child by a parent or professional, the early intervention official shall promptly designate an initial service coordinator, selecting whenever appropriate a service coordinator who has an established relationship with the child or family, and shall promptly notify the parent of such designation.

2. The initial service coordinator shall promptly arrange a contact with the parent after such designation, provided that such contact must be in a time, place and manner reasonably convenient for the parent and consistent with the timeliness requirements of this title.

3. The parent of the eligible child shall provide and the early intervention official shall collect such information and or documentation as is necessary and sufficient to determine the eligible child's third party payor coverage and to seek payment from all third party payors including the medical assistance program and other governmental agency payors.

§ 2544. Screening and evaluations. 1. Each child thought to be an eligible child is entitled to a multidisciplinary evaluation, and the early intervention official shall ensure such evaluation, with parental consent.

2. (a) The parent may select an evaluator from the list of approved evaluators as described in section twenty-five hundred forty-two of this title to conduct the evaluation. The parent or evaluator shall immediately notify the early intervention official of such selection.

The evaluator may begin the evaluation no sooner than four working days after such notification, unless otherwise approved by the initial service coordinator.

(b) the evaluator shall designate an individual as the principal contact for the multidisciplinary team.

3. (a) To determine eligibility, an evaluator shall, with parental consent, either (i) screen a child to determine what type of evaluation, if any, is warranted, or (ii) provide a multidisciplinary evaluation. In making the determination whether to provide an evaluation, the evaluator may rely on a recommendation from a physician or other qualified person as designated by the commissioner.

(b) If, based upon the screening, a child is believed to be eligible, or if otherwise elected by the parent, the child shall, with the consent of a parent, receive a multidisciplinary evaluation. All evaluations shall be conducted in accordance with the coordinated standards and procedures and with regulations promulgated by the commissioner.

4. The evaluation of each child shall:

(a) be conducted by personnel trained to utilize appropriate methods and procedures;

(b) be based on informed clinical opinion;

(c) be made without regard to the availability of services in the municipality or who might provide such services; and

(d) with parental consent, include the following:

(i) a review of pertinent records related to the child's current health status and medical history;

(ii) an evaluation of the child's level of functioning in each of the developmental areas set forth in paragraph (c) of subdivision seven of section twenty-five hundred forty-one of this title;

(iii) an assessment of the unique needs of the child in terms of each of the developmental areas set forth in paragraph (c) of subdivision seven of section twenty-five hundred forty-one of this title, including the identification of services appropriate to meet those needs;

(iv) an evaluation of the transportation needs of the child, if any; and

(v) such other matters as the commissioner may prescribe in regulation.

5. An evaluation shall not include a reference to any specific provider of early intervention services.

6. Nothing in this section shall restrict an evaluator from utilizing, in addition to findings from his or her personal examination, other examinations, evaluations or assessments conducted for such child, including those conducted prior to the evaluation under this section, if such examinations, evaluations or assessments are consistent with the coordinated standards and procedures.

7. Following completion of the evaluation, the evaluator shall provide the parent and service coordinator with a copy of a summary of the full evaluation. To the extent practicable, the summary shall be provided in the native language of the parent. Upon request of the parent, early intervention official or service coordinator, the evaluator shall provide a copy of the full evaluation to such parent, early intervention official or service coordinator.

8. A parent who disagrees with the results of an evaluation may obtain an additional evaluation or partial evaluation at public expense to the extent authorized by federal law or regulation.

9. Upon receipt of the results of an evaluation, a service coordinator may, with parental consent, require additional diagnostic information regarding the condition of the child, provided, however, that such

evaluation or assessment is not unnecessarily duplicative or invasive to the child, and provided further, that:

(a) where the evaluation has established the child's eligibility, such additional diagnostic information shall be used solely to provide additional information to the parent and service coordinator regarding the child's need for services and cannot be a basis for refuting eligibility;

(b) the service coordinator provides the parent with a written explanation of the basis for requiring additional diagnostic information;

(c) the additional diagnostic procedures are at no expense to the parent; and

(d) the evaluation is completed and a meeting to develop an IFSP is held within the time prescribed in subdivision one of section twenty-five hundred forty-five of this title.

10. (a) If the screening indicates that the infant or toddler is not an eligible child and the parent elects not to have an evaluation, or if the evaluation indicates that the infant or toddler is not an eligible child, the service coordinator shall inform the parent of other programs or services that may benefit such child, and the child's family and, with parental consent, refer such child to such programs or services.

(b) A parent may appeal a determination that a child is ineligible pursuant to the provisions of section twenty-five hundred forty-nine of this title, provided, however, that a parent may not initiate such appeal until all evaluations are completed.

11. Notwithstanding any other provision of law to the contrary, where a request has been made to review an IFSP prior to the six-month interval provided in subdivision seven of section twenty-five hundred forty-five of this title for purposes of increasing frequency or duration of an approved service, including service coordination, the early intervention official may require an additional evaluation or partial evaluation at public expense by an approved evaluator other than the current provider of service, with parent consent.

§ 2545. Individualized family services plans ("IFSP"). 1. If the evaluator determines that the infant or toddler is an eligible child, the early intervention official shall convene a meeting, at a time and place convenient to the parent, consisting of the parent, such official, the evaluator, the initial service coordinator and any other persons who the parent or the initial service coordinator, with the parent's consent, invite, provided that such meeting shall be held no later than forty-five days from the date that the early intervention official was first contacted regarding the child, except under exceptional circumstances prescribed by the commissioner. The early intervention official, at or prior to the time of scheduling the meeting, shall inform the parent of the right to invite any person to the meeting.

2. The early intervention official, initial service coordinator, parent and evaluator shall develop an IFSP for an eligible child whose parents request services. The IFSP shall be in writing and shall include, but not be limited to:

(a) a statement, based on objective criteria, of the infant's or toddler's present levels of physical development, including vision and hearing; cognitive development; communication development; social or emotional development; and adaptive development;

(b) with parental consent, a statement of the family's strengths,

priorities and concerns that relate to enhancing the development of the infant or toddler;

(c) a statement of (i) the major outcomes expected to be achieved for the child and the family, including timelines, and (ii) the criteria and procedures that will be used to determine whether progress toward achieving the outcomes is being made and whether modifications or revisions of the outcomes or services are necessary;

(d) a statement of specific early intervention services, including transportation and the mode thereof, necessary to meet the unique needs of the child and the family, including the frequency, intensity, location and the method of delivering services;

(e) a statement of the natural environments, including the home and community settings where children without disabilities participate, in which early intervention services shall appropriately be provided and an explanation of their appropriateness, and, where the child is in day care, a plan for qualified professionals to train the day care provider to accommodate the needs of the child, where appropriate;

(f) a statement of other services, including but not limited to medical services, that are not required under this title but that are needed by the child and the family;

(g) a statement of other public programs under which the child and family may be eligible for benefits, and a referral, where indicated;

(h) the projected dates for initiation of services and the anticipated duration of such services;

(i) the name of the service coordinator selected by the parent who will be responsible for the implementation of the IFSP and coordination with other agencies and persons;

(j) the steps to be taken supporting the potential transition of the toddler with a disability to services provided under section forty-four hundred ten of the education law or to other services, to the extent the child is thought to be eligible for such services, including:

(i) discussions with and education of parents regarding potential options and other matters related to the child's transition;

(ii) procedures to prepare the child for changes in service delivery, including steps to help the child adjust to, and function in, a new setting; and

(iii) with parental consent, the transmission of information about the child to the committee on preschool special education, to ensure continuity of services, if appropriate, including evaluation and assessment information and copies of IFSPs.

3. In developing the IFSP, consideration shall first be given to provision of transportation by a parent of a child to early intervention services. Other modes of transportation shall be provided if the parent can demonstrate the inability to provide appropriate transportation services.

4. If the IFSP team members, including the early intervention official and the parent agree on the IFSP, the IFSP shall be deemed final and the service coordinator shall be authorized to implement the plan.

5. If the IFSP team members, including the early intervention official and the parent do not agree on an IFSP, the service coordinator shall implement the sections of the proposed IFSP that are not in dispute, and the parent shall have the due process rights set forth in section twenty-five hundred forty-nine of this title.

6. The contents of the IFSP shall be fully explained to the parent, and informed consent from the parent shall be obtained prior to the provision of the early intervention services therein. If the parent does not provide such consent with respect to a particular early intervention

service, then only those early intervention services with respect to which consent is obtained shall be provided.

7. The IFSP shall be reviewed at six month intervals and shall be evaluated annually by the early intervention official, service coordinator, the parent and providers of services to the eligible child. Upon request of a parent, the plan may be reviewed by such persons at more frequent intervals.

8. If, at any time, the parent and the service coordinator agree, in writing, that the child has met all the goals set forth in the IFSP or is otherwise no longer in need of services pursuant to this article, the service coordinator shall certify that the child is no longer an eligible child.

9. A parent may, at any time during or after development of the IFSP, select a service coordinator who will become responsible for implementing the IFSP and who may be different from the initial service coordinator.

§ 2546. Interim services. 1. Early intervention services for an eligible child and the child's family may commence before the completion of the evaluation and assessment in sections twenty-five hundred forty-four and twenty-five hundred forty-five of this title, if the following conditions are met:

(a) Parental consent is obtained;

(b) An interim IFSP is developed that includes: (i) the name of a service coordinator who will be responsible for implementation of the interim IFSP and coordination with other agencies and persons; and (ii) the early intervention services that have been determined to be needed immediately by the child and the child's family; and

(c) The evaluation and assessment are completed within forty-five days from the date the early intervention official was first contacted regarding the child.

2. The costs that an approved provider of early intervention services incurs in providing such interim services shall be approved costs to the extent they are otherwise consistent with section twenty-five hundred fifty-five of this title.

§ 2547. Respite services. 1. Subject to the availability of federal funds, the commissioner shall allocate a portion of such funds for respite services for families of eligible children. The commissioner shall establish criteria for selecting families for such services, which may include the severity of the child's disability, the availability of respite services to the family through other programs, and the availability of informal supports to the family.

2. In addition to respite services provided pursuant to subdivision one of this section and subject to the amounts appropriated therefor, the state shall reimburse the municipality for fifty percent of the costs of respite services provided to eligible children and their families with the approval of the early intervention official.

3. The commissioner shall contact the appropriate federal governmental agencies and personnel to facilitate the availability of federal funds for respite services.

§ 2547-a. Day care support services. The commissioner shall allocate up to one million dollars of federal funds for purposes of establishing two or more demonstration programs for the provision of day care support services for eligible children which may include the use of paraprofessionals to work with one or more children with disabilities within the same setting. The commissioner, in consultation with other appropriate state agencies, shall establish criteria for the selection of demonstration sites for such services, such criteria to include, but not be limited to, geographic distribution, the disability severity of children to be served by such a program and the availability of similar services from other sources.

§ 2548. Transition plan. To the extent that a toddler with a disability is thought to be eligible for services pursuant to section forty-four hundred ten of the education law, the early intervention official shall notify in writing the committee on preschool special education of the local school district in which an eligible child resides of the potential transition of such child and, with parental consent, arrange for a conference among the service coordinator, the parent and the chairperson of the preschool committee on special education or his or her designee at least ninety days before such child would be eligible for services under section forty-four hundred ten of the education law to review the child's program options and to establish a transition plan, if appropriate. If a parent does not consent to a conference with the service coordinator and the chairperson of the preschool committee on special education or his or her designee to determine whether the child should be referred for services under section forty-four hundred ten of the education law, and the child is not determined to be eligible by the committee on preschool special education for such services prior to the child's third birthday, the child's eligibility for early intervention program services shall end at the child's third birthday.

§ 2549. Due process. 1. If a parent disagrees with the determination of the evaluator or the local early intervention official with regard to the eligibility for or provision of early intervention services or if such official fails to act within such period of time as may be required by this title or regulations of the commissioner, a parent may make a request in writing for mediation or an impartial hearing to resolve the dispute; provided, however, if a parent elects not to pursue mediation, such election shall not (a) preclude a parent from requesting an impartial hearing or (b) constitute a failure to exhaust administrative remedies.

2. A request for mediation shall be made to the early intervention official for the municipality in which the child resides. Upon such request, the municipality shall notify a community dispute resolution center designated by the commissioner to provide mediation services for such municipality. The community dispute resolution center shall arrange for the mediation to be conducted at a place and time convenient to the parent. Such mediation shall be at no cost to the parent. If all parties agree to the terms of a mediation agreement, a copy of such agreement shall be forwarded by the community dispute resolution center to the participating parties and the service coordinator who shall incorporate the provisions of such agreement into the IFSP no later than

five days after receiving a copy of such agreement. If the parties are unable to reach agreement, in full or in part, the mediator shall inform the parent of the availability of the impartial hearing procedures.

3. A parent may file a written request at any time for an impartial hearing with the commissioner or a designee provided, however, that a request for a hearing to contest a determination that a child is not eligible for services under this title must be made within six months of such determination. Upon receipt of such request, the commissioner, or the designee, shall promptly notify the parent, or a person designated by the parent, and other appropriate parties in accordance with the regulations of the commissioner. Any such notice to the parent shall be provided in the native language of such person whenever practicable and, if not, in a manner to ensure notice to such person and shall include but not be limited to:

(a) the procedural safeguards afforded to a parent;

(b) the date, time and location for the impartial hearing, which shall be reasonably convenient for the parent;

(c) the procedures for the appointment of an impartial hearing officer; and

(d) the right of the parent to appeal the decision of the impartial hearing to a court of competent jurisdiction.

4. After receipt of notice from the commissioner of a parent's request for an impartial hearing, the early intervention official shall promptly notify the parent as to whether the municipality intends to be represented by an attorney at such hearing.

5. The impartial hearing shall be conducted by the hearing officer in accordance with the regulations of the commissioner. The hearing shall be held, and a decision rendered, within thirty days after the department receives the request for an impartial hearing except to the extent that the parent consents, in writing, to an extension. The decision shall be in writing and shall state the reasons for the decision and shall be final unless appealed by a party to the proceeding. A copy of the decision reached by the hearing officer shall be mailed to the parent, any public or private agency that was a party to the hearing, the service coordinator, the department and any state early intervention service agency with an interest in the decision. Where ordered by the hearing officer, the service coordinator shall modify the IFSP in accordance with the decision within five days after such decision.

6. During the pendency of any mediation or impartial hearing conducted pursuant to this section, the child and family shall, with parental consent, receive those early intervention services that are not in dispute or that are provided pursuant to the IFSP previously in effect.

7. (a) All orders or determinations made hereunder shall be subject to review as provided for in article seventy-eight of the civil practice law and rules. In any proceeding under article seventy-eight of the civil practice law and rules, the court may grant any relief authorized by the provisions of section seventy-eight hundred six of such law and rules and also may, in its discretion, remand the proceedings to the department for further consideration upon a finding that any relevant and material evidence is then available which was not previously considered by the department.

(b) A parent who, after completing mediation, substantially prevails in an impartial hearing or a judicial challenge to an order or determination under this title shall be entitled to reimbursement for reasonable attorney's fees incurred in such impartial hearing or judicial challenge provided, however, that the parent shall only be

entitled to reimbursement for such fees for prevailing in an impartial hearing if the municipality was represented by an attorney at such impartial hearing.

8. (a) The early intervention official shall maintain the confidentiality of all personally identifiable information regarding the children and families receiving early intervention services. The early intervention official shall ensure that no information regarding the conditions, services, needs, or other individual information regarding a child and family is communicated to any parties other than the service coordinator and service providers currently serving the child and family, without the express written consent of the parent.

(b) Providers of service to eligible children and families shall maintain the confidentiality of all personally identifiable information regarding children and families receiving their services. The provider shall ensure that no information regarding the condition, services, needs, or any other individual information regarding a child and family is released to any party other than the early intervention official without the express written consent of the parent, except as specifically permitted in the coordinated standards and procedures, which shall additionally ensure that the requirements of federal or state law which pertain to the early intervention services of the state early intervention service agencies have been maintained.

(c) This section shall not prohibit disclosure otherwise required by law.

§ 2550. Responsibilities of lead agency. 1. The lead agency is responsible for the general administration and supervision of programs and activities receiving assistance under this title, and the monitoring of programs and activities used by the state to carry out this title, whether or not such programs or activities are receiving assistance made available under this title, to ensure that the state complies with the provisions of this title.

2. In meeting the requirements of subdivision one of this section, the lead agency shall adopt and use proper methods of administering the early intervention program, including:

(a) establishing standards for evaluators, service coordinators and providers of early intervention services;

(b) approving, and periodically re-approving evaluators, service coordinators and providers of early intervention services who meet department standards;

(c) compiling and disseminating to the municipalities lists of approved evaluators, service coordinators and providers of early intervention services;

(d) monitoring of agencies, institutions and organizations under this title and agencies, institutions and organizations providing early intervention services which are under the jurisdiction of a state early intervention service agency;

(e) enforcing any obligations imposed on those agencies under this title or Part H of the federal individuals with disabilities education act and its regulations;

(f) providing training and technical assistance to those agencies, institutions and organizations, including initial and ongoing training and technical assistance to municipalities to help enable them to identify, locate and evaluate eligible children, develop IFSPs, ensure

the provision of appropriate early intervention services, promote the development of new services, where there is a demonstrated need for such services and afford procedural safeguards to infants and toddlers and their families;

(g) correcting deficiencies that are identified through monitoring; and

(h) in monitoring early intervention services, the commissioner shall provide municipalities with the results of any review of early intervention services undertaken and shall provide the municipalities with the opportunity to comment thereon.

3. The commissioner, through a comprehensive system of personnel development, shall promote the availability of qualified personnel to provide evaluations and early intervention services to eligible children and their families.

§ 2551. Coordinated standards and procedures. 1. The state early intervention service agencies shall jointly establish coordinated standards and procedures for:

(a) early intervention services and evaluations;

(b) child find system and public awareness program; and

(c) programs and services, operating under the approval authority of any state early intervention service agency, which include any early intervention services or evaluations.

2. Such coordinated standards and procedures shall be designed to:

(a) enhance the objectives of this title, including the provision of services in natural environments to the maximum extent possible;

(b) minimize duplicative and inconsistent regulations and practices among the state early intervention service agencies;

(c) conform, to the extent appropriate, to existing standards and procedures of state early intervention service agencies; and

(d) ensure that persons who provide early intervention services are trained, or can demonstrate proficiency in principles of early childhood development.

3. Coordinated standards and procedures may include guidelines suggesting appropriate early intervention services for enumerated disabilities that are most frequently found in eligible children.

4. Coordinated standards and procedures may encompass or allow for agreements among two or more such agencies.

5. Any standards promulgated by regulation or otherwise by any state early intervention service agency governing early intervention services or evaluations shall be consistent with the coordinated standards and procedures.

6. In the event of an inability to agree upon any coordinated standard or procedure, any state early intervention service agency may refer the issue to the early intervention coordinating council for its advice with respect to the standard or procedure which the council shall provide to the early intervention service agencies affected by the issue. The commissioner, after obtaining such advice, shall adopt an appropriate standard or procedure, provided however, that the commissioner may adopt an interim standard or procedure while awaiting such advice.

7. Coordinated standards and procedures shall provide that any agency which is an approved program or service provider under section forty-four hundred ten of the education law, and which also plans to provide early intervention services may apply to the commissioner of

education for approval to provide such services. Such approval shall be granted based on the agency's compliance with the coordinated standards and procedures for early intervention services and, where applicable, education certifications.

8. The early intervention service agencies, in consultation with the director of the budget, shall, where appropriate, require as a condition of approval that evaluators and providers of early intervention services participate in the medical assistance program.

9. The coordinated standards and procedures shall permit such evaluators and providers of services to rely on subcontracts or other written agreements with qualified professionals, or agencies employing such professionals, provided that such professionals perform their responsibilities in conformance with regulations of the commissioner and that providers and evaluators fully disclose any such arrangements, including any financial or personal interests, on all applications for approval.

10. Coordinated standards and procedures may identify circumstances and procedures under which an evaluator or service provider may be disqualified under this title, including procedures whereby a municipality may request such disqualification.

§ 2552. Responsibility of municipality. 1. Each municipality shall be responsible for ensuring that the early intervention services contained in an IFSP are provided to eligible children and their families who reside in such municipality and may contract with approved providers of early intervention services for such purpose.

2. After consultation with early intervention officials, the commissioner shall develop procedures to permit a municipality to contract or otherwise make arrangements with other municipalities for an eligible child and the child's family to receive services from such other municipalities.

3. The municipality shall monitor claims for service reimbursement authorized by this title and shall verify such claims prior to payment. The municipality shall inform the commissioner of discrepancies in billing and when payment is to be denied or withheld by the municipality.

4. The early intervention official shall require an eligible child's parent to furnish the parents' and eligible child's social security numbers for the purpose of the department's and municipality's administration of the program.

§ 2553. Early intervention coordinating council. 1. (a) The department shall establish an early intervention coordinating council.

(b) The council shall consist of twenty-six members, unless otherwise required by federal law, appointed by the governor. At least five members shall be parents, four of whom shall be parents of children with disabilities aged twelve or younger and one of whom shall be the parent of a child with disabilities aged six or younger; at least five shall be representatives of public or private providers of early intervention services; at least one shall be involved in personnel preparation or training; at least two shall be early intervention officials; at least two shall be members of the legislature; six shall be the commissioner and the commissioners of education, social services, people with developmental disabilities, mental health, alcoholism and substance

abuse services, or their appropriate designees with sufficient authority to engage in policy planning and implementation on behalf of their agencies.

(c) The governor shall appoint eight members on the recommendation of the temporary president of the senate and the speaker of the assembly, each of whom shall recommend four members as follows: one parent of a child with disabilities age twelve or younger; one representative of public or private providers of early intervention services; one member of the legislature; and one early intervention official. The governor shall appoint four members on the recommendations of the minority leader of the assembly and the minority leader of the senate, each of whom shall recommend two members as follows: one parent of a child with disabilities age twelve or younger; one representative of public or private providers of early intervention services.

(d) The governor shall designate a chairperson from among the members of the council. All members shall serve for terms of three years. Such terms shall be established so that the terms of no more than one-third of the members of the council expire each year.

2. The council shall:

(a) assist the lead agency in the effective performance of the lead agency's responsibilities set out under this title, including:

(i) identifying the sources of fiscal support for early intervention services and programs, assignment of financial responsibility to the appropriate agency and promotion of interagency agreements;

(ii) preparing applications and amendments required pursuant to federal law;

(iii) advising and assisting the commissioner regarding payment methodologies established pursuant to section twenty-five hundred fifty-five of this title to reimburse adequately the cost of services authorized pursuant to this article and to promote the efficient, economical, productive and stable delivery of early intervention services. The council shall convene a reimbursement advisory panel, the members of which shall be appointed by the commissioner, to assist the council regarding such payment methodologies. Such panel shall consist of no more than sixteen members, and shall include at least four representatives of municipalities, at least four representatives of statewide and regional provider organizations, and such other members as the commissioner shall deem appropriate.

(b) advise and assist the commissioner and other state early intervention service agencies in the development of coordinated standards and procedures pursuant to section twenty-five hundred fifty-one of this title in order to promote the full participation and cooperation of such agencies;

(c) advise and assist the commissioner and the commissioner of education regarding the transition of toddlers with disabilities to services provided under section forty-four hundred ten of the education law, to the extent such services are appropriate;

(d) advise and assist the commissioner in identifying barriers that impede timely and effective service delivery, including advice and assistance with regard to interagency disputes; and

(e) prepare and submit an annual report to the governor and legislature on the status of the early intervention program.

3. The council shall meet at least four times a year. Special meetings may be called by the chairperson and shall be called at the request of the commissioner.

4. At least sixty days prior to the commissioner's final approval of rules and regulations pursuant to this title, other than emergency rules

and regulations, the commissioner shall submit proposed rules and regulations to the council for its review. The council shall review all proposed rules and regulations and report its recommendations thereon to the commissioner within sixty days. The commissioner shall not act in a manner inconsistent with the recommendations of the council without first providing the reasons therefor. The council, upon a majority vote of its members, may require that an alternative approach to the proposed rules and regulations be published with a notice of the proposed rules and regulations pursuant to section two hundred two of the state administrative procedure act. When an alternative approach is published pursuant to this section, the commissioner shall state the reasons for not selecting such alternative approach.

5. The members of the council shall be allowed their reasonable and necessary expenses incurred in the performance of their duties hereunder.

§ 2554. Local early intervention coordinating councils. 1. A local early intervention coordinating council shall be established in each municipality. The council shall consist of members appointed by the early intervention official. At least four members of each council shall be parents of infants or toddlers with disabilities or of children aged three through twelve with disabilities. Each council shall also include at least three public or private providers of early intervention services, at least one child care provider or representative of child care providers, the chief executive officers or their designees of the municipality's departments of social services, health and mental hygiene, a representative from the local developmental disabilities services office and a representative from one or more committees on preschool special education of local school districts in the municipality. A local body which has been previously constituted may serve this purpose if it has the appropriate members. The commissioner, in his or her discretion, may waive one or more of the foregoing membership composition requirements in those municipalities where such requirements cannot reasonably be met.

2. The local early intervention coordinating council shall meet, in open forum, at least four times a year for its first two years of existence.

3. The council shall advise the early intervention official regarding:

(a) the planning for, delivery and assessment of the early intervention services for eligible children and their families, including the transition from early intervention services to services and programs under section forty-four hundred ten of the education law and other early childhood programs;

(b) the identification of service delivery reforms needed to promote the availability of early intervention services within natural environments;

(c) the coordination of public and private agencies; and

(d) such other matters relating to early intervention policies and procedures within the municipality as are brought to its attention by parents, providers, public agencies or others.

4. The council will report annually to the early intervention official on the adequacy of the early intervention system to ensure the availability of family centered, coordinated services; and interface with other existing planning bodies that serve like populations.

§ 2556. Administrative costs. On or after July first, nineteen hundred ninety-four, and annually thereafter, municipalities shall be eligible for reimbursement for administrative costs exclusive of due process costs incurred during the preceding year pursuant to this title. Such reimbursement shall be made in the first instance from any federal funds available for such purpose, as determined by the commissioner. To the extent that such federal funds are not sufficient or available to reimburse a municipality for such administrative costs, reimbursement shall be made with state funds in an amount up to, but not exceeding, one hundred dollars for each eligible child served in such preceding year.

§ 2557. Financial responsibility and reimbursement. 1. The approved costs for an eligible child who receives an evaluation and early intervention services pursuant to this title shall be a charge upon the municipality wherein the eligible child resides or, where the services are covered by the medical assistance program, upon the social services district of fiscal responsibility with respect to those eligible children who are also eligible for medical assistance. All approved costs shall be paid in the first instance and at least quarterly by the appropriate governing body or officer of the municipality upon vouchers presented and audited in the same manner as the case of other claims against the municipality. Notwithstanding the insurance law or regulations thereunder relating to the permissible exclusion of payments for services under governmental programs, no such exclusion shall apply with respect to payments made pursuant to this title. Notwithstanding the insurance law or any other law or agreement to the contrary, benefits under this title shall be considered secondary to any plan of insurance or state government benefit program under which an eligible child may have coverage. Nothing in this section shall increase or enhance coverages provided for within an insurance contract subject to the provisions of this title.

2. The department shall reimburse the approved costs paid by a municipality for the purposes of this title, other than those reimbursable by the medical assistance program or by third party payors, in an amount of fifty percent of the amount expended in accordance with the rules and regulations of the commissioner. Such state reimbursement to the municipality shall not be paid prior to April first of the year in which the approved costs are paid by the municipality.

3. The department may perform audits, which may include site visitation, to all or any of the following: municipalities; service coordinators; evaluators or providers of early intervention services. The department shall provide the municipalities with a copy of the findings of such audits. Early intervention program state aid reimbursement or portion thereof may be withheld if, on post-audit and review, the commissioner finds that the early intervention services were not provided or those provided were not in substantial conformance with the rules and regulations established by the commissioner or that the recipient of such services was not an eligible child as defined in section twenty-five hundred forty-one of this title. In the event that the commissioner determines that there may be a withholding of state reimbursement to any municipality under this section, he shall inform the state early intervention coordinating council and the relevant local early intervention coordinating council and shall consider alternative

courses of action recommended within sixty days by either body prior to withholding state reimbursement.

3-a. Each municipality may perform an audit, which may include site visitation, of evaluators and providers of such services within its municipality in accordance with standards established by the commissioner. The municipality shall submit the results of any such audit to the commissioner for review and, if warranted, adjustments in state aid reimbursement pursuant to subdivision three of this section, as well as for recovery by the municipality of its share of any disallowances identified in such audit.

4. The commissioner shall collect data, by municipality, on the early intervention program authorized under this title for purposes of improving the efficiency, cost effectiveness, and quality of such program. Such municipality data collection shall include but not be limited to:

(a) The number and ages of children enrolled in the early intervention program;

(b) The total number of children, within a municipality, receiving a single service, the percentage of those children by service type, and the average frequency of visits per week for such service type;

(c) The total number of children, within a municipality, receiving multiple services, the percentage of those children by service type, the average frequency of visits per week for such service type and the average number of service types that each child receives;

(d) The number of New York state approved agencies, institutions, or organizations providing early intervention services by service specialty or specialties and the number of New York state approved independent providers of early intervention services by service specialty or specialties;

(e) The number and percentage of children receiving a single service by type of New York state approved service provider, and the number and percentage of children receiving multiple services by type of New York state approved service provider;

(f) The overall number of New York state approved evaluators. The number of approved evaluators who also provide services to early intervention children they have evaluated;

(g) The number of families receiving family supportive services such as family training, counseling, parent support groups, and respite;

(h) The types of clinical practice guidelines, evaluation tools and testing instruments used by municipalities to establish eligibility or need for early intervention services;

(i) Both service, cost and payment oversight mechanisms used by counties to ensure quality and efficient delivery of early intervention services;

(j) The number of children that have third party reimbursement;

(k) The number of claims submitted to third party payors by municipality. The percentage of claims denied by third party payors. The reasons for the denials.

The commissioner shall collect and analyze such data elements to determine service and utilization patterns and to enhance the department's ongoing provision of program oversight and guidance. In addition, the commissioner shall report for the period July first, two thousand three to December thirty-first, two thousand three, and for each calendar year thereafter, to the governor and the legislature, by March first of each year, the information and analysis required by this subdivision.

5. The department shall contract with an independent organization to

act as the fiscal agent for the department. A municipality may elect to utilize the services of such organization for early intervention program fiscal management and claiming as determined by the commissioner or may select an independent agent to act as the fiscal agent for such municipality or may act as its own fiscal agent.

§ 2558. Responsibility for certain temporary-resident infants and toddlers with disabilities. 1. Definitions. In addition to the definitions contained in section twenty-five hundred forty-one of this title, the following terms shall have the following meanings:

(a) "Foster child" shall mean a child in the care, custody or guardianship of a commissioner of a local social services district.

(b) "Homeless child" shall mean a child placed in a hotel, motel, shelter, or other temporary housing arrangement by a social services district because of the unavailability of permanent housing.

(c) "Municipality of current location" shall mean a municipality in which a child lives which is different from the municipality in which a child or such child's family lived at the time a social services district assumed responsibility for the placement of such child or family or at the time the child was admitted for care or treatment in a facility licensed or operated by another state agency.

(d) "Municipality of residence" shall mean the municipality in which a child or such child's family lived at the time the local social services district assumed responsibility or custody for such child or family or at the time the child was admitted for care or treatment in a facility licensed or operated by another state agency.

(e) "Child in residential care" shall mean an infant or toddler living in a residential facility licensed or operated by a state agency. For the purposes of subdivisions two, three and four of this section, a child in residential care shall be deemed to be a homeless child.

2. Evaluation and IFSP responsibility. The municipality of current location of a foster child or homeless child shall be responsible for the evaluation and IFSP procedures prescribed for an infant or toddler suspected of having a disability. The municipality of current location shall identify to the commissioner each eligible foster child or homeless child, and the municipality of current location of such child shall also transmit a copy of the IFSP and cost of service of such child to the municipality of residence.

3. Contract and payment responsibility. The municipality of current location shall be the municipality of record for an eligible foster child or homeless child for the purposes of this title, provided that notwithstanding the provision of subdivision two of section twenty-five hundred fifty-seven of this title, the state shall reimburse one hundred percent of the approved costs paid by such municipality which shall be offset by the local contribution due pursuant to subdivision four of this section.

4. Local contribution. The municipality of residence shall be financially responsible for the local contribution in the amount of fifty percent of the approved costs. The commissioner shall certify to the comptroller the amount of the local contribution owed by each municipality to the state. The comptroller shall deduct the amount of such local contribution first from any moneys due the municipality pursuant to section twenty-five hundred fifty-six of this title and then from any other moneys due or to become due to the municipality.

§ 2559. Third party insurance and medical assistance program payments.

1. Nothing in this title shall be construed to permit the department or any other state agency or municipality to reduce medical assistance or other assistance or services available to eligible children.

2. Notwithstanding any other provisions of law, costs incurred for early intervention services that otherwise qualify as medical assistance that are furnished to an eligible child who is also eligible for benefits pursuant to title eleven of article five of the social services law are considered to be medical assistance for purposes of payments to providers and state reimbursement to the extent that federal financial participation is available therefor.

3. (a) Providers of early intervention services and transportation services shall in the first instance and where applicable, seek payment from all third party payors including governmental agencies prior to claiming payment from a given municipality for services rendered to eligible children, provided that, for the purpose of seeking payment from the medical assistance program or from other third party payors, the municipality shall be deemed the provider of such early intervention services to the extent that the provider has promptly furnished to the municipality adequate and complete information necessary to support the municipality billing, and provided further that the obligation to seek payment shall not apply to a payment from a third party payor who is not prohibited from applying such payment, and will apply such payment, to an annual or lifetime limit specified in the insured's policy.

(i) Parents shall provide and the municipality shall obtain information on any plan of insurance under which an eligible child has coverage.

(ii) Parents shall provide the municipality with a written referral from a primary care provider as documentation, for eligible children, of the medical necessity of early intervention services.

(b) The commissioner, in consultation with the director of budget and the superintendent of insurance, shall promulgate regulations providing public reimbursement for deductibles and copayments which are imposed under an insurance policy or health benefit plan to the extent that such deductibles and copayments are applicable to early intervention services.

(c) Payments made for early intervention services under an insurance policy or health benefit plan which are provided as part of an IFSP pursuant to section twenty-five hundred forty-five of this title shall not be applied by the insurer or plan administrator against any maximum lifetime or annual limits specified in the policy or health benefits plan, pursuant to section eleven of the chapter of the laws of nineteen hundred ninety-two which added this title.

(d) A municipality, or its designee, shall be subrogated, to the extent of the expenditures by such municipality for early intervention services furnished to persons eligible for benefits under this title, to any rights such person may have or be entitled to from third party reimbursement. The right of subrogation does not attach to benefits paid or provided under any health insurance policy or health benefits plan prior to receipt of written notice of the exercise of subrogation rights by the insurer or plan administrator providing such benefits.

4. Notwithstanding any other provision of law, the commissioner, pursuant to a memorandum of understanding with the commissioner of the office of mental retardation and developmental disabilities, shall develop and submit a medicaid home and community based services waiver,

pursuant to section 1915c of the social security act, for the purpose of creating a waiver program to provide and finance services for children who qualify for the early intervention program. In further establishing eligibility criteria under the waiver program, the commissioner, in conjunction with the commissioner of the office of mental retardation and developmental disabilities, shall establish health, developmental and psycho-social criteria which shall permit the broadest eligibility based on criteria for the early intervention program and federal standards for participation in a waiver program. The waiver application shall be submitted pursuant to section 1915c of the social security act no later than January first, two thousand four.

5. Notwithstanding any law to the contrary, there is hereby established an early intervention demonstration project to be conducted in Albany, Montgomery, Rensselaer, Saratoga and Schenectady Counties. Such project shall be for the purposes of facilitating coverage eligibility determinations and claims submissions for early intervention services. The commissioner is hereby authorized and directed to facilitate and, within the amounts appropriated, shall award grant funds for the implementation and operation of such demonstration project which shall be conducted by an association representative of health maintenance organizations licensed under article forty-four of this chapter and article forty-three of the insurance law in conjunction with the commissioner and the counties specified in this subdivision.

Such demonstration shall include the development of an integrated web portal enabling access to health plan data bases to facilitate coverage eligibility, benefit determinations and claims submission and processing. Such access shall be subject to all federal and state laws for the confidentiality of personal and medical record information. The demonstration will develop technology solutions to facilitate coverage determinations and streamline and monitor claims processes and payment.

The association conducting the demonstration, the commissioner and participating counties shall submit a report to the temporary president of the senate and the speaker of the assembly, not later than one year following the commencement of the program's operation, describing the experiences, feasibility and advisability of replication, and any additional recommendations for continuation, modification or cessation of the program.

§ 2559-a. Transportation. The municipality in which an eligible child resides shall, beginning with the first day of service, provide either directly, by contract, or through reimbursement at a mileage rate authorized by the municipality for the use of a private vehicle or for other reasonable transportation costs, for suitable transportation pursuant to section twenty-five hundred forty-five of this title. All contracts for transportation of such children shall be provided pursuant to the procedures set forth in section two hundred thirty-six of the family court act, using the date on which the child's IFSP is implemented, in lieu of the date the court order was issued; provided, however, that the city of New York shall provide such transportation in accordance with the provisions of chapter one hundred thirty of the laws of nineteen hundred ninety-two, if applicable.

§ 2559-b. Regulations. The commissioner may adopt regulations

necessary to carry out the provisions of this title. In promulgating such regulations, the commissioner shall incorporate coordinated standards and procedures, where applicable, and shall consider the regulations, guidelines and operating procedures of other state agencies that administer or supervise the administration of services to infants, toddlers and preschool children to ensure that families, service providers and municipalities are not unnecessarily required to meet differing eligibility, reporting or procedural requirements.

SOCIAL SERVICES LAW
ARTICLE 6. CHILDREN
TITLE I. CARE AND PROTECTION OF CHILDREN

§ 390. Child day care; license or registration required. 1. Definitions. (a) (i) "Child day care" shall mean care for a child on a regular basis provided away from the child's residence for less than twenty-four hours per day by someone other than the parent, step-parent, guardian, or relative within the third degree of consanguinity of the parents or step-parents of such child.

(ii) Child day care shall not refer to care provided in:

(A) a day camp, as defined in the state sanitary code;

(B) an after-school program operated for the purpose of religious education, sports, or recreation;

(C) a facility:

(1) providing day services under an operating certificate issued by the department;

(2) providing day treatment under an operating certificate issued by the office of mental health or office of mental retardation and developmental disabilities; or

(D) a kindergarten, pre-kindergarten, or nursery school for children three years of age or older, or after-school program for children operated by a public school district or by a private school or academy which is providing elementary or secondary education or both, in accordance with the compulsory education requirements of the education law, provided that the kindergarten, pre-kindergarten, nursery school, or after school program is located on the premises or campus where the elementary or secondary education is provided.

(b) "Child day care provider" shall mean any individual, association, corporation, partnership, institution or agency whose activities include providing child day care or operating a home or facility where child day care is provided.

(c) "Child day care center" shall mean any program or facility caring for children for more than three hours per day per child in which child day care is provided by a child day care provider except those programs operating as a group family day care home as such term is defined in paragraph (d) of this subdivision, a family day care home, as such term is defined in paragraph (e) of this subdivision, and a school-age child care program, as such term is defined in paragraph (f) of this subdivision.

(d) "Group family day care home" shall mean a program caring for children for more than three hours per day per child in which child day care is provided in a family home for seven to twelve children of all ages, except for those programs operating as a family day care home, as such term is defined in paragraph (e) of this subdivision, which care for seven or eight children. A group family day care provider may provide child day care services to four additional children if such additional children are of school age and such children receive services only before or after the period such children are ordinarily in school or during school lunch periods, or school holidays, or during those periods of the year in which school is not in session. There shall be one caregiver for every two children under two years of age in the group family home. A group family day care home must have at least one assistant to the operator present when child day care is being provided to seven or more children when none of the children are school age, or nine or more children when at least two of the children are school age

and such children receive services only before or after the period such children are ordinarily in school or during school lunch periods, or school holidays, or during those periods of the year in which school is not in session. This assistant shall be selected by the group family day care operator and shall meet the qualifications established for such position by the regulations of the office of children and family services.

(e) "Family day care home" shall mean a program caring for children for more than three hours per day per child in which child day care is provided in a family home for three to six children. There shall be one caregiver for every two children under two years of age in the family day care home. A family day care provider may, however, care for seven or eight children at any one time if no more than six of the children are less than school age and the school-aged children receive care primarily before or after the period such children are ordinarily in school, during school lunch periods, on school holidays, or during those periods of the year in which school is not in session in accordance with the regulations of the office of children and family services and the office inspects such home to determine whether the provider can care adequately for seven or eight children.

(f) "School age child care" shall mean a program caring for more than six school-aged children who are under thirteen years of age or who are incapable of caring for themselves. Such programs shall be in operation consistent with the local school calendar. School age child care programs shall offer care during the school year to an enrolled group of children at a permanent site before or after the period children enrolled in such program are ordinarily in school or during school lunch periods and may also provide such care on school holidays and those periods of the year in which school is not in session.

2. (a) Child day care centers caring for seven or more children and group family day care programs, as defined in subdivision one of this section, shall obtain a license from the office of children and family services and shall operate in accordance with the terms of such license and the regulations of such office. Initial licenses shall be valid for a period of up to two years; subsequent licenses shall be valid for a period of up to four years so long as the provider remains substantially in compliance with applicable law and regulations during such period.

(b) Family day care homes, child day care centers caring for at least three but fewer than seven children, and school-age child care programs shall register with the department and shall operate in compliance with the regulations of the department.

(c) Any child day care provider not required to obtain a license pursuant to paragraph (a) of this subdivision or to register with the department pursuant to paragraph (b) of this subdivision may register with the department.

(d) (i) The office of children and family services shall promulgate regulations for licensure and for registration of child day care pursuant to this section. Procedures for obtaining a license or registration or renewing a license shall include a satisfactory inspection of the facility by the office of children and family services prior to issuance of the license or registration or renewal of the license.

(ii) (A) Initial registrations shall be valid for a period of up to two years, subsequent registrations shall be valid for a period of up to four years so long as the provider remains substantially in compliance with applicable law and regulations during such period.

(B) After initial registration by the child day care provider, the

office of children and family services shall not accept any subsequent registration by such provider, unless:

(1) such provider has met the training requirements set forth in section three hundred ninety-a of this title;

(2) such provider has met the requirements of section three hundred ninety-b of this title relating to criminal history screening;

(3) such provider has complied with the requirements of section four hundred twenty-four-a of this article; and

(4) the office of children and family services has received no complaints about the home, center, or program alleging statutory or regulatory violations, or, having received such complaints, the office of children and family services has determined, after inspection pursuant to paragraph (a) of subdivision three of this section, that the home, center, or program is operated in compliance with applicable statutory and regulatory requirements.

(C) Where the office of children and family services has determined that a registration should not be continued because the requirements of clause (B) of this subparagraph have not been satisfied, the office of children and family services may terminate the registration. If the office of children and family services does not terminate the registration, the office of children and family services shall inspect the home or program before acknowledging any subsequent registration. Where the home or program has failed to meet the requirements of this section, the office of children and family services may reject any subsequent registration of a provider. Nothing herein shall prohibit the office of children and family services from terminating or suspending registration pursuant to subdivision ten of this section where the office of children and family services determines that termination or suspension is necessary.

(iv) Child day care providers who have been issued a license shall openly display such license in the facility or home for which the license is issued. Child day care providers who have registered with the department shall provide proof of registration upon request.

(e) Notwithstanding any other provision of this section, where a child is cared for by a parent, guardian or relative within the third degree of consanguinity of the parent of such child and such person simultaneously provides child day care for other children, only the other children shall be considered in determining whether such person must be registered or licensed, provided that such person is not caring, in total, for more than eight children.

2-a. (a) The office of children and family services shall promulgate regulations which establish minimum quality program requirements for licensed and registered child day care homes, programs and facilities. Such requirements shall include but not be limited to (i) the need for age appropriate activities, materials and equipment to promote cognitive, educational, social, cultural, physical, emotional, language and recreational development of children in care in a safe, healthy and caring environment (ii) principles of childhood development (iii) appropriate staff/child ratios for family day care homes, group family day care homes, school age day care programs and day care centers, provided however that such staff/child ratios shall not be less stringent than applicable staff/child ratios as set forth in part four hundred fourteen, four hundred sixteen, four hundred seventeen or four hundred eighteen of title eighteen of the New York code of rules and regulations as of January first, two thousand (iv) appropriate levels of supervision of children in care (v) minimum standards for sanitation, health, infection control, nutrition, buildings and equipment, safety,

security procedures, first aid, fire prevention, fire safety, evacuation plans and drills, prevention of child abuse and maltreatment, staff qualifications and training, record keeping, and child behavior management.

(b) The use of electronic monitors as a sole means of supervision of children in day care shall be prohibited, except that electronic monitors may be used in family day care homes and group family day care homes as an indirect means of supervision where the parents of any child to be supervised have agreed in advance to the use of such monitors as an indirect means of supervision and the use of such monitors is restricted to situations where the children so supervised are sleeping.

(c) No child less than six weeks of age may be cared for by a licensed or registered day care provider, except in extenuating circumstances where prior approval for care of such children has been given by the office of children and family services. Extenuating circumstances for the purposes of this section shall include but not be limited to the medical or health needs of the parent or child, or the economic hardship of the parent.

3. (a) The office of children and family services may make announced or unannounced inspections of the records and premises of any child day care provider, whether or not such provider has a license from, or is registered with, the office of children and family services. The office of children and family services shall make unannounced inspections of the records and premises of any child day care provider within fifteen days after the office of children and family services receives a complaint that, if true, would indicate such provider does not comply with the regulations of the office of children and family services or with statutory requirements. If the complaint indicates that there may be imminent danger to the children, the office of children and family services shall investigate the complaint no later than the next day of operation of the provider. The office of children and family services may provide for inspections through the purchase of services.

(b) Where inspections have been made and violations of applicable statutes or regulations have been found, the office of children and family services shall within ten days advise the child day care provider in writing of the violations and require the provider to correct such violations. The office of children and family services may also act pursuant to subdivisions ten and eleven of this section.

(c) (i) The office of children and family services shall establish a toll-free statewide telephone number to receive inquiries about child day care homes, programs and facilities and complaints of violations of the requirements of this section or regulations promulgated under this section. The office of children and family services shall develop a system for investigation, which shall include inspection, of such complaints. The office of children and family services may provide for such investigations through purchase of services. The office of children and family services shall develop a process for publicizing such toll-free telephone number to the public for making inquiries or complaints about child day care homes, programs or facilities.

(ii) Information to be maintained and available to the public through such toll-free telephone number shall include, but not be limited to:

(A) current license and registration status of child day care homes, programs and facilities including whether a license or registration is in effect or has been revoked or suspended; and

(B) child care resource and referral programs providing services pursuant to title five-B of this article and other resources known to the office of children and family services which relate to child day

care homes, programs and facilities in the state.

(iii) Upon written request identifying a particular child day care home, program or facility, the office of children and family services shall provide the information set forth below. The office of children and family services may charge reasonable fees for copies of documents provided, consistent with the provisions of article six of the public officers law. The information available pursuant to this clause shall be:

(A) the results of the most recent inspection for licensure or registration and any subsequent inspections by the office of children and family services;

(B) complaints filed against child day care homes, programs or facilities which describes the nature of the complaint and states how the complaint was resolved, including the status of the office of children and family services investigation, the steps taken to rectify the complaint, and the penalty, if any, imposed; and

(C) child day care homes, programs or facilities which have requested or received a waiver from any applicable rule or regulation, and the regulatory requirement which was waived.

(iv) Nothing in this paragraph shall be construed to require or permit the disclosure either orally or in writing of any information that is confidential pursuant to law.

(d) Where investigation or inspection reveals that a child day care provider which must be licensed or registered is not, the office of children and family services shall advise the child day care provider in writing that the provider is in violation of the licensing or registration requirements and shall take such further action as is necessary to cause the provider to comply with the law, including directing an unlicensed or unregistered provider to cease operation. In addition, the office of children and family services shall require the provider to notify the parents or guardians of children receiving care from the provider that the provider is in violation of the licensing or registration requirements and shall require the provider to notify the office of children and family services that the provider has done so. Any provider who is directed to cease operations pursuant to this paragraph shall be entitled to a hearing before the office of children and family services. If the provider requests a hearing to contest the directive to cease operations, such hearing must be scheduled to commence as soon as possible but in no event later than thirty days after the receipt of the request by the office of children and family services. The provider may not operate the center, home or program after being directed to cease operations, regardless of whether a hearing is requested. If the provider does not cease operations, the office of children and family services may impose a civil penalty pursuant to subdivision eleven of this section, seek an injunction pursuant to section three hundred ninety-one of this title, or both.

(e) (i) Where an authorized agency is subsidizing child day care pursuant to any provision of this chapter, the authorized agency may submit to the department justification for a need to impose additional requirements upon child day care providers and a plan to monitor compliance with such additional requirements. No such additional requirements or monitoring may be imposed without the written approval of the department.

(ii) An authorized agency may refuse to allow a child day care provider who is not in compliance with this section and regulations issued hereunder or any approved additional requirements of the authorized agency to provide child day care to the child. In accordance

with the plan approved by the department, an authorized agency shall have the right to make announced or unannounced inspections of the records and premises of any provider who provides care for such children, including the right to make inspections prior to subsidized children receiving care in a home where the inspection is for the purpose of determining whether the child day care provider is in compliance with applicable law and regulations and any additional requirements imposed upon such provider by the authorized agency. Where an authorized agency makes such inspections, the authorized agency shall notify the department immediately of any violations of this section or regulations promulgated hereunder, and shall provide the department with an inspection report whether or not violations were found, documenting the results of such inspection.

(iii) Nothing contained in this paragraph shall diminish the authority of the department to conduct inspections or provide for inspections through purchase of services as otherwise provided for in this section. Nothing contained in this paragraph shall obligate the department to take any action to enforce any additional requirements imposed on child day care providers by an authorized agency.

(f) Individual local social services districts may alter their participation in activities related to arranging for, subsidizing, delivering and monitoring the provision of subsidized child day care provided, however, that the total participation of an individual district in all activities related to the provision of subsidized child day care shall be no less than the participation level engaged in by such individual district on the effective date of this section.

4. (a) The office of children and family services on an annual basis shall inspect at least twenty percent of all registered family day care homes, registered child day care centers and registered school age child care programs to determine whether such homes, centers and programs are operating in compliance with applicable statutes and regulations. The office of children and family services shall increase the percentage of family day care homes, child day care centers and school age child care programs which are inspected pursuant to this subdivision as follows: to at least thirty percent by the thirty-first of December two thousand; and to at least fifty percent by the thirty-first of December two thousand one. The office of children and family services may provide for such inspections through purchase of services. Priority shall be given to family day care homes which have never been licensed or certified prior to initial registration.

(b) Any family day care home or school-age child care program licensed, registered, or certified by the department or by any authorized agency on the effective date of this section shall be deemed registered until the expiration of its then-current license or certificate unless such license or certificate is suspended or revoked pursuant to subdivision ten of this section. Family day care homes and school-age child care programs not licensed, registered, or certified on the effective date of this section shall register pursuant to subdivision two of this section.

5. Child day care providers required to have a license from the department or to be registered with the department pursuant to this section shall not be exempt from such requirement through registration with another state agency, or certification, registration, or licensure by any local governmental agency or any authorized agency.

6. Unless otherwise limited by law, a parent with legal custody or a legal guardian of any child in a child day care program shall have unlimited and on demand access to such child or ward. Such parent or

guardian unless otherwise limited by law, also shall have the right to inspect on demand during its hours of operation any area of a child day care center, group family day care home, school-age child care program, or family day care home to which the child or ward of such parent or guardian has access or which could present a hazard to the health and safety of the child or ward.

7. (a) The department shall implement on a statewide basis programs to educate parents and other potential consumers of child day care programs about their selection and use. The department may provide for such implementation through the purchase of services. Such education shall include, but not be limited to, the following topics:

- (i) types of child day care programs;
- (ii) factors to be considered in selecting and evaluating child day care programs;
- (iii) regulations of the department governing the operation of different types of programs;
- (iv) rights of parents or guardians in relation to access to children and inspection of child day care programs;
- (v) information concerning the availability of child day care subsidies;
- (vi) information about licensing and registration requirements;
- (vii) prevention of child abuse and maltreatment in child day care programs, including screening of child day care providers and employees;
- (viii) tax information; and
- (ix) factors to be considered in selecting and evaluating child day care programs when a child needs administration of medications during the time enrolled.

(b) The department shall implement a statewide campaign to educate the public as to the legal requirements for registration of family day care and school-age child care, and the benefits of such registration. The department may provide for such implementation through the purchase of services. The campaign shall:

- (i) use various types of media;
- (ii) include the development of public educational materials for families, family day care providers, employers and community agencies;
- (iii) explain the role and functions of child care resource and referral programs, as such term is used in title five-B of this article;
- (iv) explain the role and functions of the department in regard to registered programs; and
- (v) publicize the department's toll-free telephone number for making complaints of violations of child day care requirements related to programs which are required to be licensed or registered.

8. The department shall establish and maintain a list of all current registered and licensed child day care programs and a list of all programs whose license or registration has been revoked, rejected, terminated, or suspended. Such information shall be available to the public, pursuant to procedures developed by the department.

8-a. The office of children and family services shall not make available to the public online any group family day care home provider's or family day care provider's home street address or map showing the location of such provider's home where such provider has requested to opt out of the online availability of this information. The office shall provide a written form informing a provider of their right to opt out of providing information online, and shall also permit a provider to request to opt out through the office's website.

9. The department shall make available, directly or through purchase of services, to registered child day care providers information

concerning:

- (a) liability insurance;
- (b) start-up grants;
- (c) United States department of agriculture food programs;
- (d) subsidies available for child day care;
- (e) tax information; and

(f) support services required to be provided by child care resource and referral programs as set forth in subdivision three of section four hundred ten-r of this article.

10. Any home or facility providing child day care shall be operated in accordance with applicable statutes and regulations. Any violation of applicable statutes or regulations shall be a basis to deny, limit, suspend, revoke, or terminate a license or registration. Consistent with articles twenty-three and twenty-three-A of the correction law, and guidelines referenced in subdivision two of section four hundred twenty-five of this article, if the office of children and family services is made aware of the existence of a criminal conviction or pending criminal charge concerning an operator of a family day care home, group family day care home, school-age child care program, or child day care center or concerning any assistant, employee or volunteer in such homes, programs or centers, or any persons age eighteen or over who reside in such homes, such conviction or charge may be a basis to deny, limit, suspend, revoke, reject, or terminate a license or registration. Before any license issued pursuant to the provisions of this section is suspended or revoked, before registration pursuant to this section is suspended or terminated, or when an application for such license is denied or registration rejected, the applicant for or holder of such registration or license is entitled, pursuant to section twenty-two of this chapter and the regulations of the office of children and family services, to a hearing before the office of children and family services. However, a license or registration shall be temporarily suspended or limited without a hearing upon written notice to the operator of the facility following a finding that the public health, or an individual's safety or welfare, are in imminent danger. The holder of a license or registrant is entitled to a hearing before the office of children and family services to contest the temporary suspension or limitation. If the holder of a license or registrant requests a hearing to contest the temporary suspension or limitation, such hearing must be scheduled to commence as soon as possible but in no event later than thirty days after the receipt of the request by the office of children and family services. Suspension shall continue until the condition requiring suspension or limitation is corrected or until a hearing decision has been issued. If the office of children and family services determines after a hearing that the temporary suspension or limitation was proper, such suspension or limitation shall be extended until the condition requiring suspension or limitation has been corrected or until the license or registration has been revoked.

11. (a) (i) The office of children and family services shall adopt regulations establishing civil penalties of no more than five hundred dollars per day to be assessed against child day care centers, school age child care programs, group family day care homes or family day care homes for violations of this section, sections three hundred ninety-a and three hundred ninety-b of this title and any regulations promulgated thereunder. The regulations establishing civil penalties shall specify the violations subject to penalty.

(ii) The office of children and family services shall adopt regulations establishing civil penalties of no more than five hundred

dollars per day to be assessed against child day care providers who operate child day care centers or group family day care homes without a license or who operate family day care homes, school-age child care programs, or child day care centers required to be registered without obtaining such registration.

(iii) In addition to any other civil or criminal penalty provided by law, the office of children and family services shall have the power to assess civil penalties in accordance with its regulations adopted pursuant to this subdivision after a hearing conducted in accordance with procedures established by regulations of the office of children and family services. Such procedures shall require that notice of the time and place of the hearing, together with a statement of charges of violations, shall be served in person or by certified mail addressed to the school age child care program, group family day care home, family day care home, or child day care center at least thirty days prior to the date of the hearing. The statement of charges shall set forth the existence of the violation or violations, the amount of penalty for which the program may become liable, the steps which must be taken to rectify the violation, and where applicable, a statement that a penalty may be imposed regardless of rectification. A written answer to the charges of violations shall be filed with the office of children and family services not less than ten days prior to the date of hearing with respect to each of the charges and shall include all material and relevant matters which, if not disclosed in the answer, would not likely be known to the office of children and family services.

(iv) The hearing shall be held by the commissioner of the office of children and family services or the commissioner's designee. The burden of proof at such hearing shall be on the office of children and family services to show that the charges are supported by a preponderance of the evidence. The commissioner of the office of children and family services or the commissioner's designee, in his or her discretion, may allow the child day care center operator or provider to attempt to prove by a preponderance of the evidence any matter not included in the answer. Where the child day care provider satisfactorily demonstrates that it has rectified the violations in accordance with the requirements of paragraph (c) of this subdivision, no penalty shall be imposed except as provided in paragraph (c) of this subdivision.

(b)(i) In assessing penalties pursuant to this subdivision, the office of children and family services may consider the completeness of any rectification made and the specific circumstances of such violations as mitigating factors.

(ii) Upon the request of the office of children and family services, the attorney general shall commence an action in any court of competent jurisdiction against any child day care program subject to the provisions of this subdivision and against any person, entity or corporation operating such center or school age child care program, group family day care home or family day care home for the recovery of any penalty assessed by the office of children and family services in accordance with the provisions of this subdivision.

(iii) Any such penalty assessed by the office of children and family services may be released or compromised by the office of children and family services before the matter has been referred to the attorney general; when such matter has been referred to the attorney general, such penalty may be released or compromised and any action commenced to recover the same may be settled and discontinued by the attorney general with the consent of the office of children and family services.

(c)(i) Except as provided for in this paragraph, a child day care

provider shall avoid payment of a penalty imposed pursuant to this subdivision where the provider has rectified the condition which resulted in the imposition of the penalty within thirty days of notification of the existence of the violation of statute or regulation.

(ii) Clause (i) of this paragraph notwithstanding, rectification shall not preclude the imposition of a penalty pursuant to this subdivision where:

(A) the child day care provider has operated a child day care center or group family day care home without a license, has refused to seek a license for the operation of such a center or home, or has continued to operate such a center or home after denial of a license application, revocation of an existing license or suspension of an existing license;

(B) the child day care provider has operated a family day care home, school-age child care program or child day care center required to be registered without being registered, has refused to seek registration for the operation of such home, program or center or has continued to operate such a home, program or center after denial of a registration application, revocation of an existing registration or suspension of an existing registration;

(C) there has been a total or substantial failure of the facility's fire detection or prevention systems or emergency evacuation procedures;

(D) the child day care provider or an assistant, employee or volunteer has failed to provide adequate and competent supervision;

(E) the child day care provider or an assistant, employee or volunteer has failed to provide adequate sanitation;

(F) the child day care provider or an assistant, employee, volunteer or, for a family day care home or group family day care home, a member of the provider's household, has injured a child in care, unreasonably failed to obtain medical attention for a child in care requiring such attention, used corporal punishment against a child in care or abused or maltreated a child in care;

(G) the child day care provider has violated the same statutory or regulatory standard more than once within a six month period;

(H) the child day care provider or an assistant, employee or volunteer has failed to make a report of suspected child abuse or maltreatment when required to do so pursuant to section four hundred thirteen of this article; or

(I) the child day care provider or an assistant, employee or volunteer has submitted to the office of children and family services a forged document as defined in section 170.00 of the penal law.

(d) Any civil penalty received by the office of children and family services pursuant to this subdivision shall be deposited to the credit of the "quality child care and protection fund" established pursuant to section ninety-seven-ww of the state finance law.

(e)(i) The office of children and family services shall deny a new application for licensure or registration made by a day care provider whose license or registration was previously revoked or terminated based on a violation of statute or regulation for a period of two years from the date that the revocation or termination of the license or registration became finally effective, unless such office determines, in its discretion, that approval of the application will not in any way jeopardize the health, safety or welfare of children in the center, program or home. For the purposes of this paragraph, the date that the revocation or termination became finally effective shall be, as applicable:

(A) the date that the revocation or termination became effective based on the notice of revocation or termination;

(B) the date that the hearing decision was issued upholding the revocation or termination;

(C) the date of issuance of a final court order affirming the revocation or termination or affirming a hearing decision that upheld the revocation or termination; or

(D) another date mutually agreed upon by the office of children and family services and the provider.

(ii) (A) Such office shall deny a new application for licensure or registration made by a day care provider who is enjoined or otherwise prohibited by a court order from operation of a day care center, group family day care home, family day care home or school-age child care program without a license or registration for a period of two years from the date of the court order unless the court order specifically enjoins the provider from providing day care for a period longer than two years, in which case the office shall deny any new application made by the provider while the provider is so enjoined.

(B) Such office shall deny a new application for licensure or registration made by a day care provider who is assessed a second civil penalty by such office for having operated a day care center, group family day care home, family day care home or school-age child care program without a license or registration for a period of two years from the date of the second fine. For the purposes of this paragraph, the date of the second fine shall be either the date upon which the day care provider signs a stipulation agreement to pay the second fine or the date upon which a hearing decision is issued affirming the determination of such office to impose the second fine, as applicable.

(iii) A day care provider who surrenders the provider's license or registration while such office is engaged in enforcement seeking suspension, revocation or termination of such provider's license or registration pursuant to the regulations of such office, shall be deemed to have had their license or registration revoked or terminated and shall be subject to the prohibitions against licensing or registration pursuant to subparagraph (i) of this paragraph for a period of two years from the date of surrender of the license or registration.

12. (a) Notwithstanding any other provision of law, except as may be required as a condition of licensure or registration by regulations promulgated pursuant to this section, no village, town (outside the area of any incorporated village), city or county shall adopt or enact any law, ordinance, rule or regulation which would impose, mandate or otherwise enforce standards for sanitation, health, fire safety or building construction on a one or two family dwelling or multiple dwelling used to provide group family day care or family day care than would be applicable were such child day care not provided on the premises. No village, town (outside the area of any incorporated village), city or county shall prohibit or restrict use of a one or two family dwelling, or multiple dwelling for family or group family day care where a license or registration for such use has been issued in accordance with regulations issued pursuant to this section. Nothing in this paragraph shall preclude local authorities with enforcement jurisdiction of the applicable sanitation, health, fire safety or building construction code from making appropriate inspections to assure compliance with such standards.

(b) Notwithstanding any other provision of law, but pursuant to section five hundred eighty-one-b of the real property tax law, no assessing unit, as defined in subdivision one of section one hundred two of the real property tax law, in the assessment of the value of any parcel used for residential purposes and registered as a family day care

home pursuant to this section, shall consider the use or registration of such parcel as a family day care home.

13. Notwithstanding any other provision of law, this section, except for paragraph (a-1) of subdivision two-a of this section, shall not apply to child day care centers in the city of New York.

§ 390-a. Standards and training for child day care. 1. All office of children and family services and municipal staff employed to accept registrations, issue licenses or conduct inspections of child day care homes, programs or facilities, subject to the amounts appropriated therefor, shall receive training in at least the following: regulations promulgated by the office of children and family services pursuant to section three hundred ninety of this title; child abuse prevention and identification; safety and security procedures in child day care settings; the principles of childhood development, and the laws, regulations and procedures governing the protection of children from abuse or maltreatment.

2. No license or registration shall be issued to a family day care home, group family day care home, school age child care program or child day care center and no such registration or license shall be renewed until it can be demonstrated by the employer or licensing agency that there is a procedure developed and implemented, in accordance with section three hundred ninety-b of this title and pursuant to regulations of the office of children and family services, to:

(a) review and evaluate the backgrounds of and information supplied by any person applying to be a child day care center or school-age child care program employee or volunteer or group family day care assistant, a provider of family day care or group family day care, or a director of a child day care center, head start day care center or school-age child care program. Such procedures shall include but not be limited to the following requirements: that the applicant set forth his or her employment history, provide personal and employment references; submit such information as is required for screening with the statewide central register of child abuse and maltreatment in accordance with the provisions of section four hundred twenty-four-a of this article; sign a sworn statement indicating whether, to the best of his or her knowledge, he or she has ever been convicted of a crime in this state or any other jurisdiction; and provide his or her fingerprints for submission to the division of criminal justice services in accordance with the provisions of section three hundred ninety-b of this title;

(b) establish relevant minimal experiential and educational qualifications for employees and directors of child day care centers or head start day care center programs;

(c) assure adequate and appropriate supervision of employees and volunteers of group family day care homes, family day care homes, child day care centers and school-age child care programs; and

(d) demonstrate, in the case of child day care centers, group family day care homes, family day care homes and school-age child care programs the existence of specific procedures which will assure the safety of a child who is reported to the state central register of child abuse and maltreatment as well as other children provided care by such homes, centers or programs, immediately upon notification that a report has been made with respect to a child named in such report while the child was in attendance at such homes, centers or programs.

(e) establish necessary rules to provide for uniform visitor control procedures, including visitor identification.

3. (a) The office of children and family services shall promulgate

regulations requiring operators, program directors, employees and assistants of family day care homes, group family day care homes, school-age child care programs and child day care centers to receive thirty hours of training every two years; provided, however, that fifteen hours of such training must be received within the first six months of the initial licensure, registration or employment. Such training requirements shall also apply to any volunteer in such day care homes, programs or centers who has the potential for regular and substantial contact with children. The thirty hours of training required during the first biennial cycle after initial licensure or registration shall include training received while an application for licensure or registration pursuant to section three hundred ninety of this title is pending. The office of children and family services may provide this training through purchase of services.

(b) The training required in paragraph (a) of this subdivision shall address the following topics:

- (i) principles of childhood development, focusing on the developmental stages of the age groups for which the program provides care;
- (ii) nutrition and health needs of infants and children;
- (iii) child day care program development;
- (iv) safety and security procedures;
- (v) business record maintenance and management;
- (vi) child abuse and maltreatment identification and prevention;
- (vii) statutes and regulations pertaining to child day care;
- (viii) statutes and regulations pertaining to child abuse and maltreatment; and

(ix) for operators, program directors, employees and assistants of family day care homes, group family day care homes and child day care centers, education and information on the identification, diagnosis and prevention of shaken baby syndrome.

(c) For the thirty hours of biennial training required after the initial period of licensure or registration, each provider who can demonstrate basic competency shall determine in which of the specified topics he or she needs further study, based on the provider's experience and the needs of the children in the provider's care.

(d) Family day care home and group family day care home operators shall obtain training pertaining to protection of the health and safety of children, as required by regulation, prior to the issuance of a license or registration by the office of children and family services.

(e) Upon request by the office of children and family services, the child day care applicant or provider shall submit documentation demonstrating compliance with the training requirements of this section.

4. No license or registration shall be issued to a family day care home or group family day care home and no such registration shall be renewed if barriers, as defined in paragraph (d) of subdivision one of section three hundred ninety-d of this title, are not present around any swimming pool or body of water, as defined in paragraphs (b) and (c) of subdivision one of section three hundred ninety-d of this title, located on its grounds, pursuant to section three hundred ninety-d of this title.

5. a. The site provider of a family day care home or group family day care home shall provide that at least one employee who holds a valid certification in a course of study in first aid knowledge and skills and cardiopulmonary resuscitation, with an emphasis on providing that aid to children, as approved by the commissioner of the office of children and family services, be on premises during the operating hours of such family day care home or group family day care home.

b. The site supervisor of a school-age child care program shall provide that at least one employee who holds a valid certification in a course of study in first aid knowledge and skills and cardiopulmonary resuscitation, with an emphasis on providing that aid to children, as approved by the commissioner of the office of children and family services, be on premises during the operating hours of such school-age child care program.

c. The director of a child day care center shall provide that at least one employee who holds a valid certification in a course of study in first aid knowledge and skills and cardiopulmonary resuscitation, with an emphasis on providing that aid to children, as approved by the commissioner of the office of children and family services, be on premises during the operating hours of such child day care center.

State Council on Children and Families

CHAPTER 757

An Act to amend the executive law and the education law, in relation to the creation of a state council on children and families, specifying the powers and duties of such council and making various changes relating thereto and making an appropriation therefor.

Approved Aug. 5, 1977, effective Oct. 1, 1977.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. The executive law is hereby amended by adding thereto a new article, to be article nineteen-C, to read as follows:

ARTICLE 19-C—STATE COUNCIL ON CHILDREN
AND FAMILIES

Sec.

440. Statement of legislative findings and intent.

441. Definitions.

442. Council on children and families; chairman.

443. Utilization of other agency assistance.

444. Powers and duties of council.

§ 440. Statement of legislative findings and intent

1. The legislature hereby finds and declares that:

(a) It is the public policy of the state of New York to take all proper and feasible measures to preserve and strengthen the family unit as the cornerstone of modern society established to provide a nurturing environment to encourage the proper development of children. To this end, government action should be directed toward providing those preventive and other services necessary to family health and stability so that personal and social development are facilitated in order to avoid removal of a child from his family, toward minimizing the time spent by any child in public custody when separation from his family is unavoidable, and toward encouragement of permanence for the child by adoption, wherever possible and appropriate, when the child's ties to his biological family have been or must be terminated, or through other courses of action.

(b) The legislature finds that the furtherance of this policy can be improved by more efficient organization and operation of the state-local, public-voluntary system of social, educational, mental health and other supportive and rehabilitative services to children and families. This service system can be strengthened by:

(i) better coordination and cooperation in providing or supervising the provision of services to children and families by and among state agencies, among such state agencies and their local government counterparts, and among both public and voluntary local agencies, to minimize the waste of public funds, duplications, gaps and overlaps in the avail-

ability and provision of services, to the detriment of the lives of children and their families;

(ii) more meaningful accountability by the agencies, institutions and individuals responsible for providing services in terms of quality, quantity, and cost-effectiveness of services provided to children and their families;

(iii) improved selection, implementation, supervision and evaluation of services to children and their families in terms of the public policy objectives stated herein, and by removal of deficiencies in those services aimed at preserving families for children;

(iv) more adequate management and research capacities for timely identification of deficiencies in the use of current resources or for the development of new approaches to meeting the changing needs of children and their families; and

(v) creation of authoritative mechanisms broad enough to clarify the responsibilities of the many state and local agencies involved in the provision or supervision of services to children and families, to resolve interagency conflicts in a timely manner, and encourage greater efficiency in planning for the use and allocation of public resources.

2. It is the intent of the legislature in enacting this article to provide an administrative capacity at the state level appropriate and necessary to improve and strengthen the state-local, public-voluntary system of services to children and their families to implement the public policy of the state as expressed herein.

§ 441. Definitions

As used in this article:

1. "Council" shall mean the council on children and families created by section four hundred forty-two of this article.

2. "Chairman" shall mean the chairman of the council on children and families.

3. "Foster care" shall mean care provided in a foster family free or boarding home, group home, agency boarding home, child care institution or health care facility.

4. "Member agency" shall mean an agency headed by a member of the council.

5. "Social services official" shall mean a social services official as defined in section two of the social services law.

§ 442. Council on children and families; chairman

1. There is hereby created within the executive department a council on children and families. The council shall consist of seven members as follows: the state commissioner of social services, the director of the division for youth, the commissioner of mental hygiene, the commissioner of education, the state director of probation, and the executive director of the state board of social welfare, and the governor or his designee from among his senior staff members who shall serve as chairman; provided, however, that no such designee shall be the head or chief executive officer of any state agency other than the council.

2. The chairman, in consultation with the other members of the council, shall appoint a full-time executive director and may appoint or employ such other personnel as he may deem necessary, prescribe their duties, fix their compensation and provide for reimbursement of their expenses within the amounts available therefor by appropriation.

3. The council may conduct its meetings and, by and through the chairman, perform its powers and duties notwithstanding the absence of a quorum; provided, however that no action may be taken by the council without the concurrence of the chairman.

§ 443. Utilization of other agency assistance

To effectuate the purposes of this article, any department, division, board, bureau, commission or agency of the state or of any political subdivision thereof shall, at the request of the chairman, provide to the council such facilities, assistance and data as will enable the council properly to carry out its powers and duties and those of the chairman.

§ 444. Powers and duties of council

1. As used in this section, the terms "services", "programs", and "services programs" shall mean and include:

(a) foster care for children provided, directly or through purchase of service, by social services officials or the division for youth;

(b) services provided, directly or through purchase of services, by social services officials or the division for youth to children in foster care and their families;

(c) day care provided by social services officials pursuant to section four hundred ten of the social services law;

(d) services to prevent the placement of children in foster care provided by social services officials pursuant to paragraph (n) of subdivision six of section three hundred ninety-eight of the social services law;

(e) day services provided by social services officials pursuant to section four hundred thirty of the social services law;

(f) services for the mentally disabled, as defined in subdivision four of section 1.05 of the mental hygiene law, with respect to children in their own homes and their families or in a facility as defined in subdivision six of section 1.05 of the mental hygiene law or in other programs or facilities in accordance with the provisions of such law;

(g) community-based services provided by social services officials to children and their families in accordance with the comprehensive annual services plan adopted pursuant to title twenty of the federal social security act,¹ including but not limited to, adoption services and child protective services;

(h) educational services to children placed with the division for youth or a social services official, to children in the care of the department of mental hygiene, to children who are the subject of a petition under article seven of the family court act,² and to children whose cases are before the probation service of the family court for adjustment pursuant to section seven hundred thirty-four of the family court act;

(i) services provided by local probation departments to children who are the subject of a petition under article seven of the family court act

and to children whose cases are before the probation service of the family court for adjustment pursuant to section seven hundred thirty-four of the family court act;

(j) other care, maintenance, services and programs provided to children of the state by or under the jurisdiction of a member agency.

2. The council shall have the following powers:

(a) to identify problems and deficiencies in services programs and, on a selective basis, to plan and make recommendations to the governor for the remedy of such problems and deficiencies and for the development of programs of care and services for children and their families;

(b) to make recommendations to improve coordination of program and fiscal resources of state-local, public-voluntary services to children and their families;

(c) to coordinate program and management research of member agencies for the purpose of monitoring, evaluating or redirecting existing services programs or developing new programs, and to conduct, sponsor, or direct member agencies to undertake such research or other activities;

(d) to review and resolve differences, if any, concerning rules and regulations of each member agency insofar as such rules and regulations impact on services programs provided by other member agencies;

(e) to consult with federal officials and agencies concerning services programs;

(f) to receive reports and recommendations from any advisory committee of a member agency;

(g) to promulgate, amend and rescind rules and regulations relating to the administration and performance of the powers and duties of the council pursuant to this article;

(h) to accept and expend any grants, awards, or other funds or appropriations as may be available to the council to effectuate the purposes of this article including funds available to the state through the department of social services under title IV-B of the federal social security act,³ subject to the limitations as to the approval of expenditures and audit as are prescribed for state funds by the state finance law, and subject to the approval of the director of the budget;

(i) to perform all other things necessary and convenient to carry out the functions, powers and duties of the council and to effectuate the purposes of this article.

3. The council shall discuss the development of budget requests of member agencies insofar as such budgets jointly affect services programs for children and their families and shall make comments and recommendations thereon to the relevant member agencies and the governor.

4. The council shall submit a written report to the governor and the legislature by no later than October first, nineteen hundred seventy-eight and annually thereafter, setting forth the recommendations and activities of the council on matters within the scope of its powers and

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duties as set forth in this section, and describing progress made in eliminating deficiencies in services programs.

5. (a) The council shall meet on a regular basis to implement the purposes of this article and to discuss and resolve disputes, including but not limited to disputes between member agencies, relating to their functions, powers and duties over the provision of services to particular children and their families or to categories of children or child and family problems when all the internal statutory and administrative grievance or appeal procedures applicable to a member agency have failed to finally resolve such dispute. The council shall direct each member agency to establish and maintain such grievance or appeal procedures.

(b) The council shall direct member agencies to provide an evaluation, including a diagnostic study, of a particular child and his family when there is a dispute as to the appropriate agency or program in which the child should be placed or from which the child and his family should receive services, and, following such study, the council shall order placement of a child with a member agency which is empowered by law to care for children, or with a social services official, or to order a member agency to provide or require the provision of services to the child and his family.

(c) The council shall direct member agencies to take appropriate direct action or to exercise their supervisory powers over local officials and agencies, in the resolution of such disputes.

(d) The duty of the council to resolve disputes involving particular children may be performed on a selective basis within the discretion of the council. Exercise of jurisdiction over such disputes by the council or appeals to the council therefor shall not be required as a condition precedent to the initiation of a proceeding pursuant to article seventy-eight of the civil practice law and rules.⁴

¹ 42 U.S.C.A. § 1397 et seq.

² Judiciary—Family Court Act § 711 et seq.

³ 42 U.S.C.A. § 620 et seq.

⁴ CPLR § 7801 et seq.

§ 2. Section one hundred twelve of the education law, as added by chapter eight hundred seventy-eight of the laws of nineteen hundred seventy-six, is hereby amended to read as follows:

§ 112. ~~Cooperation with the division for youth~~ Children in care; responsibility for education

The education department shall establish and enforce standards of instruction, personnel qualifications and other requirements for education services or programs, as determined by rules of the regents and regulations of the commissioner, with respect to the individual requirements of children who are in full-time residential care in facilities or homes operated or supervised by the division for youth, department of mental hygiene or social services districts. The education department shall cooperate with the division for youth, the department of mental hygiene and the department of social services with respect to educational and vocational training programs for children placed with ~~the division for youth~~, committed to or under the supervision of such

agencies. Nothing herein contained shall be deemed to apply to responsibility for the provision or payment of care, maintenance or other services subject to the provisions of the executive law, mental hygiene law, social services law or any other law.

§ 3. The sum of two hundred thousand dollars (\$200,000), or so much thereof as may be necessary, is hereby appropriated out of any moneys in the state treasury in the general fund to the credit of the state purposes fund, not otherwise appropriated, and made immediately available, for the expenses of the state council on children and families including personal service, maintenance, operation and travel in and outside the state, in carrying out the provisions of this act for the balance of the fiscal year of the state ending on the thirty-first day of March, nineteen hundred seventy-eight. No part of such appropriation shall be available for the purposes designated until a certificate of approval of availability shall have been issued by the director of the budget and a copy of such certificate filed with the state comptroller, the chairman of the senate finance committee, and the chairman of the assembly ways and means committee. Such moneys shall be payable on the audit and warrant of the comptroller on vouchers certified or approved in the manner prescribed by law.

§ 4. This act shall take effect on October first, nineteen hundred seventy-seven.

Social Services—Residential and Medical Care Placement Demonstration Projects

CHAPTER 758

An Act to amend the social services law, in relation to authorizing social services districts to conduct residential and medical care placement demonstration projects.

Approved Aug. 5, 1977, effective as provided in section 2.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. The social services law is hereby amended by adding thereto a new section, to be section three hundred sixty-four-b, to read as follows:

§ 364-b. Residential and medical care placement demonstration projects

1. Notwithstanding any inconsistent provisions of this chapter or any other law to the contrary, social services districts are hereby authorized to conduct or participate in time-limited demonstration projects for the purpose of demonstrating the feasibility of reducing medical assistance expenditures for care in residential health facilities by utilizing medical assistance funds for: (a) conducting initial assessments of, and performing case management functions, for (i) persons financially eligible for medical assistance pursuant to this title who request long term care services, and (ii) persons whether or not otherwise financially eligible for medical assistance who seek care in or discharge from a residential health care facility or a congregate care facility as described in section

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1231

MEMORANDUM IN SUPPORT

S. 6576-A

Senators Picani and Halperin -
at the request of the TSC on Child Welfare

A. _____

Assemblyman Lasher

at the request of the TSC on Child Welfare

TYPE:

AN ACT to amend the executive law, and the education law, in relation to the creation of a state council on children and families, specifying the powers and duties of such council and making various changes related thereto.

TEXT AND REVISIONS:

Section 1 of the bill amends the Executive Law to create in the Executive Department a State Council on Children and Families. The Council, to be comprised of the State Commissioners of Social Services, Mental Hygiene, and Education, the Directors of the State Division for Youth and Division of Probation and the Executive Director of the State Board of Social Welfare, and chaired by the Governor or one of his senior staff members will, for the first time, lodge within a single institutional framework, executive authority over the wide range of State and local programs for those children and their families who are in need of supportive services in order to preserve, strengthen or restore their family units and thus promote permanence for children and minimize, when possible, the care of children away from their homes.

The Council will have a number of significant powers, duties and responsibilities. They include:

- identifying and making recommendations to the Governor for the correction of problems and deficiencies in services programs to children and families and for improving the coordination of such programs;
- undertaking program and management research to monitor, evaluate and re-direct services programs or initiate new programs;
- preventing or correcting conflicts created by the impact of rules and regulations proposed or issued by member agencies;
- facilitating the coordinated development of member agency budget requests impacting on children and families; and
- resolving inter-agency disputes regarding the provision of services to particular children and families or to categories of child and family problems, after the exhaustion of existing administrative grievance mechanisms.

included in the bill is the power of the Council to provide for diagnostic evaluations of individual child and family service needs and to order placement and/or provision of services on the basis of such evaluation.

Section 2 of the bill requires the State Department of Education to establish and enforce instructional and other program standards for the individual educational needs of children in residential care under the control of Division for Youth, the Department of Mental Hygiene and social services districts.

JUSTIFICATION:

The investigations and studies undertaken by the Temporary State Commission on Child Welfare since 1974 have firmly established the need for a supra-departmental authority to resolve disputes, identify needs and develop new service programs within the entire child welfare system. The present arrangement of independent departments and agencies - State and local, public and voluntary - has demonstrated an inability to address satisfactorily the gaps and the conflicts in care and services which are required by troubled children and their families.

The Commission believes that the Executive Department is the only consistent and appropriate locus for this authority and that its present generalized responsibility should be fixed in a single executive mechanism.

This bill will establish such a mechanism in the Council on Children and Families, under the chairmanship of the Governor or one of his senior staff members.

While the Commission is convinced of the need for further and permanent revisions of the child welfare system, it believes that the establishment of the Council on Children and Families, with the authority therein granted, will prevent and correct many of the most glaring inadequacies and failures of the system as it now exists.

Transfer of Department of Education Department responsibility over the education of children in residential care and not in attendance at public or parochial schools is an appropriate extension of constitutional protection to such children.

GENERAL IMPLICATIONS:

It is expected that operating funds for the Council on Children and Families will be provided in the 1977-78 Supplemental Budget. It is estimated that the activities of the Council will generate many times its annual administrative costs in program savings through improved operations of children and family services programs in New York State and through the minimizing, when appropriate, of costly residential care of children away from their own homes.

ESTIMATED DATE:

This measure would take effect on October 1, 1977.

SOCIAL SERVICES LAW
STATE COUNCIL ON CHILDREN AND FAMILIES

Section 483. Council on children and families; chair.
483-a. Utilization of other agency assistance.
483-b. Powers and duties of council.

§ 483. Council on children and families; chair. 1. There shall be a council on children and families established within the office of children and family services consisting of the following members: the state commissioner of children and family services, the commissioner of temporary and disability assistance, the commissioner of mental health, the commissioner of mental retardation and developmental disabilities, the commissioner of the office of alcoholism and substance abuse services, the commissioner of education, the director of the office of probation and correctional alternatives, the commissioner of health, the commissioner of the division of criminal justice services, the state advocate for persons with disabilities, the director of the office for the aging, the commissioner of labor, and the chair of the commission on quality of care for the mentally disabled. The governor shall designate the chair of the council and the chief executive officer (CEO).

2. The chair of the council in consultation with the commissioner of the office of children and family services, shall designate staff from the office of children and family services to work full time in carrying out the functions of the council.

3. The council may conduct its meetings and, by and through the chair, perform its powers and duties notwithstanding the absence of a quorum; provided, however that no action may be taken by the council without the concurrence of the chair.

§ 483-a. Utilization of other agency assistance. To effectuate the purposes of this article, any department, division, board, bureau, commission or agency of the state or of any political subdivision thereof shall, at the request of the chair, provide to the council such facilities, assistance and data as will enable the council properly to carry out its powers and duties and those of the chair.

§ 483-b. Powers and duties of council. 1. As used in this section, the terms "care", "services", "programs", and "services programs" shall mean and include care, maintenance, services and programs provided to children of the state and their families by or under the jurisdiction of a member agency. The term "member agency" shall mean an agency headed by a member of the council.

2. The council shall have the following powers:

(a) to identify problems and deficiencies in residential care and community-based services programs and, on a selective basis, to plan and make recommendations to the governor for the remedy of such problems and deficiencies and for the development of programs of care and services for children and their families;

(b) to make recommendations to improve coordination of program and fiscal resources of state-local, public-voluntary care and services to children and their families;

(c) to coordinate program and management research of member agencies for the purpose of monitoring, evaluating or redirecting existing care and services programs or developing new programs, and to conduct, sponsor, or direct member agencies to undertake such research or other activities;

(d) to review and resolve differences, if any, concerning rules and regulations of each member agency insofar as such rules and regulations impact on services programs provided by other member agencies;

(e) to promulgate, amend and rescind rules and regulations relating to the administration and performance of the powers and duties of the council pursuant to this article;

(f) to review significant state and locally operated and supported care and services, plans and proposals for new services for children and families to determine whether such services are planned, created and delivered in a coordinated, effective and comprehensive manner;

(g) to perform all other things necessary and convenient to carry out the functions, powers and duties of the council and to effectuate the purposes of this article; and

(h) to accept and expend any grants, awards, or other funds or appropriations as may be available to the council to effectuate the purposes of this article, subject to the approval of the director of the budget.

3. The council shall review the budget requests of member agencies insofar as such budgets jointly affect services programs for children and their families and shall make comments and recommendations thereon to the relevant member agencies and the governor.

4. (a) The council shall meet on a regular basis to implement the purposes of this article and to discuss and resolve disputes, including but not limited to disputes between member agencies, relating to their functions, powers and duties over the provision of services to particular children and their families or to categories of children or child and family problems when all the internal statutory and administrative grievance or appeal procedures applicable to a member agency have failed to finally resolve such dispute. The council shall direct each member agency to establish and maintain such grievance or appeal procedures.

(b) The council shall direct member agencies to provide an evaluation, including a diagnostic study, of a particular child and his or her family when there is a dispute as to the appropriate agency or program in which the child should be placed or from which the child and his or her family should receive services, and, following such study, the council shall order placement of a child with a member agency, or with a social services official, or order a member agency to provide or require the provision of services to the child and his or her family in a manner consistent with the legal authority of the member agency or social services official, as applicable.

(c) The council shall direct member agencies to take appropriate direct action or to exercise their supervisory powers over local officials and agencies, in the resolution of such disputes.

(d) The duty of the council to resolve disputes involving particular children may be performed on a selective basis within the discretion of the council. Exercise of jurisdiction over such disputes by the council or appeals to the council therefor shall not be required as a condition precedent to the initiation of a proceeding pursuant to article seventy-eight of the civil practice law and rules.

(e) A dispute relative to which member agency shall have the responsibility for determining and recommending adult services pursuant

to sections 7.37 and 13.37 of the mental hygiene law, section three hundred ninety-eight-c of the social services law, or subdivision ten of section forty-four hundred three of the education law shall be resolved in accordance with this subdivision.

5. (a) Notwithstanding any other provision of state law to the contrary, the council may request any member agency to submit to the council and such member agency shall submit, to the extent permitted by federal law, all information in the form and manner and at such times as the council may require that it is appropriate to the purposes and operation of the council.

(b) The council shall protect the confidentiality of individual identifying information submitted to or provided by the council, and prevent access thereto, by, or the distribution thereof to, persons not authorized by law.

Title 8. Education Department
Chapter II. Regulations of the Commissioner
Subchapter E. Elementary and Secondary Education
Part 100. Elementary and Secondary Education School Program

8 NYCRR §100.3(a):

Section 100.3. Program requirements for students grades prekindergarten through four.

(a) Prekindergarten and kindergarten programs operated by public schools and voluntarily registered nonpublic schools.

(1) Each such school operating a prekindergarten and/or kindergarten program shall adopt and implement curricula, aligned with the State learning standards, that ensures continuity with instruction in the early elementary grades and is integrated with the instructional program in grades one through 12.

(2) Each such school operating a prekindergarten and/or kindergarten program shall provide an early literacy and emergent reading program based on effective, evidence-based instructional practices. Essential components of this program shall include:

- (i) background knowledge;
- (ii) phonological awareness;
- (iii) expressive and receptive language;
- (iv) vocabulary development;
- (v) phonemic awareness;
- (vi) fluency; and
- (vii) comprehension.

(3) The instructional program for prekindergarten and kindergarten shall be based on the ages, interests, strengths and needs of the children. Learning experiences in such programs shall include:

(i) differentiated instruction to support the acquisition of new concepts and skills;

(ii) materials and equipment which allow for active and quiet play in indoor and outdoor environments;

(iii) instruction in the content area of English language arts, mathematics, science, social studies and the arts, including dance, music, theatre and visual arts; that is designed to facilitate student attainment of the State learning standards and is aligned with the instructional program in the early elementary grades;

(iv) opportunities for participation in inquiry-based activities and projects;

(v) opportunities to use a wide variety of information in print and electronic mediums;

(vi) fine and gross motor activities in prekindergarten, and instruction in physical education in kindergarten pursuant to section 135.4(c)(2)(i) of this Title; and

(vii) instruction on health and nutrition topics for students in prekindergarten and health education for students in kindergarten pursuant to section 135.3(b) of this Title.

(4) Each school operating a prekindergarten and/or kindergarten program shall develop procedures to ensure the active engagement of parents and/or guardians in the education of their children. Such procedures shall include support to children and their families for a successful transition into prekindergarten or kindergarten and into the early elementary grades.

EDUCATION LAW
TITLE VI. SPECIAL SCHOOLS AND INSTRUCTION
ARTICLE 89. CHILDREN WITH HANDICAPPING CONDITIONS

§ 4403. Duties of education department. The state education department shall have power and it shall be its duty: 1. To maintain a statistical summary of the number of handicapped children who reside within the state and the nature of their handicaps and to use all means and measures necessary to adequately meet the physical and educational needs of such children, as provided by law.

2. To stimulate all private and public efforts designed to relieve, care for or educate children with handicapping conditions and to coordinate such efforts with the work and function of governmental agencies.

3. To formulate such rules and regulations pertaining to the physical and educational needs of such children as the commissioner of education shall deem to be in their best interests. In the city school district of the city of New York in complying with any rules or regulations promulgated under this section relating to maximum group size, other than regulations prescribing the maximum class size in self-contained special education classes, the commissioner shall allow school districts a variance of up to fifty percent rounded up to the nearest whole number from the maximum number of students as specified in regulation in an instructional group in a resource room program, a related service group, and the total number of students assigned to a resource room teacher.

4. To periodically inspect, report on the adequacy of and make recommendations concerning instructional programs or special services for all children with handicapping conditions who reside in or attend any state operated or state financed social service facilities, youth facilities, health facilities, mental health, mental retardation and developmental disabilities facilities or state correctional facilities.

5. To require such financial information as may be necessary from and to audit any public or non-public school receiving any public moneys pursuant to any provision of the education law as the commissioner deems appropriate.

* 6. To provide for an advisory panel, appointed by the commissioner composed of individuals involved in or concerned with the education of children with disabilities, including individuals with disabilities, teachers of children with disabilities, parents or persons in parental relation of children or individuals with disabilities from birth to age twenty-six, state and local educational officials, including officials who carry out activities under subtitle B of title seven of the McKinney-Vento homeless assistance act (section eleven thousand four hundred thirty-one of title forty-two of the United States code, et seq.), representatives of state or regional associations concerned with the education of children with disabilities, representatives of institutions of higher education that prepare special education teachers or administrators and/or related services personnel, administrators of programs for students with disabilities, a representative of the office of children and family services with responsibility for foster care, representatives of other state agencies involved in the financing or delivery of related services to children with disabilities, representatives of nonpublic schools and, upon establishment of such schools, representatives of public charter schools, not less than one representative of a vocational, community or business organization

concerned with the provision of transition services to students with disabilities, and representatives of state juvenile and adult corrections agencies, to advise the governor, legislature and commissioner of unmet needs within the state in the education of children with disabilities, in developing procedures for evaluation of the special education system and the reporting of data as required by federal law, in developing corrective action plans to address findings identified in federal monitoring reports, in developing and implementing policies relating to coordination of services, and on the education of students with disabilities who have been convicted as adults and incarcerated in adult prisons and to comment publicly on any rules or regulations proposed for issuance by the commissioner regarding the education of children with disabilities and the procedures for distribution of funds under this article. A majority of the members of the advisory panel shall be individuals with disabilities or parents of children with disabilities. Such panel members shall serve without compensation except that such members shall be entitled to reimbursement for actual and necessary expenses incurred in such service.

* NB Effective until June 30, 2012

* 6. To provide for an advisory panel, appointed by the commissioner composed of individuals involved in or concerned with the education of children with disabilities, including individuals with disabilities, teachers of children with disabilities, parents or persons in parental relationship of children with disabilities, state and local educational officials, representatives of state or regional associations concerned with the education of children with disabilities, representatives of institutions of higher education that prepare special education teachers or administrators and/or related services personnel, administrators of programs for students with disabilities, representatives of other state agencies involved in the financing or delivery of related services to children with disabilities, representatives of nonpublic schools and, upon establishment of such schools, representatives of public charter schools, at least one representative of a vocational, community or business organization concerned with the provision of transition services to students with disabilities, and representatives of state juvenile and adult corrections agencies, to advise the governor, legislature and commissioner of unmet needs within the state in the education of children with disabilities, in developing procedures for evaluation of the special education system and the reporting of data as required by federal law, in developing corrective action plans to address findings identified in federal monitoring reports, in developing and implementing policies relating to coordination of services, and on the education of students with disabilities who have been convicted as adults and incarcerated in adult prisons and to comment publicly on any rules or regulations proposed for issuance by the commissioner regarding the education of children with disabilities and the procedures for distribution of funds under this article. A majority of the members of the advisory panel shall be individuals with disabilities or parents of children with disabilities. Such panel members shall serve without compensation except that such members shall be entitled to reimbursement for actual and necessary expenses incurred in such service.

* NB Effective June 30, 2012

7. To define, no later than July first, nineteen hundred seventy-seven, in a report to the legislature and the governor, specific criteria for determining whether a particular disorder or condition may be considered a specific learning disability and to describe in such report diagnostic procedures which can be used in determining whether a

particular child has such a disorder or condition, and to recommend in such report, in consultation with the division of the budget, a cost effective program proposal and finance recommendations.

8. To develop and distribute a handbook for parents of handicapped children and the members of committees and subcommittees on special education, which handbook shall explain, in layman terms, the financial and educational obligations of the state, the county or city, the home school district, the committee on special education, and the parent or legal guardian of a handicapped child, the special services or programs available pursuant to this article, and the legal procedures available to an aggrieved parent or legal guardian of a handicapped child.

9. To make provision by regulation of the commissioner to assure the confidentiality of any personally identifiable data, information, and records collected or maintained by the state department of education or any school district, including a committee or subcommittee on special education, and the officers, employees or members thereof, pursuant to or in furtherance of the purposes of this article, and shall establish procedures upon which any such personally identifiable data, information, or records may be disclosed.

10. a. The commissioner shall determine whether a child, whose report is submitted to the department pursuant to clause (b) or (d) of subparagraph five of paragraph b of subdivision one of section forty-four hundred two of this article or subdivision thirteen of section three hundred ninety-eight of the social services law, will likely need adult services and, if such need will likely exist, develop a recommendation of all appropriate adult programs operated or approved by the department which may be available. If necessary and appropriate, the commissioner may conduct an evaluation of the child to determine if adult services will be needed. Such recommendation of all programs shall be made available to the parent or guardian of such child as soon as practicable but no later than six months before such child attains the age of twenty-one.

b. If the commissioner determines, pursuant to paragraph a of this subdivision, that such child will not require adult services, the commissioner shall notify the child's parent or guardian in writing of such determination. Such notice shall be given as soon as practicable but no later than six months before the child attains the age of twenty-one.

c. Notwithstanding paragraphs a and b of this subdivision, the commissioner may determine that the education department is not responsible for determining and recommending adult services for such child. When such a determination is made it shall be made as soon as practicable after receiving the report and the commissioner shall promptly notify in writing the committee on special education, multidisciplinary team or social services official who sent the report that such determination has been made. Such notice shall state the reasons for the determination and may recommend a state agency which may be responsible for determining and recommending adult services.

d. Nothing in this subdivision shall be construed to create an entitlement to adult services.

e. A designee of the commissioner may carry out the functions of the commissioner described in this subdivision.

11. To promulgate regulations concerning standards for the protection of children in residential care from abuse and maltreatment, including procedures for:

(a) consistent with appropriate collective bargaining agreements and applicable provisions of the civil service law, the review and

evaluation of the backgrounds of and the information supplied by any person applying to be an employee, a volunteer or consultant, which shall include but not be limited to the following requirements: that the applicant set forth his or her employment history, provide personal and employment references, and relevant experiential and educational qualifications and, sign a sworn statement indicating whether the applicant, to the best of his or her knowledge has ever been convicted of a crime in this state or any other jurisdiction;

(b) establishing, for employees, relevant minimal experiential and educational qualifications, consistent with appropriate collective bargaining agreements and applicable provisions of the civil service law;

(c) assuring adequate and appropriate supervision of employees, volunteers and consultants;

(d) demonstrating by a residential facility or program that appropriate action is taken to assure the safety of the child who is reported to the state central register as well as other children in care, immediately upon notification that a report of child abuse or maltreatment has been made with respect to a child in such residential facility or program;

(e) removing a child when it is determined that there is risk to such child if he or she continues to remain within a residential facility or program; and

(f) appropriate preventive and remedial action to be taken including legal actions, consistent with appropriate collective bargaining agreements and applicable provisions of the civil service law.

Such standards shall also establish as a priority requirements that:

(A) subject to amounts appropriated therefor, administrators, employees, volunteers and consultants receive training in at least the following: child abuse prevention and identification, safety and security procedures, the principles of child development, the characteristics of children in care, and techniques of group and child management including crisis intervention, the laws, regulations and procedures governing the protection of children from abuse and maltreatment, and other appropriate topics, provided however, that the department may exempt administrators and consultants from such requirements upon demonstration of substantially equivalent knowledge or experience; and

(B) subject to the amounts appropriated therefor, children receive instruction, consistent with their age, needs and circumstances as well as the needs and circumstances within the program, in techniques and procedures which will enable such children to protect themselves from abuse and maltreatment.

The department shall take all reasonable and necessary actions to assure that employees, volunteers and consultants in residential facilities and programs are kept apprised on a current basis of all department policies and procedures relating to the protection of children from abuse and maltreatment and shall monitor and supervise the provision of training to such administrators, employees, volunteers, children and consultants. Regulations and standards developed pursuant to this subdivision shall, to the extent possible, be consistent with those promulgated by other state agencies for such purposes.

12. To cooperate with the state department of social services and other departments, divisions and agencies of the state when a report is received pursuant to title six of article six of the social services law to protect the health and safety of children in residential placement. Such cooperation shall include: the making of reports of alleged child

abuse or maltreatment; providing necessary assistance to the state department of social services in the department's investigation thereof and considering the recommendations of the state department of social services for preventive and remedial action, including legal action and providing written reports thereon to the department of social services as to the implementation of plans of prevention and remediation approved by the department.

13. To provide for the development and implementation of a plan of prevention and remediation with respect to an indicated report of child abuse or maltreatment. Such action shall include: (a) within ten days of receipt of an indicated report of child abuse or maltreatment, development and implementation of a plan of prevention and remediation to be taken with respect to a custodian or the residential facility in order to assure the continued health and safety of children and to provide for the prevention of future acts of abuse or maltreatment; and (b) development and implementation of a plan of prevention and remediation, in the event an investigation of a report of alleged child abuse or maltreatment determines that some credible evidence of abuse or maltreatment exists and such abuse or maltreatment may be attributed in whole or in part to noncompliance by the residential facility or program with provisions of this chapter or regulations of the department applicable to the operation of such residential facility or program. Any plan of prevention and remediation required to be developed pursuant to paragraph (b) of this subdivision by a facility supervised by the department shall be submitted to and approved by the department in accordance with time limits established by regulations of the department. Implementation of the plan shall be monitored by the department. In reviewing the continued qualifications of a residential facility or program for an operating certificate, the department shall evaluate such facility's compliance with plans of prevention and remediation developed and implemented pursuant to this subdivision.

14. To provide technical assistance to school districts for appropriate evaluation and assessment.

15. To provide technical assistance to school districts to assist in the adaptation of curriculum for the instruction of children with handicapping conditions.

16. To provide technical assistance to school districts to assist in developing criteria for placement in special education and criteria for reviewing the ability of a pupil to participate in regular education.

17. Commencing with the nineteen hundred eighty-seven--eighty-eight school year, to provide for instruction during the months of July and August of students with handicapping conditions who have received state appointments pursuant to article eighty-five, eighty-seven or eighty-eight of this chapter and whose handicapping conditions, in the judgment of the commissioner, are severe enough to exhibit the need for a structured learning environment of twelve months duration to maintain developmental levels, by making such appointments for twelve months; provided that the initial term of appointment of a student with a handicapping condition who is the minimum age eligible for such a state appointment shall not commence during the months of July or August.

18. To approve the provision of early intervention services, as defined in section twenty-five hundred forty-one of the public health law, by agencies which are approved providers of special services or programs pursuant to section forty-four hundred ten of this article based on such agency's compliance with the coordinated standards and procedures for early intervention services established pursuant to title II-A of article twenty-five of the public health law and, where

applicable, teacher certification requirements.

19. To establish guidelines for determining when a child is at risk of a future placement in a residential school, and for the provision by committees on special education of information to parents and other persons in parental relationship concerning the availability of community support services to meet the needs of the family. The guidelines shall be developed by the department after consultation with the office of mental health, the office of mental retardation and developmental disabilities, the office of alcoholism and substance abuse services, the department of health, the department of social services and the division for youth.

* 19-a. To adopt regulations prescribing the state complaint procedures pursuant to sections 300.151 through 300.153 of title thirty-four of the code of federal regulations, where an individual or organization files a written complaint alleging that a public agency has violated part B of the individuals with disabilities education act. Such regulations shall include, but not be limited to, remedies for denial of appropriate services, including, as appropriate, the awarding of monetary reimbursement, compensatory services or other corrective action appropriate to the needs of the child.

* NB Effective until June 30, 2012

* 20. To adopt regulations prescribing the state complaint procedures pursuant to sections 300.660 through 300.662 of title thirty-four of the code of federal regulations, where an individual or organization files a written complaint alleging that a public agency has violated part B of the individuals with disabilities education act. Such regulations shall include, but not be limited to, remedies for denial of appropriate services, including, as appropriate, the awarding of monetary reimbursement or other corrective action appropriate to the needs of the child.

* NB Effective June 30, 2012

TITLE 8. EDUCATION DEPARTMENT
CHAPTER II. REGULATIONS OF THE COMMISSIONER
SUBCHAPTER I. SCHOLARSHIPS AND GRANTS
PART 151. APPORTIONMENT FOR PREKINDERGARTEN PROGRAMS

SUBPART 151-1. UNIVERSAL PREKINDERGARTEN PROGRAM

Section 151-1.1. Scope of Subpart.

The purpose of this Subpart is to provide four-year-old children with universal opportunity to access prekindergarten programs. This Subpart sets forth procedures and requirements for implementing such programs and making application to the Commissioner of Education.

Section 151-1.2. Definitions.

As used in this Subpart:

(a) Approved expenditures means any expenses for which grant funds may be used, such as, but not limited to, program components, professional salaries, professional development, support services, materials and supplies, administrative support services, transportation services, leasing expenses or other appropriate facilities expenses and other costs as approved by the commissioner. Pursuant to section 3202 of the Education Law, no parent and/or guardian of a child participating in a universal prekindergarten program should be subjected to a fee/charge for the instructional program.

(b) Eligible agencies shall mean a provider of child care and early education, a day care provider, early childhood program or center or community-based organization including, but not limited to, approved preschool special education program, Head Start, nursery schools, libraries and museums which meet the standards and requirements of this Subpart.

(c) Eligible child means a child who resides within the school district who is four years of age on or before December 1st of the year in which he or she is enrolled or who will otherwise be first eligible to enter public school kindergarten commencing with the following school year. For a summer only program provided in accordance with the provisions of section 151-1.4(d) of this Subpart, eligible child means a child who resides within the school district who is five years of age on or before December 1st of the year in which he or she is enrolled or who will otherwise be first eligible to enter public school kindergarten commencing with the current school year. Parents and/or guardians may choose, but are not required, to enroll their child(ren) in a universal prekindergarten program. However, upon enrollment, the school district's attendance policy must be applied.

(d) Universal prekindergarten program plan means a plan approved by the board of education or, in the case of a school district having a population of one million or more, by the community superintendent and chancellor, that is designed to effectively serve eligible children directly through the school district or through collaborative efforts between the school district and an eligible agency or agencies.

Section 151-1.3. Uniform quality standards for all universal prekindergarten classrooms, including both district-based and eligible agency-based classrooms.

(a) Curriculum.

(1) Each school district operating a prekindergarten program shall adopt and implement curricula, aligned with the State learning standards, that ensures continuity with instruction in the early elementary grades and is integrated with the district's instructional program in kindergarten through grade 12.

(2) Each school district operating a prekindergarten program shall provide an early literacy and emergent reading instruction based on effective, evidence-based practices. Essential components of this program shall include:

- (i) background knowledge;
- (ii) phonological awareness;
- (iii) expressive and receptive language;
- (iv) vocabulary development; and
- (v) phonemic awareness.

(3) Activities shall be learner-centered and shall be designed and provided in a way that promotes the child's total growth and development, and ensures that:

(i) children are encouraged to be self-assured and independent through a balanced schedule of teacher-initiated and child-initiated learning activities;

(ii) instructional materials and equipment shall be arranged in learning centers that promote a balance of individual and small group activities; and

(iii) teachers shall use intentional planning to focus instruction to meet differentiated learning styles of students.

(b) Assessments, monitoring and reporting.

(1) School districts shall establish a process for assessing the developmental baseline and progress of all children participating in the program. Such process must at a minimum provide for on-going assessment of the development of language, cognitive and social skills, and ensure that:

(i) the instrument(s) used for assessment must be valid and reliable; and

(ii) assessment information must be used to inform classroom instruction and professional development.

(2) School districts shall use the results of such assessments to annually monitor and track prekindergarten program effectiveness. A program shall be considered effective if the enrolled children demonstrate significant gains, as determined by the commissioner, in language, cognitive and social skills.

(3) Beginning in the 2008-2009 school year, school districts shall report annually, in a manner and timeline prescribed by the commissioner, the percentage of prekindergarten children making significant gains, as determined by the commissioner, in language, cognitive and social skills. The data shall be made part of school performance reports to parents and/or guardians of preschool children and the public.

(c) Health and nutrition.

(1) All prekindergarten students shall be screened as new entrants as set forth in Part 117 of this Title.

(2) Prekindergarten programs that operate for less than three hours shall provide a nutritional meal and/or snack. Programs operating more than three hours shall provide appropriate meals and snacks to ensure that the nutritional needs of the children are met. Meals and snacks shall be provided in an environment conducive to interaction between staff and children and at a time appropriate to meet the children's needs and provide sufficient time for eating and interaction.

(d) Class size. The maximum class size for a prekindergarten class is 20 children. For classes of up to 18 students, there must be one teacher and one paraprofessional assigned to each class. For classes of 19 or 20 students, there must be one teacher and two paraprofessionals assigned to each class.

(e) Staff qualifications.

(1) Prekindergarten teachers providing instruction through this Part shall possess:

(i) a teaching license or certificate valid for service in the early childhood grades pursuant to Part 80 of this Title; or

(ii) a teaching license or certificate for students with disabilities valid for service in early childhood grades pursuant to Part 80 of this Title; or

(iii) for eligible agencies collaborating with the district to provide prekindergarten services, a bachelor's degree in early childhood education or a related field, or a teaching license or certificate valid for services in the childhood grades pursuant to Part 80 of this Title, and a written plan to obtain a certification valid for service in the early childhood grades within five years; or

(iv) eligible agencies collaborating with the district to provide prekindergarten services and licensed by an agency other than the State Education Department may employ staff who meet the standards of the licensing or registering agency, until the beginning of the 2008-2009 school year, at which time all prekindergarten teachers shall meet the qualifications set forth in subparagraphs (i)-(iii) of this paragraph.

(2) Until all universal prekindergarten teachers at an eligible agency site possess a teaching license or certificate valid for services in the early childhood or childhood grades, the agencies operating such programs shall employ an on-site education director during the hours that the prekindergarten program is in operation that will be responsible for program implementation. The on-site director shall possess a teaching license or certificate valid for services in the early childhood or childhood grades pursuant to Part 80 of this Title.

(3) A prekindergarten teaching assistant providing instructional support in a prekindergarten classroom shall meet qualifications pursuant to Part 80 of this Title.

(4) A prekindergarten teacher aide providing support in a prekindergarten classroom shall meet the requirements prescribed by the local board of education.

(f) Fiscal and program oversight. A school district shall monitor compliance by collaborating eligible agencies with all fiscal and program requirements, shall assess student progress in the prekindergarten program, and shall correct any identified deficiencies.

(g) Professional development. Professional development shall be based on the instructional needs of children and shall be provided to prekindergarten teachers and staff in district and agency settings in which prekindergarten services are provided under this Subpart.

(h) Parental involvement. Each school operating a prekindergarten program shall develop procedures to ensure active engagement of parents and/or guardians in the education of their children.

(i) Support services. School districts shall provide, either directly or through referral, support services to children and their families necessary to support the child's participation in the prekindergarten program. Support services must be provided to the maximum extent practicable in the language or mode of communication which the parents and/or guardians and the child best understand. Whenever possible, such support services shall be provided in collaboration with other community organizations in a non-duplicative manner.

Section 151-1.4. Program design.

(a) Programs may be either full-day or half-day and must operate five days per week a minimum of 180 days per year; except that districts implementing programs for the first time or expansion classes in other districts may operate a minimum of 90 days, provided that in such instances the aid per prekindergarten pupil shall be reduced by 1/180th for each day less than 180 days that such program or expansion class is in session, except that the commissioner may disregard such reduction for any deficiency that may be disregarded in computing total foundation aid pursuant to Education Law section 3604(7) or (8).

(b) A district may operate a summer only program during the months of July and August, only upon demonstrating to the commissioner's satisfaction that the school district is unable to operate the program during the regular school session because of a lack of available space in both district buildings and eligible agencies. When a school district operates a summer only program the aid per prekindergarten pupil shall be reduced by 1/180th for each day less than 180 days that the summer program is in session.

(c) Unless waived by the commissioner pursuant to Education Law section 3602-e(5)(e) and section 151-1.5 of this Subpart, not less than 10 percent of the total grant award to school districts shall be set aside for the provision of the instructional program through collaborative efforts with eligible agencies. The program shall effectively use resources of the school district, eligible agencies, and the community to ensure that services are provided in an efficient and non-duplicative manner.

(d) School districts must establish a process to select eligible children to receive universal prekindergarten services on a random selection basis where there are more eligible children than can be served in a given school year, provided, however, that a school district that operated a targeted prekindergarten program in the base year may use the selection process established for such program.

(e) Integration of children with disabilities. The environment and learning activities of the prekindergarten program shall be designed to promote and increase inclusion and integration of preschool children with disabilities.

(f) The program shall be designed to ensure that participating children with limited English proficiency are provided equal access to the program and opportunities to achieve the same program goals and standards as other participating children.

Section 151-1.5. Application process.

(a) An application for an allocation to operate a universal prekindergarten program shall be submitted by the school district to the State Education Department for approval in a format and pursuant to a timeline prescribed by the commissioner. Two or more school districts may submit a joint application to operate a joint universal

prekindergarten program. The maximum grant award for a joint program shall be the sum of the grant awards computed for each participating district.

(b) The application shall set forth the following information:

(1) a description of the prekindergarten program plan approved by the board of education;

(2) a proposed budget and a description of the proposed use of the funds;

(3) the participation and contribution of each of the collaborative partners;

(4) the local share to be used;

(5) a description of any costs associated with the administration of the program;

(6) a listing of district and eligible agency sites selected for the universal prekindergarten program, including the projected number of children and other projected program data as requested by the department;

(7) a written request for a variance where applicable. The department will consider variance requests for the following:

(i) the 10 percent set aside for collaboration as set forth in Education Law section 3602-e(5) (e):

(a) for a district unable to use the set aside to establish a collaborative arrangement that would meet the requirements of this Subpart because of the unavailability of eligible agencies willing to collaborate, or other factors beyond the control of the school district; or

(b) for a district that had fully implemented a universal prekindergarten program by serving all eligible four-year-olds in the 1998-1999 school year and due to parental choice the 10 percent set aside exceeds the total district aid per kindergarten pupil multiplied by the number of prekindergarten pupils in collaborative programs;

(ii) class size based upon the unique characteristics of the program at the universal prekindergarten site or to promote the inclusion of preschool children with disabilities or children who are homeless;

(iii) for a district that operated a targeted prekindergarten program pursuant to Subpart 151-2 of this Part in the 2006-2007 school year, a variance from any inconsistent provisions of Education Law section 3602-e or this Subpart, in order to operate under the targeted prekindergarten regulations. The amount of funding supporting classrooms to which such variance applies may not exceed the amount of targeted prekindergarten grant funds received by the district for the 2006-2007 school year; and

(iv) for a district that is unable to operate the program during the regular school session because of a lack of available space in both district buildings and eligible agencies, a variance for the district to operate a summer only program pursuant to section 151-1.4(b) of this Subpart; and

(8) when two or more school districts submit a joint application, the following additional information must be submitted:

(i) which district will serve as the fiscal agent for the joint grant;

(ii) a partnership agreement that specifies the roles and responsibilities of each school district for the implementation and oversight of the program.

(c) A final report shall be submitted to the department within 30 days after the program ends. The final report shall include such program and fiscal information as requested by the department.

Section 151-1.6. Competitive process.

(a) In designing a collaborative universal prekindergarten program, districts shall accept proposals from eligible agencies to collaborate with the district to implement the universal prekindergarten program. The district shall conduct a competitive process to determine with which eligible agencies it will collaborate.

(b) Each district shall develop a process by which eligible agencies shall submit proposals. The process shall be designed to provide the district with sufficient information on which to determine the eligible agencies it will collaborate with to implement the prekindergarten program. The request for proposals developed by the school district shall include at minimum a request for the following information from each eligible agency:

(1) a description of the services to be provided by the eligible agency;

(2) a detailed narrative which describes how the eligible agency proposes to meet the goals and objectives of the district's universal prekindergarten program plan;

- (3) a description of the eligible agency's staff qualifications, staffing patterns, child-staff ratio and administrative structure; and
 - (4) a budget of proposed expenditures for services rendered.
- (c) Upon review of the proposals submitted, the eligible agency or agencies shall be selected to collaborate with the district, based on criteria, including but not limited to:
- (1) the eligible agency's capacity to effectively, efficiently and immediately provide needed services;
 - (2) the ease of utilization and accessibility of the program to parents and/or guardians;
 - (3) capacity to provide ongoing staff development;
 - (4) staffing patterns and qualifications;
 - (5) documentation that all applicable health and safety codes and licensure or registration requirements are met;
 - (6) anticipated fiscal share and other resources will be contributed to the universal prekindergarten program;
 - (7) current program design and experience in providing developmentally-appropriate programs;
 - (8) fiscal solvency;
 - (9) stability of staff, rate of turnover and ability to fill vacancies in a timely manner;
 - (10) articulated mission/philosophy statements;
 - (11) record management and documentation procedures followed by the agency;
 - (12) administrative structure;
 - (13) capacity and experience in serving children with disabilities;
 - (14) capacity and experience in serving children and their parents and/or guardians when they are limited English proficient;
 - (15) children's progress as demonstrated by assessments; and
 - (16) demonstrated effectiveness of the eligible agency's program.
- (d) The above criteria may be used to rank proposals when the district does not have the capacity to contract with all eligible agencies submitting proposals.
- (e) The district shall conduct at a minimum one site visit to settings where the universal prekindergarten program will be located prior to contracting for services.
- (f) The results of the competitive process shall be made public at a regular meeting of the board of education.

Section 151-1.7. Facilities requirements.

- (a) All buildings, premises, equipment and furnishings used for the universal prekindergarten program shall be safe and suitable for the comfort and care of the children, shall comply with all applicable requirements of the Americans With Disabilities Act and shall be provided and maintained in a state of good repair and sanitation.
- (b) Except for schools in the city of New York, buildings and classrooms located on district grounds and operated by the school district shall meet the New York State Uniform Fire Prevention and Building Code, section 155.3 of this Title or its equivalent (notwithstanding the exemption for schools in cities with populations over 125,000 persons) and section 151-2.7 of this Part. Any new construction shall also meet the standards specified in the State Education Department Manual of Planning Standards.
- (c) Except for schools in the city of New York, buildings and classrooms operated by the school district, but located off school grounds, shall meet the New York State Uniform Fire Prevention and Building Code (9 NYCRR Parts 600 through 1250), section 151-2.7 of this Part and section 155.7 of this Title or its equivalent (notwithstanding the exemption for schools in cities with populations over 125,000 persons) and Part 418 of the regulations of the Department of Social Services (18 NYCRR Part 418).
- (d) In the case of schools in the city of New York, buildings and classrooms operated by the school district shall meet all applicable local fire safety and building codes.
- (e) Buildings and classrooms operated by eligible agencies shall meet all applicable fire safety and building codes and any applicable facility requirements of a State or local licensing or registering agency.

TITLE 8. EDUCATION DEPARTMENT
CHAPTER II. REGULATIONS OF THE COMMISSIONER
SUBCHAPTER I. SCHOLARSHIPS AND GRANTS
PART 151. APPORTIONMENT FOR PREKINDERGARTEN PROGRAMS
SUBPART 151-2. EXPERIMENTAL PREKINDERGARTEN PROGRAMS

Section 151-2.1. Scope of Subpart.

The purpose of this Subpart is to carry out the legislative intent to provide financial assistance to school districts for operating experimental prekindergarten programs for prekindergarten children with educational needs associated with poverty. This Subpart also sets forth procedures and requirements for applying for a grant to operate such programs.

Section 151-2.2. Definitions.

As used in this Subpart:

(a) Developmentally appropriate means early childhood activities that demonstrate awareness of and sensitivity to the stages of each child's intellectual, physical, cultural, emotional, and social development.

(b) Economically disadvantaged child means a child whose family is eligible for some form of assistance such as Aid to Families of Dependent Children, free or reduced price school lunch, food stamps, Medicaid, unemployment compensation, or disability compensation.

(c) Learning center means a designated area in the prekindergarten classroom designed for specific kinds of activities.

(d) Local early childhood community coordination committee means a group of individuals including parents, representatives from other agencies which serve the families of young children, policymakers, and personnel from local colleges and universities.

(e) Parent means a parent, a legal guardian or another person in parental relation to a prekindergarten child.

(f) Parent advisory committee means a group of parents, representative of the population served that meets at least four times a year with the prekindergarten staff to discuss concerns and issues pertaining to the education of prekindergarten children enrolled in the program and to make recommendations for improving the quality of life for these families.

(g) Prekindergarten children means children who will be four years of age on or before December 1st of the current school year, or who will otherwise be first eligible to enter public school kindergarten commencing with the following school year, or who attend a program for which an application to serve any three or four year olds has been approved. Applications for funding to serve any three or four year olds may be submitted by districts which will be reviewed for approval based upon the demonstrated ability of the district to serve interested and eligible four year olds.

(h) Prekindergarten program means an early childhood program which provides activities for prekindergarten children for not less than 12 hours per week and not less than two and a half hours per day that meets the developmental needs of the children.

(i) School district shall mean either a school district or a Board of Cooperative Educational Services (BOCES) acting on behalf of more than one school district.

(j) School year means the period commencing on the 1st day of July in each year and ending on the 30th day of June next following.

(k) Base year means the school year prior to the school year for which a grant is paid pursuant to this Subpart.

(l) Educationally deprived child means a prekindergarten child whose educational attainment on a screening device approved by the department is below the level appropriate to such child's age.

Section 151-2.3. Program variations.

(a) Notwithstanding any provisions of this Subpart to the contrary, the commissioner may find a school district eligible for funds appropriated by the Legislature for the operation of the following program variations:

(1) Programs which provide activities for prekindergarten children, in conjunction with a grant to a Community Schools Program.

(2) A home-based program which serves both children and parents in the home through regular visits by a trained staff member, provided that such program was funded during the 1988-89 school year. The requirements set forth in sections 151-2.4(b)(7) and (11), 151-2.7, 151-2.8 and 151-2.9 of this Subpart, shall not apply to such programs.

(3) Joint Federal Chapter 1 and State experimental prekindergarten programs in schools districts eligible for a concentration grant in excess of \$200,000 in the base year pursuant to section 1006 of chapter 1 of title 1 of the Elementary and Secondary Education Act, as amended, 20 U.S.C. 2712 (title 20, Education, sections 1241 to 3400, West Publishing Co., P.O. Box 64526, St. Paul, MN 55164; available at Office of School Improvement Grants Management and Compliance, Education Building Annex, Room 469, State Education Department, Albany, NY 12234). To be approved for funding, such a district shall submit an application which demonstrates that:

(i) the program will serve educationally deprived children, and no other criteria except age and educational need will be used to select children for participation in the joint program;

(ii) all program requirements of this Part, except those relating to the selection of prekindergarten children to participate in the joint program on the basis of economic disadvantage, will be met;

(iii) priority in the selection of the schools within the district for the establishment of new prekindergarten programs or the expansion of prekindergarten programs funded in the base year will be given to schools with the highest concentration of children from low-income families, as determined from their ranking for purposes of chapter 1 pursuant to 34 CFR 200.30 (Code of Federal Regulations, 1989 Edition, Superintendent of Public Documents, U.S. Government Printing Office, Washington, DC 20402: 1984; available at Office of School Improvement Grants Management and Compliance, Education Building Annex, Room 469, State Education Department, Albany, NY 12234);

(iv) prekindergarten children in the area served by schools selected as the site of a prekindergarten program approved for funding pursuant to this paragraph shall be selected for participation in order of greatest educational need; and

(v) an exclusion has been granted for the joint program from the comparability and supplement, not supplant requirements under chapter 1 pursuant to 34 CFR 200.45 (Code of Federal Regulations, 1989 Edition, Superintendent of Public Documents, U.S. Government Printing Office, Washington, DC 20402: 1984; available at Office of School Improvement Grants Management and Compliance, Education Building Annex, Room 469, State Education Department, Albany, NY 12234).

(b) Notwithstanding any other provision of this Subpart, upon application by a school district, the commissioner may grant a variance from the requirements of this Subpart pertaining to the age of children served, limitations on program hours, the number of days per week that services are provided, staffing patterns, or the eligibility of home-based programs upon findings by the commissioner that:

(1) the granting of the variance is educationally justified; and

(2) the granting of the variance is consistent with the purposes of this Subpart.

Section 151-2.4. District application and reports.

(a) Each school district applying for a grant under this Subpart shall submit a formal application in a format and on forms provided by the department by the date prescribed by the commissioner.

(b) The application shall set forth the following information with respect to each program for which a grant is requested:

(1) The number of prekindergarten children to be served by each session of the program and the number of such children who are economically disadvantaged.

(2) A general description of the families of prekindergarten children in the district, their income level, culture and linguistic background, housing environment, and other indicators of socioeconomic status.

- (3) A description of services available within the community to meet the needs of eligible families.
 - (4) A description of other early childhood programs that serve prekindergarten children in the community.
 - (5) A description of the staff development plan.
 - (6) A description of the plan to recruit and select four year olds for the prekindergarten program.
 - (7) A description of the indoor and outdoor facilities to be used, whether district owned, rented or leased.
 - (8) A description of materials, and equipment to be used for the prekindergarten program.
 - (9) A description of the space to be used for parent activities.
 - (10) A description of the plan and rationale for all transportation to be provided, if any, which transportation shall be consistent with the requirements of all applicable statutes, the commissioner's regulations, and school district policy.
 - (11) A description of a plan to provide meals to children who will participate in the program.
 - (12) A description of the daily activities in which the children are involved.
 - (13) The philosophy and goals of the district's prekindergarten program.
 - (14) A description of services to be implemented to address the needs of children and families which shall include but not be limited to the following:
 - (i) social services;
 - (ii) health services;
 - (iii) nutrition;
 - (iv) parent involvement;
 - (v) continuity of program and services to kindergarten through third grade; and
 - (vi) coordination with other early childhood and community agencies.
 - (15) A description of a plan to ensure parent involvement.
 - (16) A description of the assessment process to be used to evaluate the accomplishment of the goals of the prekindergarten program.
 - (17) Documentation of the qualifications of the professional, ancillary and consultative staff, whether employed on a full- or part-time basis, which shall include but shall not be limited to the following:
 - (i) for consultants only, a copy of a resume;
 - (ii) for professional staff, a copy of any teaching or administrative licenses or certificates held;
 - (iii) title of position;
 - (iv) name of current supervisor; and
 - (v) percentage of work hours assigned to the prekindergarten program.
 - (18) A description of the proposed budget for the program, indicating in detail the manner in which funds are expected to be received and disbursed, including all funds used in connection with the program, whether appropriated by the State Legislature or otherwise appropriated or provided by a local government, a public agency, private persons or organizations, or the school district itself. The proposed budget shall be developed on the basis that costs will be shared by the State and the local school district, with the methodology to determine the State share to be established annually by the commissioner with the approval of the Director of the Budget.
 - (19) A description of the district's needs assessment and the rationale for opening and/or continuing the district's prekindergarten program.
- (c) Evaluation report of program. A written report of the results of the evaluation of the accomplished goals of the prekindergarten program shall be submitted to the department within 30 days after the program ends in the school year for which funds are sought.

Section 151-2.5. Approval of application.

- (a) Within a reasonable time after the receipt of a district's application, the commissioner shall approve or disapprove such application. In making such determination, the commissioner may take into account all aspects of the district's application and the proposed program including, but not limited to, satisfactory evidence of the following:

(1) that at least 80 percent of the prekindergarten children served by the program are economically disadvantaged or that all interested and eligible economically disadvantaged children residing in the area served by the program and will be served by the program;

(2) that the expected educational benefits are substantial in themselves;

(3) that the program is educationally sound, including evidence that the qualifications of the staff, facilities, equipment, supplies and the utilization thereof are sufficient to meet the stated goals;

(4) that sufficient provisions have been made for the administration, supervision and evaluation of the program to meet the stated goals; and

(5) that the program is economically sound.

(b) Allotment of funds. Upon approval of the application, the commissioner shall, in accordance with the State and local sharing methodology approved by the Director of the Budget, allocate to the school district so much of the funds appropriated by the Legislature for purposes of this Subpart, as in the judgment of the commissioner will be used pursuant to said plan as the State share to substantially and reasonably carry out the purpose of this Subpart.

(c) Payment of all or part of a grant may be suspended or terminated by the commissioner if the district fails to comply with the provisions of law, with these regulations, with any other applicable law or regulations; or if the commissioner finds that the district program is not being implemented or administered in a satisfactory manner or is failing substantially to carry out the purposes of the grant.

Section 151-2.6. Admission requirements for children.

(a) No child may participate in the prekindergarten program unless:

(1) A report of a medical examination of the child signed by a physician is submitted within 30 days of admission which states that the child is free from contagious or communicable disease.

(2) The child has been immunized to the extent appropriate to his/her age in accordance with section 2164 of the Public Health Law; or has been granted an exemption from such immunization.

Section 151-2.7. Physical facilities.

(a) Each prekindergarten classroom shall have at least a minimum of 30 square feet per child of usable activity space, excluding cloakrooms, bathrooms and storage facilities.

(b) There shall be a minimum of 75 square feet of outdoor play area per child. Less than 75 square feet per child may be permitted upon submission of evidence of careful spacing of equipment and limitation of use to small groups at a time.

(c) There shall be no construction, addition, substantial modification or change in occupancy of buildings or parts of buildings used or to be used in the operation of the prekindergarten program unless plans and designs of changes have been approved by the department.

(d) Each prekindergarten program shall provide adequate indoor and outdoor space to accommodate a variety of gross motor activities which encourage physical and social development of the children.

(e) The prekindergarten program shall be located on or close to the first floor of the building and is accessible for children with handicapping conditions who may participate in the program.

(f) A bathroom shall be part of, or immediately accessible to, the prekindergarten classroom. Such bathrooms must be barrier free.

(g) Appropriate space shall be designated for the use of parent activities.

Section 151-2.8. Safety and sanitation.

(a) All buildings, premises, equipment and furnishings used for the prekindergarten program shall be safe and suitable for the comfort and care of the children and shall be provided and maintained in a good state of repair and sanitation, as determined by the commissioner.

(b) Suitable precautions shall be taken to eliminate all conditions which may contribute to or create a fire.

(c) Fire drills shall be held in accordance with the provisions of section 807 of the Education Law. A record of these drills shall be maintained.

Section 151-2.9. Health and nutrition.

(a) The prekindergarten program shall ensure the health and safety of the children participating in the program.

(b) The program shall be equipped with a first aid kit and kept stocked for emergency treatment. First aid supplies must be kept in a clean container and in an area not accessible to children.

(c) A prekindergarten program shall have a written plan on file as prescribed by the commissioner which shall describe the medical and health policies and procedures which shall be explained to all staff and parents.

(d) A prekindergarten program shall provide at least one meal which will meet the nutritional needs of children and be provided in an environment prescribed by the commissioner.

(e) A prekindergarten program shall provide an environment which allows meals to be served regularly in the classroom, provides sufficient time for eating and ensures language communication between adults and children.

(f) Adults shall be seated with the children during mealtime.

(g) Menus shall be reviewed for nutritional content, variety and quantity by a person qualified in nutrition.

(h) Menus shall be dated, distributed to parents, and posted in a place accessible to the parents and the department.

(i) The children shall be encouraged to eat the food served, but shall not be subjected to coercion or forced feeding.

Section 151-2.10. Staff qualifications.

(a) A prekindergarten director/coordinator who spends more than 25 percent of his/her time supervising the prekindergarten program shall possess a teaching license or certificate valid for service in the early childhood grades and a certificate valid for administrative and supervisory services pursuant to Part 80 of this Title.

(b) A prekindergarten teacher shall possess a teaching license or certificate valid for service in the early childhood grades pursuant to Part 80 of this Title.

(c) A bilingual teacher shall be certified or licensed in the area of bilingual education or foreign language instruction as described in sections 80.9(a) and 80.16(d) of this Title.

(d) A prekindergarten teaching assistant shall have completed high school and six hours of college level credit in a related field pursuant to Part 80 of this Title and have experience working with young children.

(e) A bilingual teacher assistant/aide shall be fluent in the language of the population served.

(f) A prekindergarten teacher aide shall have a high school diploma and an interest in working with four year olds.

(g) A parent involvement coordinator shall have completed high school and have experience and training working with parents.

(h) A social worker assigned to the prekindergarten program shall be a person appropriately certified or licensed as described in section 80.3(f) of this Title.

(i) A family worker assigned to the prekindergarten program shall be a community member, have completed high school and have experience working with parents and/or community groups.

(j) Volunteers, including parents, shall demonstrate knowledge and interest in working with young children and their families.

Section 151-2.11. Program continuum.

(a) Developmentally based curricula appropriate for the ages and developmental stages of the children in the program shall be implemented.

(b) The program shall be varied in order to promote the physical and emotional well-being of the children, and encourage the development of language, cognitive and social skills.

(c) The minimum class size shall not be less than 16 children with one prekindergarten teacher and at least one teacher assistant/aide.

(d) The maximum class size shall not exceed 20 children with one prekindergarten teacher and at least two teacher assistants/aides.

(e) Upon application and documented educational and space justification to the commissioner, approval may be granted for variance from the class size specified in subdivisions (c) and (d) of this section.

(f) The program shall provide for experiences which are designed to influence a positive concept of self, recognizing the cultural and varied backgrounds, needs, interests and developmental levels of the children.

(g) The program shall be designed to be multicultural, and nonsexist.

(h) The organization of the prekindergarten classroom shall allow for a balance of active and quiet play, and individual and group activities.

(i) Learning centers shall be clearly identified in the classroom, and must include but are not limited to the following areas:

- (1) creative art;
- (2) music;
- (3) science;
- (4) sand and water;
- (5) family center;
- (6) manipulative;
- (7) woodworking;
- (8) block building; and
- (9) library/language arts.

(j) The program shall provide a sufficient quantity and variety of materials and play equipment which are appropriate to the age of the children and their developmental levels and interest.

(k) The program shall provide an opportunity for children to engage in indoor or outdoor gross motor activities on a daily basis.

(l) The program shall meet the needs of limited English proficient children by providing bilingual or English as a second language methodology as appropriate.

(m) Staff development and evaluation.

(1) An appropriate administrator shall evaluate the professional staff at least once a year;

(2) A prekindergarten program shall provide staff development activities in accordance with the strengths and weaknesses of program staff.

(n) Supervision.

(1) For every prekindergarten program, there shall be a person as required in section 151-2.10(a) of this Subpart, designated as the director to supervise the program. Supervisory staffing must be sufficient to effectively operate the program.

(2) Direct supervision of classroom activities shall be provided by an appropriately certified prekindergarten teacher as required in section 151- 2.10(b) of this Subpart.

(o) The prekindergarten director/coordinator shall initiate the formation of or participate on an existing Local Early Childhood Community Coordination Committee to promote collaboration of existing services.

Section 151-2.12. Discipline.

(a) For the purpose of this section, corporal punishment means any act of physical force upon a child for the purpose of punishing that child, as defined in section 19.3 of this Title.

(b) The program shall establish, and inform all parents and staff of a written pupil discipline policy. Such policy shall include the following:

- (1) any discipline used must relate to the child's misbehavior and be handled without prolonged delay on the part of the staff;
- (2) room isolation is prohibited;
- (3) corporal punishment is prohibited; and
- (4) denial of food is prohibited.

Section 151-2.13. Parent involvement.

(a) A parent advisory committee, representative of the population served, shall be established in the beginning of the school year.

(1) The advisory committee shall meet no less than four times a year.

(2) A professional staff person shall be designated as a resource to the advisory committee and a liaison to the program.

(b) To meet the varied needs of the parents, parent activities must be scheduled and/or repeated at varying times, days and locations.

(1) Parent activities shall be planned using a personalized approach, with the expectation of participation, and shall be based upon the parents' strengths, needs, language backgrounds, interests, and family and/or cultural life styles.

(2) Provision shall be made for providing appropriate staff and activities for parents who speak a language other than English.

TITLE 8. EDUCATION DEPARTMENT
CHAPTER II. REGULATIONS OF THE COMMISSIONER
SUBCHAPTER E. ELEMENTARY AND SECONDARY EDUCATION
PART 117. DIAGNOSTIC SCREENING OF PUPILS

Section 117.1. Scope of Part.

The purpose of this Part is to establish standards for the screening of every new entrant to the schools to determine which students are possibly gifted, have or are suspected of having a disability in accordance with subdivision (6) of section 3208 of the Education Law and/or possibly are limited English proficient in accordance with subdivision 2-a of section 3204 of the Education Law.

Section 117.2. Definitions.

As used in this Part:

(a) A student who is suspected of having a disability shall mean a student who, on the basis of diagnostic screening, shows evidence of being a preschool student with a disability or student with a disability as defined in section 200.(mm) and 200.1(zz) of this Title respectively.

(b) A student who possibly is limited English proficient shall mean a student who, on the basis of diagnostic screening, appears to meet the definition of limited English proficiency as contained in section 154.2 of this Title.

(c) A student who is possibly gifted shall mean student who, on the basis of diagnostic screening, appears to meet the definition of gifted and talented as contained in section 142.2 of this Title.

(d) New entrant shall mean a student entering the New York State public school system, pre-kindergarten through grade 12, for the first time, or reentering a New York State public school with no available record of a prior screening.

(e) A student with low test scores shall mean a student who scores below level two on either the third grade English language arts or mathematics assessment for New York State elementary schools. Those students exempted from testing as non-English speaking shall be examined in the student's native language through similar procedures, and shall be screened for suspected disabilities if resultant scores are comparable to those indicated above.

(f) Diagnostic screening shall mean a preliminary method of distinguishing from the general population those students who may possibly be gifted, those students who may be suspected of having a disability and/or those students who possibly are limited English proficient.

(g) Health care provider means a duly licensed physician, physician's assistant, or nurse practitioner.

Section 117.3. Diagnostic screening.

(a) Each school district shall develop a plan for the diagnostic screening of all new entrants and students with low test scores. All new entrants and students with low test scores shall be screened in accordance with the plan.

(b) Such diagnostic screening shall be conducted:

(1) by persons appropriately trained or qualified;

(2) by persons appropriately trained or qualified in the student's native language if the language of the home is other than English;

(3) in the case of new entrants, such screening shall be conducted prior to the school year, if possible, but no later than December 1st of the school year of entry, or within 15 days of transfer of a student into a New York State public school should the entry take place after December 1st of the school year;

(4) in the case of students with low test scores, such screening shall be conducted within 30 days of the availability of the test scores.

(c) Diagnostic screening for new entrants shall include, but not be limited to:

(1) a health examination by a health care provider, or evidence of such in the form of a health certificate, in accordance with sections 903, 904 and 905 of the Education Law;

(2) certificates of immunization or referral for immunization in accordance with section 2164 of the Public Health Law;

(3) vision, hearing and scoliosis screenings as required by section 136.3 of this Title;

(4) a determination of development in oral expression, listening comprehension, written expression, basic reading skills and reading fluency and comprehension, mathematical calculation and problem solving, motor development, articulation skills, and cognitive development using recognized and validated screening tools: and

(5) a determination whether the student is of foreign birth or ancestry and comes from a home where a language other than English is spoken as determined by the results of a home language questionnaire and an informal interview in English and the native language.

(d) Diagnostic screening for students with low test scores shall include, but not be limited to:

(1) vision and hearing screenings to determine whether a vision or hearing impairment is impacting the student's ability to learn; and

(2) a review of the instructional programs in reading and mathematics to ensure that explicit and research validated instruction is being provided in reading and mathematics.

(i) Students with low test scores shall be monitored periodically through screenings and on-going assessments of the student's reading and mathematic abilities and skills. If the student is determined to be making sub-standard progress in such areas of study, instruction shall be provided that is tailored to meet the student's individual needs with increasingly intensive levels of targeted intervention and instruction.

(ii) School districts shall provide written notification to parents when a student required an intervention beyond which is provided to the general education classroom. Such notification shall include: information about the performance data that will be collected and the general education services that will be provided; strategies for increasing the student's rate of learning; and the parents' right to request an evaluation by the committee on special education to determine whether the student has a disability.

(e) The results of the diagnostic screening shall be reviewed and a written report of each student screened shall be prepared by appropriately qualified school district staff. Such report shall include a description of diagnostic screening devices used, the student's performance on those devices and, if required, the appropriate referral.

(f) A student who is suspected of having a disability shall be referred to the committee on special education or the committee on preschool special education, as appropriate, no later than 15 calendar days after completion of such diagnostic screening. Such referral shall be accompanied by the report of such screening.

(g) A student identified as possibly gifted shall be reported to the superintendent of schools and to the parent or legal guardian of such child no later than 15 calendar days after completion of such screening. Such referral shall be accompanied by the report of such screening.

(h) A student identified as possibly being limited English proficient shall be assessed in accordance with Part 154 of this Title.

18NYCRR PART 416

GROUP FAMILY DAY CARE HOMES
(Statutory Authority: Social Services
Law, §§ 20(3)(d), 34(3)(f), 390,
390-a and 390-b; L. 2000, ch.
416, § 16)

Sec.

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Section 416.1 Definitions, enforcement and hearings.

The provisions of Part 413 of this Title apply to this Part.

416.2 Procedures for applying for and renewing a license.

(a) Applicants for a license must submit to the Office:

(1) a completed application, including required attestations, on forms furnished by the Office or approved equivalents. Such application and attestations must include an agreement by the applicant to operate the group family day care home in conformity with applicable laws and regulations;

(2) health statements for the provider, assistant and any alternate assistant completed within the 12 months preceding the date of application, as required in section 416.11 of this Part;

(3) a summary of the training and experience of the provider, assistant and any alternate assistant as described in section 416.13 of this Part;

(4) the names, addresses and day time telephone numbers of at least three references each for the provider, assistant and any alternate assistant, as specified in section 416.13 of this Part;

(5) sworn statements by the provider, assistant, any alternate assistant and any person 18 years of age or older who resides in the proposed group family day care home indicating whether, to the best of their knowledge, they have ever been convicted of a misdemeanor or a felony in New York State or any other jurisdiction, and fingerprint cards as required to comply with the requirements of section 413.4 of this Article;

(6) certification, on forms provided by the Office, of the status of the individual applicant's child support obligations or payments, in accordance with the requirements of Section 3-503 of the General Obligations Law;

(7) certification, on forms provided by the Office, that the applicant is providing workers compensation in accordance with the requirements of New York State law;

(8) the Statewide Central Register clearance forms necessary to complete required screening by the Statewide Central Register of Child Abuse and Maltreatment to determine if the provider, assistant, any alternate assistant and any person 18 years of age or older who resides in the proposed group family day care home is the subject of an indicated report of child abuse or maltreatment;

(9) a statement regarding the health of all persons residing in the group family day care home completed within the 12 months preceding the date of application, as required in section 416.11 of this Part;

(10) a statement from the appropriate local official or authority that the dwelling meets standards for sanitation and safety, where the Office notifies the applicant that such a statement is required;

(11) where a provider uses a private water supply:

(i) a report from a state licensed laboratory or individual, based on tests performed within the 12 months preceding the date of application, showing that the water meets standards for drinking water established by the New York State Department of Health; or

(ii) if the water does not meet such standards, a description of how water for all purposes will be provided by another method acceptable to the Department of Health;

(12) a report of inspection and approval performed by local authorities within the 12 months preceding the date of application of any wood or coal burning stove, fireplace or permanently installed gas space heater in use at the home; and

(13) certification, on forms provided by the Office, that the dwelling, its property and premises, and the surrounding neighborhood and environment are free from environmental hazards. Where the historical or current use of the dwelling, its property and premises, or the surrounding neighborhood indicate that an environmental hazard may be present, inspection or testing must be completed by the appropriate local official or authority to determine if such hazard exists. Documentation of the inspection or testing must be appended to the statement required by this paragraph and include a statement from the appropriate local official or authority following this inspection and/or testing that the dwelling, its property and premises, and the surrounding neighborhood, meet applicable standards for sanitation and safety. Such hazards include but are not limited to, dry cleaners, gas stations, nuclear laboratories or power plants, property designated as a federal superfund clean-up site, and any property with known contaminated ground or water supplies.

(b) Applicants for a license must submit all the documentation required in subdivision (a) of this section within 90 days after the submission of the first piece of such documentation to the Office. An applicant who fails to submit all documentation within the 90 days will be deemed to have withdrawn such application.

(c) Applicants for a license may not be issued a license until an inspection of the group family day care home has been conducted showing compliance with the requirements of this Part and the relevant provisions of the Social Services Law.

(d) Applicants for renewal of a license must submit to the Office at least 60 days in advance of the expiration date of the license the following:

(1) a completed application for renewal, including required attestations, on forms furnished by the Office or approved equivalents. Such

application and attestations must include an agreement by the applicant to operate the group family day care home in conformity with applicable laws and regulations;

(2) certification, on forms provided by the Office, of the status of the individual applicant's child support obligations or payments, in accordance with the requirements of Section 3-503 of the General Obligations Law;

(3) certification, on forms provided by the Office, that the applicant is providing workers compensation in accordance with the requirements of New York State law;

(4) health statements for the provider, assistant and any alternate assistant completed within the 12 months preceding the date of application for renewal, as required in section 416.11 of this Part;

(5) a statement regarding the health of all persons residing in the group family day care home completed within the 12 months preceding the date of application for renewal, as required in section 416.11 of this Part;

(6) certification, on forms provided by the Office, that the dwelling, its property and premises, and the surrounding neighborhood and environment are free from environmental hazards. Such hazards include but are not limited to, dry cleaners, gas stations, nuclear laboratories or power plants, property designated as a federal superfund clean-up site, and any property with known contaminated ground or water supplies. Where the historical or current use of the dwelling, its property and premises or the surrounding neighborhood indicate that an environmental hazard may be present, inspection or testing must be completed by the appropriate local official or authority to determine if such hazard exists. Documentation of the inspection or testing must be appended to the statement required by this paragraph and include a statement from the appropriate local official or authority following this inspection and/or testing that the dwelling, its property and premises, and the surrounding neighborhood meet applicable standards for sanitation and safety;

(7) where a provider uses a private water supply:

(i) a report from a state licensed laboratory or individual, based on tests performed within the 12 months preceding the date of application for renewal, showing that the water meets the standards for drinking water established by the New York State Department of Health; or

(ii) if the water does not meet such standards, a description of how water for all purposes will be provided by another method acceptable to the State or local Department of Health;

(8) a report of inspection and approval performed by local authorities within the 12 months preceding the date of application for renewal of any wood or coal burning stove, fireplace or permanently installed gas space heater in use at the home; and

(9) proof of compliance with the training requirements of section 416.14 of this Part.

(e) Applicants for renewal of a license may not be issued a license until an inspection of the group family day care home has been conducted showing compliance with the requirements of this Part and the relevant provisions of the Social Services Law.

416.3 Building and equipment.

(a) Each applicant must submit to the Office at the time of application for licensure a diagram of the proposed group family day care home showing: all rooms in the home, including the rooms which will be used

for day care and the purposes for which such rooms will be used; the number and location of exits and alternate means of egress; and the outdoor play areas available to the children in care.

(b) Rooms that will be used by the children must be well-lighted and well-ventilated. Heating, ventilating and lighting equipment must be adequate for the protection of the health of the children. When night care is provided, there must be sufficient light in the rooms where children are sleeping to allow supervision of and the safe movement and egress for the children. A temperature of at least 68 degrees Fahrenheit must be maintained in all rooms to be occupied by children.

(c) A firm sanitary crib, cot, bed or washable padded mat of adequate size must be provided for all children requiring a rest period. The resting/napping places must be located in safe areas of the home where there is no draft and where children will not be stepped on or block safe egress. Individual sanitary bed coverings must be available, as needed, for each child requiring a rest period. When night care is provided, a child four years of age or older shall not sleep in a room shared with another child of the opposite sex. No crib, cot, bed or mat may be occupied by more than one child, nor by a child and any adult. No child three years of age or older shall sleep in the same room with an adult of the opposite sex.

(d) Stackable cribs are prohibited.

(e) Toxic paints or finishes must not be used on room surfaces, furniture or any other equipment, materials or furnishings which may be used by children or are within their reach.

(f) Peeling or damaged paint or plaster must be repaired promptly. Concrete floors used by the children must be covered with appropriate material.

(g) The home must have adequate indoor space for the comfort of the children and to accommodate a variety of activities for the number of children in care.

(h) Each home must have access to outdoor space which is adequate for active play.

(i) A bathroom not more than one floor level away from the program area must be accessible to children.

(j) All toilets and potty chairs must be located in rooms separate from those used for cooking, playing, sleeping or eating.

(k) Adequate and safe water supply and sewage facilities must be provided and must comply with State and local laws. Hot and cold running water must be available and accessible at all times.

(l) All residences used for group family day care homes must remain in compliance with the applicable provisions of the New York State Uniform Fire Prevention and Building Code.

416.4 Fire protection.

(a) Suitable precautions must be taken to eliminate all conditions which may contribute to or create a fire hazard.

(b) Evacuation drills must be conducted at least monthly during the hours of operation of the group family day care home. If evening and/or night care is provided, such drills must be conducted monthly during each shift of care. The provider must maintain on file a record of each evacuation drill conducted using forms provided by the Office or approved equivalents.

(c) Operating smoke detectors must be used in all group family day care homes. There must be one smoke detector on each floor of the home.

A smoke detector must be located outside each area used for naps. Where smoke detectors operate from electric power within the home, such detectors must have a battery powered back-up energy source or battery powered smoke detectors must be used as a back-up system.

(d) Multi-purpose fire extinguishers of a type approved for use in residences must be maintained in good working condition and placed in the kitchen and outside the furnace room. A group family day care provider located in a multiple family dwelling is not required to place or maintain a fire extinguisher outside the furnace room of such dwelling. The caregivers must know how to use the fire extinguishers placed in such home. Fire extinguishers with gauges must show a full charge. Fire extinguishers with seals must have unbroken seals.

(e) Children must be located on the same floor of the group family day care home as a caregiver at all times, except as specified in section 416.8 of this Part. Children must not be located above the second floor of a single family dwelling.

(f) Children may be cared for only on such floors as are provided with readily accessible alternate means of egress which are remote from each other.

(1) When care is provided primarily on the first floor of a group family day care home and the second floor is used on a limited basis, including for napping purposes, one means of egress from the second floor must be either an interior stairway with no intervening rooms or obstructions which leads to an exterior door at ground level, or an exterior stairway which leads directly to the ground. The second means of egress may be a window which is at least 24 inches in its smallest dimension and which is adequate for the safe evacuation of children and adults.

(2) When care is provided primarily on the second floor of a group family day care home, both means of egress from the second floor must be stairways. One stairway must be an interior stairway with no intervening rooms or obstructions which leads to an exterior door at ground level, and the other stairway must be exterior to the house and lead directly to the ground.

(3) Where children are located below ground level, one means of egress from the below-ground level area must be either an interior stairway with no intervening rooms or obstructions which leads to an exterior door at ground level, or an exterior stairway which leads directly to the ground. The vertical travel to ground level may not exceed eight feet. The second means of egress may be a window which is at least 24 inches in its smallest dimension and which is adequate for the safe evacuation of children and adults.

(g) Trash, garbage and combustible materials must not be stored in the furnace room, or in rooms or outdoor areas adjacent to the home that are ordinarily occupied by or accessible to children. If there is not a separate, enclosed furnace room, trash, garbage and combustible materials must not be stored within four feet of the furnace.

(h) Wood or coal burning stoves, chimneys, fireplaces and permanently installed gas space heaters in use at the home must be inspected and approved by local authorities.

416.5 Safety.

(a) Suitable precautions must be taken to eliminate all conditions in areas accessible to children which pose a safety or health hazard.

(b) The provider must submit a written plan for the emergency evacu-

ation of children from the premises for each shift of care provided (day, evening, night), using a form furnished by the Office or an approved equivalent form. Primary emphasis must be placed on the immediate evacuation of children. The plan, as approved by the Office, must be posted in a conspicuous place in the home or filed in a place in the home which is available to the parents of the children in care. The approved emergency evacuation plan must describe the following:

- (1) how children and adults will be made aware of an emergency;
- (2) primary and secondary evacuation routes;
- (3) methods of evacuation, including where children and adults will meet after evacuating the home, and how attendance will be taken; and
- (4) notification of authorities and the children's parents.

(c) Portable electric heaters or other portable heating devices, regardless of the type of fuel used, may not be used in rooms accessible to the children.

(d) Radiators and pipes located in rooms occupied by children must be covered to protect the children from injury.

(e) Porches, decks and stairs must have railings with a barrier extending to the floor or ground to prevent children from falling. Acceptable types of barriers include, but are not limited to, balusters, intermediate rails, and heavy screening.

(f) (1) Each group family day care provider must ensure that barriers exist to prevent children from gaining access to any swimming pool, drainage ditches, wells, ponds or other bodies of open water located on or adjacent to the property where the group family day care home is located. Such barriers must be of adequate height and appropriately secured to prevent children from gaining access to such areas.

(2) Each group family day care provider must ensure that adequate barriers exist to prevent children from gaining access to unsafe, dangerous or hazardous areas or devices. Such areas and devices include, but are not limited to, holes, pits, wood and coal burning stoves, fireplaces and permanently installed gas space heaters.

(g) (1) The use of spa pools, hot tubs and fill-and-drain wading pools is prohibited. The use of non-public and residential pools is also prohibited except in those instances where a provider can demonstrate the ability to operate and adequately supervise the use of a non-public or residential pool in a clean, safe and sanitary manner. The provider must receive Office approval prior to use of a non-public or residential pool for children in day care.

(2) To receive approval from the Office of the use of a non-public or residential pool, a provider must:

(i) provide to the Office documentation demonstrating that there will be adequate supervision of all children in care while children use the pool, in accordance with the requirements of section 416.8 of this Part;

(ii) submit documentation acceptable to the Office demonstrating that consistent, safe and adequate water quality of the pool will be maintained; and

(iii) submit a written pool safety plan acceptable to the Office that sets forth adequate safety standards for use of the pool.

(3) Providers must obtain prior written permission from the parent for their child to use the pool. Permission notes must include the following:

- (i) Name and age of the child;
- (ii) Address where the pool is located;
- (iii) The depth of the pool at its deepest point;
- (iv) Dates or months the child is permitted to swim in the pool; and
- (v) Signature of parent and date signed.

(4) A trained person as described in paragraph (4) of subdivision (a) of section 416.8 of this Part must be present at the pool whenever the pool is in use by day care children.

(5) Providers approved to use non-public or residential swimming pools for children in day care will maintain those records required by the Office as a condition of approval of use of the pool.

(h) Public swimming pools and adjacent areas used by the children must be constructed, maintained, staffed and used in accordance with Chapter 1, subpart 6-1, of the New York State Sanitary Code, and in such a manner as will safeguard the lives and health of children.

(i) Protective caps, covers or permanently installed obstructive devices must be used on all electrical outlets that are accessible to children.

(j) All matches, lighters, medicines, drugs, cleaning materials, detergents, aerosol cans and other poisonous or toxic materials must be stored in their original containers, and must be used in such a way that they will not contaminate play surfaces, food or food preparation areas, or constitute a hazard to children. Such materials must be kept in a place inaccessible to children.

(k) Indoor and outdoor plants which are hazardous to children must not be accessible to the children.

(l) Any pet or animal kept indoors or outdoors at the group family day care home must be in good health, show no evidence of carrying disease, and pose no threat to children. This provision also applies to those pets or animals present at the home which do not belong to the caregivers.

(m) A working telephone must be in the home. Emergency telephone numbers for the fire department, local or state police or sheriff's department, poison control center, and ambulance service must be posted conspicuously on or next to the telephone. Devices used for purposes of call blocking shall not be used to block in-coming calls from parents or legal guardians of children in care, representatives of the Office or agents of the state or local government during the hours of operation of the child day care program.

(n) Materials and play equipment used by the children must be sturdy and free from rough edges and sharp corners.

(o) Outdoor equipment such as swings, slides and climbing apparatus must be installed and used in accordance with the manufacturer's specifications and instructions, be in good repair and be placed in a safe location. Such equipment and apparatus may be used only by the children for whom it is developmentally appropriate.

(p) Clear glass panels must be marked clearly to avoid accidental impact. Glass in outside windows less than 32 inches above the floor level must be of safety grade or otherwise protected by use of barriers to avoid accidental impact.

(q) Where child care is provided above the first floor, windows on such floors must be protected by barriers or locking devices to prevent children from falling out of the windows.

(r) An operable flashlight or battery powered lantern must be kept in the child care area. Such equipment must be properly maintained for use in the event of a power failure.

(s) Every closet door latch must be constructed to enable children to open the door from inside the closet. Every bathroom door lock must be designed to permit opening of the locked door from the outside in an emergency. The opening device must be readily accessible. Door locks on exit doors from the residence must be able to be opened from the inside without using a key.

(t) The following items must be used and stored in such a manner that they are not accessible to children: handbags, backpacks or briefcases belonging to adults; plastic bags; and toys and objects small enough for children to swallow.

(u) High chairs, when used, must have a wide base and be used only by children who are able to sit up independently. A safety strap must be fastened around children who are seated in high chairs.

416.6 Transportation.

(a) The provider must obtain written consent from the parent of the child for any transportation of the children in care at the group family day care home provided or arranged for by a caregiver.

(b) A caregiver or volunteer must never leave a child unattended in any motor vehicle or other form of transportation.

(c) Each child must board or leave a vehicle from the curb side of the street.

(d) All children must be secured in safety seats or by safety belts as appropriate for the age of the child in accordance with the requirements of the Vehicle and Traffic Law before any child may be transported in a motor vehicle where such transportation is provided or arranged for by the provider.

(e) Any motor vehicle, other than a public form of transportation, used to transport children in care at the group family day care home must have a current registration and inspection sticker and must be operated by a person who is at least 18 years of age and possesses a valid driver's license.

416.7 Program requirements.

(a) The group family day care provider must establish a daily schedule of program activities which offers reasonable regularity in routines, including snack and meal periods, nap and rest periods, indoor activities and outdoor play time. When night care is provided, this schedule must include a routine of good personal hygiene practices, including changing into night clothes, brushing teeth, and washing before bed in the manner to be agreed between the parent and the provider.

(b) Children must receive instruction, consistent with their age, needs and circumstances, in techniques and procedures which will enable them to protect themselves from abuse and maltreatment.

(c) Each group family day care home must provide a sufficient quantity and variety of materials and play equipment appropriate to the ages of the children and their developmental levels and interests, including children with developmental delays or disabilities, that promote the children's cognitive, educational, social, cultural, physical, emotional, language and recreational development.

(d) As age and development permit, children must be allowed freedom of movement and must be provided with an environment designed to develop such skills as crawling, standing, walking and running.

(e) Children must be provided an opportunity to choose between quiet activities and active play.

(f) Daily supervised outdoor play is required for all children in care, except during inclement or extreme weather or unless otherwise ordered by a health care provider. Parents may request and providers may permit children to remain indoors during outdoor play time so long as such children will be supervised by a caregiver.

(g) Except while sleeping, awaking or going to sleep, an infant must not be left in a crib, playpen or other confined space for more than 30 minutes at any one time. Other than at meals or snack time, a child must not be left in a high chair for longer than 15 minutes.

(h) For day and evening care, appropriate rest and quiet periods, which are responsive to individual and group needs, must be provided so that children can sit quietly or lie down to rest.

(i) Sleeping and napping arrangements must be made in writing between the parent and the provider. Such arrangements include: the area of the home where the child will nap; whether the child will nap on a cot, mat, bed or a crib; and how the napping child will be supervised, consistent with the requirements of paragraph (1) of subdivision (a) of section 416.8 of this Part. Sleeping arrangements for infants require that the infant be placed on his or her back to sleep, unless medical information is presented to the provider by the parent that shows that arrangement is inappropriate for that child.

(j) For children unable to nap, time and space must be provided for quiet play. During day and evening care, children must not be forced to rest for long periods of time.

416.8 Supervision of children.

(a) Children cannot be left without competent supervision at any time. A caregiver must have direct visual contact with the children at all times except as follows:

(1) With the prior written permission of the parent, children may nap or sleep in a room where an awake adult is not present. When children are sleeping and during nap times, the doors to all rooms must be open; the caregiver must remain on the same floor as the children; and a functioning electronic monitor must be used in any room where children are sleeping or napping and an awake adult is not present. Electronic monitors may be used as an indirect means of supervision only where the parents have agreed in advance to the use of such monitors. Use of electronic monitors is restricted to situations where the children are sleeping. For evening and night care, the caregiver may sleep while the children are sleeping if the provider has obtained the written permission to do so from every parent of a child receiving evening or night care in the group family day care home. The caregiver must remain awake at all times and physically check sleeping children every 15 minutes in the event written permission has not been obtained from all parents of children receiving evening or night care.

(2) Children who are able to toilet independently, including fastening and unfastening clothing, wiping themselves, flushing the toilet, and washing their hands, may use a bathroom on another floor for a short period of time without direct adult supervision.

(3) With the written permission of the parents, providers may allow school-aged children to participate in activities outside of the direct supervision of a caregiver. Such activities must occur on the premises of the group family day care home. A caregiver must physically check such children every 15 minutes.

(4) With the prior written permission of the parents, providers meeting the requirements of subdivision (g) of section 416.5 of this Part may allow children in day care to participate in residential pool activities providing the following supervision criteria are met:

(i) The provider must develop a plan of supervision which ensures that there is a person supervising the children in the pool at all times

children are using the pool. This person must be able to swim. Where some children in care are using the pool and others are not using the pool, the plan of supervision must ensure that there will be adequate and appropriate supervision of the children using the pool and those not using the pool. While the pool is in use, the group family day care home must continue to meet the supervision requirements of subdivision (d) of this section for all children in care, including children involved in pool activities.

(ii) As of August 1, 2001, any person supervising children in pools must possess a current American Red Cross Cardiopulmonary Resuscitation Certification (CPR) or equivalent certification, as approved by the Office.

(b) No person under 18 years of age can be left in sole charge of the children at any time.

(c) The provider and assistant must be the primary caregivers of children in a group family day care home.

(1) For short-term, non-recurring absences, a substitute or alternate assistant may care for children in place of either the provider or the assistant. If no substitute or alternate assistant is available, care may not be provided and parents must be notified that care at the group family day care home will not be available. Parents must be notified when a substitute or alternate assistant will be caring for the children.

(2) For other than short-term, non-recurring absences, only an assistant or an alternate assistant may care for the children in place of the provider, and only an alternate assistant can care for children in place of an assistant. Except in the case of emergency, children may not be left in the care of two substitutes.

(d)(1) The provider and assistant or alternate assistant must be present at all times that more than six children are in care. The provider or assistant or alternate assistant alone may care for a maximum of six children.

(2) The provisions of paragraph (1) of this subdivision notwithstanding, where a group family day care home provides care for children under the age of two years, there must be at least one caregiver present for every two children under the age of two years in attendance at the group family day care home. The provider and assistant or alternate assistant may be caregivers for the purposes of this paragraph.

(e) No child can be released from the group family day care home to any person other than his or her parent, person currently designated in writing by such parent to receive the child, or other person authorized by law to take custody of a child. No child can be released from the program unsupervised except upon written instruction of the child's parent. Such instruction must be acceptable to the provider and should take into consideration such factors as the child's age and maturity, proximity to his or her home, and safety of the neighborhood.

(f) Visitor control procedures.

(1) Each group family day care home shall require any and all visitors to the home to:

(i) sign in upon entry to the premises;

(ii) indicate in writing the date of the visit and the time of entry to the home.

(iii) clearly state in writing the purpose of the visit; and

(iv) sign out upon departure from the home indicating in writing the time of departure.

(2) Each group family day care home shall establish such other rules and policies as are necessary to provide for monitoring and control of

visitors to protect the health, safety and welfare of children in care. As part of such rules and policies, each group family day care home shall determine who shall be considered a visitor to the home for purposes of this subdivision.

(g) Surveillance cameras may not be used as a substitute for competent direct supervision of children.

416.9 Discipline.

(a) The group family day care provider must establish written disciplinary guidelines and provide copies of these guidelines to all caregivers and parents. These guidelines must include acceptable methods of guiding the behavior of children. Discipline must be administered in such a way as to help each child develop self-control and assume responsibility for his or her actions through clear and consistent rules and limits appropriate to the ages and development of the children in care. The caregivers must use acceptable techniques and approaches to help children solve problems.

(b) Any discipline used must relate to the child's action and be handled without prolonged delay on the part of the caregiver so that the child is aware of the relationship between his or her actions and the consequences of those actions.

(c) Isolating a child in a closet, darkened area, or any area where the child cannot be seen and supervised by the caregiver is prohibited.

(d) Where a child's behavior harms or is likely to result in harm to the child, others or property, or seriously disrupts or is likely to seriously disrupt group interaction, the child may be separated briefly from the group, but only for as long as is necessary for the child to regain enough self-control to rejoin the group. The child must be placed in an area where he or she is in the view of, and can be supervised and supported by, a caregiver. Interaction between a caregiver and the child must take place immediately following the separation to guide the child toward appropriate group behavior. Separation of a child from the group in a manner other than that provided for in this subdivision is prohibited.

(e) Corporal punishment is prohibited. For the purposes of this Part, the term corporal punishment means punishment inflicted directly on the body including, but not limited to, 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, foods, hot spices or other substances.

(f) Withholding or using food, rest or sleep as a punishment is prohibited.

(g) Discipline may be administered only by a caregiver.

(h) Methods of discipline, interaction or toilet training which frighten, demean or humiliate a child are prohibited.

416.10 Child abuse and maltreatment.

(a) Any abuse or maltreatment of a child receiving child care or residing in the home, including the provider's children and any foster

children, either as an incident of discipline or otherwise, is prohibited. A group family day care home must prohibit and may not tolerate or in any manner condone an act of abuse or maltreatment by an employee, volunteer or any other person under the provider's control. An abused child or maltreated child means a child defined as an abused child or maltreated child pursuant to section 412 of the Social Services Law.

(b) In accordance with the provisions of sections 413 and 415 of the Social Services Law, the group family day care provider, assistant, alternate assistant, or substitute must report any suspected incidents of child abuse or maltreatment concerning a child receiving child day care to the Statewide Central Register of Child Abuse and Maltreatment or cause such a report to be made when the provider has reasonable cause to suspect that a child coming before them in their capacity as a provider of group family day care is an abused or maltreated child. Such report must be followed by a written report within 48 hours, in the form and manner prescribed by the Office, to the child protective service of the social services district in the county in which the child resides.

416.11 Health and infection control.

* (a) The provider must prepare a health care plan on forms furnished by the Office, or approved equivalents. Such plan must protect and promote the health of children. The health plan must be on site, followed by the caregivers and available upon demand by a parent or guardian or the Office. Where the provider will administer medications, the health care plan must also be approved by the program's health care consultant. Should the health care consultant determine after a visit to the day care program that the approved health care plan is not being reasonably followed by the provider, the health care consultant may revoke his or her approval of the plan. If the health care consultant revokes his or her approval of the health care plan, the health care consultant must immediately notify the provider and the provider must immediately notify the Office. In that instance, the health care consultant may also notify the Office directly if he or she so desires. The health care plan must describe the following:

(1) how a daily health check of each child for any indication of illness, injury, abuse or maltreatment will be conducted;

(2) how a record of each child's illnesses, injuries and signs of abuse or maltreatment will be maintained;

(3) how professional assistance will be obtained in emergencies;

(4) the advance arrangements for the care of any child who has or develops symptoms of illness or is injured, including notifying the child's parent;

(5) which staff members are certified to administer medications. The plan must state that only a trained, designated staff person may administer medications to children, except in those programs where the only administration of medications offered will be the administration of over-the-counter topical ointments, including sunscreen lotion and topically applied insect repellent pursuant to paragraph (12) of subdivision (j) of this section. The designated staff person may only administer medications to children if the designated staff person is at least 18 years of age, possesses a current certification in first aid and cardiopulmonary resuscitation (CPR), and has completed the administration of medication training pursuant to paragraph (14) of subdivision (j) of this section;

(6) the designation of the health care consultant of record for

programs offering the administration of medications, except in those programs where the only administration of medications offered will be the administration of over-the-counter topical ointments, including sunscreen lotion and topically applied insect repellent pursuant to paragraph (12) of subdivision (j) of this section; and

(7) the scheduling of visits by a health care consultant to programs offering the administration of medications, except in those programs where the only administration of medications offered will be the administration of over-the-counter topical ointments, including sunscreen lotion and topically applied insect repellent pursuant to paragraph (12) of subdivision (j) of this section.

* NB Effective January 31, 2005

* (a) The provider must prepare a health care plan on forms furnished by the Office, or approved equivalents. Such plan must protect and promote the health of children. The health plan must be followed by the caregivers and must describe the following:

(1) how a daily health check of each child for any indication of illness, injury, abuse or maltreatment will be conducted;

(2) how a record of each child's illnesses, injuries and signs of abuse or maltreatment will be maintained;

(3) how professional assistance will be obtained in emergencies; and

(4) the advance arrangements for the care of any child who has or develops symptoms of illness or is injured, including notifying the child's parent.

* NB Effective until January 31, 2005

(b) The provider, assistant and any alternate assistant must each submit a statement from a health care provider at the time of application for licensure and renewal of license. Such statement must give satisfactory evidence that the individual is physically fit to provide child day care, has no diagnosed psychiatric or emotional disorder which would preclude such individual from providing child day care, and is free from communicable disease. The medical statement also must include the results of a Mantoux tuberculin test on the provider, assistant and alternate assistant performed within the 12 months preceding the date of the application.

(c) The provider must retain on file in the group family day care home a statement from a health care provider for each person residing in the group family day care home. Such statement must be completed within 12 months preceding the date of the application and must state that the person residing in the home has no health conditions which would endanger the health of children receiving day care in the home.

(d) Consumption of, or being under the influence of, alcohol or controlled substances by any caregiver is prohibited. Smoking in indoor areas, in outdoor areas in use by children and in vehicles while children are being transported is prohibited.

(e) * Other than children who are enrolled in kindergarten or a higher grade, no child may be accepted for care in a group family day care home unless the provider has been furnished with a written statement signed by a health care provider verifying that the child is able to participate in child day care, currently appears to be free from contagious or communicable diseases and is receiving health care, including appropriate health examinations, in accordance with the American Academy of Pediatrics schedule of such care and examinations. The written statement

from the health care provider must also state whether the child is a child with special health care needs and, if so, what special provisions, if any, will be necessary in order for the child to participate in day care. Where the written statement from the health care provider advises the day care provider that the child being enrolled is a child with special health care needs, the day care provider must work together with the parent and the child's health care provider to develop a reasonable health care plan for the child while the child is in the child day care program. The health care plan for the child must also address how the day care provider will obtain or develop any additional competencies that the day care provider will need to have in order to carry out the health care plan for the child. The provider must also be furnished with documentation stating that the child has received age-appropriate immunizations in accordance with New York State Public Health Law.

* NB Effective January 31, 2005

* Other than children who are enrolled in kindergarten or a higher grade, no child may be accepted for care in a group family day care home unless the provider has been furnished with a written statement signed by a health care provider verifying that the child is able to participate in child day care, currently appears to be free from contagious or communicable disease, and is receiving health care, including appropriate health examinations in accordance with the American Academy of Pediatrics schedule of such care and examinations. Such documentation must state that the child has received age-appropriate immunizations in accordance with New York State Public Health Law.

* NB Effective until January 31, 2005

(1) Any child not yet immunized may be admitted provided the child's immunizations are in process, in accordance with the requirements of the New York State Department of Health, and the parent gives the provider specific appointment dates for subsequent immunizations.

(2) Any child who is not immunized because of the parent's genuine and sincere religious beliefs may be admitted if the parent furnishes the provider with a written statement to this effect.

(3) Any child who is missing one or more of the required immunizations may be admitted if a physician licensed to practice medicine in New York State furnishes the provider with a written statement that such immunizations may be detrimental to the child's health.

(4) With the exception of children meeting the criteria of paragraph (2) or (3) of this subdivision, children enrolled in the family day care home must remain current with their immunizations in accordance with the current schedule for immunizations established by the New York State Health Department.

(5) The caregivers' children receiving care in the home must meet the health and immunization requirements specified above.

* (f) (1) The caregivers must obtain emergency health care for children who require such care and also must:

(i) obtain written consent at the time of admission from the parent or guardian which authorizes the provider or other caregivers to obtain emergency health care for the child;

(ii) arrange for the transportation of any child in need of emergency health care, and for the supervision of the children remaining in the group family day care home; and

(iii) in the event of an accident or illness requiring immediate health care, secure such care and notify the parent or guardian.

(2) Where a provider or caregiver has been certified to administer medications in a day care setting in accordance with the requirements of paragraph (14) of subdivision (j) of this section, such caregiver may administer emergency care through the use of epinephrine auto-injector devices when necessary to prevent anaphylaxis for an individual child but only when the parent or guardian and the child's health care provider have indicated such treatment is appropriate.

* NB Effective January 31, 2005

* (f) The caregivers must obtain emergency health care for children who require such care and also must:

(1) obtain written consent at the time of admission from the parent which authorizes the provider or other caregivers to obtain emergency health care for the child;

(2) arrange for the transportation of children in need of emergency health care, and for the supervision of the children remaining in the group family day care home; and

(3) in the event of an accident or illness requiring immediate health care, secure such care and notify the parent.

* NB Effective until January 31, 2005

(g) The home must be equipped with a portable first aid kit which is accessible for emergency treatment. The first aid kit must be stocked to treat a broad range of injuries and situations and must be restocked as necessary. The first aid kit and any other first aid supplies must be kept in a clean container or cabinet not accessible to children.

(h) The caregivers must provide a child who has or develops symptoms of illness a place to rest quietly that is in the view of, and under the supervision of, a caregiver until the child receives medical care or the parent or approved parental designee arrives. In the event that a child has or develops symptoms of illness, the caregiver is responsible for immediately notifying the parent.

(i) The provider must try to obtain a copy of a lead screening certificate for each child under the age of six years. If the parent does not have one, the provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to the child's health care provider or the local health unit for a lead blood screening test.

* (j) The group family day care home caregivers may administer medication or treatment only in accordance with the following:

(1) Policies regarding the administration of medications must be explained to the parent or guardian at the time of enrollment of the child in care. Parents or guardians must be made familiar with the policies of the day care provider relevant to the administration of medications.

(2) Nothing in this section shall be deemed to require any caregiver to administer any medication, treatment, or other remedy except to the extent that such medication, treatment or remedy is required under the provisions of the Americans with Disabilities Act.

(3) Nothing in this section shall be deemed to prevent a parent, guardian or relative within the third degree of consanguinity of the parents or step-parents of a child, even if such a person is an employee of the program, from administering medications to a child while the child is attending the program even if the provider has chosen to not administer

medications or if the staff person(s) designated to administer medications is not present when the child receives the medication. If the provider elects not to administer medications, the day care provider or an employee must still document the dosages and time that the medications were given to the child by the child's parent, guardian or relative within the third degree of consanguinity of the parents or step-parents of the child. If the only administration of medication in a day care program is done by a parent(s), guardian(s) or relative(s) within the third degree of consanguinity of the parents or step-parents of a child, the provider and employees(s) of the program do not have to complete the administration of medication training requirements pursuant to paragraph (14) of subdivision (j) of this section.

(4) All providers who choose to administer medications to children must have a health care consultant of record and must address the administration of medications in the health care plan in accordance with the requirements of subdivision (a) of this section. The provider must confer with a health care consultant regarding the program's policies and procedures related to the administration of medications. This consultation must include a review of the documentation that all staff authorized to administer medications have the necessary professional license or have completed the necessary training.

(5) Caregivers may administer prescription and non-prescription (over-the-counter) medications for eyes or ears, oral medications, topical ointments and medications, and inhaled medications in accordance with the provisions of this subdivision. Caregivers may not administer medications by injection, vaginally or rectally except as follows:

(i) in accordance with the provisions of paragraph (2) of subdivision (f) of this section;

(ii) for a child with special health care needs, where the parent, day care provider and the child's health care provider have agreed on a plan pursuant to which the caregiver may administer medications by injection, vaginally or rectally; or

(iii) where the caregiver has a valid New York State license as a physician, physician's assistant, registered nurse, nurse practitioner, licensed practical nurse or advanced emergency medical technician.

(6) A day care provider who agrees that the day care provider or another caregiver in the group family day care home will administer medications to a child must do so, unless they observe the circumstances specified by the health care provider, if any, under which the medication must not be administered. In such instances, the day care provider or caregiver must contact the parent or guardian immediately.

(7)(i) Except as described in paragraphs (11), (12) and (13) of this subdivision, medication may be administered only upon written permission of the parent or guardian and written instructions from a health care provider in a language in which the day care provider or caregiver who will administer the medications is literate stating that the child day care provider or caregiver may administer such medication or prescription and specifying the circumstances, if any, under which the medication or prescription must not be administered. Medication must be returned to the parent or guardian when it is no longer required by the child or, with the permission of the parent or guardian, be properly disposed of by the provider.

(ii) Where the day care provider has received written permission of the parent or guardian and written instructions from the health care provider authorizing administration of a specified medication if the day care provider observes some specified condition or change of condition in the child while the child is in care, the day care provider may

administer the specified medication without obtaining additional authorization from the parent or guardian or health care provider.

(8) To the extent that such information is not included on the medication label pursuant to paragraph (9) of this subdivision, written instructions by the licensed authorized prescriber on the form provided by the Office or an equivalent form, must include the:

- (i) Child's name;
- (ii) Licensed authorized prescriber's name, telephone number, and signature;
- (iii) Date authorized;
- (iv) Name of medication and dosage;
- (v) Frequency the medication is to be administered;
- (vi) Method of administration ;
- (vii) Date the medication shall be discontinued or length of time, in days, the medication is to be given;
- (viii) Reason for medication (unless this information must remain confidential pursuant to law);
- (ix) Most common side effects or reactions; and
- (x) Special instructions or considerations, including but not limited to possible interactions with other medications the child is receiving or concerns regarding the use of the medication as it relates to a child's age, allergies, or any pre-existing conditions.

(9) Medications must be kept in the original labeled bottle or container. Over-the-counter medication must be kept in the originally labeled container and be labeled with the child's first and last name. Prescription medications must contain the original pharmacy label that lists:

- (i) Child's name;
- (ii) Authorized prescriber's name;
- (iii) Pharmacy name and telephone number;
- (iv) Date prescription was filled;
- (v) Name of the medication;
- (vi) Dosage;
- (vii) How often to give the medication; and
- (viii) Date the medication shall be discontinued or length of time, in days, the medication is to be given.

(10) In the case of medication that needs to be given on an ongoing, long-term basis, the authorization and consent forms must be reauthorized at least once every six months. Any changes in the original medication authorization shall require a provider to obtain new instructions written by the licensed authorized prescriber and a change in the prescription.

(11) If a parent or guardian requests that the day care provider or caregiver administer a prescription or orally administered over-the-counter medication but does not furnish the day care provider or caregiver with written instructions from a health care provider or licensed authorized prescriber, the day care provider or caregiver may administer such medication or prescription with the oral approval of the parent or guardian and upon obtaining verbal instructions directly from the health care provider or licensed authorized prescriber for that day only. The day care provider or caregiver must document that the health care provider or licensed authorized prescriber gave verbal instructions and that the health care provider or licensed authorized prescriber was asked to send written instructions to the day care provider or caregiver. If the medication is to be administered on subsequent days, written instructions must have been provided to the day care provider or caregiver from the health care provider.

(12) The day care provider or caregiver may administer over-the-counter topical ointments, including sunscreen lotion and topically applied insect repellent, upon the written instructions of the parent or guardian. Such administration must be consistent with any directions for use noted on the original container, including but not limited to precautions related to age and special health conditions. With such written instructions, day care providers and caregivers may administer over-the-counter topical ointments and sunscreen lotion without receiving the training in administration of medications otherwise required pursuant to paragraph (14) of this subdivision.

(13)(i) If an infant develops symptoms which indicate a need for over-the-counter topical ointment while in care at the program, such ointment may be given under verbal instructions from the parent or guardian for that day only if the instructions received from the parent or guardian are consistent with any directions for use of the medication or ointment noted on the original container, including but not limited to precautions related to age and special health conditions.

(ii) If a child other than an infant develops symptoms which indicate a need for over-the-counter medication, including topical ointments, while in care at the program, such medication or ointment may be given under verbal instructions from the parent or guardian for that day only if the instructions received from the parent or guardian are consistent with any directions for use of the medication or ointment noted on the original container, including but not limited to precautions related to age and special health conditions.

(iii) For all children for whom the day care provider or caregiver administers over-the-counter medications pursuant to this paragraph, the day care provider or caregiver must document that the parent or guardian gave verbal instructions and approval. If the medication is to be administered on subsequent days, written instructions from the parent or guardian and, in the case of orally administered medications, a health care provider or licensed authorized prescriber, must be obtained.

(14) All day care providers and caregivers, except those excluded in subparagraph (iii) of this paragraph and except as provided in paragraphs (3) and (12) of this subdivision, who have agreed to administer medication must complete the office approved medication administration training or an office approved equivalent before administering medications to children in day care. The certification of training in the administration of medications to children in day care shall be effective for a period of three years from the date of issuance. The provider or caregiver must complete a recertification training approved by the office in order to extend the certification for each additional three year period. If, however, the provider or caregiver ceases to work in a day care program for a continuous period of one year, the certification shall automatically lapse. Where a certification lapses, the provider or caregiver may not be recertified unless the provider or caregiver completes the initial medication administration training or the recertification training, as required by the office. Where enforcement action has been taken against the provider based on a failure by the provider or caregiver to comply with requirements for the administration of medications set forth in this section, the office may require retraining or may prohibit the provider or caregiver from being involved in the administration of medications.

(i) Providers or caregivers who will be responsible for administering medications must receive training in the methods of administering medications prior to administering any medications in a day care setting. In order to be trained in the administration of medications in a day care

setting, a provider or caregiver must be literate in the language or languages in which health care instructions from parents and health care providers will be received. Upon completion of the training, the provider or caregiver must receive a written certificate from the trainer that indicates that the trainee has successfully completed this training program, as required, and demonstrated competency in the administration of medications in a day care setting. Persons who receive training in the administration of medications in day care settings pursuant to this section may not otherwise administer medications or represent themselves as being able to administer medications except to the extent such persons may be able to do so in accordance with the relevant provisions of the Education Law.

(ii) The training in the administration of medications must be provided by a health care provider who has been certified by the office to administer the office approved curriculum. The training must be documented and must include, but need not be limited to, the following:

(a) training objectives;

(b) a description of the methods of administration including principles and techniques of application and dispensation of oral, topical, and inhalant medication, including the use of nebulizers, and the use of epinephrine auto-injector devices when necessary to prevent anaphylaxis in emergency situations with respect to the various age groups of children;

(c) administering medication to an uncooperative child;

(d) an evaluation of whether the trainee demonstrates competency in:

(1) understanding orders from the health care professional or licensed authorized prescriber;

(2) the ability to correctly carry out the orders given by the health care provider or licensed authorized prescriber;

(3) recognition of common side effects of medications and ability to follow written directions regarding appropriate follow up action;

(4) avoidance of medication errors and what action to take if an error occurs;

(5) understanding relevant commonly used abbreviations;

(6) maintaining required documentation including the parent or guardian's permission, written orders from health care professionals and licensed authorized prescribers, and the record of administration of medications;

(7) safe handling of medications, including receiving medications from a parent or guardian;

(8) proper storage of medications, including controlled substances; and

(9) safe disposal of medications.

(iii) A person who can produce a valid New York State license as a physician, physician's assistant, registered nurse, nurse practitioner, licensed practical nurse or advanced emergency medical technician will not be required to attend the training required by this paragraph in order to administer medications in a day care program. Documentation establishing the person's credentials in one of the above fields will be required and a copy of the documentation must be provided to the Office.

(15) Medications must be kept in a clean area that is inaccessible to children. If refrigeration is required, the medication must be stored in either a separate refrigerator or a leak-proof container in a designated area of a food storage refrigerator, separated from food and inaccessible to children. Day care programs must comply with all Federal and State requirements for the storage and disposal of all types of medications, including controlled substances.

(16) At the time of administration, the day care provider or caregiver must document the dosages and time that the medications are given to the child. All observable side effects must be documented and shared with the parent, guardian and, when appropriate, the child's health care provider. Documentation must be made if the medication was not given and the reason for such a decision. The parent or guardian must be notified immediately and the Office must be notified by the close of the following business day of any medication administration errors. Notification to the Office must be reported on a form provided by the Office or on an approved equivalent.

(17) No child under the care of a group family day care home will be allowed to independently administer medications without the assistance and direct supervision of staff that are certified to administer medications pursuant to this section. Any program that elects to offer the administration of medication to children where children who attend the program independently administer medications or where children assist in the administration of their own medications must comply with all the provisions of this section.

* NB Effective January 31, 2005

* (j) Children may be given medication or treatment only in accordance with the following:

(1) Except as described in paragraphs (3) and (4) of this subdivision, prescription and orally-administered over-the-counter medication may be administered only upon written permission of the parent and written instructions from a health care provider stating that a caregiver may administer such medication or prescription and specifying the circumstances, if any, under which the medication or prescription must not be administered. Medication must be in the original container labeled with the child's complete name, the medication name, recommended dosage, time intervals for administration, method of administration, expiration date and, for prescription medication, the prescriber's name and license number. Such medications must be stored according to the instructions on the label in a place that is inaccessible to children. Medication must be returned to the parent when no longer needed.

(2) The caregiver may administer over-the-counter topical ointments upon the written instructions of the parent.

(3) If a parent requests that the caregiver administer prescription or orally-administered over-the-counter medication but does not furnish written instructions from a health care provider, the caregiver may administer such medication or prescription upon obtaining verbal instructions directly from the health care provider. The caregiver must document that verbal instructions were given by a health care provider, and that the health care provider was asked to send written instructions to the caregiver.

(4) If a child develops symptoms which indicate a need for over-the-counter medication, including topical ointments, while in care at the home, such medication may be given under verbal instructions from the parent for that day only. The caregiver must document that verbal instructions and approval were given by the parent. Written instructions from the parent and, in the case of orally-administered medications, a health care provider must be obtained if the medication is to be administered on subsequent days.

(5) Providers who agree to administer medications must do so, unless they observe the circumstances specified by the health care provider, if any, under which the medication or prescription must not be adminis-

tered. In such instances, a caregiver must contact the parent immediately.

(6) At the time of administration, a caregiver must document the dosages and time that prescription or over-the-counter medications are given to a child.

(7) Nothing in this section shall be deemed to require any provider to agree to give any medication, prescription, or other remedy or treatment except to the extent that such administration of medication is required under the provisions of the Americans with Disabilities Act.

* NB Effective until January 31, 2005

* (k) Caregivers must thoroughly wash their hands with soap and running water at the beginning of each day, before and after the administration of medications, when they are dirty, after toileting or assisting children with toileting, after changing a diaper, before and after food handling or eating, after handling pets or other animals, after contact with any bodily secretion or fluid, and after coming in from outdoors.

* NB Effective January 31, 2005

* (k) Caregivers must thoroughly wash their hands with soap and running water at the beginning of each day, when they are dirty, after toileting or assisting children with toileting, after changing a diaper, before and after food handling or eating, after handling pets or other animals, after contact with any bodily secretion or fluid, and after coming in from outdoors.

* NB Effective until January 31, 2005

(1) Caregivers must ensure that children thoroughly wash their hands or assist children with thoroughly washing their hands with soap and running water when they are dirty, after toileting, before and after food handling or eating, after handling pets or other animals, after contact with any bodily secretion or fluid, and after coming in from outdoors. For diapered children, caregivers must ensure that adequate steps are taken to clean the child after each change of diaper. Caregivers must assist children in keeping clean and comfortable, and in learning appropriate personal hygiene practices. Children in night care shall have a routine that encourages good personal hygiene practices. Each child shall have an individual washcloth, towel and toothbrush and shall have the opportunity to change into night clothes and wash before bed. The caregiver will give each child a shower, tub, or sponge bath in a manner agreed between the parent and the provider.

(m) Safety precautions relating to blood must be observed by all caregivers as follows:

(1) Disposable gloves must be immediately available and worn whenever there is a possibility for contact with blood, including but not limited to:

- (i) changing diapers where there is blood in the stool;
- (ii) touching blood or blood-contaminated body fluids;
- (iii) treating cuts that bleed; and
- (iv) wiping surfaces stained with blood.

(2) In an emergency, a child's well-being must take priority. A bleeding child must not be denied care because gloves are not immediately available.

- (3) Disposable gloves must be discarded after each use.
- (4) If blood is touched accidentally, the exposed skin must be thoroughly washed with soap and running water.
- (5) Clothes contaminated with blood must be placed in a securely tied plastic bag and returned to the parent at the end of the day.
- (6) Surfaces that have been blood stained must be cleaned and then disinfected with a germicidal solution.
- (n) Sufficient and suitable clothing must be available so that children who dirty or soil their clothing may be changed. All such clothing must be returned to parents for washing.
- (o) Infants must be kept clean and comfortable at all times. Diapers must be changed when wet or soiled. The diaper changing area must be as close as possible to a sink with soap and hot and cold running water. This area or sink must not be used for food preparation. Diaper changing surfaces must be washed and disinfected with a germicidal solution after each use.
- (p) Disposable diapers must be used or arrangements must be made with the parent or a commercial diaper service to provide an adequate supply of cloth diapers.
- (1) When disposable diapers are used, soiled diapers must be disposed of immediately into an outside trash disposal, or placed in a tightly covered plastic-lined trash can in an area inaccessible to children until outdoor disposal is possible.
- (2) Non-disposable diapers must not be laundered in the group family day care home, and must be stored in a securely covered receptacle until returned to the diaper service. When parents provide non-disposable diapers, soiled diapers must be placed in a securely tied plastic bag and returned to the parent at the end of the day.
- (q) Toilet facilities must be kept clean at all times, and must be supplied with toilet paper, soap and towels accessible to the children.
- (1) Toileting equipment, such as potty chairs, appropriate to the toilet training level of the children in the group must be provided. When more than one child in the center is being toilet trained, potty chairs must be emptied and sanitized with a germicidal solution after each use. If only one child in the home is being toilet trained, potty chairs must be emptied and rinsed after each use and sanitized with a germicidal solution daily. Potty chairs must not be washed out in a handwashing sink, unless that sink is washed and disinfected after such use.
- (2) Either disposable towels or individual cloth towels for each child must be used. If individual cloth towels are used, they must be laundered daily. Sharing personal hygiene items, such as washcloths, towels, toothbrushes, combs and hairbrushes, is prohibited.
- (r) All rooms, equipment, surfaces, supplies and furnishings accessible to children must be cleaned and disinfected as needed to protect the health of children, and in a manner consistent with the health care plan guidelines issued by the Office. The premises must be kept free from dampness, odors, vermin, and the accumulation of trash.
- (1) Equipment that is frequently used or touched by children on a daily basis must be cleaned and disinfected when soiled and at least once weekly.
- (2) Carpets contaminated with body fluids must be spot cleaned.
- (3) Extensive cleaning, such as shampooing carpets or washing windows and walls, must occur when children are not present.
- (4) (i) Any application of pesticides (as the term pesticide is defined in section 33-0101 of the Environmental Conservation Law) shall be completed in accordance with the requirements of section 390-c of the

Social Services Law and sections 33-1004 and 33-1005 of the Environmental Conservation Law.

(ii) In addition to the requirements of section 390-c of the Social Services Law, each day care facility must send a notice home with each child or otherwise provide notification to the parent of each child not less than forty-eight hours prior to the application of pesticides. Such notice must include:

(a) the location and specific date of the application of pesticides and may include two alternate dates in the event that an outdoor application cannot be made due to weather conditions;

(b) the pesticide product name and pesticide registration number assigned by the United States Environmental Protection Agency;

(c) the following statement: "This notice is to inform you of a pending pesticide application at this facility. You may wish to discuss with a representative of the day care facility what precautions are being taken to protect your child from exposure to these pesticides. Further information about the product or products being applied, including any warnings that appear on the label of the pesticide or pesticides that are pertinent to the protection of humans, animals or the environment, can be obtained by calling the National Pesticide Telecommunications Network Information line at 1-800-858-7378 or the New York State Department of Health Center for Environmental Health Info Line at 1-800-458-1158"; and

(d) the name of a representative of the day care facility and contact number for additional information.

(iii) Any day care provider that fails to send the appropriate notice of pesticide application as set forth in subparagraph (ii) of this paragraph shall, for a first such violation of this subdivision, be issued a written warning in lieu of penalty. For a second violation, such provider shall be subject to a penalty not to exceed one hundred dollars. For any subsequent violation, such provider shall be subject to a penalty not to exceed two hundred fifty dollars for each violation. No penalty may be assessed by the Commissioner without affording the provider with notice and an opportunity for a hearing pursuant to section 413.5 of this Article.

(iv) Any finding by the Department of Environmental Conservation of a violation by the provider of the requirements set forth in sections 33-1004 or 33-1005 of the Environmental Conservation Law shall be deemed a safety hazard to children in care and a violation of this subdivision.

(5) Garbage receptacles must be covered, and cleaned as needed after emptying.

(6) Thermometers and toys mouthed by children must be washed and disinfected before use by another child.

(7) Individual drinking cups or disposable paper cups must be provided daily. The use of shared drinking cups is prohibited.

(8) Linens, blankets and bedding must be cleaned at least weekly and before use by another child. Cribs, cots, beds, mats and mattresses must be cleaned thoroughly between uses by different children and at least monthly.

(9) After use, dishes and all utensils must be washed with soap and hot water, and rinsed in hot running water.

416.12 Nutrition.

(a) The group family day care home must provide plentiful and nutritious snacks to children. The provider must ensure that each child in

care for more than four hours a day receives a nutritious meal. Each child in care for more than ten hours a day must receive a minimum of two nutritional meals. Food must be prepared and stored in a safe and sanitary manner and served at appropriate intervals.

(1) If the provider does not furnish meals, there must be adequate supplemental food available in the event that no meal is provided by the parent or if the meal provided by the parent is of inadequate nutritional value.

(2) Homes changing their meal policy must provide adequate notice to parents.

(b) Where meals are furnished by the home, food preferences for personal, religious or medical reasons may be accommodated. If resultant meal patterns or serving sizes will not meet the child's nutritional needs, a medical statement must be obtained documenting the appropriateness of the variation.

(c) Where meals are furnished by the home, the servings must be in portions suitable for the size and age of the children in care. There must be a sufficient amount of food available to children to permit second helpings.

(d) Children must be helped to gain independence in feeding themselves and should be encouraged to learn acceptable table manners appropriate to their developmental levels.

(e) Sufficient time, based on age and individual needs, must be allowed for meals so that children will not be hurried.

(f) Perishable food, milk and formula must be kept refrigerated.

(g) Safe drinking water must be available to children at all times and must be offered at intervals that are responsive to the needs of the individual children.

(h) Disposable cups and plates may be used if discarded after use. Plastic eating utensils may be used if such utensils are not easily broken by young children and are discarded after use. Styrofoam cups may not be used for infants or toddlers.

(i) Providers must obtain a written statement from the parent of each infant in care setting forth the formula and feeding schedule instructions for the infant.

(j) Where formula is required, such formula may be prepared and provided by the parent, or by the provider when agreed to in writing by the parent.

(k) If more than one child in the home is receiving formula, breast milk or other individualized food items, all containers or bottles must be clearly marked with the child's complete name.

(1) Unused portions of bottles or containers from which children have been spoon-fed must be discarded after each feeding or placed in a securely tied plastic bag and returned to the parent at the end of the day.

(2) Heating formula, breast milk and other food items for infants in a microwave oven is prohibited.

(l) Every effort must be made to accommodate the needs of a child who is being breast-fed.

(m) Infants six months of age or younger must be held while being bottle-fed. Other infants must be held while being bottle-fed until the infant consistently demonstrates the capability of holding the bottle and ingesting an adequate portion of the contents thereof. The propping of bottles is prohibited.

(n) Each infant and toddler must be removed from the crib, playpen or cot and held or placed in an appropriate chair for feeding.

416.13 Staff qualifications.

(a) The provider, assistant and alternate assistant must each meet the following qualifications:

(1) be at least 18 years old;

(2) have a minimum of either two years of experience caring for children under six years of age, or one year of experience caring for children under six years of age plus six hours of training or education in early childhood development. The phrase "experience caring for children" can mean child-rearing as well as paid and unpaid experience caring for children. The term "training" can mean educational workshops and courses in caring for preschool-age children;

(3) be capable of providing, and agree to provide, safe and suitable care to children which is supportive of the children's physical, intellectual, emotional and social well-being; and

(4) provide to the Office the names, addresses and day time telephone numbers of at least three references, other than relatives. At least one of the references must be able to attest to the provider's, assistant's or alternate assistant's employment history, work record and qualifications, if the provider, assistant or alternate assistant has ever been employed outside the home. At least one of the references must be able to attest to the provider's, assistant's or alternate assistant's character, habits and personal qualifications to be a group family day care provider, assistant or alternate assistant.

(b) Alternate assistants and any other employees or volunteers are required to comply with the criminal history review provisions of this Part and Part 413 of this Article.

(c) Any substitutes to be used by the group family day care home must comply with the Statewide Central Register screening requirements of this Part and the criminal history review provisions of this Part and Part 413 of this Article.

416.14 Training.

(a) Before the Office issues an initial license, the person who will be the primary caregiver must complete training approved by the Office pertaining to the protection of the health and safety of children and must demonstrate basic competency with regard to health and safety standards. All health and safety training received after the application has been submitted but prior to issuance of the license may be applied to the initial fifteen (15) hours of training required in subdivision (b) of this subsection.

(b) Each provider, assistant and alternate assistant must complete a minimum of fifteen (15) hours of training during the first six months of licensure. Any person who becomes an assistant or alternate assistant after the initial licensure of the home must complete a minimum of fifteen (15) hours of training during the first six months after becoming an assistant or alternate assistant. In either case, this initial fifteen (15) hours applies toward the total thirty (30) hour minimum requirement for each licensure period. A total of thirty (30) hours of training must be completed every two years. Such training must address the following topics:

(1) principles of childhood development, including the appropriate supervision of children; meeting the needs of children enrolled in the program with physical or emotional challenges and behavior management

and discipline;

- (2) nutrition and health needs of children;
- (3) child day care program development;
- (4) safety and security procedures, including communication between parents and staff;
- (5) business record maintenance and management;
- (6) child abuse and maltreatment identification and prevention;
- (7) statutes and regulations pertaining to child day care; and
- (8) statutes and regulations pertaining to child abuse and maltreatment.

(c) Training received after the application has been submitted but before the application has been approved and the license granted may be counted towards the initial fifteen (15) hours required in subdivision (b) above.

(d) For the thirty (30) hours of training that must be received every two years after the first year of licensure, any provider, assistant or alternate assistant who can demonstrate basic competency in a particular topic to the Office may determine in which of the specified topics he or she needs further study. The Office may also exempt any provider, assistant or alternate assistant from participating in training on a particular topic upon demonstration of substantially equivalent knowledge or experience related to that topic. All persons with such exemptions must still complete a minimum of thirty (30) hours of training during each licensing period.

(e) Each provider, assistant and alternate assistant must submit verification of completion of the training requirements to their program's designated licensing office on forms provided by the Office.

(f) At the time of admission, the provider, assistant or alternate assistant must furnish parents with appropriate instructional materials that will assist them in evaluating the home, the provider, assistant provider and alternate provider. Such materials must include information concerning child abuse and maltreatment, and guidance on the steps they may take if they suspect their child has been abused or maltreated.

416.15 Management and administration.

(a) Group family day care homes must comply with the following standards:

(1) Each group family day care home must obtain a license from the Office and must operate in compliance with the regulations of the Office and all other applicable laws and regulations. No person or entity may operate a group family day care home without a license from the Office;

(2) Each group family day care home which has been issued a license by the Office must openly display such license in the home for which it was issued and must provide upon request information concerning any waivers that have been approved by the Office;

(3) A new application for a license must be submitted to the Office when there is a change in the name, address, or operator, when the operator will be providing an additional shift of care, when reinstatement of a withdrawn application is sought, or when a license is sought following the Office's revocation of, or denial of an application to renew, a license;

(4) The provisions specified on the license are binding and the group family day care home must operate in compliance with the terms of the license. The number and age range of children specified thereon are the maximum number and age range of children who may be in the care of the group family day care home at any one time;

(5) If a group family day care home will operate 24 hours a day, there must be more than one caregiver. Individual children must be cared for less than 24 hours a day. No caregiver may work more than two consecutive shifts;

(6) The caregivers and all members of the household must be in good health and be of good character and habits;

(7) Information relating to an individual child is confidential and cannot be disclosed without written parental permission to anyone other than the Office, its designees or other persons authorized by law. Information relating to an individual child may be disclosed to a social services district where the child receives a day care subsidy from the district, where the child has been named in a report of alleged child abuse or maltreatment, or as otherwise authorized by law. Redisclosure of confidential HIV-related information, as defined in section 360-8.1 of this Title, concerning a child receiving group family day care is not permitted except in a manner consistent with article 27-F of the Public Health Law;

(8) A group family day care home may not refuse to admit a child to the home solely because the child is a child with a developmental delay or disability or has been diagnosed as having human immunodeficiency virus (HIV), HIV-related illness or acquired immune deficiency syndrome (AIDS). Each such child must be evaluated by the provider to determine whether the child could be accommodated in the program if reasonable modifications are made to the premises and/or program. Nothing contained in this paragraph shall be deemed to require the provider to incur significant additional expenses to modify the premises and/or program to accommodate such a child;

(9)(i) The parent of any child receiving group family day care must have: unlimited and on demand access to such child; the right to inspect all parts of the home used for child day care or which could present a hazard to the health or safety of the child whenever the parent requests at any time during the hours of operation of the home; unlimited and on demand access to the caregivers whenever such child is in care or during the normal hours of operation; and unlimited and on demand access to written records concerning such child except where access to such records is otherwise restricted by law;

(ii)(a) The parents of all children receiving care in a group family day care home equipped with video surveillance cameras installed for the purpose of allowing parents to view their children in the day care setting by means of the internet must be informed that cameras will be used for this purpose. All assistants, alternate assistants and employees of the group family day care home must also be informed if video surveillance cameras will be used for this purpose.

(b) All parents of children enrolled in the group family day care home and all assistants, alternate assistants and employees of the group family day care home must be made aware of the locations of all video surveillance cameras used at the group family day care home.

(c) Group family day care homes opting to install and use video surveillance equipment must comply with all State and federal laws applicable to the use of such equipment.

(d) Video surveillance cameras may not be used as a substitute for competent direct supervision of children.

(e) Group family day care homes opting to allow parents to view their children in the day care setting by means of the internet must use and maintain adequate internet security measures at all times. Such measures include but are not limited to: frequent changes of passwords; filtering measures that prohibit public access to or viewing of day care activ-

ities via the internet; and immediate corrective action in response to any report of abuse of the system or inappropriate access. Such homes must also advise the parents having access to views of the day care home through the internet of the importance of security in regard to such viewing and of the importance of the privacy rights of other children who may be viewed.

(f) Video surveillance cameras are permitted to transmit images of children in common rooms, hallways and play areas only. Bathrooms and changing areas must remain private and free of all video surveillance equipment.

(g) Group family day care homes that use video surveillance equipment must allow inspectors and other representatives of the Office to have access to such equipment and to have viewing privileges as required by the Office.

(10) A group family day care home must admit inspectors and other representatives of the Office onto the grounds and premises at any time during the hours of operation of the home. Such inspectors and representatives must be given free access to the building, the caregivers, the children and any records of the home. A group family day care home must cooperate with inspectors and other representatives of the Office in regard to any inspections or investigations that are conducted by the Office or its representatives. A group family day care home also must cooperate with local Child Protective Services Staff conducting any investigation of alleged child abuse or maltreatment;

(11) In selecting assistants and alternate assistants subsequent to issuance of a license, a provider:

(i) must notify the Office immediately in writing when there is any change of assistants or alternate assistants;

(ii) must submit to the Office within 15 days of the written notification, an application for any new assistant or alternate assistant and the supporting documentation for the assistant or alternate assistant. Each such applicant must also complete and submit with the application the forms necessary for the Office to inquire whether the applicant is the subject of an indicated report of child abuse or maltreatment on file with the Statewide Central Register of Child Abuse and Maltreatment, a complete fingerprint card necessary for the Office to conduct a criminal history review, and a sworn statement indicating whether, to the best of the applicant's knowledge, he or she has ever been convicted of a misdemeanor or felony in New York State or any other jurisdiction;

(iii) may, during the Office's review of all documentation for any new assistant or alternate assistant, continue to operate a group family day care home with any individual who is identified on the list required by paragraph (12) of subdivision (c) of this section; and

(iv) may not leave the new assistant or alternate assistant in sole charge of children until such time as the Office's review of all documentation for such assistant or alternate assistant is completed.

(12) The group family day care home must report to the Office: any change affecting, or which reasonably might be expected to affect, those portions of the building in which the program is located or which are used for the children's egress in the case of emergency; any change in family composition; and any other change that would place the home out of compliance with applicable regulations;

(13) The caregivers must be familiar with the regulations governing such programs. Such regulations must be readily accessible to the caregivers for reference purposes and must be made available for review to a parent of a child in care upon request by a parent;

(14) The caregiver must immediately notify the Office upon learning of

the death, serious injury or infectious illness of an enrolled child which occurred while the child was in care at the program or was being transported by a caregiver;

(15) Parents must be given the opportunity to discuss issues related to their children and care of their children with the provider, assistant or alternate assistant. Such opportunities must occur at the time of enrollment and as frequently as needed thereafter, but at least annually;

(16) The indoor and outdoor areas of the home where the children are being cared for must not be used for any other business or social purpose when children are present such that the attention of the caregivers is diverted from the care of the children;

(17) When a provider proposes to care for a child under the age of six weeks, prior approval must be obtained from the Office. In seeking such approval, the provider must furnish, either verbally or in writing, the following:

(i) identifying information related to the specific child who would receive care, including the parent's name and address, and the child's name, sex and age;

(ii) the extenuating circumstance necessitating the care; and

(iii) a description of what the provider will do to achieve consistency with the Office's guidelines for the care of children under the age of six weeks;

(18)(i) Within five days after receiving the initial license and before actually commencing operation, the provider must, using a form specified by the Office for that purpose, notify the local police and fire departments of the municipality within which the group family day care home is located of the following:

(a) the address of the group family day care home;

(b) the maximum capacity of the group family day care home;

(c) the age range of children that will be in care; and

(d) the hours during which children will be in care.

(ii) If the local municipality does not have a police or fire department, the sheriff of the county within which the group family day care home is located must be notified instead. The provider must notify the local police and fire departments or the county sheriff, as appropriate, if there is any change in any of the information required to be provided pursuant to subparagraph (i) of this paragraph;

(19) (i) If a person eighteen years of age or older begins to reside at the premises where the group family day care home is located, the provider must within five days of such person beginning to reside at the premises:

(a) submit the Statewide Central Register clearance forms necessary to complete required screening by the Statewide Central Register of Child Abuse and Maltreatment to determine if the person is the subject of an indicated report of child abuse or maltreatment; and

(b) submit the necessary fingerprint card necessary to complete the criminal history review required pursuant to section 413.4 of this article.

(ii) Prior to receipt of the results of the clearance and review required pursuant to this paragraph, the person eighteen years of age or older may not be permitted by the provider to have unsupervised access to children receiving day care from the provider; and

(20)(i) Under no circumstances may there be more than one licensed or registered child day care program in any one dwelling unit in a personal residence. However, nothing contained herein shall prohibit the continued operation of more than one licensed or registered family or group

family day care home in a personal residence where all such homes in the personal residence were licensed or registered prior to March 1, 2002, unless the license or registration of the home is revoked, terminated or suspended pursuant to the procedures set forth in section 413.3 of this article.

(ii) In a personal residence where more than one licensed or registered family or group family day care home was located prior to March 1, 2002, the maximum capacity of all licensed and registered family and group family day care homes in the residence shall not under any circumstances exceed 20 children in total, including school-age children who receive care for only part of the day, and no individual group family day care home located in such a residence may have a maximum capacity of more than 10 children, including school-age children who receive care for only part of the day. Each such licensed and registered family and group family day care home must be operated as a separate facility and must have separate emergency exits sufficient to meet the requirements of section 416.4 of this Part or section 417.4 of this article, as appropriate.

(21) All group family day care homes that accept direct and indirect payments from a social services district, or a payment from a parent or caretaker, for providing subsidized child care must comply with all relevant requirements of the children care subsidy program and section 415.4(h) of this Title.

(b) Conditions which apply to group family day care licensure are as follows:

(1) No license will be issued unless the provider is in full compliance with the regulations of the Office and all other applicable laws and regulations except where a waiver of one or more requirements of this Part has been approved in writing by the Office in accordance with section 413.5 of this Title;

(2) The effective period of the initial license for a group family day care home and any subsequent licenses will be up to two years each so long as the provider remains in compliance with applicable laws and regulations during such periods;

(i) If a provider, assistant, or alternate assistant has not met the training requirement specified in section 416.14 of this Part, a subsequent license may be issued for a period of up to one year following the completion of an acceptable inspection of the group family day care home;

(ii) No more than one such limited renewal may be issued in succession;

(3) A license is not transferable to any other provider or location;

(4) Group family day care homes required to be licensed with the Office will not be exempt from this requirement through registration with another State agency or certification, registration or licensure by any local governmental agency or authorized agency; and

(5) Before denial of an application for licensure or renewal of licensure, the provider is entitled to a hearing before the Office pursuant to Part 413 of this Title.

(c) The provider must maintain on file at the group family day care home, available for inspection by the Office or its designees at any time, the following records in a current and accurate manner:

(1) a copy of the evacuation plan, on forms furnished by the Office or approved equivalents, as required in section 416.5 of this Part;

(2) an approved health care plan on forms furnished by the Office or approved equivalents, as required in section 416.11 of this Part;

(3) the name, address, gender, and date of birth of each child and

each child's parents' names, addresses, telephone numbers and place(s) at which parents or other persons responsible for the child can be reached in case of an emergency;

(4) the names and addresses of persons authorized to take the child(ren) from the group family day care home;

(5) daily attendance records;

(6) children's health records, including parental consents for emergency medical treatment; evidence of health examinations and immunizations; any available results of lead screening; the name and dosage of any medications used by a child and the frequency of administration of such medications; and a record of illnesses, injuries, and any indicators of child abuse or maltreatment;

(7) health statements for the provider, assistant and alternate assistant completed within the 12 months preceding the date of the application for licensure or renewal, as required in section 416.11 of this Part;

(8) a statement regarding the health of all persons residing in the group family day care home completed within the 12 months preceding the date of the application for renewal, as required in section 416.11 of this Part;

(9) a plan of program activities, as required in section 416.7 of this Part;

(10) a report of inspection and approval performed within the 12 months preceding the date of the application for licensure or renewal by local authorities of any wood or coal burning stove, fireplace or permanently installed gas space heater in use at the home;

(11) where a provider uses a private water supply:

(i) a report from a state licensed laboratory or individual, based on tests performed within the 12 months preceding the date of application for license or renewal of license, showing that the water meets standards for drinking water established by the New York State Department of Health; or

(ii) if the water does not meet such standards, a description of how water for all purposes will be provided by another method acceptable to the Department of Health;

(12) a list of alternate assistants and substitutes who are available to care for the children in the group family home when the provider or assistant must be absent;

(13) documentation of training sessions attended in accordance with section 416.14 of this Part;

(14) when the group family day care home is incorporated, the following additional documentation:

(i) a copy of the certificate of incorporation and any amendments thereto;

(ii) verification of filing of the certificate of incorporation and any amendments thereto with the Secretary of State; and

(iii) a current list of the names of the board of directors and their addresses, telephone numbers of the current principal officers and members, and the business and civic qualifications of all such individuals;

(15) a copy of the notification form provided to the local police and fire departments or the county sheriff as required in paragraph (18) of subdivision (a) of this section; and

(16) a copy of the certification that the residence and the surrounding neighborhood and environment are free from environmental hazards, as required in paragraph (13) of subdivision (a) and paragraph (6) of subdivision (d) of section 416.2 of this Part.

18NYCRR PART 417

FAMILY DAY CARE HOMES
(Statutory Authority: Social Services
Law, §§ 20(3)(d), 34(3)(f), 390,
390-a and 390-b; L. 2000, ch.
416, § 16)

Sec.

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Section 417.1 Definitions, enforcement and hearings.

The provisions of Part 413 of this Title apply to this Part.

417.2 Procedures for applying for and renewing a registration.

(a) Applicants for a registration must submit to the Office:

(1) a completed application, including required attestations, on forms furnished by the Office or approved equivalents. Such application and attestations must include an agreement by the applicant to operate the family day care home in conformity with applicable laws and regulations;

(2) health statements for the provider and any alternate provider completed within the 12 months preceding the date of application, as required in section 417.11 of this Part;

(3) a summary of the training and experience of the provider and any alternate provider, as described in section 417.13 of this Part;

(4) the names, addresses and day time telephone numbers of at least three references each for the provider and any alternate provider, as specified in section 417.13 of this Part;

(5) sworn statements by the provider, any alternate provider and any person 18 years of age or older who resides in the proposed family day care home indicating whether, to the best of their knowledge, they have ever been convicted of a misdemeanor or a felony in New York State or any other jurisdiction, and fingerprint cards as required to comply with the requirements of section 413.4 of this Article;

(6) certification, on forms provided by the Office, of the status of the individual applicant's child support obligations or payments, in accordance with the requirements of Section 3-503 of the General Obligations Law;

(7) certification, on forms provided by the Office, that the applicant is providing workers compensation in accordance with the requirements of

New York State law;

(8) the Statewide Central Register clearance forms necessary to complete required screening by the Statewide Central Register of Child Abuse and Maltreatment to determine if the provider, any alternate provider and any person 18 years of age or older who resides in the proposed family day care home is the subject of an indicated report of child abuse or maltreatment;

(9) a statement regarding the health of all persons residing in the family day care home completed within the 12 months preceding the date of application, as required in section 417.11 of this Part;

(10) certification, on forms provided by the Office, that the dwelling, its property and premises, and the surrounding neighborhood and environment are free from environmental hazards. Such hazards include but are not limited to dry cleaners, gas stations, nuclear laboratories or power plants, property designated as a federal superfund clean-up site, and any property with known contaminated ground or water supplies. Where the historical or current use of the dwelling, its property and premises, or the surrounding neighborhood indicate that an environmental hazard may be present, inspection or testing must be completed by the appropriate local official or authority to determine if such hazard exists. Documentation of the inspection or testing must be appended to the statement required by this paragraph and include a statement from the appropriate local official or authority following this inspection and/or testing that the dwelling, its property and premises, and the surrounding neighborhood meet applicable standards for sanitation and safety;

(11) a statement from the appropriate local official or authority that the dwelling standards for sanitation and safety, where the Office notifies the applicant that such a statement is required;

(12) where a provider uses a private water supply,

(i) a report from a state licensed laboratory or individual, based on tests performed within the 12 months preceding the date of application, showing that the water meets standards for drinking water established by the New York State Department of Health; or,

(ii) if the water does not meet such standards, a description of how water for all purposes will be provided by another method acceptable to the State or local Department of Health;

(13) a report of inspection and approval performed by local authorities within the 12 months preceding the date of application of any wood or coal burning stove, fireplace or permanently installed gas space heater in use at the home; and

(14) a diagram of the proposed family day care home, as required in section 417.3 of this Part.

(b) Applicants for registration must submit all the documentation required in subdivision (a) of this section within 90 days after the submission of the first piece of such documentation to the Office. An applicant who fails to submit all documentation within the 90 days will be deemed to have withdrawn such application.

(c) Applicants for a registration may not be issued a registration until an inspection of the family day care home has been conducted showing compliance with the requirements of this Part and the relevant provisions of the Social Services Law.

(d) Applicants for renewal of registration must submit to the Office at least 60 days in advance of the expiration date of the registration the following:

(1) a completed application for renewal, including required attestations, on forms furnished by the Office or approved equivalents. Such

application and attestations must include an agreement by the applicant to operate the family day care home in conformity with applicable laws and regulations;

(2) certification, on forms provided by the Office, of the status of the individual applicant's child support obligations or payments, in accordance with the requirements of Section 3-503 of the General Obligations Law;

(3) certification, on forms provided by the Office, that the applicant is providing workers' compensation in accordance with the requirements of New York State law;

(4) certification, on forms provided by the Office, that the dwelling, its property and premises, and the surrounding neighborhood and environment are free from environmental hazards. Such hazards include but are not limited to dry cleaners, gas stations, nuclear laboratories or power plants, property designated as a federal superfund clean-up site, and any property with known contaminated ground or water supplies. Where the historical or current use of the dwelling, its property and premises, or the surrounding neighborhood indicate that an environmental hazard may be present, inspection or testing must be completed by the appropriate local official or authority to determine if such hazard exists. Documentation of the inspection or testing must be appended to the statement required by this paragraph and include a statement from the appropriate local official or authority following this inspection and/or testing that the dwelling, its property and premises, and the surrounding neighborhood meet applicable standards for sanitation and safety;

(5) a statement from the appropriate local official or authority that the dwelling standards for sanitation and safety, where the Office notifies the applicant that such a statement is required;

(6) health statements for the provider and any alternate provider completed within the 12 months preceding the date of the application for renewal, as required in section 417.11 of this Part;

(7) a statement regarding the health of all persons residing in the family day care home completed within the 12 months preceding the date of application for renewal, as required in section 417.11 of this Part;

(8) where a provider uses a private water supply,

(i) a report from a state licensed laboratory or individual, based on tests performed within the 12 months preceding the date of application for renewal, showing that the water meets the standards for drinking water established by the New York State Department of Health; or

(ii) if the water does not meet such standards, a description of how water for all purposes will be provided by another method acceptable to the State or local Department of Health;

(9) a report of inspection and approval performed by local authorities within the 12 months preceding the date of application for renewal of any wood or coal burning stove, fireplace or permanently installed gas space heater in use at the home;

(10) documentation showing compliance with the training requirements of section 417.14 of this Part; and

(11) a completed home safety checklist covering fire and building safety, on forms furnished by the Office or approved equivalents.

(e) The Office may grant an application for renewal of a registration without conducting an inspection of the family day care home. If the Office determines within its discretion that an inspection is necessary, a renewal of the registration may not be issued until an inspection has been conducted showing compliance with the requirements of this Part and the relevant provisions of the Social Services Law.

417.3 Building and equipment.

(a) Each applicant must submit to the Office at the time of application for registration a diagram of the proposed family day care home showing: all rooms in the home, including the rooms which will be used for day care and the purposes for which such rooms will be used; the number and location of exits and alternate means of egress; and the outdoor play areas available to the children in care.

(b) Rooms that will be used by the children must be well-lighted and well-ventilated. Heating, ventilating and lighting equipment must be adequate for the protection of the health of the children. When night care is provided, there must be sufficient light in the rooms where children are sleeping to allow supervision of, and the safe movement and egress for, the children. A temperature of at least 68 degrees Fahrenheit must be maintained in all rooms to be occupied by children.

(c) A firm sanitary crib, cot, bed or washable padded mat of adequate size must be provided for all children requiring a rest period. The resting/napping places must be located in safe areas of the home where there is no draft and where children will not be stepped on or block safe egress. Individual sanitary bed coverings must be available, as needed, for each child requiring a rest period. When night care is provided, a child four years of age or older shall not sleep in a room shared with another child of the opposite sex. No crib, cot, bed or mat may be occupied by more than one child, nor by a child and any adult. No child three years of age or older shall sleep in the same room with an adult of the opposite sex.

(d) Stackable cribs are prohibited.

(e) Toxic paints or finishes must not be used on room surfaces, furniture or any other equipment, materials or furnishings which may be used by children or are within their reach.

(f) Peeling or damaged paint or plaster must be repaired promptly. Concrete floors used by the children must be covered with appropriate material.

(g) The home must have adequate indoor space for the comfort of the children and to accommodate a variety of activities for the number of children in care.

(h) Each home must have access to outdoor space which is adequate for active play.

(i) A bathroom not more than one floor level away from the program area must be accessible to children.

(j) All toilets and potty chairs must be located in rooms separate from those used for cooking, playing, sleeping or eating.

(k) Adequate and safe water supply and sewage facilities must be provided and must comply with State and local laws. Hot and cold running water must be available and accessible at all times.

(l) All buildings used for family day care homes must remain in compliance with the applicable provisions of the New York State Uniform Fire Prevention and Building Code.

417.4 Fire protection.

(a) Suitable precautions must be taken to eliminate all conditions which may contribute to or create a fire hazard.

(b) Evacuation drills must be conducted at least monthly during the hours of operation of the family day care home. If evening and/or night care is provided, such drills must be conducted monthly during each shift of care. The provider must maintain on file a record of each evacuation drill conducted using forms provided by the Office or approved

equivalents.

(c) Operating smoke detectors must be used in all family day care homes. There must be one smoke detector on each floor of the home. A smoke detector must be located outside each area used for naps. Where smoke detectors operate from electric power within the home, such detectors must have a battery powered back-up energy source, or battery powered smoke detectors must be used as a back-up system.

(d) Multi-purpose fire extinguishers of a type approved for use in residences must be maintained in good working condition and placed in the kitchen and outside the furnace room. A family day care provider located in a multiple family dwelling is not required to place or maintain a fire extinguisher outside the furnace room of such dwelling. The caregivers must know how to use the fire extinguishers placed in such home. Fire extinguishers with gauges must show a full charge. Fire extinguishers with seals must have unbroken seals.

(e) Children must be located on the same floor of the family day care home as a caregiver at all times, except as specified in section 417.8 of this Part. Children must not be located above the second floor of a single family dwelling.

(f) Children may be cared for only on such floors as are provided with readily accessible alternate means of egress which are remote from each other.

(1) When care is provided primarily on the first floor of a family day care home and the second floor is used on a limited basis, including for napping purposes, one means of egress from the second floor must be either an interior stairway with no intervening rooms or obstructions which leads to an exterior door at ground level, or an exterior stairway which leads directly to the ground. The second means of egress may be a window which is at least 24 inches in its smallest dimension and which is adequate for the safe evacuation of children and adults.

(2) When care is provided primarily on the second floor of a family day care home, both means of egress from the second floor must be stairways. One stairway must be an interior stairway with no intervening rooms or obstructions which leads to an exterior door at ground level, and the other stairway must be exterior to the house and lead directly to the ground.

(3) Where children are located below ground level, one means of egress from the below ground level area must be either an interior stairway with no intervening rooms or obstructions which leads to an exterior door at ground level, or an exterior stairway which leads directly to the ground. The vertical travel to ground level may not exceed eight feet. The second means of egress may be a window which is at least 24 inches in its smallest dimension and which is adequate for the safe evacuation of children and adults.

(g) Trash, garbage and combustible materials must not be stored in the furnace room, or in rooms or outdoor areas adjacent to the home that are ordinarily occupied by or accessible to children. If there is not a separate, enclosed furnace room, trash, garbage and combustible materials must not be stored within four feet of the furnace.

(h) Wood or coal burning stoves, chimneys, fireplaces and permanently installed gas space heaters in use at the home must be inspected and approved by local authorities.

417.5 Safety.

(a) Suitable precautions must be taken to eliminate all conditions in areas accessible to children which pose a safety or health hazard.

(b) The provider must submit a written plan for the emergency evacuation of children from the premises for each shift of care provided (day, evening, night), using a form furnished by the Office or an approved equivalent form. Primary emphasis must be placed on the immediate evacuation of children. The plan, as approved by the Office, must be posted in a conspicuous place in the home or filed in a place in the home which is available to the parents of the children in care. The approved emergency evacuation plan must describe the following:

- (1) how children and adults will be made aware of an emergency;
- (2) primary and secondary evacuation routes;
- (3) methods of evacuation, including where children and adults will meet after evacuating the home, and how attendance will be taken; and
- (4) notification of authorities and the children's parents.

(c) Portable electric heaters or other portable heating devices, regardless of the type of fuel used, may not be used in rooms accessible to the children.

(d) Radiators and pipes located in rooms occupied by children must be covered to protect the children from injury.

(e) Porches, decks and stairs must have railings with a barrier extending to the floor or ground to prevent children from falling. Acceptable types of barriers include, but are not limited to, balusters, intermediate rails, and heavy screening.

(f) (1) Each family day care provider must ensure that barriers exist to prevent children from gaining access to any swimming pool, drainage ditches, wells, ponds or other bodies of open water located on or adjacent to the property where the group family day care home is located. Such barriers must be of adequate height and appropriately secured to prevent children from gaining access to such areas.

(2) Each family day care provider must ensure that adequate barriers exist to prevent children from gaining access to unsafe, dangerous or hazardous areas or devices. Such areas and devices include, but are not limited to, holes, pits, wood and coal burning stoves, fireplaces and permanently installed gas space heaters.

(g) (1) The use of spa pools, hot tubs and fill-and-drain wading pools is prohibited. The use of non-public and residential pools is also prohibited except in those instances where a provider can demonstrate the ability to operate and adequately supervise the use of a non-public or residential pool in a clean, safe and sanitary manner. The provider must receive Office approval prior to use of a non-public or residential pool for children in day care.

(2) To receive approval from the Office of the use of a non-public or residential pool, a provider must:

(i) provide to the Office documentation demonstrating that there will be adequate supervision of all children in care while children use the pool, in accordance with the requirements of section 417.8 of this Part;

(ii) submit documentation acceptable to the Office demonstrating that consistent, safe and adequate water quality of the pool will be maintained; and

(iii) submit a written pool safety plan acceptable to the Office that sets forth adequate safety standards for use of the pool.

(3) Providers must obtain prior written permission from the parent for their child to use the pool. Permission notes must include the following:

- (i) Name and age of the child;
- (ii) Address where the pool is located;
- (iii) The depth of the pool at its deepest point;
- (iv) Dates or months the child is permitted to swim in the pool; and

(v) Signature of parent and date signed.

(4) A trained person as described in paragraph (4) of subdivision (a) of section 417.8 of this Part must be present at the pool whenever the pool is in use by day care children.

(5) Providers approved to use non-public or residential swimming pools for children in day care will maintain those records required by the Office as a condition of approval of use of the pool.

(h) Public swimming pools and adjacent areas used by the children must be constructed, maintained, staffed and used in accordance with Chapter 1, subpart 6-1, of the New York State Sanitary Code, and in such a manner as will safeguard the lives and health of children.

(i) Protective caps, covers or permanently installed obstructive devices must be used on all electrical outlets that are accessible to children.

(j) All matches, lighters, medicines, drugs, cleaning materials, detergents, aerosol cans and other poisonous or toxic materials must be stored in their original containers, and must be used in such a way that they will not contaminate play surfaces, food or food preparation areas, or constitute a hazard to children. Such materials must be kept in a place inaccessible to children.

(k) Indoor and outdoor plants which are hazardous to children must not be accessible to the children.

(l) Any pet or animal kept indoors or outdoors at the family day care home must be in good health, show no evidence of carrying disease, and pose no threat to children. This provision also applies to those pets or animals present at the home which do not belong to the caregivers.

(m) A working telephone must be in the home. Emergency telephone numbers for the fire department, local or state police or sheriff's department, poison control center, and ambulance service must be posted conspicuously on or next to the telephone. Devices used for purposes of call blocking shall not be used to block in-coming calls from parents or legal guardians of children in care, representatives of the Office or agents of the state or local government during the hours of operation of the child day care program.

(n) Materials and play equipment used by the children must be sturdy and free from rough edges and sharp corners.

(o) Outdoor equipment such as swings, slides and climbing apparatus must be installed and used in accordance with the manufacturer's specifications and instructions, be in good repair, and be placed in a safe location. Such equipment and apparatus may be used only by the children for whom it is developmentally appropriate.

(p) Clear glass panels must be marked clearly to avoid accidental impact. Glass in outside windows less than 32 inches above the floor level must be of safety grade or otherwise protected by use of barriers to avoid accidental impact.

(q) Where child care is provided above the first floor, windows on such floors must be protected by barriers or locking devices to prevent children from falling out of the windows.

(r) An operable flashlight or battery powered lantern must be kept in the child care area. Such equipment must be properly maintained for use in the event of a power failure.

(s) Every closet door latch must be constructed to enable children to open the door from inside the closet. Every bathroom door lock must be designed to permit opening of the locked door from the outside in an emergency. The opening device must be readily accessible. Door locks on exit doors from the residence must be able to be opened from the inside without using a key.

(t) The following items must be used and stored in such a manner that they are not accessible to children: handbags, backpacks or briefcases belonging to adults; plastic bags; and toys and objects small enough for children to swallow.

(u) High chairs, when used, must have a wide base and be used only by children who are able to sit up independently. A safety strap must be fastened around children who are seated in high chairs.

417.6 Transportation.

(a) The provider must obtain written consent from the parent of the child for any transportation of the children in care at the family day care home provided or arranged for by a caregiver.

(b) A caregiver or volunteer must never leave a child unattended in any motor vehicle or other form of transportation.

(c) Each child must board or leave a vehicle from the curb side of the street.

(d) All children must be secured in safety seats or by safety belts as appropriate for the age of the child in accordance with the requirements of the Vehicle and Traffic Law before any child may be transported in a motor vehicle where such transportation is provided or arranged for by the provider.

(e) Any motor vehicle, other than a public form of transportation, used to transport children in care at the family day care home must have a current registration and inspection sticker and must be operated by a person who is at least 18 years of age and possesses a valid driver's license.

417.7 Program requirements.

(a) The family day care provider must establish a daily schedule of program activities which offers reasonable regularity in routines, including snack and meal periods, nap and rest periods, indoor activities and outdoor play time. When night care is provided, this schedule must include a routine of good personal hygiene practices, including changing into night clothes, brushing teeth, and washing before bed in the manner to be agreed between the parent and the provider.

(b) Children must receive instruction, consistent with their age, needs and circumstances, in techniques and procedures which will enable them to protect themselves from abuse and maltreatment.

(c) Each family day care home must provide a sufficient quantity and variety of materials and play equipment appropriate to the ages of the children and their developmental levels and interests, including children with developmental delays or disabilities, that promote the children's cognitive, educational, social, cultural, physical, emotional, language and recreational development.

(d) As age and development permit, children must be allowed freedom of movement and must be provided with an environment designed to develop such skills as crawling, standing, walking and running.

(e) Children must be provided an opportunity to choose between quiet activities and active play.

(f) Daily supervised outdoor play is required for all children in care, except during inclement or extreme weather or unless otherwise ordered by a health care provider. If there is a second caregiver available, parents may request and providers may permit children to remain indoors during outdoor play time so long as such children will be supervised by a caregiver. Nothing contained in this subdivision shall

be construed to require a provider to have a second caregiver available.

(g) Except while sleeping, awaking or going to sleep, an infant must not be left in a crib, playpen or other confined space for more than 30 minutes at any one time. Other than at meals or snack time, a child must not be left in a high chair for longer than 15 minutes.

(h) For day and evening care, appropriate rest and quiet periods, which are responsive to individual and group needs, must be provided so that children can sit quietly or lie down to rest.

(i) Sleeping and napping arrangements must be made in

417.8 Supervision of children.

(a) Children cannot be left without competent supervision at any time. The provider must have direct visual contact with the children at all times except as follows:

(1) With the prior written permission of the parent, children may nap or sleep in a room where an awake adult is not present. When children are sleeping or during nap times, the doors to all rooms must be open; the caregiver must remain on the same floor as the children; and a functioning electronic monitor must be used in any room where children are napping or sleeping and an awake adult is not present. Electronic monitors may be used as an indirect means of supervision only where the parents have agreed in advance to the use of such monitors. Use of electronic monitors is restricted to situations where the children are sleeping. For evening and night care, the caregiver may sleep while the children are sleeping if the provider has obtained written permission to do so from every parent of a child receiving evening or night care in the family day care home. The caregiver must be awake at all times and physically check sleeping children every 15 minutes in the event written permission has not been obtained from all parents of children receiving evening or night care.

(2) Children who are able to toilet independently, including fastening and unfastening clothing, wiping themselves, flushing the toilet, and washing their hands, may use a bathroom on another floor for a short period of time without direct adult supervision.

(3) With the written permission of the parents, providers may allow school-aged children to participate in activities outside the direct supervision of a caregiver. Such activities must occur on the premises of the family day care home. The caregiver must physically check such children every 15 minutes.

(4) With the prior written permission of the parents, providers meeting the requirements of subdivision (g) of section 417.5 of this Part may allow children in day care to participate in residential pool activities providing the following supervision criteria are met:

(i) The provider must develop a plan of supervision which ensures that there is a person supervising the children in the pool at all times children are using the pool. This person must be able to swim. Where some children in care are using the pool and others are not using the pool, the plan of supervision must ensure that there will be adequate and appropriate supervision of the children using the pool and those not using the pool.

(ii) As of August 1, 2001, any person supervising children in pools must possess a current American Red Cross Cardiopulmonary Resuscitation Certification (CPR) or equivalent certification, as approved by the Office.

(b) No person under 18 years of age can be left in sole charge of the children at any time.

(c) The provider must be the primary caregiver of children in a family day care home.

(1) For short-term, non-recurring absences, a substitute or alternate provider may care for children in place of the provider. If no substitute or alternate provider is available, care may not be provided and parents must be notified that care at the family day care home will not be available. Parents must be notified when a substitute or alternate provider will be caring for the children.

(2) For other than short-term, non-recurring absences, only an alternate provider may care for the children in place of the provider.

(d) No child can be released from the family day care home to any person other than his or her parent, person currently designated in writing by such parent to receive the child, or other person authorized by law to take custody of a child. No child can be released from the program unsupervised except upon written instruction of the child's parent. Such instruction must be acceptable to the provider and should take into consideration such factors as the child's age and maturity, proximity to his or her home, and safety of the neighborhood.

(e) Visitor control procedures.

(1) Each family day care home shall require any and all visitors to the home to:

(i) sign in upon entry to the premises;

(ii) indicate in writing the date of the visit and the time of entry to the home;

(iii) clearly state in writing the purpose of the visit; and

(iv) sign out upon departure from the home indicating in writing the time of departure.

(2) Each family day care home shall establish such other rules and policies as are necessary to provide for monitoring and control of visitors to protect the health, safety and welfare of children in care. As part of such rules and policies, each family day care home shall determine who shall be considered a visitor to the home for purposes of this subdivision.

(f) Surveillance cameras may not be used as a substitute for competent direct supervision of children.

writing between

the parent and the provider. Such arrangements include: the area of the home where the child will nap; whether the child will nap on a cot, mat, bed or a crib; and how the napping child will be supervised, consistent with the requirements of paragraph (1) of subdivision (a) of section 417.8 of this Part. Sleeping arrangements for infants require that the infant be placed on his or her back to sleep, unless medical information is presented to the provider by the parent that shows that arrangement is inappropriate for that child.

(j) For children unable to nap, time and space must be provided for quiet play. During day and evening care, children must not be forced to rest for long periods of time.

417.9 Discipline.

(a) The family day care provider must establish written disciplinary guidelines and provide copies of these guidelines to all caregivers and parents. These guidelines must include acceptable methods of guiding the behavior of children. Discipline must be administered in such a way as to help each child develop self-control and assume responsibility for his or her actions through clear and consistent rules and limits appro-

priate to the ages and development of the children in care. The caregiver must use acceptable techniques and approaches to help children solve problems.

(b) Any discipline used must relate to the child's action and be handled without prolonged delay on the part of the caregiver so that the child is aware of the relationship between his or her actions and the consequences of those actions.

(c) Isolating a child in a closet, darkened area, or any area where the child cannot be seen and supervised by the caregiver is prohibited.

(d) Where a child's behavior harms or is likely to result in harm to the child, others or property, or seriously disrupts or is likely to seriously disrupt group interaction, the child may be separated briefly from the group, but only for as long as is necessary for the child to regain enough self-control to rejoin the group. The child must be placed in an area where he or she is in the view of, and can be supervised and supported by, the caregiver. Interaction between the caregiver and the child must take place immediately following the separation to guide the child toward appropriate group behavior. Separation of a child from the group in a manner other than that provided for in this subdivision is prohibited.

(e) Corporal punishment is prohibited. For the purposes of this Part, the term corporal punishment means punishment inflicted directly on the body including, but not limited to, 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, foods, hot spices or other substances.

(f) Withholding or using food, rest or sleep as a punishment is prohibited.

(g) Discipline may be administered only by the caregiver.

(h) Methods of discipline, interaction or toilet training which frighten, demean or humiliate a child are prohibited.

417.10 Child abuse and maltreatment.

(a) Any abuse or maltreatment of a child receiving daycare or residing in the home, including the provider's children and any foster children, either as an incident of discipline or otherwise, is prohibited. A family day care home must prohibit and may not tolerate or in any manner condone an act of abuse or maltreatment by an employee, volunteer or any other person under the provider's control. An abused child or maltreated child means a child defined as an abused child or maltreated child pursuant to section 412 of the Social Services Law.

(b) In accordance with the provisions of sections 413 and 415 of the Social Services Law, the family day care provider, alternate provider, or substitute must report any suspected incidents of child abuse or maltreatment concerning a child receiving child day care to the State-wide Central Register of Child Abuse and Maltreatment or cause such a report to be made when the provider has reasonable cause to suspect that a child coming before them in their capacity as a provider of family day care is an abused or maltreated child. Such report must be followed by a written report within 48 hours, in the form and manner prescribed by the Office, to the child protective service of the social services district in the county in which the child resides.

417.11 Health and infection control.

(a) The provider must prepare a health care plan on forms furnished by the Office, or approved equivalents. Such plan must protect and promote the health of children. The health plan must be on site, followed by the caregivers and available upon demand by a parent or guardian or the Office. Where the provider will administer medications, the health care plan must also be approved by the program's health care consultant. Should the health care consultant determine after a visit to the day care program that the approved health care plan is not being reasonably followed by the provider, the health care consultant may revoke his or her approval of the plan. If the health care consultant revokes his or her approval of the health care plan, the health care consultant must immediately notify the provider and the provider must immediately notify the Office. In that instance, the health care consultant may also notify the Office directly if he or she so desires. The health care plan must describe the following:

(1) how a daily health check of each child for any indication of illness, injury, abuse or maltreatment will be conducted;

(2) how a record of each child's illnesses, injuries and signs of abuse or maltreatment will be maintained;

(3) how professional assistance will be obtained in emergencies;

(4) the advance arrangements for the care of any child who has or develops symptoms of illness or is injured, including notifying the child's parent;

(5) which staff members are certified to administer medications. The plan must state that only a trained, designated staff person may administer medications to children, except in those programs where the only administration of medications offered will be the administration of over-the-counter topical ointments, including sunscreen lotion and topically applied insect repellent pursuant to paragraph (12) of subdivision (j) of this section. The designated staff person may only administer medications to children if the designated staff person is at least 18 years of age, possesses a current certification in first aid and cardiopulmonary resuscitation (CPR), and has completed the administration of medication training pursuant to paragraph (14) of subdivision (j) of this section;

(6) the designation of the health care consultant of record for programs offering the administration of medications, except in those programs where the only administration of medications offered will be the administration of over-the-counter topical ointments, including sunscreen lotion and topically applied insect repellent pursuant to paragraph (12) of subdivision (j) of this section; and

(7) the scheduling of visits by a health care consultant to programs offering the administration of medications, except in those programs where the only administration of medications offered will be the administration of over-the-counter topical ointments, including sunscreen lotion and topically applied insect repellent pursuant to paragraph (12) of subdivision (j) of this section.

* NB Effective January 31, 2005

* (a) The provider must prepare a health care plan on forms furnished by the Office, or approved equivalents. Such plan must protect and promote the health of children. The health plan must be followed by the caregivers and must describe the following:

(1) how a daily health check of each child for any indication of illness, injury, abuse or maltreatment will be conducted;

(2) how a record of each child's illnesses, injuries and signs of abuse or maltreatment will be maintained;

(3) how professional assistance will be obtained in emergencies; and

(4) the advance arrangements for the care of any child who has or develops symptoms of illness or is injured, including notifying the child's parent.

* NB Effective until January 31, 2005

(b) The provider and alternate provider must each submit a statement from a health care provider at the time of application for registration and renewal of registration. Such statement must give satisfactory evidence that the individual is physically fit to provide child day care, has no diagnosed psychiatric or emotional disorder which would preclude such individual from providing child day care, and is free from communicable disease. The medical statement also must include the results of a Mantoux tuberculin test on the provider or alternate provider which has been performed within the 12 months preceding the date of the application.

(c) The provider must retain on file in the family day care home a statement from a health care provider for each person residing in the family day care home. Such statement must be completed within 12 months preceding the date of the application and must state that the person residing in the home has no health conditions which would endanger the health of children receiving day care in the home.

(d) Consumption of, or being under the influence of, alcohol or controlled substances by any caregiver is prohibited. Smoking in indoor areas, in outdoor areas in use by children and in vehicles while children are being transported is prohibited.

(e) * Other than children who are enrolled in kindergarten or a higher grade, no child may be accepted for care in a family day care home unless the provider has been furnished with a written statement signed by a health care provider verifying that the child is able to participate in child day care, currently appears to be free from contagious or communicable disease, and is receiving health care, including appropriate health examinations, in accordance with the American Academy of Pediatrics schedule of such care and examinations. The written statement from the health care provider must also state whether the child is a child with special health care needs and, if so, what special provisions, if any, will be necessary in order for the child to participate in day care. Where the written statement from the health care provider advises the day care provider that the child being enrolled is a child with special health care needs, the day care provider must work together with the parent and the child's health care provider to develop a reasonable health care plan for the child while the child is in the child day care program. The health care plan for the child must also address how the day care provider will obtain or develop any additional competencies that the day care provider will need to have in order to carry out the health care plan for the child. The provider must also be furnished with documentation stating that the child has received age-appropriate immunizations in accordance with New York State Public Health Law.

* NB Effective January 31, 2005

* Other than children who are enrolled in kindergarten or a higher grade, no child may be accepted for care in a family day care home

unless the provider has been furnished with a written statement signed by a health care provider verifying that the child is able to participate in child day care, currently appears to be free from contagious or communicable disease, and is receiving health care, including appropriate health examinations in accordance with the American Academy of Pediatrics schedule of such care and examinations. Such documentation must state that the child has received age-appropriate immunizations in accordance with New York State Public Health Law.

* NB Effective until January 31, 2005

(1) Any child not yet immunized may be admitted provided the child's immunizations are in process, in accordance with the requirements of the New York State Department of Health, and the parent gives the provider specific appointment dates for subsequent immunizations.

(2) Any child who is not immunized because of the parent's genuine and sincere religious beliefs may be admitted if the parent furnishes the provider with a written statement to this effect.

(3) Any child who is missing one or more of the required immunizations may be admitted if a physician licensed to practice medicine in New York State furnishes the provider with a written statement that such immunizations may be detrimental to the child's health.

(4) With the exception of children meeting the criteria of paragraphs (2) or (3) of this subdivision, children enrolled in the family day care home must remain current with their immunizations in accordance with the current schedule for immunizations established by the New York State Health Department.

(5) The caregivers' children receiving care in the home must meet the health and immunization requirements specified above.

* (f) (1) The caregiver must obtain emergency health care for children who require such care and also must:

(i) obtain written consent at the time of admission from the parent or guardian which authorizes the provider or other caregiver to obtain emergency health care for the child;

(ii) arrange for the transportation of any child in need of emergency health care, and for the supervision of the children remaining in the family day care home; and

(iii) in the event of an accident or illness requiring immediate health care, secure such care and notify the parent or guardian.

(2) Where a provider or caregiver has been certified to administer medications in a day care setting in accordance with the requirements of paragraph (14) of subdivision (j) of this section, such caregiver may administer emergency care through the use of epinephrine auto-injector devices when necessary to prevent anaphylaxis for an individual child but only when the parent or guardian and the child's health care provider have indicated such treatment is appropriate.

* NB Effective January 31, 2005

* (f) The caregiver must obtain emergency health care for children who require such care and also must:

(1) obtain written consent at the time of admission from the parent which authorizes the provider or other caregiver to obtain emergency health care for the child;

(2) arrange for the transportation of children in need of emergency health care, and for the supervision of the children remaining in the family day care home; and

(3) in the event of an accident or illness requiring immediate health care, secure such care and notify the parent.

* NB Effective until January 31, 2005

(g) The home must be equipped with a portable first aid kit which is accessible for emergency treatment. The first aid kit must be stocked to treat a broad range of injuries and situations and must be restocked as necessary. The first aid kit and any other first aid supplies must be kept in a clean container or cabinet not accessible to children.

(h) The caregiver must provide a child who has or develops symptoms of illness a place to rest quietly that is in the view of, and under the supervision of, the caregiver until the child receives medical care or the parent or approved parental designee arrives. In the event that a child has or develops symptoms of illness, the caregiver is responsible for immediately notifying the parent.

(i) The provider must try to obtain a copy of a lead screening certificate for each child under the age of six years. If the parent does not have one, the provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to the child's health care provider or the local health unit for a lead blood screening test.

* (j) The family day care home caregivers may administer medication or treatment only in accordance with the following:

(1) Policies regarding the administration of medications must be explained to the parent or guardian at the time of enrollment of the child in care. Parents or guardians must be made familiar with the policies of the day care provider relevant to the administration of medications.

(2) Nothing in this section shall be deemed to require any caregiver to administer any medication, treatment, or other remedy except to the extent that such medication, treatment or remedy is required under the provisions of the Americans with Disabilities Act.

(3) Nothing in this section shall be deemed to prevent a parent, guardian or relative within the third degree of consanguinity of the parents or step-parents of a child, even if such a person is an employee of the program, from administering medications to a child while the child is attending the program even if the provider has chosen to not administer medications or if the staff person(s) designated to administer medications is not present when the child receives the medication. If the provider elects not to administer medications, the day care provider or an employee must still document the dosages and time that the medications were given to the child by the child's parent, guardian or relative within the third degree of consanguinity of the parents or step-parents of the child. If the only administration of medication in a day care program is done by a parent(s), guardian(s) or relative(s) within the third degree of consanguinity of the parents or step-parents of a child, the provider and employee(s) of the program do not have to complete the administration of medication training requirements pursuant to paragraph (14) of subdivision (j) of this section.

(4) All providers who choose to administer medications to children must have a health care consultant of record and must address the administration of medications in the health care plan in accordance with the requirements of subdivision (a) of this section. The provider must confer with a health care consultant regarding the program's policies and procedures related to the administration of medications. This consultation must include a review of the documentation that all staff authorized to administer medications have the necessary professional

license or have completed the necessary training.

(5) Caregivers may administer prescription and non-prescription (over-the-counter) medications for eyes or ears, oral medications, topical ointments and medications, and inhaled medications in accordance with the provisions of this subdivision. Caregivers may not administer medications by injection, vaginally or rectally except as follows:

(i) in accordance with the provisions of paragraph (2) of subdivision (f) of this section;

(ii) for a child with special health care needs, where the parent, day care provider and the child's health care provider have agreed on a plan pursuant to which the caregiver may administer medications by injection, vaginally or rectally; or

(iii) where the caregiver has a valid New York State license as a physician, physician's assistant, registered nurse, nurse practitioner, licensed practical nurse or advanced emergency medical technician.

(6) A day care provider who agrees that the day care provider or another caregiver in the family day care home will administer medications to a child must do so, unless they observe the circumstances specified by the health care provider, if any, under which the medication must not be administered. In such instances, the day care provider or caregiver must contact the parent or guardian immediately.

(7) (i) Except as described in paragraphs (11), (12) and (13) of this subdivision, medication may be administered only upon written permission of the parent or guardian and written instructions from a health care provider in a language in which the day care provider or caregiver who will administer the medications is literate stating that the child day care provider or caregiver may administer such medication or prescription and specifying the circumstances, if any, under which the medication or prescription must not be administered. Medication must be returned to the parent or guardian when it is no longer required by the child or, with the permission of the parent or guardian, be properly disposed of by the provider.

(ii) Where the day care provider has received written permission of the parent or guardian and written instructions from the health care provider authorizing administration of a specified medication if the day care provider observes some specified condition or change of condition in the child while the child is in care, the day care provider may administer the specified medication without obtaining additional authorization from the parent or guardian or health care provider.

(8) To the extent that such information is not included on the medication label pursuant to paragraph (9) of this subdivision, written instructions by the licensed authorized prescriber on the form provided by the Office or an equivalent form, must include the:

(i) Child's name;

(ii) Licensed authorized prescriber's name, telephone number, and signature;

(iii) Date authorized;

(iv) Name of medication and dosage;

(v) Frequency the medication is to be administered;

(vi) Method of administration;

(vii) Date the medication shall be discontinued or length of time, in days, the medication is to be given;

(viii) Reason for medication (unless this information must remain confidential pursuant to law);

(ix) Most common side effects or reactions; and

(x) Special instructions or considerations, including but not limited to possible interactions with other medications the child is receiving

or concerns regarding the use of the medication as it relates to a child's age, allergies, or any pre-existing conditions.

(9) Medications must be kept in the original labeled bottle or container. Over-the-counter medication must be kept in the originally labeled container and be labeled with the child's first and last name. Prescription medications must contain the original pharmacy label that lists:

- (i) Child's name;
- (ii) Authorized prescriber's name;
- (iii) Pharmacy name and telephone number;
- (iv) Date prescription was filled;
- (v) Name of the medication;
- (vi) Dosage;
- (vii) How often to give the medication; and
- (viii) Date the medication shall be discontinued or length of time, in days, the medication is to be given.

(10) In the case of medication that needs to be given on an ongoing, long-term basis, the authorization and consent forms must be reauthorized at least once every six months. Any changes in the original medication authorization shall require a provider to obtain new instructions written by the licensed authorized prescriber and a change in the prescription.

(11) If a parent or guardian requests that the day care provider or caregiver administer a prescription or orally administered over-the-counter medication but does not furnish the day care provider or caregiver with written instructions from a health care provider or licensed authorized prescriber, the day care provider or caregiver may administer such medication or prescription with the oral approval of the parent or guardian and upon obtaining verbal instructions directly from the health care provider or licensed authorized prescriber for that day only. The day care provider or caregiver must document that the health care provider or licensed authorized prescriber gave verbal instructions and that the health care provider or licensed authorized prescriber was asked to send written instructions to the day care provider or caregiver. If the medication is to be administered on subsequent days, written instructions must have been provided to the day care provider or caregiver from the health care provider.

(12) The day care provider or caregiver may administer over-the-counter topical ointments, including sunscreen lotion and topically applied insect repellent, upon the written instructions of the parent or guardian. Such administration must be consistent with any directions for use noted on the original container, including but not limited to precautions related to age and special health conditions. With such written instructions, day care providers and caregivers may administer over-the-counter topical ointments and sunscreen lotion without receiving the training in administration of medications otherwise required pursuant to paragraph (14) of this subdivision.

(13)(i) If an infant develops symptoms which indicate a need for over-the-counter topical ointment while in care at the program, such ointment may be given under verbal instructions from the parent or guardian for that day only if the instructions received from the parent or guardian are consistent with any directions for use of the medication or ointment noted on the original container, including but not limited to precautions related to age and special health conditions.

(ii) If a child other than an infant develops symptoms which indicate a need for over-the-counter medication, including topical ointments, while in care at the program, such medication or ointment may be given

under verbal instructions from the parent or guardian for that day only if the instructions received from the parent or guardian are consistent with any directions for use of the medication or ointment noted on the original container, including but not limited to precautions related to age and special health conditions.

(iii) For all children for whom the day care provider or caregiver administers over-the-counter medications pursuant to this paragraph, the day care provider or caregiver must document that the parent or guardian gave verbal instructions and approval. If the medication is to be administered on subsequent days, written instructions from the parent or guardian and, in the case of orally administered medications, a health care provider or licensed authorized prescriber, must be obtained.

(14) All day care providers and caregivers, except those excluded in subparagraph (iii) of this paragraph and except as provided in paragraphs (3) and (12) of this subdivision, who have agreed to administer medication must complete the office approved medication administration training or an office approved equivalent before administering medications to children in day care. The certification of training in the administration of medications to children in day care shall be effective for a period of three years from the date of issuance. The provider or caregiver must complete a recertification training approved by the office in order to extend the certification for each additional three year period. If, however, the provider or caregiver ceases to work in a day care program for a continuous period of one year, the certification shall automatically lapse. Where a certification lapses, the provider or caregiver may not be recertified unless the provider or caregiver completes the initial medication administration training or the recertification training, as required by the office. Where enforcement action has been taken against the provider based on a failure by the provider or caregiver to comply with requirements for the administration of medications set forth in this section, the office may require retraining or may prohibit the provider or caregiver from being involved in the administration of medications.

(i) Providers or caregivers who will be responsible for administering medications must receive training in the methods of administering medications prior to administering any medications in a day care setting. In order to be trained in the administration of medications in a day care setting, a provider or caregiver must be literate in the language or languages in which health care instructions from parents and health care providers will be received. Upon completion of the training, the provider or caregiver must receive a written certificate from the trainer that indicates that the trainee has successfully completed this training program, as required, and demonstrated competency in the administration of medications in a day care setting. Persons who receive training in the administration of medications in day care settings pursuant to this section may not otherwise administer medications or represent themselves as being able to administer medications except to the extent such persons may be able to do so in accordance with the relevant provisions of the Education Law.

(ii) The training in the administration of medications must be provided by a health care provider who has been certified by the Office to administer the office approved curriculum. The training must be documented and must include, but need not be limited to, the following:

(a) training objectives;

(b) a description of the methods of administration including principles and techniques of application and dispensation of oral, topical, and inhalant medication, including the use of nebulizers, and the use of

epinephrine auto-injector devices when necessary to prevent anaphylaxis in emergency situations with respect to the various age groups of children;

(c) administering medication to an uncooperative child;

(d) an evaluation of whether the trainee demonstrates competency in:

(1) understanding orders from the health care professional or licensed authorized prescriber;

(2) the ability to correctly carry out the orders given by the health care provider or licensed authorized prescriber;

(3) recognition of common side effects of medications and ability to follow written directions regarding appropriate follow up action;

(4) avoidance of medication errors and what action to take if an error occurs;

(5) understanding relevant commonly used abbreviations;

(6) maintaining required documentation including the parent or guardian's permission, written orders from health care professionals and licensed authorized prescribers, and the record of administration of medications;

(7) safe handling of medications, including receiving medications from a parent or guardian;

(8) proper storage of medications, including controlled substances; and

(9) safe disposal of medications.

(iii) A person who can produce a valid New York State license as a physician, physician's assistant, registered nurse, nurse practitioner, licensed practical nurse or advanced emergency medical technician will not be required to attend the training required by this paragraph in order to administer medications in a day care program. Documentation establishing the person's credentials in one of the above fields will be required and a copy of the documentation must be provided to the Office.

(15) Medications must be kept in a clean area that is inaccessible to children. If refrigeration is required, the medication must be stored in either a separate refrigerator or a leak-proof container in a designated area of a food storage refrigerator, separated from food and inaccessible to children. Day care programs must comply with all Federal and State requirements for the storage and disposal of all types of medications, including controlled substances.

(16) At the time of administration, the day care provider or caregiver must document the dosages and time that the medications are given to the child. All observable side effects must be documented and shared with the parent, guardian and, when appropriate, the child's health care provider. Documentation must be made if the medication was not given and the reason for such a decision. The parent or guardian must be notified immediately and the Office must be notified by the close of the following business day of any medication administration errors. Notification to the Office must be reported on a form provided by the Office or on an approved equivalent.

(17) No child under the care of a group family day care home will be allowed to independently administer medications without the assistance and direct supervision of staff that are certified to administer medications pursuant to this section. Any program that elects to offer the administration of medication to children where children who attend the program independently administer medications or where children assist in the administration of their own medications must comply with all the provisions of this section.

* NB Effective January 31, 2005

* (j) Children may be given medication or treatment only in accordance with the following:

(1) Except as described in paragraphs (3) and (4) of this subdivision, prescription and orally-administered over-the-counter medication may be administered only upon written permission of the parent and written instructions from a health care provider stating that a caregiver may administer such medication or prescription and specifying the circumstances, if any, under which the medication or prescription must not be administered. Medication must be in the original container labeled with the child's complete name, the medication name, recommended dosage, time intervals for administration, method of administration, expiration date and, for prescription medication, the prescriber's name and license number. Such medications must be stored according to the instructions on the label in a place that is inaccessible to children. Medication must be returned to the parent when no longer needed.

(2) The caregiver may administer over-the-counter topical ointments upon the written instructions of the parent.

(3) If a parent requests that the caregiver administer prescription or orally-administered over-the-counter medication but does not furnish written instructions from a health care provider, the caregiver may administer such medication or prescription upon obtaining verbal instructions directly from the health care provider. The caregiver must document that verbal instructions were given by a health care provider, and that the health care provider was asked to send written instructions to the caregiver.

(4) If a child develops symptoms which indicate a need for over-the-counter medication, including topical ointments, while in care at the home, such medication may be given under verbal instructions from the parent for that day only. The caregiver must document that verbal instructions and approval were given by the parent. Written instruction from the parent and, in the case of orally-administered medications, a health care provider must be obtained if the medication is to be administered on subsequent days.

(5) Providers who agree to administer medications must do so, unless they observe the circumstances specified by the health care provider, if any, under which the medication or prescription must not be administered. In such instances, a caregiver must contact the parent immediately.

(6) At the time of administration, a caregiver must document the dosages and time that prescription or over-the-counter medications are given to a child.

(7) Nothing in this section shall be deemed to require any provider to agree to give any medication, prescription, or other remedy or treatment except to the extent that such administration of medication is required under the provisions of the Americans with Disabilities Act.

* NB Effective until January 31, 2005

* (k) Caregivers must thoroughly wash their hands with soap and running water at the beginning of each day, before and after the administration of medications, when they are dirty, after toileting or assisting children with toileting, after changing a diaper, before and after food handling or eating, after handling pets or other animals, after contact with any bodily secretion or fluid, and after coming in from outdoors.

* NB Effective January 31, 2005

* (k) Caregivers must thoroughly wash their hands with soap and running water at the beginning of each day, when they are dirty, after toileting or assisting children with toileting, after changing a diaper, before and after food handling or eating, after handling pets or other animals, after contact with any bodily secretion or fluid, and after coming in from outdoors.

* NB Effective until January 31, 2005

(l) Caregivers must ensure that children thoroughly wash their hands or assist children with thoroughly washing their hands with soap and running water when they are dirty, after toileting, before and after food handling or eating, after handling pets or other animals, after contact with any bodily secretion or fluid, and after coming in from outdoors. For diapered children, caregivers must ensure that adequate steps are taken to clean the child after each change of diaper. Caregivers must assist children in keeping clean and comfortable, and in learning appropriate personal hygiene practices. Children in night care shall have a routine that encourages good personal hygiene practices. Each child shall have an individual washcloth, towel and toothbrush and shall have the opportunity to change into night clothes and wash before bed. The caregiver will give each child a shower, tub, or sponge bath in a manner agreed to between the parent and the provider.

(m) Safety precautions relating to blood must be observed by all caregivers as follows:

(1) Disposable gloves must be immediately available and worn whenever there is a possibility for contact with blood, including but not limited to:

- (i) changing diapers where there is blood in the stool;
- (ii) touching blood or blood-contaminated body fluids;
- (iii) treating cuts that bleed; and
- (iv) wiping surfaces stained with blood.

(2) In an emergency, a child's well-being must take priority. A bleeding child must not be denied care because gloves are not immediately available.

(3) Disposable gloves must be discarded after each use.

(4) If blood is touched accidentally, the exposed skin must be thoroughly washed with soap and running water.

(5) Clothes contaminated with blood must be placed in a securely tied plastic bag and returned to the parent at the end of the day.

(6) Surfaces that have been blood stained must be cleaned and then disinfected with a germicidal solution.

(n) Sufficient and suitable clothing must be available so that children who dirty or soil their clothing may be changed. All such clothing must be returned to parents for washing.

(o) Infants must be kept clean and comfortable at all times. Diapers must be changed when wet or soiled. The diaper changing area must be as close as possible to a sink with soap and hot and cold running water. This area or sink must not be used for food preparation. Diaper changing surfaces must be washed and disinfected with a germicidal solution after each use.

(p) Disposable diapers must be used or arrangements must be made with the parent or a commercial diaper service to provide an adequate supply of cloth diapers.

(1) When disposable diapers are used, soiled diapers must be disposed of immediately into an outside trash disposal, or placed in a tightly covered plastic-lined trash can in an area inaccessible to children until outdoor disposal is possible.

(2) Non-disposable diapers must not be laundered in the family day care home, and must be stored in a securely covered receptacle until returned to the diaper service. When parents provide non-disposable diapers, soiled diapers must be placed in a securely tied plastic bag and returned to the parent at the end of the day.

(q) Toilet facilities must be kept clean at all times, and must be supplied with toilet paper, soap and towels accessible to the children.

(1) Toileting equipment, such as potty chairs, appropriate to the toilet training level of the children in the group must be provided. When more than one child in the center is being toilet trained, potty chairs must be emptied and sanitized with a germicidal solution after each use. If only one child in the home is being toilet trained, potty chairs must be emptied and rinsed after each use and sanitized with a germicidal solution daily. Potty chairs must not be washed out in a handwashing sink, unless that sink is washed and disinfected after such use.

(2) Either disposable towels or individual cloth towels for each child must be used. If individual cloth towels are used, they must be laundered daily. Sharing personal hygiene items, such as washcloths, towels, toothbrushes, combs and hairbrushes, is prohibited.

(r) All rooms, equipment, surfaces, supplies and furnishings accessible to children must be cleaned and disinfected as needed to protect the health of children, and in a manner consistent with the health care plan guidelines issued by the Office. The premises must be kept free from dampness, odors, vermin, and the accumulation of trash.

(1) Equipment that is frequently used or touched by children on a daily basis must be cleaned and disinfected when soiled and at least once weekly.

(2) Carpets contaminated with body fluids must be spot cleaned.

(3) Extensive cleaning, such as shampooing carpets or washing windows and walls, must occur when children are not present.

(4) (i) Any application of pesticides (as the term pesticide is defined in section 33-0101 of the Environmental Conservation Law) shall be completed in accordance with the requirements of section 390-c of the Social Services Law and sections 33-1004 and 33-1005 of the Environmental Conservation Law.

(ii) In addition to the requirements of section 390-c of the Social Services Law, each day care facility must send a notice home with each child or otherwise provide notification to the parent of each child not less than forty-eight hours prior to the application of pesticides. Such notice must include:

(a) the location and specific date of the application of pesticides and may include two alternate dates in the event that an outdoor application cannot be made due to weather conditions;

(b) the pesticide product name and pesticide registration number assigned by the United States Environmental Protection Agency;

(c) the following statement: "This notice is to inform you of a pending pesticide application at this facility. You may wish to discuss with a representative of the day care facility what precautions are being taken to protect your child from exposure to these pesticides. Further information about the product or products being applied, including any warnings that appear on the label of the pesticide or pesticides that are pertinent to the protection of humans, animals or the environment, can be obtained by calling the National Pesticide Telecommunications Network Information line at 1-800-858-7378 or the New York State Department of Health Center for Environmental Health Info Line at 1-800-458-1158"; and

(d) the name of a representative of the day care facility and contact number for additional information.

(iii) Any day care provider that fails to send the appropriate notice of pesticide application as set forth in subparagraph (ii) of this paragraph shall, for a first such violation of this subdivision, be issued a written warning in lieu of penalty. For a second violation, such provider shall be subject to a penalty not to exceed one hundred dollars. For any subsequent violation, such provider shall be subject to a penalty not to exceed two hundred and fifty dollars for each violation. No penalty may be assessed by the Commissioner without affording the provider with notice and an opportunity for a hearing pursuant to section 413.5 of this Article.

(iv) Any finding by the Department of Environmental Conservation of a violation by the provider of the requirements set forth in sections 33-1004 or 33-1005 of the Environmental Conservation Law shall be deemed a safety hazard to children in care and a violation of this subdivision.

(5) Garbage receptacles must be covered, and cleaned as needed after emptying.

(6) Thermometers and toys mouthed by children must be washed and disinfected before use by another child.

(7) Individual drinking cups or disposable paper cups must be provided daily. The use of shared drinking cups is prohibited.

(8) Linens, blankets and bedding must be cleaned at least weekly and before use by another child. Cribs, cots, beds, mats and mattresses must be cleaned thoroughly between uses by different children and at least monthly.

(9) After use, dishes and all utensils must be washed with soap and hot water, and rinsed in hot running water.

417.12 Nutrition.

(a) The family day care home must provide plentiful and nutritious snacks to children. The provider must ensure that each child in care for more than four hours a day receives a nutritious meal. Each child in care for more than ten hours a day must receive a minimum of two nutritious meals. Food must be prepared and stored in a safe and sanitary manner and served at appropriate intervals.

(1) If the provider does not furnish meals, there must be adequate supplemental food available in the event that no meal is provided by the parent or if the meal provided by the parent is of inadequate nutritional value.

(2) Homes changing their meal policy must provide adequate notice to parents.

(b) Where meals are furnished by the home, food preferences for personal, religious or medical reasons may be accommodated. If resultant meal patterns or serving sizes will not meet the child's nutritional needs, a medical statement must be obtained documenting the appropriateness of the variation.

(c) Where meals are furnished by the home, the servings must be in portions suitable for the size and age of the children in care. There must be a sufficient amount of food available to children to permit second helpings.

(d) Children must be helped to gain independence in feeding themselves, and should be encouraged to learn acceptable table manners appropriate to their developmental levels.

(e) Sufficient time, based on age and individual needs, must be

allowed for meals so that children will not be hurried.

(f) Perishable food, milk and formula must be kept refrigerated.

(g) Safe drinking water must be available to children at all times and must be offered at intervals that are responsive to the needs of the individual children.

(h) Disposable cups and plates may be used if discarded after use. Plastic eating utensils may be used if such utensils are not easily broken by young children and are discarded after use. Styrofoam cups may not be used for infants or toddlers.

(i) Providers must obtain a written statement from the parent of each infant in care setting forth the formula and feeding schedule instructions for the infant.

(j) Where formula is required, such formula may be prepared and provided by the parent, or by the provider when agreed to in writing by the parent.

(k) If more than one child in the home is receiving formula, breast milk or other individualized food items, all containers or bottles must be clearly marked with the child's complete name.

(1) Unused portions of bottles or containers from which children have been spoon-fed must be discarded after each feeding, or placed in a securely tied plastic bag and returned to the parent at the end of the day.

(2) Heating formula, breast milk and other food items for infants in a microwave oven is prohibited.

(1) Every effort must be made to accommodate the needs of a child who is being breast-fed.

(m) Infants six months of age or younger must be held while being bottle-fed. Other infants must be held while being bottle fed until the infant consistently demonstrates the capability of holding the bottle and ingesting an adequate portion of the contents thereof. The propping of bottles is prohibited.

(n) Each infant and toddler must be removed from the crib, playpen or cot and held or placed in an appropriate chair for feeding.

417.13 Staff qualifications.

(a) The provider and any alternate provider must each meet the following qualifications:

(1) be at least 18 years old;

(2) have a minimum of either two years of experience caring for children under six years of age, or one year of experience caring for children under six years of age plus six hours of training or education in early childhood development. The phrase "experience caring for children" can mean childrearing as well as paid and unpaid experience caring for children. The term "training" can mean educational workshops and courses in caring for preschool children;

(3) be capable of providing, and agree to provide, safe and suitable care to children which is supportive of their physical, intellectual, emotional and social well-being; and

(4) provide to the Office the names, addresses and day time telephone numbers of at least three references, other than relatives. At least one of the references must be able to attest to the provider's or alternate provider's employment history, work record and qualifications, if the provider or alternate provider has ever been employed outside the home. At least one of the references must be able to attest to the provider's or alternate provider's character, habits and personal qualifications to

be a family day care provider or alternate provider.

(b) Alternate providers and any other employees or volunteers are required to comply with the criminal history review provisions of this Part and Part 413 of this Article.

(c) Any substitutes to be used by the family day care home must comply with the Statewide Central Register screening requirements of this Part and the criminal history review provisions of this Part and Part 413 of this Article.

417.14 Training.

(a) Before the Office issues an initial registration, the person who will be the primary caregiver must complete training approved by the Office pertaining to the health and safety of children and must demonstrate basic competency with regard to health and safety standards. All health and safety training received after the application for family day care has been submitted but prior to issuance of the registration may be applied to the initial fifteen (15) hours of training required in subdivision (b) of this subsection.

(b) Each provider and alternate provider must complete a minimum of fifteen (15) hours of training during the first six months of registration. Any person who becomes an alternate provider after the initial registration of the home must complete a minimum of fifteen (15) hours of training during the first six months after becoming an alternate provider. In either case, this initial fifteen (15) hours applies toward the total thirty (30) hour minimum requirement for each registration period. A total of thirty (30) hours of training must be completed every two years. Such training must address the following topics:

(1) principles of childhood development, including the appropriate supervision of children, meeting the needs of children enrolled in the program with physical or emotional challenges and behavior management and discipline;

(2) nutrition and health needs of children;

(3) child day care program development;

(4) safety and security procedures, including communication between parents and staff;

(5) business record maintenance and management;

(6) child abuse and maltreatment identification and prevention;

(7) statutes and regulations pertaining to child day care; and

(8) statutes and regulations pertaining to child abuse and maltreatment.

(c) Training received after the application has been submitted but before the application has been approved and the registration granted may be counted towards the initial fifteen (15) hours required in subsection (b) above.

(d) For the thirty (30) hours of training that must be received every two years after the first year of registration, any provider or alternate provider who can demonstrate basic competency in a particular topic to the Office may determine in which of the specified topics he or she needs further study. The Office may also exempt any provider or alternate provider from participating in training on a particular topic upon demonstration of substantially equivalent knowledge or experience related to that topic. All persons with such exemptions must still complete a minimum of thirty (30) hours of training during each registration period.

(e) Each provider and alternate provider must submit verification of

completion of the training requirements to their program's designated registration office on forms provided by the Office.

(f) At the time of admission, the provider or alternate provider must furnish parents with appropriate instructional materials that will assist them in evaluating the home, the provider, and the alternate provider. Such materials shall include information concerning child abuse and maltreatment, and guidance on the steps they may take if they suspect their child has been abused or maltreated.

417.15 Management and administration.

(a) Family day care homes must comply with the following standards:

(1) Each family day care home must register with the Office and must operate in compliance with the regulations of the Office and all other applicable laws and regulations. No person or entity may operate a family day care home unless registered with the Office;

(2) Providers who have registered with the Office must provide proof of registration and information concerning any waivers that have been approved by the Office upon request;

(3) A new application for registration must be submitted to the Office when there is a change in the name, address or operator, when the operator will be providing an additional shift of care, when reinstatement of a withdrawn application is sought, or when a registration is sought following the Office's revocation of, or denial of an application to renew, a registration;

(4) The provisions specified on the registration are binding and the family day care home must operate in compliance with the terms of the registration. The number and age range of children specified thereon are the maximum number and age range of children who may be in the care of the family day care home at any one time;

(5) If a family day care home will operate 24 hours a day, there must be more than one caregiver. Individual children must be cared for less than 24 hours a day. No caregiver may work more than two consecutive shifts;

(6) The caregivers and all members of the household must be in good health and be of good character and habits;

(7) Information relating to an individual child is confidential and cannot be disclosed without written parental permission to anyone other than the Office, its designees or other persons authorized by law. Information relating to an individual child may be disclosed to a social services district where the child receives a day care subsidy from the district, where the child has been named in a report of alleged child abuse or maltreatment, or as otherwise authorized by law. Rediscovery of confidential HIV-related information, as defined in section 360-8.1 of this Title, concerning a child receiving family day care is not permitted except in a manner consistent with article 27-F of the Public Health Law;

(8) A family day care home may not refuse to admit a child to the home solely because the child is a child with a developmental delay or disability or has been diagnosed as having human immune deficiency virus (HIV), HIV-related illness or acquired immune deficiency syndrome (AIDS). Each such child must be evaluated by the provider to determine whether the child could be accommodated in the program if reasonable modifications are made to the premises and/or program. Nothing contained in this paragraph shall be deemed to require the provider to incur significant additional expenses to modify the premises and/or

program to accommodate such a child;

(9)(i) The parent of any child receiving family day care must have: unlimited and on demand access to such child; the right to inspect all parts of the home used for child day care or which could present a hazard to the health or safety of the child whenever the parent requests at any time during the hours of operation of the home; unlimited and on demand access to the caregivers whenever such child is in care or during the normal hours of operation; and unlimited and on demand access to written records concerning such child except where access to such records is otherwise restricted by law;

(ii)(a) The parents of all children receiving care in a family day care home equipped with video surveillance cameras installed for the purpose of allowing parents to view their children in the day care setting by means of the internet must be informed that cameras will be used for this purpose. All alternate providers, assistants and employees of the family day care home must also be informed if video surveillance cameras will be used for this purpose.

(b) All parents of children enrolled in the family day care home and all alternate providers, assistants and employees of the family day care home must be made aware of the locations of all video surveillance cameras used at the family day care home.

(c) Family day care homes opting to install and use video surveillance equipment must comply with all State and federal laws applicable to the use of such equipment.

(d) Video surveillance cameras may not be used as a substitute for competent direct supervision of children.

(e) Family day care homes opting to allow parents to view their children in the day care setting by means of the internet must use and maintain adequate internet security measures at all times. Such measures include but are not limited to: frequent changes of passwords; filtering measures that prohibit public access to or viewing of day care activities via the internet; and immediate corrective action in response to any report of abuse of the system or inappropriate access. Such homes must also advise the parents having access to views of the day care home through the internet of the importance of security in regard to such viewing and of the importance of the privacy rights of other children who may be viewed.

(f) Video surveillance cameras are permitted to transmit images of children in common rooms, hallways and play areas only. Bathrooms and changing areas must remain private and free of all video surveillance equipment.

(g) Family day care homes that use video surveillance equipment must allow inspectors and other representatives of the Office to have access to such equipment and to have viewing privileges as required by the Office.

(10) A family day care home must admit inspectors and other representatives of the Office onto the grounds and premises at any time during the hours of operation of the home. Such inspectors and representatives must be given free access to the building, the caregivers, the children and any records of the home. A family day care home must cooperate with inspectors and other representatives of the Office in regard to any inspections or investigations that are conducted by the Office or its representatives. A family day care home also must cooperate with local Child Protective Services' Staff conducting any investigation of alleged child abuse or maltreatment;

(11) In selecting alternate providers subsequent to issuance of a registration, a provider:

(i) must notify the Office immediately in writing when there is any change of alternate providers;

(ii) must submit to the Office within 15 days of the written notification, an application for any new alternate provider and the supporting documentation for the alternate provider. Each such applicant must also complete and submit with the application the forms necessary for the Office to inquire whether the applicant is the subject of an indicated report of child abuse or maltreatment on file with the Statewide Central Register of Child Abuse and Maltreatment, a complete fingerprint card necessary for the Office to conduct a criminal history review, and a sworn statement indicating whether, to the best of the applicant's knowledge, he or she has ever been convicted of a misdemeanor or felony in New York State or any other jurisdiction;

(iii) may, during the Office's review of all documentation for any new alternate provider, continue to operate a family day care home with any individual who is identified on the list required by paragraph (12) of subdivision (c) of this section; and

(iv) may not leave the new alternate provider in sole charge of children until such time as the Office's review of all documentation for such alternate provider is completed.

(12) The family day care home must report to the Office: any change affecting, or which reasonably might be expected to affect, those portions of the building in which the program is located or which are used for the children's egress in the case of emergency; any change in family composition; and any other change that would place the home out of compliance with applicable regulations;

(13) The caregivers must be familiar with the regulations governing such programs. Such regulations must be readily accessible to the caregivers for reference purposes and must be made available for review to a parent of a child in care upon request by a parent;

(14) The caregiver must immediately notify the Office upon learning of the death, serious injury or infectious illness of an enrolled child which occurred while the child was in care at the program or was being transported by a caregiver;

(15) Parents must be given the opportunity to discuss issues related to their children and care of their children with the provider or alternate provider. Such opportunities must occur at the time of enrollment and as frequently as needed thereafter, but at least annually;

(16) The indoor and outdoor areas of the home where the children are being cared for must not be used for any other business or social purpose when children are present such that the attention of the caregiver is diverted from the care of the children;

(17) When a provider proposes to care for a child under the age of six weeks, prior approval must be obtained from the Office. In seeking such approval, the provider must furnish, either verbally or in writing, the following:

(i) identifying information related to the specific child who would receive care, including the parent's name and address, and the child's name, sex and age;

(ii) the extenuating circumstance necessitating the care; and

(iii) a description of what the provider will do to achieve consistency with the Office's guidelines for the care of children under the age of six weeks;

(18)(i) Within five days after receiving the initial registration and before actually commencing operation, the provider must, using a form specified by the Office for that purpose, notify the local police and fire departments of the municipality within which the family day care

home is located of the following:

- (a) the address of the family day care home;
- (b) the maximum capacity of the family day care home;
- (c) the age range of children that will be in care; and
- (d) the hours during which children will be in care.

(ii) If the local municipality does not have a police or fire department, the sheriff of the county within which the family day care home is located must be notified instead. The provider must notify the local police and fire departments or the county sheriff, as appropriate, if there is any change in any of the information required to be provided pursuant to subparagraph (i) of this paragraph; and

(19) (i) If a person eighteen years of age or older begins to reside at the premises where the family day care home is located, the provider must within five days of such person beginning to reside at the premises:

(a) submit the Statewide Central Register clearance forms necessary to complete required screening by the Statewide Central Register of Child Abuse and Maltreatment to determine if the person is the subject of an indicated report of child abuse or maltreatment; and

(b) submit the necessary fingerprint card necessary to complete the criminal history review required pursuant to section 413.4 of this Article.

(ii) Prior to receipt of the results of the clearance and review required pursuant to this paragraph, the person eighteen years of age or older may not be permitted by the provider to have unsupervised access to children receiving day care from the provider; and

(20) (i) Under no circumstances may there be more than one licensed or registered child day care program in any one dwelling unit in a personal residence. However, nothing contained herein shall prohibit the continued operation of more than one licensed or registered family or group family day care home in a personal residence where all such homes in the personal residence were licensed or registered prior to March 1, 2002, unless the license or registration of the home is revoked, terminated or suspended pursuant to the procedures set forth in section 413.3 of this article.

(ii) In a personal residence where more than one licensed or registered family or group family day care home was located prior to March 1, 2002, the maximum capacity of all licensed and registered family and group family day care homes in the residence shall not under any circumstances exceed 20 children in total, including school-age children who receive care for only part of the day, and no individual group family day care home located in such a residence may have a maximum capacity of more than 10 children, including school-age children who receive care for only part of the day. Each such licensed and registered family and group family day care home must be operated as a separate facility and must have separate emergency exits sufficient to meet the requirements of section 416.4 of this article or section 417.4 of this Part, as appropriate.

(21) All family day care homes that accept direct and indirect payments from a social services district, or a payment from a parent or caretaker, for providing subsidized child care must comply with all relevant requirements of the child care subsidy program and section 415.4(h) of this Title.

(b) Conditions which apply to family day care registration are as follow:

(1) No registration will be issued unless the provider is in full compliance with the regulations of the Office and all other applicable

laws and regulations except where a waiver of one or more requirements of this Part has been approved in writing by the Office in accordance with section 413.5 of this Title;

(2) The effective period of the initial registration will be up to two years and the effective period of any subsequent registrations will be up to two years each so long as the provider remains in compliance with applicable laws and regulations during such periods;

(i) If a provider or alternate provider has not met the training requirement specified in section 417.14 of this Part, a subsequent registration may be issued for a period of up to one year following the completion of an acceptable inspection of the family day care home;

(ii) No more than one such limited renewal may be issued in succession;

(3) A registration is not transferable to any other provider or location;

(4) Family day care homes required to be registered with the Office will not be exempt from this requirement through registration with another State agency or certification, registration or licensure by any local governmental agency or authorized agency; and

(5) Before denial of an application for registration or renewal of registration, the provider is entitled to a hearing before the Office pursuant to Part 413 of this Title.

(c) The provider must maintain on file at the family day care home, available for inspection by the Office or its designees at any time, the following records in a current and accurate manner:

(1) a copy of the evacuation plan, on forms furnished by the Office or approved equivalents, as required in section 417.5 of this Part;

(2) an approved health care plan as required in section 417.11 of this Part;

(3) the name, address, gender, and date of birth of each child and each child's parents' names, addresses, telephone numbers and place(s) at which parents or other persons responsible for the child can be reached in case of an emergency;

(4) the names and addresses of persons authorized to take the child(ren) from the family day care home;

(5) daily attendance records;

(6) children's health records, including parental consents for emergency medical treatment; evidence of health examinations and immunizations; any available results of lead screening; the name and dosage of any medications used by a child and the frequency of administration of such medications; and a record of illnesses, injuries, and any indicators of child abuse or maltreatment;

(7) health statements for the provider and alternate provider completed within the 12 months preceding the date of the application for registration or renewal, as required in section 417.11 of this Part;

(8) a statement regarding the health of all persons residing in the family day care home completed within the 12 months preceding the date of the application for renewal, as required in section 417.11 of this Part;

(9) a plan of program activities, as required in section 417.7 of this Part;

(10) a report of inspection and approval performed within the 12 months preceding the date of the application for registration or renewal by local authorities of any wood or coal burning stove, fireplace or permanently installed gas space heater in use at the home;

(11) where a provider uses a private water supply,

(i) a report from a state licensed laboratory or individual, based on

tests performed within the 12 months preceding the date of application for registration or renewal of registration, showing that the water meets standards for drinking water established by the New York State Department of Health; or

(ii) if the water does not meet such standards, a description of how water for all purposes will be provided by another method acceptable to the Department of Health;

(12) a list of alternate providers and substitutes who are available to care for the children in the family home when the provider must be absent;

(13) documentation of training sessions attended in accordance with section 417.14 of this Part;

(14) when the family day care home is incorporated, the following additional documentation:

(i) a copy of the certificate of incorporation and any amendments thereto;

(ii) verification of filing of the certificate of incorporation and any amendments thereto with the Secretary of State; and

(iii) a current list of the names of the board of directors and their addresses, telephone numbers of the current principal officers and members, and the business and civic qualifications of all such individuals;

(15) a copy of the notification form provided to the local police and fire departments or the county sheriff as required in paragraph (18) of subdivision (a) of this section; and

(16) a copy of the certification that the residence and the surrounding neighborhood and environment are free from environmental hazards, as required in paragraph (10) of subdivision (a) and paragraph (4) of subdivision (d) of section 417.2 of this Part.

18NYCRR SUBPART 418-1
CHILD DAY CARE CENTERS

Sec.

- 418-1.1 Definitions, enforcement and hearings
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Section 418-1.1 Definitions, enforcement and hearings.

The provisions of Part 413 of this Title apply to this Subpart.

418-1.2 Procedures for applying for and renewing a license.

(a) Applicants for a license must submit to the Office:

(1) a completed application, including required attestations, on forms furnished by the Office or approved equivalents. Such application and attestations must include an agreement by the applicant to operate the child day care center in conformity with applicable laws and regulations;

(2) certificate of occupancy or other documentation from the local government authority having jurisdiction for determining compliance with the New York State Uniform Fire Prevention and Building Code showing that the facility has been inspected and approved within the 12 months preceding the date of application for use as a child day care center, in accordance with the appropriate provisions of such Code;

(3) documentation from local zoning authorities or officials, where such authorities or officials exist, that a child day care center is a permitted use under any zoning code applicable to the area in which the child day care center is located;

(4) documentation from the local health office or the New York State Department of Health showing that the facility has been inspected and approved within the 12 months preceding the date of application;

(5) where a provider uses a private water supply, a report from a state licensed laboratory or individual, based on tests performed within the 12 months preceding the date of application, showing that the water meets standards for drinking water established by the New York State Department of Health;

(6) certification, on forms provided by the Office, that the building, its property and premises, and the surrounding neighborhood and environment are free from environmental hazards. Such hazards include, but are not limited to, dry cleaners, gas stations, nuclear laboratories or power plants, property designated as a federal superfund clean-up site, and any property with known contaminated ground or water supplies. Where the historical or current use of the building, its property and premises, or the surrounding neighborhood indicates that an environmental

hazard may be present, inspection or testing must be completed by the appropriate local official or authority to determine if such a hazard exists. Documentation of the inspection or testing must be appended to the statement required by this paragraph and include a statement from the appropriate local official or authority following this inspection and/or testing that the building, its property and premises, and the surrounding neighborhood meet applicable standards for sanitation and safety;

(7) documentation from service personnel licensed by the New York State Department of State to perform fire alarm systems maintenance, repair and testing which shows that fire alarm and detection systems have been inspected, tested and maintained in accordance with the applicable requirements of the New York State Uniform Fire Prevention and Building Code for use of the building as a child day care center;

(8) documentation from service personnel qualified to perform fire suppression systems testing showing that fire suppression equipment and systems have been tested and maintained in accordance with the requirements of the New York State Uniform Fire Prevention and Building Code for use of the building as a child day care center;

(9) documentation from an inspector from the New York State Department of Labor, or an insurance company licensed to write boiler insurance in New York State, showing that all steam or hot water boilers have been inspected and approved in accordance with the requirements of the New York State Department of Labor. For all other fuel burning heating systems and equipment, and boilers not subject to the New York State Department of Labor requirements, documentation of service by a heating contractor performed within the 12 months preceding the date of application;

(10) a diagram of the portion of the building to be occupied by the child day care center and all adjacent areas of such building, as required in section 418-1.3 of this Subpart;

(11) a description of program activities offered to meet the needs of children, as described in section 418-1.7 of this Subpart;

(12) a copy of the evacuation plan, as required in section 418-1.5 of this Subpart, specifying alternate means of egress;

(13) a health care plan developed in accordance with the requirements of section 418-1.11 of this Subpart;

(14) copies of sample menus for snacks and, where meals are provided, for meals, or a copy of the current letter of approval from the New York State Child and Adult Care Food Program. Menus must cover a four week period and be reviewed and signed by a person qualified in nutrition, as required in section 418-1.12 of this Subpart;

(15) where meals are provided but are not prepared at the center, a description of food service arrangements;

(16) a sworn statement by the applicant indicating whether, to the best of the applicant's knowledge, the applicant has ever been convicted of a misdemeanor or a felony in New York State or any other jurisdiction, and fingerprint cards as required to comply with the requirements of section 413.4 of this Article;

(17) certification, on forms provided by the Office, of the status of the individual applicant's child support obligations or payments, in accordance with the requirements of Section 3-503 of the General Obligations Law;

(18) certification, on forms provided by the Office, that the child day care center is providing workers' compensation in accordance with the requirements of New York State Law;

(19) the Statewide Central Register clearance form necessary to

complete required screening by the Statewide Central Register of Child Abuse and Maltreatment to determine if the applicant is the subject of an indicated report of child abuse or maltreatment;

(20) a description of specific procedures which will assure the safety of a child who is reported to the Statewide Central Register of Child Abuse and Maltreatment as well as other children provided care in the child day care center, as required in section 418-1.10 of this Subpart;

(21) a description of the procedure to be used to review and evaluate the background information supplied by applicants for employment and volunteer positions, as required in section 418-1.13 of this Subpart;

(22) copies of the child day care center's personnel policies and practices;

(23) a description of policies and practices regarding appropriate supervision of children as required in section 418-1.8 of this Subpart;

(24) a description of the schedule and content of training as required in section 418-1.14 of this Subpart, including use of both in-service training and outside training resources;

(25) a copy of a certificate of insurance from an insurance company showing the intent to provide general liability insurance to the child day care center upon licensure;

(26) when the child day care center is incorporated, a copy of the certificate of incorporation or an amendment thereto showing that the corporation has the authority to establish and operate day care centers and verification of the filing of such certificate. When a day care center is operated by a corporation, such corporation shall immediately notify the Office upon any transfer or reapportionment of corporate stock or any change in ownership of the corporation; and

(27) when the child day care center is owned by an individual, corporation, partnership or other entity using a business or assumed name, a copy of the certificate of doing business under an assumed name obtained from the county clerk.

(b) Child day care centers located in public school buildings currently used for elementary, middle or secondary education programs approved by the New York State Education Department are exempt from the requirements set forth in paragraphs (2)-(9) of subdivision (a) of this section. Each such program must submit a copy of the current certificate of occupancy issued by the State Education Department as part of the application. For those programs not issued such certificates of occupancy, the appropriate local equivalent, acceptable to the State Education Department, must be submitted.

(c) Applicants for a license must submit all the documentation required in subdivision (a) of this section within 90 days after the submission of the first piece of such documentation to the Office. An applicant who fails to submit all documentation within the 90 days will be deemed to have withdrawn such application.

(d) Applicants for a license may not be issued a license until an inspection of the child day care center has been conducted showing compliance with the requirements of this Subpart and the relevant provisions of the Social Services Law.

(e) Applicants for renewal of a license must submit to the Office at least 60 days in advance of the expiration date of the license the following:

(1) a completed application for renewal, including required attestations, on forms furnished by the Office, or approved equivalents. Such application and attestations must include an agreement by the applicant to operate the child day care center in conformity with applicable laws and regulations;

(2) certification, on forms provided by the Office, of the status of the individual applicant's child support obligations or payments, in accordance with the requirements of Section 3-503 of the General Obligations Law;

(3) certification, on forms provided by the Office, that the day care center is providing workers' compensation in accordance with the requirements of New York State Law;

(4) certification, on forms provided by the Office, that the building, its property and premises, and the surrounding neighborhood and environment are free from environmental hazards. Such hazards include, but are not limited to, dry cleaners, gas stations, nuclear laboratories or power plants, property designated as a federal superfund clean-up site, and any property with known contaminated ground or water supplies. Where the historical or current use of the building, its property and premises, or the surrounding neighborhood indicates that an environmental hazard may be present, inspection or testing must be completed by the appropriate local official or authority to determine if such a hazard exists. Documentation of the inspection or testing must be appended to the statement required by this paragraph and include a statement from the appropriate local official or authority following this inspection and/or testing that the building, its property and premises, and the surrounding neighborhood meet applicable standards for sanitation and safety; and

(5) documentation of inspections and approvals as set forth in section 418-1.15(c) of this Subpart.

(f) Applicants for renewal of a license may not be issued a license until an inspection of the child day care center has been conducted showing compliance with the requirements of this Part and the relevant provisions of the Social Services Law.

418-1.3 Building and equipment.

(a) Each applicant must submit to the Office a diagram of the proposed child day care center at the time of application for licensure.

(1) The diagram must be labeled with the planned occupancy or use of all areas of the building and all outside areas to be used or occupied by the child day care center. The diagram must show: room dimensions; the age group(s) using each room; the size of the group(s) using each room; kitchens and bathrooms for children and staff; exits; alternate means of egress; plumbing fixtures such as toilets, sinks and drinking fountains; and the outdoor play area showing its relationship to the building.

(2) Whenever change(s), addition(s) or expansion(s) are proposed which will affect, or reasonably may be expected to affect, those portions of the building designated for the care of children or for their egress in case of an emergency, the provider must receive written approval from the Office prior to initiating such change(s), addition(s), or expansion(s).

(b) Areas that will be used by the children must be well-lighted and well-ventilated. Heating, ventilation and lighting equipment must be adequate for the protection of the health of the children. A temperature of at least 68 degrees Fahrenheit must be maintained in all rooms to be occupied by children.

(c) A firm sanitary crib, cot, bed or washable padded mat of adequate size must be provided for all children requiring a rest period. Cribs, cots, beds, and/or mats must be at least two feet apart from each other.

The resting/napping places must be located in safe areas of the center where there is no draft and where children will not be stepped on or block safe egress. Individual sanitary bed coverings must be available, as needed, for each child requiring a rest period.

(d) Separate quarters or areas apart from those of the older children must be provided for infants and toddlers. These must consist of play areas of at least 35 square feet per child where infants and toddlers may safely and comfortably sit, crawl, walk and play. There must be additional space for sleeping provided in accordance with the following:

(1) For infants, this additional space must contain a crib for each infant permitted by the authorized maximum capacity for this age group as shown on the license. Stackable cribs are prohibited.

(2) For toddlers, this additional space must be sufficient to accommodate individual cribs, cots or padded mats, for at least 1/3 of the center's authorized maximum capacity for this age group as shown on the license.

(e) Children must be accommodated in rooms having a minimum of 35 square feet for each child. Areas used for large motor activity, staff lounges, storage spaces, halls, bathrooms, kitchens and offices may not be included in calculating the 35 square feet per child requirement.

(f) There must be a separate quiet area, which can be adequately supervised, for children who become ill or who develop symptoms of illness.

(g) Toxic paints or finishes must not be used on room surfaces, furniture or any other equipment, materials or furnishings which may be used by children or are within their reach.

(h) Peeling or damaged paint or plaster must be repaired promptly. Concrete floors used by the children must be covered with appropriate material.

(i) School-age components of child day care centers must have facilities located in separate areas to avoid interference with the younger children's programs.

(j) Readily accessible outdoor play space which is adequate for active play must be provided.

(k) Convenient, adequate and sanitary toilet facilities must be provided for the children in a separate, properly ventilated room readily accessible to children. One sanitary toilet and one wash basin must be available for every group of 15 children, or part thereof.

(l) A functioning, sanitary shower or tub must be available when night care is provided.

(m) Adequate and safe water supply and sewage facilities must be provided and must comply with State and local laws. Hot and cold running water must be available and accessible at all times.

(n) Space must be provided so that children's personal items may be stored separately. Coat hooks must be spaced so that coats and other outer garments do not touch each other.

(o) All buildings used for day care centers must remain in compliance with the applicable provisions of the New York State Uniform Fire Prevention and Building Code. Any part of any building used as a day care center shall meet the requirements applicable under the New York State Uniform Fire Prevention and Building Code to a C6.1 or C6.2 occupancy classification, as appropriate to the ages of the children in care.

(a) Suitable precautions must be taken to eliminate all conditions which may contribute to or create a fire hazard.

(b) Evacuation drills must be conducted at least monthly during various hours of operation of the child day care center. If evening and/or night care is provided, such drills must be conducted monthly during each shift of care in accordance with the recommendations of the local fire marshal or fire department. A record of these drills must be kept on file using forms furnished by the Office or approved equivalents.

(c) Fire detection, alarm and fire fighting equipment appropriate to the type of building construction, size, height and occupancy must be provided. Programs located in public school buildings inspected by the State Education Department are exempt from the requirements of subparagraphs (i) and (ii) of paragraph (1) of this subdivision.

(1) Such equipment must include at least:

(i) one fire extinguisher for every 3,000 square feet of space;

(ii) an automatic interconnected fire detection alarm system with:

(a) smoke-sensing type devices throughout exitways, and

(b) heat-sensing type devices or a water sprinkler alarm system in furnace rooms and any other unsupervised spaces within the building which contain fire-hazardous materials; and

(iii) manually activated fire alarm stations.

(2) All fire alarm and detection systems must be inspected, tested and maintained in accordance with the applicable requirements of the New York State Uniform Fire Prevention and Building Code. All such inspections, testing and maintenance must be conducted by service personnel licensed by the New York State Department of State to perform fire alarm systems maintenance, repair and testing. All program staff must be instructed in the function and operation of fire alarm and detection systems used in the child day care center.

(3) All fire suppression equipment and systems must be tested and maintained in accordance with the applicable requirements of the New York State Uniform Fire Prevention and Building Code. All such inspections, testing and maintenance must be conducted by service personnel qualified to perform fire suppression systems maintenance, repair and testing. Staff must be instructed in the function and operation of fire suppression equipment and systems used in the child day care center.

(d) Adequate means of egress must be provided. Children may be cared for only on such floors as are provided with readily accessible alternate means of egress to other floors, in the case of fire-resistant buildings, and to the outside in the case of non-fire-resistant buildings. Such means of egress must be remote from each other.

(e) All corridors, aisles, and approaches to exits must be kept unobstructed at all times.

(f) Exit stairways must be equipped with low railings for the use of the children.

(g) Steam or hot water boilers must be inspected and approved in accordance with the requirements of the New York State Department of Labor by an inspector from the New York State Department of Labor, or by an insurance company which is licensed to write boiler insurance in the State. All other fuel burning heating systems and equipment and boilers not subject to the New York State Department of Labor requirements must be serviced by a heating contractor once every 24 months.

(h) Rooms containing boilers, fuel burning furnaces or other fuel burning heating equipment must be constructed using a minimum of one-hour fire resistant materials or materials of a greater fire resistance when required by the New York State Uniform Fire Prevention and Building

Code. Unless it is determined by the Office or local fire safety officials that the current heating equipment poses an imminent danger to the health and safety of children in care, those facilities which were licensed and operating on June 1, 2001 which are not in compliance with the requirement for one-hour fire resistant construction must make necessary changes in order to comply with the requirement no later than January 1, 2004. Upon a determination by the Office or local fire safety official that an imminent danger exists, such changes must be made immediately.

(i) Trash, garbage and combustible materials must not be stored in the furnace room or in rooms or outdoor areas adjacent to the facility that are ordinarily occupied by or accessible to children.

(j) The director or a designated qualified staff member must conduct monthly inspections of the premises to observe possible fire or safety hazards. Any such hazard must be corrected immediately. A record of all inspections and all corrections must be maintained at the program.

418-1.5 Safety.

(a) Suitable precautions must be taken to eliminate all conditions in areas accessible to children which pose a safety or health hazard.

(b) The provider must submit a written plan for the emergency evacuation of children from the premises for each shift of care provided (day, evening, night), using a form furnished by the Office, or an approved equivalent form. Primary emphasis must be placed on the immediate evacuation of children. The plan, as approved by the Office, must be posted in a conspicuous place in the center. The approved emergency evacuation plan must describe the following:

(1) how children and staff will be made aware of an emergency;

(2) primary and secondary evacuation routes;

(3) methods of evacuation, including where children and staff will meet after evacuating the building, and how attendance will be taken;

(4) roles of staff; and

(5) notification of authorities and the children's parents.

(c) Portable electric heaters or other portable heating devices, regardless of the type of fuel used, may not be used in child day care centers.

(d) Radiators and pipes located in rooms occupied by children must be covered to protect the children from injury.

(e) Porches, decks and stairs must have railings with a barrier extending to the floor or ground to prevent children from falling. Acceptable types of barriers include, but are not limited to, banisters, intermediate rails, and heavy screening.

(f) Child day care centers must provide and use barriers to restrict children from unsafe areas. Such areas include, but are not limited to, swimming pools, open drainage ditches, wells, holes, wood and coal burning stoves, fireplaces and permanently installed gas space heaters.

(g) The use of non-public swimming pools, spa pools and all fill-and-drain wading pools is prohibited.

(h) Public swimming pools and adjacent areas used by the children must be constructed, maintained, staffed and used in accordance with Chapter 1, subpart 6-1, of the New York State Sanitary Code, and in such a manner as will safeguard the lives and health of children.

(i) Protective caps, covers or permanently installed obstructive devices must be used on all electrical outlets that are accessible to children.

(j) All matches, lighters, medicines, drugs, cleaning materials, detergents, aerosol cans and other poisonous or toxic materials must be stored in their original containers. Such materials must be used in such a way that they will not contaminate play surfaces, food or food preparation areas, or constitute a hazard to children. Such materials must be kept in a place inaccessible to children.

(k) Indoor and outdoor plants which are hazardous to children must not be accessible to the children.

(l) Any pet or animal kept indoors or outdoors at the child day care center must be in good health, show no evidence of carrying disease, and pose no threat to children. This provision also applies to those pets or animals present at the child day care center which do not belong to the operator, employees or volunteers of the center.

(m) The child day care center must have immediate access to a minimum of one stationary single-line telephone for general use and emergencies. Emergency telephone numbers for the fire department, local or state police or sheriff's department, poison control center, and ambulance service must be posted conspicuously on or next to each telephone with the capacity to make outside calls. Devices used for purposes of caller identification or call blocking shall not be used to block in-coming calls from parents or legal guardians of children in care, representatives of the Office or agents of the state or local government during the hours of operation of the child day care program.

(n) Materials and play equipment used by the children must be sturdy and free from rough edges and sharp corners.

(o) Outdoor equipment such as swings, slides and climbing apparatus must be installed and used in accordance with the manufacturer's specifications and instructions, be in good repair, and be placed in a safe location. Such equipment and apparatus may be used only by the children for whom it is developmentally appropriate.

(p) Clear glass panels must be marked clearly to avoid accidental impact. Glass in outside windows less than 32 inches above the floor level must be of safety grade or otherwise protected by use of barriers to avoid accidental impact.

(q) Where child care is provided above the first floor, windows on such floors must be protected by barriers or locking devices to prevent children from falling out of the windows.

(r) An operable flashlight or battery powered lantern must be kept in the child care area. Such equipment must be properly maintained for use in the event of a power failure.

(s) Every closet door latch must be constructed to enable children to open the door from inside the closet. Every bathroom door lock must be designed to permit opening of the locked door from the outside in an emergency. The opening device must be readily accessible to the staff.

(t) The following items must be used and stored in such a manner that they are not accessible to children: handbags, backpacks or briefcases belonging to adults; plastic bags; and toys and objects small enough for children to swallow.

(u) High chairs, when used, must have a wide base and be used only for children who are able to sit up independently. A safety strap must be fastened around children who are seated in high chairs.

418-1.6 Transportation.

(a) The provider must obtain written consent from the parent for any transportation of the children in care at the child day care center

provided or arranged for by the provider.

(b) A staff member must never leave a child unattended in any motor vehicle or other form of transportation.

(c) Each child must board or leave a vehicle from the curb side of the street.

(d) All children must be secured in safety seats or by safety belts as appropriate for the age of the child in accordance with the requirements of the Vehicle and Traffic Law before any child may be transported in a motor vehicle where such transportation is provided or arranged for by the provider.

(e) When transportation is provided by the child day care center, the driver of the vehicle may not be included in the staff/child ratio except when the only children being transported are enrolled in kindergarten or a higher grade.

(f) Any motor vehicle, other than a public form of transportation, used to transport children in care at the child day care center must have a current registration and inspection sticker and must be operated by a person who is at least 18 years of age and possesses a valid driver's license.

418-1.7 Program requirements.

(a) The child day care center must establish a planned program of activities which are appropriate for the children in care, and which encourage normal progress in the development of cognitive, social, emotional, physical and language skills.

(b) Children must be provided with a program of self-initiated, group-initiated and staff-initiated activities which are intellectually stimulating and foster self-reliance and social responsibility.

(c) A written daily schedule of program activities and routines which offers reasonable regularity in routines, including snack and meal periods, nap and rest periods, indoor and outdoor activities, and activities which provide children with opportunities for learning and self-expression in small and large groups is required. When night care is provided, this schedule must include a routine of good personal hygiene practices, including changing into night clothes, brushing teeth, and washing before bed in the manner to be agreed between the parent and the provider.

(d) Children must receive instruction, consistent with their age, needs and circumstances, in techniques and procedures which will enable them to protect themselves from abuse and maltreatment.

(e) The child day care center must make a sufficient quantity and variety of materials and play equipment available to the children. Such materials and equipment must be appropriate to the ages of the children and their developmental levels and interests, including children with developmental delays or disabilities, that promote the children's cognitive, educational, social, cultural, physical, emotional, language and recreational development.

(1) As age and development permit, children must be allowed freedom of movement and must be provided with an environment designed to develop such skills as crawling, standing, walking and running.

(2) Each classroom or area must be arranged to allow children to actively manipulate and utilize toys and equipment while interacting with peers and adults.

(3) The environment must be designed to provide children an opportunity to choose between quiet activities and active play.

(f) Climbing and large motor apparatus should be available either inside the child day care center or in the outdoor play space.

(g) Daily supervised outdoor play is required for all children in care, except during inclement or extreme weather or unless otherwise ordered by a health care provider. Parents may request, and providers may permit, children to remain indoors so long as required staff/child ratios are maintained.

(h) Except while sleeping, awaking or going to sleep, an infant must not be left in a crib, playpen or other confined space for more than 30 minutes at any one time. Other than at meals or snack time, a child must not be left in a high chair for longer than 15 minutes.

(i) Appropriate sleep, rest and quiet periods which are responsive to individual and group needs must be provided so that children can sit quietly, lie down to rest, or begin or continue their night's sleep. For children unable to nap, time and space must be provided for quiet play. Children must not be forced to rest for long periods of time. Sleeping arrangements for infants require that the infant be placed on his or her back to sleep, unless medical information is presented to the provider by the parent that shows that arrangement is inappropriate for that child.

(j) When a parent requests that an infant sleep on a cot or mat rather than in a crib, the sleeping arrangement must be made in writing between the parent and the provider.

(k) The child day care center must offer information about other community resources to families when they are in need of supportive social services not otherwise provided by the child day care center.

418-1.8 Supervision of children.

(a) The child day care center must employ or have available staff who will promote the physical, intellectual, social, cultural and emotional well-being of the children.

(b) The child day care center must provide supervision of the staff responsible for the care of children. Workloads and assignments must be arranged to provide consistency of care to children and to allow staff to fulfill their respective responsibilities.

(c) Whenever the child day care center is in operation and the director is away from the premises, there must be a person designated to act on behalf of the director.

(d) Children cannot be left without competent direct supervision at any time.

(1) No person other than a director, head of group or assistant to the head of group may supervise a group independently even for brief periods of time, except in an emergency. No person under 18 years of age may be left alone to supervise a group of children at any time including in an emergency.

(2) The minimum age of a staff person is 16 years.

(3) A person who is qualified to perform the duties of an absent staff member must be provided when needed to comply with the applicable staff/child ratios.

(e) When a child day care center is in operation, an adequate number of qualified staff must be on duty to insure the health and safety of the children in care. The minimum ratios of staff to children are as follows:

Minimum Staff/Child Ratios Based on Group Size

for Infants, Toddlers and Preschoolers

AGE OF CHILDREN	STAFF/CHILD RATIO(*)	MAXIMUM GROUP SIZE(**)
under 6 weeks (***)	1:3	6
6 weeks to 18 months	1:4	8
18 months to 36 months	1:5	12
3 years	1:7	18
4 years	1:8	21
5 years	1:9	24

Minimum Staff/Child Ratios Based on Group Size
for School-aged Children

through 9 years	1:10	20
10-12 years	1:15	30

(*) Staff/child ratio refers to the maximum number of children per staff person.

(**) Group size refers to the number of children cared for together as a unit. Group size is used to determine the minimum staff/child ratio based upon the age of the children in the group.

(***) Such care is only permitted pursuant to the provisions of paragraph (17) of subdivision (a) of section 418-1.15 of this Subpart.

(f) For children over 18 months of age, the child day care center may determine the group placement for a child based on the child's developmental readiness, within three months before or after the child's birthdate except that, with parental permission, and in consultation with Early Intervention or Special Education staff working with the family, the child day care center may exercise greater discretion in the placement of a child with a developmental delay or disability based on consideration of such factors as the child's developmental readiness, appropriateness of the classroom environment, the level of care the child requires and the needs of the other children in care.

(g) Children under three years of age may not participate in mixed age groups except that for limited periods of time at the beginning and end of the child day care center's daily operation, toddlers may be in a group with preschoolers. Infants may never be placed in mixed age groups. When toddlers are cared for in mixed age groups, the staff/child ratio and maximum group size applicable to children aged 18 months to 36 months must be followed. When children three years of age or older are cared for in mixed age groups, the staff/child ratio and maximum group size applicable to the majority of the children in the group must be followed, unless the difference in age between the youngest and oldest child in the group is more than two years, in which case the staff/child ratio and maximum group size applicable to children two years older than the youngest child in the group shall apply.

(h) No child can be released from the child day care center to any person other than his or her parent, a person currently designated in writing by such parent to receive the child, or another person authorized by law to take custody of a child. No child can be released from

the child day care center unsupervised except upon written instruction of the child's parent. Such instruction must be acceptable to the child day care center and should take into consideration such factors as the child's age and maturity, proximity to his or her home, and safety of the neighborhood.

(i) Visitor control procedures.

(1) Each day care center shall require any and all visitors to the facility to:

(i) sign in upon entry to the premises;

(ii) indicate in writing the date of the visit and the time of entry to the facility;

(iii) clearly state in writing the purpose of the visit; and

(iv) sign out upon departure from the facility indicating in writing the time of departure.

(2) Each day care center shall establish such other rules and policies as are necessary to provide for monitoring and control of visitors to protect the health, safety and welfare of children in care. As part of such rules and policies, each day care center shall determine who shall be considered a visitor to the facility for purposes of this subdivision.

(j) Surveillance cameras may not be used as a substitute for competent direct supervision of children.

418-1.9 Discipline.

(a) The child day care center must establish written disciplinary guidelines and provide copies of these guidelines to all staff and parents of children in care at the center. These guidelines must include acceptable methods of guiding the behavior of children. Discipline must be administered in such a way as to help each child develop self-control and assume responsibility for his or her actions through clear and consistent rules and limits appropriate to the ages and development of the children in care. The staff must use acceptable techniques and approaches to help children solve problems.

(b) Any discipline used must relate to the child's action and be handled without prolonged delay on the part of the staff so that the child is aware of the relationship between his or her actions and the consequences of those actions.

(c) Isolating a child in a closet, darkened area, or any area where the child cannot be seen and supervised by a staff member is prohibited.

(d) Where a child's behavior harms or is likely to result in harm to the child, others or property, or seriously disrupts or is likely to seriously disrupt group interaction, the child may be separated briefly from the group, but only for as long as is necessary for the child to regain enough self-control to rejoin the group. The child must be placed in an area where he or she is in the view of, and can be supervised and supported by, a staff member. Interaction between a staff member and the child must take place immediately following the separation to guide the child toward appropriate group behavior. Separation of a child from the group in a manner other than that provided for in this subdivision is prohibited.

(e) Corporal punishment is prohibited. For the purposes of this Subpart, the term corporal punishment means punishment inflicted directly on the body including, but not limited to, 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, foods, hot spices or other substances.

(f) Withholding or using food, rest or sleep as a punishment is prohibited.

(g) Discipline must be administered by and supervised by the child day care center staff.

(h) Methods of discipline, interaction or toilet training which frighten, demean or humiliate a child are prohibited.

418-1.10 Child abuse and maltreatment.

(a) Any abuse or maltreatment of a child, either as an incident of discipline or otherwise, is prohibited. A day care center must prohibit and may not tolerate or in any manner condone an act of abuse or maltreatment by an employee, volunteer or any other person under the provider's control. An abused child or maltreated child means a child defined as an abused child or maltreated child pursuant to section 412 of the Social Services Law.

(b) Screening requirements for child day care centers licensed by the Office are as follow:

(1) The child day care center must inquire of the Office whether any person who is actively being considered for employment, and any individual or any person who is employed by an individual, corporation, partnership or association which provides goods or services to the center, and who will have the potential for regular and substantial contact with the children who are cared for by the center, is the subject of an indicated report of child abuse or maltreatment on file with the Statewide Central Register of Child Abuse and Maltreatment. Each such center may inquire of the Office whether any current employee, or any person who is being considered for use as a volunteer or for hiring as a consultant and who has or will have the potential for regular and substantial contact with children being cared for by the center, is the subject of an indicated report of child abuse or maltreatment on file with the Statewide Central Register of Child Abuse and Maltreatment. An inquiry regarding any current employee may be made only once in any six month period.

(2) Prior to making any inquiry to the Office pursuant to paragraph (1) of this subdivision, the child day care center must notify, in the form prescribed by the Office, the person who will be the subject of the inquiry that an inquiry will be made to determine whether such person is the subject of an indicated report of child abuse or maltreatment on file with the Statewide Central Register of Child Abuse and Maltreatment.

(3) (i) Except as set forth in subparagraph (ii) of this paragraph, a child day care center may not permit a person hired by the center, or a person who is employed by an individual, corporation, partnership or association which provides goods or services to the center, to have contact with children in the care of the center prior to obtaining the result of the inquiry required by this subdivision.

(ii) An employee of a child day care center, or an employee of a provider of goods and services to the child day care center may have contact with children cared for by the center prior to the receipt by the center of the result of the inquiry required by this subdivision only where such employee is visually observed or audibly monitored by an existing staff member of the center. Such employee must be in the physical presence of an existing staff member for whom:

(a) the result of an inquiry required by Section 424-a of the Social Services Law has been received by the child day care center and the center hired the existing staff member with knowledge of the result of the inquiry; or

(b) an inquiry was not made because such staff member was hired before the effective date of Section 424-a of the Social Services Law.

(4) If an applicant, employee or other person about whom the child day care center has made an inquiry is found to be the subject of an indicated report of child abuse or maltreatment, such center must determine, on the basis of information it has available and in accordance with guidelines developed and disseminated by the Office, whether to hire, retain or use the person as an employee, volunteer or consultant or to permit the person providing goods or services to have access to children being cared for by the child day care center. Whenever such person is hired, retained, used or given access to children, such center must maintain a written record, as part of the application file or employment or other personnel record of such person, of the specific reason(s) why such person was determined to be appropriate and acceptable as an employee, volunteer, consultant or provider of goods or services with access to children being cared for by the center.

(5) If the child day care center denies employment or makes a decision not to retain an employee, not to use a volunteer or consultant, or not to permit a person providing goods or services to the center to have access to children who are being cared for by the center, such center must provide a written statement to the applicant, employee, volunteer, consultant or other such person, indicating whether the denial or decision was based in whole or in part on the existence of the indicated report, and, if so, the reasons for such denial or decision. If the denial or other decision is based in whole or in part on the existence of an indicated report of child abuse or maltreatment, the notice of denial or decision must also include, in the form prescribed by the Office, written notification to the applicant, employee, volunteer, consultant or other person that:

(i) he or she has a right, pursuant to section 424-a of the Social Services Law, to request a hearing before the Office regarding the record maintained by the Statewide Central Register of Child Abuse and Maltreatment;

(ii) a request for such a hearing must be made within 90 days of the receipt of the notice indicating that the denial or decision was based on the existence of the indicated report; and

(iii) at any such hearing, the sole issue will be whether the applicant, employee, volunteer, consultant or other person who is the subject of the indicated report has been shown by a fair preponderance of the evidence to have committed the act or acts of child abuse or maltreatment giving rise to the indicated report.

(6) If in a hearing held pursuant to a request made in accordance with paragraph (4) of this subdivision and section 424-a of the Social Services Law, the hearing decision finds that there is not a fair preponderance of the evidence showing that the applicant, employee, volunteer, consultant or other person committed the act or acts upon which the indicated report is based, the Office must notify the child day care center which made the inquiry that, pursuant to the hearing decision the center's decision to deny the application, discharge the employee, not to use the volunteer or consultant or not to permit the person to have access to children being cared for by the center should be reconsidered. Upon receiving such notification from the Office, such center should review its denial or other decision without considering

the indicated report.

(c) In accordance with the provisions of sections 413 and 415 of the Social Services Law, child day care center staff must report any suspected incidents of child abuse or maltreatment concerning a child receiving child day care to the Statewide Central Register of Child Abuse and Maltreatment, or cause such a report to be made, when such staff have reasonable cause to suspect that a child coming before them in their capacity as child day care center workers is an abused or maltreated child. This must be done in the following manner:

(1) Child day care center staff must report such information to the director of the program or his or her designee.

(2) The director of the child day care center, or his or her designee, is responsible for making or causing to be made an immediate report to the Statewide Central Register of Child Abuse and Maltreatment by telephone, followed by a written report within 48 hours, in the form and manner prescribed by the Office, to the child protective service of the social services district in the county in which the child resides. If the staff becomes aware that the director or his or her designees has not made a report to the Statewide Central Register of Child Abuse and Maltreatment, then staff must report the alleged abuse or maltreatment directly to the Statewide Central Register of Child Abuse and Maltreatment.

(3) If the director of the child day care center is the person allegedly responsible for the alleged abuse or maltreatment, staff must report the alleged abuse or maltreatment directly to the Statewide Central Register of Child Abuse and Maltreatment.

(d) The director or operator of the child day care center is responsible for implementing procedures which ensure the safety and protection of any child named in a report of child abuse or maltreatment involving a situation which occurs while the child is in attendance at the center. Immediately after making or causing to be made a report pursuant to subdivision (c) of this section, the director or operator of the center must take such appropriate action as is necessary to ensure the health and safety of the children involved in the report and, as necessary, of any other children in the care of the center. The director or operator must also take all reasonable steps to preserve any potential evidence of abuse or maltreatment. Insofar as possible, any action taken under this subdivision must cause as little disruption as possible to the daily routine of the children in the center.

(e) In meeting his or her responsibilities under this subdivision of this section, the director or operator of the child day care center may, consistent with any appropriate collective bargaining agreements or applicable provisions of law, take one or more of the following actions with regard to staff of the center relevant to a report of child abuse or maltreatment involving a child while in attendance at the center:

(1) dismissal, suspension or transfer of any employee, volunteer or other person who is the subject of a child abuse or maltreatment report;

(2) increased supervision over a person who is the subject of a report;

(3) provision of instruction and/or remedial counseling to a person who is the subject of a report;

(4) initiation of appropriate disciplinary action where applicable; and/or

(5) provision of appropriate training to and/or increased supervision of staff and/or volunteers pertinent to the prevention and remediation of child abuse and maltreatment.

418-1.11 Health and infection control.

*(a) The provider must prepare a health care plan on forms furnished by the office, or approved equivalents. Such plan must protect and promote the health of children in a manner consistent with the health care plan guidelines issued by the office. The guidelines describe practices to promote the health of children and special considerations for the care of mildly and moderately ill children for programs that provide care for such children. The health care plan must be on site and available upon demand by a parent or guardian or the office. The health care plan must be followed by the provider. For programs offering care to infants and toddlers, care to mildly or moderately ill children, or the administration of medications, the health care plan must be approved by the program's health care consultant. Should the health care consultant determine after a visit to the day care program that the approved health care plan is not being reasonably followed by the provider, the health care consultant may revoke his or her approval of the plan. If the health care consultant revokes his or her approval of the health care plan, the health care consultant must immediately notify the provider and the provider must immediately notify the office. In that instance, the health care consultant may also notify the office directly if he or she so desires. The health care plan must describe the following:

(1) how a daily health check of each child will be carried out by a person who is competent to recognize symptoms of illness, communicable diseases and child abuse or maltreatment;

(2) which staff members are certified to administer medications. The plan must state that only a trained, designated staff person may administer medications to children, except in those programs where the only administration of medications offered will be the administration of over-the-counter topical ointments, including sunscreen lotion and topically applied insect repellent pursuant to paragraph (11) of subdivision (j) of this section. The designated staff person may only administer medications to children if the designated staff person is at least 18 years of age, possesses a current certification in first aid and cardiopulmonary resuscitation (CPR), and has completed the administration of medication training pursuant to paragraph (13) of subdivision (j) of this section;

(3) the designation of the health care consultant of record for programs offering:

(i) care to infants and toddlers,
(ii) care to mildly or moderately ill children, or
(iii) the administration of medications, except in those programs where the only administration of medications offered will be the administration of over-the-counter topical ointments, including sunscreen lotion and topically applied insect repellent pursuant to paragraph (11) of subdivision (j) of this section;

(4) the scheduling of visits by a health care consultant to day care center programs offering:

(i) care to infants and toddlers,
(ii) care to mildly or moderately ill children, or
(iii) the administration of medications, except in those programs where the only administration of medications offered will be the administration of over-the-counter topical ointments, including sunscreen lotion and topically applied insect repellent pursuant to paragraph (11) of subdivision (j) of this section.

Visits by the health care consultant to the above programs must occur at least once during each licensing period and include review of the health care policies and procedures, and review of documentation and practice demonstrating the program's ongoing compliance with the health care plan and policies;

(5) general training that will be provided to all staff on procedures to minimize infections and, if applicable, advanced training that will be provided to staff caring for mildly or moderately ill children;

(6) staff health policies and practices, including the exclusion criteria which apply to staff who care for children or prepare food;

(7) child health policies and practices, including the level of illness in children which the provider will accommodate, exclusion criteria for children, and, if applicable, the policy and procedure for the administration of medications;

(8) the specific procedures for obtaining emergency health care for children who require such care, including transportation and the supervision of children remaining in the child day care center;

(9) the contents of the first aid kit(s) and procedures for monitoring that such kit(s) are restocked when needed;

(10) the specific procedures which the provider will use to prevent the spread of infections, including handwashing and diapering techniques; safety precautions relating to blood; sanitation of equipment and toys; and the observation of symptoms of illness in the children;

(11) the procedures for keeping a record of each child's illnesses, injuries and signs of abuse or maltreatment;

(12) the advance arrangements for the care of any child who has or develops symptoms of illness or is injured while in day care, including notifying the child's parent or guardian; and

(13) for providers caring for mildly or moderately ill children, how the provider will achieve consistency with those sections of the Office's health care plan guidelines which apply to the level of illness in children which the provider will accommodate.

*NB Effective January 31, 2005

*(a) The provider must prepare a health care plan on forms furnished by the Office, or approved equivalents. Such plan must protect and promote the health of children in a manner consistent with the health care plan guidelines issued by the Office. The guidelines describe practices to promote the health of children and special considerations for the care of mildly and moderately ill children for programs that provide care for such children. The approved health care plan must be followed by the provider and must describe the following:

(1) how a daily health check of each child will be carried out by a person who is competent to recognize symptoms of illness, communicable disease and child abuse or maltreatment;

(2) the scheduling of visits by a health professional, who must visit and instruct staff on the care of infants and toddlers and, for programs that provide care for mildly and moderately ill children, instruct staff on health practices in the program as needed for staff orientations, training or ongoing monitoring and instruction;

(3) general training that will be provided to all staff on procedures to minimize infections and advanced training that will be provided to staff caring for mildly or moderately ill children;

(4) staff health policies and practices, including the exclusion criteria which apply to staff who care for children or prepare food;

(5) child health policies and practices, including the level of illness in children which the provider will accommodate, exclusion criteria, and the policy and procedure for the administration of medica-

tions;

(6) the specific procedures for obtaining emergency health care for children who require such care, including transportation and the supervision of children remaining in the child day care center;

(7) the contents of the first aid kit(s) and procedures for ensuring that such kit(s) are restocked as needed;

(8) the specific procedures which the provider will use to prevent the spread of infections, including handwashing and diapering techniques; safety precautions relating to blood; sanitation of equipment and toys; and the observation of symptoms of illness in the children;

(9) how a record of each child's illnesses, injuries and signs of abuse or maltreatment will be maintained;

(10) the advance arrangements for the care of any child who has or develops symptoms of illness or is injured, including notifying the child's parent; and

(11) for providers caring for mildly or moderately ill children, how the provider will achieve consistency with those sections of the Office's health care plan guidelines which apply to the level of illness in children which the provider will accommodate.

*NB Effective until January 31, 2005

*(b) (1) Providers who care for infants and toddlers, or for mildly or moderately ill children, must confer with a health care consultant regarding the program's health policies and procedures. Health care consultants to the program must be familiar with the program's health care plan, must review and update such plan no less often than once every 24 months, and must approve and sign the health care plan prior to its submission to the Office.

(2) All providers who choose to administer medications to children must have a health care consultant of record. The provider must confer with a health care consultant regarding the program's policies and procedures related to the administration of medications. This consultation must include a review of the documentation that all staff authorized to administer medications have the necessary professional license or have completed the necessary training.

*NB Effective January 31, 2005

*(b) Providers who care for infants and toddlers, or for mildly or moderately ill children, must consult with a health professional regarding the program's health policies and procedures. Health consultants to the program must be familiar with the program's health care plan, must review and update such plan no less than once every 24 months, and must approve and sign the health care plan prior to its submission to the Office.

*NB Effective until January 31, 2005

(c) Each employee and volunteer must submit a statement from a health care provider prior to beginning employment at the child day care center, and every two years thereafter. Such statement must give satisfactory evidence that the individual is physically fit to provide child day care, has no diagnosed psychiatric or emotional disorder which would preclude such individual from providing child day care, and is free from communicable disease. The medical statement also must include the results of a Mantoux tuberculin test which has been performed within the

12 months preceding the date of the statement.

(d) Consumption of, or being under the influence of, alcohol or controlled substances by staff of the child day care center is prohibited. Smoking in indoor areas, in outdoor areas in use by children, and in vehicles while children are being transported is prohibited.

(e) * Other than children who are enrolled in kindergarten or a higher grade, no child may be accepted for care in a child day care center unless the provider has been furnished with a written statement signed by a health care provider stating that the child is able to participate in child day care, currently appears to be free from contagious or communicable diseases and is receiving health care, including appropriate health examinations in accordance with the American Academy of Pediatrics schedule of such care and examinations. The written statement from the health care provider must also state whether the child is a child with special health care needs and, if so, what special provisions, if any, will be necessary in order for the child to participate in day care. Where the written statement from the health care provider advises the day care provider that the child being enrolled is a child with special health care needs, the day care provider must work together with the parent and the child's health care provider to develop a reasonable health care plan for the child while the child is in the child day care program. The health care plan for the child must also address how the day care provider will obtain or develop any additional competencies that the day care provider will need to have in order to carry out the health care plan for the child. Such documentation must state that the child has received age-appropriate immunizations in accordance with New York State Public Health Law.

*NB Effective January 31, 2005

* Other than children who are enrolled in kindergarten or a higher grade, no child may be accepted for care in a child day care center unless the provider has been furnished with a written statement signed by a health care provider stating that the child is able to participate in child day care, currently appears to be free from contagious or communicable diseases and is receiving health care, including appropriate health examinations in accordance with the American Academy of Pediatrics schedule of such care and examinations. The written statement from the health care provider must also state whether the child is a child with special health care needs and, if so, what special provisions, if any, will be necessary in order for the child to participate in day care. Where the written statement from the health care provider advises the day care provider that the child being enrolled is a child with special health care needs, the day care provider must work together with the parent and the child's health care provider to develop a reasonable health care plan for the child while the child is in the child day care program. The health care plan for the child must also address how the day care provider will obtain or develop any additional competencies that the day care provider will need to have in order to carry out the health care plan for the child. Such documentation must state that the child has received age-appropriate immunizations in accordance with New York State Public Health Law.

*NB Effective until January 31, 2005

(1) Any child not yet immunized may be admitted provided the child's immunizations are in process, in accordance with the requirements of the

New York State Department of Health, and the parent gives the provider specific appointment dates for subsequent immunizations.

(2) Any child who is not immunized because of the parent's genuine and sincere religious beliefs may be admitted if the parent furnishes the child day care center with a written statement to this effect.

(3) Any child who is missing one or more of the required immunizations may be admitted if a physician licensed to practice medicine in New York State furnishes the child day care center with a written statement that such immunizations may be detrimental to the child's health.

(4) With the exception of children meeting the criteria of paragraphs (2) or (3) of this subdivision, children enrolled in the child day care center must remain current with their immunizations in accordance with the current schedule for immunizations established by the New York State Department of Health.

* (f) (1) The provider must obtain emergency health care for children who require such care and also must:

(i) obtain written consent from the parent or guardian at the time of the child's admission which authorizes the provider to obtain emergency health care for the child;

(ii) arrange for the transportation of any child in need of emergency health care, and for the supervision of the children remaining in the child day care center; and

(iii) in the event of an accident or illness requiring immediate health care, secure such care and notify the parent or guardian.

(2) Where the provider or an employee has been certified to administer medications in a day care setting in accordance with the requirements of paragraph (13) of subdivision (j) of this section, such provider or employee may administer emergency care through the use of epinephrine auto-injector devices when necessary to prevent anaphylaxis for an individual child but only when the parent or guardian and the child's health care provider have indicated such treatment is appropriate.

*NB Effective January 31, 2005

*(f) The provider must obtain emergency health care for children who require such care and also must:

(1) obtain written consent from the parent at the time of the child's admission which authorizes the provider to obtain emergency health care for the child;

(2) arrange for the transportation of children in need of emergency health care, and for the supervision of the children remaining in the child day care center; and

(3) in the event of an accident or illness requiring immediate health care, secure such care and notify the parent.

*NB Effective until January 31, 2005

(g) The center must be equipped with a portable first aid kit which is accessible for emergency treatment. The first aid kit must be stocked to treat a broad range of injuries and situations and must be restocked as necessary. The first aid kit and any other first aid supplies must be kept in a clean container or cabinet not accessible to children.

(h) When a child has or develops a level of illness that is not accommodated in the provider's approved health care plan, the child must be provided with a place to rest quietly that is in view of, and under the supervision of, staff until the child is seen by a health care provider or is removed from the child day care center. In the event that a child

has or develops any symptoms of illness, the provider is responsible for immediately notifying the parent.

(i) The provider must try to obtain a copy of a lead screening certificate for each child under the age of six years. If the parent does not have one, the provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.

*(j) The child day care center may administer medication or treatment only in accordance with the following:

(1) Policies regarding the administration of medications must be explained to the parent or guardian at the time of enrollment of the child in care. Parents or guardians must be made familiar with the policies of the day care provider relevant to the administration of medications.

(2) Nothing in this section shall be deemed to require any provider to administer any medication, treatment, or other remedy except to the extent that such medication, treatment or remedy is required under the provisions of the Americans with Disabilities Act.

(3) Nothing in this section shall be deemed to prevent a parent, guardian or relative within the third degree of consanguinity of the parents or step-parents of a child, even if such a person is an employee of the program, from administering medications to child while the child is attending the program even if the provider has chosen to not administer medications or if the staff person(s) designated to administer medications is not present when the child receives the medication. If the provider elects not to administer medications, the day care provider or an employee must still document the dosages and time that the medications were given to the child by the child's parent, guardian or relative within the third degree of consanguinity of the parents or step-parents of the child. If the only administration of medication in a day care program is done by a parent(s), guardian(s) or relative(s) within the third degree of consanguinity of the parents or step-parents of a child, the provider and employee(s) of the program do not have to complete the administration of medication training requirements pursuant to paragraph (13) of subdivision (j) of this section.

(4) Providers and employees may administer prescription and non-prescription (over-the-counter) medications for eyes or ears, oral medications, topical ointments and medications, and inhaled medications in accordance with the provisions of this subdivision. Providers and employees may not administer medications by injection, vaginally or rectally except as follows:

(i) in accordance with the provisions of paragraph (2) of subdivision (f) of this section;

(ii) for a child with special health care needs, where the parent, day care provider and the child's health care provider have agreed on a plan pursuant to which the provider may administer medications by injection, vaginally or rectally; or

(iii) where the provider or employee has a valid New York State license as a physician, physician's assistant, registered nurse, nurse practitioner, licensed practical nurse or advanced emergency medical technician.

(5) A day care provider who agrees to administer medications to a child must do so, unless they observe the circumstances specified by the health care provider, if any, under which the medication must not be administered. In such instances, the day care provider must contact the parent or guardian immediately.

(6) (i) Except as described in paragraphs (10), (11) and (12) of this subdivision, medication may be administered only upon written permission of the parent or guardian and written instructions from a health care provider in a language in which the day care provider is literate stating that the child day care provider may administer such medication or prescription and specifying the circumstances, if any, under which the medication or prescription must not be administered. Medication must be returned to the parent or guardian when it is no longer required by the child or, with the permission of the parent or guardian, be properly disposed of by the provider.

(ii) Where the day care provider has received written permission of the parent or guardian and written instructions from the health care provider authorizing administration of a specified medication if the day care provider observes some specified condition or change of condition in the child while the child is in care, the day care provider may administer the specified medication without obtaining additional authorization from the parent or guardian or health care provider.

(7) To the extent that such information is not included on the medication label pursuant to paragraph (8) of this subdivision, written instructions by the licensed authorized prescriber on the form provided by the Office or an equivalent form, must include the:

- (i) Child's name;
- (ii) Licensed authorized prescriber's name, telephone number, and signature;
- (iii) Date authorized;
- (iv) Name of medication and dosage;
- (v) Frequency the medication is to be administered;
- (vi) Method of administration;
- (vii) Date the medication shall be discontinued or length of time, in days, the medication is to be given;
- (viii) Reason for medication (unless this information must remain confidential pursuant to law);
- (ix) Most common side effects or reactions; and
- (x) Special instructions or considerations, including but not limited to possible interactions with other medications the child is receiving or concerns regarding the use of the medication as it relates to a child's age, allergies, or any pre-existing conditions.

(8) Medications must be kept in the original labeled bottle or container. Over-the-counter medication must be kept in the originally labeled container and be labeled with the child's first and last name. Prescription medications must contain the original pharmacy label that lists:

- (i) Child's name;
- (ii) Authorized prescriber's name;
- (iii) Pharmacy name and telephone number;
- (iv) Date prescription was filled;
- (v) Name of the medication;
- (vi) Dosage;
- (vii) How often to give the medication; and
- (viii) Date the medication shall be discontinued or length of time, in days, the medication is to be given.

(9) In the case of medication that needs to be given on an ongoing, long-term basis, the authorization and consent forms must be reauthorized at least once every six months. Any changes in the original medication authorization shall require a provider to obtain new instructions written by the licensed authorized prescriber and a change in the prescription.

(10) If a parent or guardian requests that the day care provider administer a prescription or orally administered over-the-counter medication but does not furnish the day care provider with written instructions from a health care provider or licensed authorized prescriber, the day care provider may administer such medication or prescription with the oral approval of the parent or guardian and upon obtaining verbal instructions directly from the health care provider or licensed authorized prescriber for that day only. The day care provider must document that the health care provider or licensed authorized prescriber gave verbal instructions and that the health care provider or licensed authorized prescriber was asked to send written instructions to the day care provider. If the medication is to be administered on subsequent days, written instructions must have been provided to the day care provider from the health care provider.

(11) The day care provider may administer over-the-counter topical ointments, including sunscreen lotion and topically applied insect repellent, upon the written instructions of the parent or guardian. Such administration must be consistent with any directions for use noted on the original container, including but not limited to precautions related to age and special health conditions. With such written instructions, day care providers and employees may administer over-the-counter topical ointments and sunscreen lotion without receiving the training in administration of medications otherwise required pursuant to paragraph (13) of this subdivision.

(12)(i) If an infant develops symptoms which indicate a need for over-the-counter topical ointment while in care at the program, such ointment may be given under verbal instructions from the parent or guardian for that day only if the instructions received from the parent or guardian are consistent with any directions for use of the medication or ointment noted on the original container, including but not limited to precautions related to age and special health conditions.

(ii) If a child other than an infant develops symptoms which indicate a need for over-the-counter medication, including topical ointments, while in care at the program, such medication or ointment may be given under verbal instructions from the parent or guardian for that day only if the instructions received from the parent or guardian are consistent with any directions for use of the medication or ointment noted on the original container, including but not limited to precautions related to age and special health conditions.

(iii) For all children for whom the day care provider administers over-the-counter medications pursuant to this paragraph, the day care provider must document that the parent or guardian gave verbal instructions and approval. If the medication is to be administered on subsequent days, written instructions from the parent or guardian and, in the case of orally administered medications, a health care provider or licensed authorized prescriber, must be obtained.

(13) All day care providers and employees, except those excluded in subparagraph (iii) of this paragraph and except as provided in paragraphs (3) and (11) of this subdivision, who have agreed to administer medication must complete the office-approved medication administration training or an office-approved equivalent before administering medications to children in day care. The certification of training in the administration of medications to children in day care shall be effective for a period of three years from the date of issuance. The provider or employee must complete a recertification training approved by the office in order to extend the certification for each additional three year period. If, however, the provider or employee ceases to work in a day

care program for a continuous period of one year, the certification shall automatically lapse. Where a certification lapses, the provider or employee may not be recertified unless the provider or employee completes the initial medication administration training or the recertification training, as required by the office. Where enforcement action has been taken against the provider based on a failure by the provider or employee to comply with requirements for the administration of medications set forth in this section, the office may require retraining or may prohibit the provider or employee from being involved in the administration of medications.

(i) Providers or employees who will be responsible for administering medications must receive training in the methods of administering medications prior to administering any medications in a day care setting. In order to be trained in the administration of medications in a day care setting, a provider or employee must be literate in the language or languages in which health care instructions from parents and health care providers will be received. Upon completion of the training, the provider or employee must receive a written certificate from the trainer that indicates that the trainee has successfully completed this training program, as required, and demonstrated competency in the administration of medications in a day care setting. Persons who receive training in the administration of medications in day care settings pursuant to this section may not otherwise administer medications or represent themselves as being able to administer medications except to the extent such persons may be able to do so in accordance with the relevant provisions of the Education Law.

(ii) The training in the administration of medications must be provided by a health care provider who has been certified by the office to administer the office-approved curriculum. The training must be documented and must include, but need not be limited to, the following:

- (a) training objectives;
- (b) a description of the methods of administration including principles and techniques of application and dispensation of oral, topical, and inhalant medication, including the use of nebulizers, and the use of epinephrine auto-injector devices when necessary to prevent anaphylaxis in emergency situations with respect to the various age groups of children;
- (c) administering medication to an uncooperative child;
- (d) an evaluation of whether the trainee demonstrates competency in:
 - (1) understanding orders from the health care professional or licensed authorized prescriber;
 - (2) the ability to correctly carry out the orders given by the health care provider or licensed authorized prescriber;
 - (3) recognition of common side effects of medications and ability to follow written directions regarding appropriate follow up action;
 - (4) avoidance of medication errors and what action to take if an error occurs;
 - (5) understanding relevant commonly used abbreviations;
 - (6) maintaining required documentation including the parent or guardian's permission, written orders from health care professionals and licensed authorized prescribers, and the record of administration of medications;
 - (7) safe handling of medications, including receiving medications from a parent or guardian;
 - (8) proper storage of medications, including controlled substances; and
 - (9) safe disposal of medications.

(iii) A person who can produce a valid New York State license as a physician, physician's assistant, registered nurse, nurse practitioner, licensed practical nurse or advanced emergency medical technician will not be required to attend the training required by this paragraph in order to administer medications in a day care program. Documentation establishing the person's credentials in one of the above fields will be required and a copy of the documentation must be provided to the Office.

(14) Medications must be kept in a clean area that is inaccessible to children. If refrigeration is required, the medication must be stored in either a separate refrigerator or a leak-proof container in a designated area of a food storage refrigerator, separated from food and inaccessible to children. Day care programs must comply with all Federal and State requirements for the storage and disposal of all types of medications, including controlled substances.

(15) At the time of administration, the staff must document the dosages and time that the medications are given to the child. All observable side effects must be documented and shared with the parent, guardian and, when appropriate, the child's health care provider. Documentation must be made if the medication was not given and the reason for such a decision. The parent or guardian must be notified immediately and the Office must be notified by the close of the following business day of any medication administration errors. Notification to the Office must be reported on a form provided by the Office or on an approved equivalent.

(16) No child under the care of a day care center will be allowed to independently administer medications without the assistance and direct supervision of staff that are certified to administer medications pursuant to this section. Any program that elects to offer the administration of medication to children where children who attend the program independently administer medications or where children assist in the administration of their own medications must comply with all the provisions of this section.

*NB Effective January 31, 2005

*(j) Children may be given medication or treatment only in accordance with the following:

(1) Except as described in paragraphs (3) and (4) of this subdivision, prescription and orally-administered over-the-counter medication may be administered only upon written permission of the parent and written instructions from a health care provider stating that the child day care provider may administer such medication or prescription and specifying the circumstances, if any, under which the medication or prescription must not be administered. Medication must be in the original container labeled with the child's complete name, the medication name, recommended dosage, time intervals for administration, method of administration, expiration date and, for prescription medication, the prescriber's name and license number. Such medications must be stored according to the instructions on the label in a place that is inaccessible to children. Medication must be returned to the parent when no longer needed.

(2) The child day care center may administer over-the-counter topical ointments upon the written instructions of the parent.

(3) If a parent requests that the center administer prescription or orally administered over-the-counter medication but does not furnish the center with written instructions from a health care provider, the child day care center may administer such medication or prescription upon obtaining verbal instructions directly from the health care provider. The center must document that verbal instructions were given by a health

care provider, and that the health care provider was asked to send written instructions to the center.

(4) If a child develops symptoms which indicate a need for over-the-counter medication, including topical ointments, while in care at the center, such medication may be given under verbal instructions from the parent for that day only. The center must document that verbal instructions and approval were given by the parent. Written instructions from the parent and, in the case of orally-administered medications, a health care provider must be obtained if the medication is to be administered on subsequent days.

(5) Providers who agree to administer medications must do so, unless they observe the circumstances specified by the health care provider, if any, under which the medication or prescription must not be administered. In such instances, the provider must contact the parent immediately.

(6) At the time of administration, the staff must document the dosages and time that the prescription or over-the-counter medications are given to a child.

(7) Nothing in this section shall be deemed to require any provider to agree to give any medication, prescription, or other remedy or treatment except to the extent that such administration of medication is required under the provisions of the Americans with Disabilities Act.

*NB Effective until January 31, 2005

*(k) Staff must thoroughly wash their hands with soap and running water at the beginning of the day, before and after the administration of medications, when they are dirty, after toileting or assisting children with toileting, after changing a diaper, before and after food handling or eating, after handling pets or other animals, after contact with any bodily secretion or fluid, upon moving to work with a new group of children, and after coming in from outdoors.

*NB Effective January 31, 2005

*(k) Staff must thoroughly wash their hands with soap and running water at the beginning of each day, when they are dirty, after toileting or assisting children with toileting, after changing a diaper, before and after food handling or eating, after handling pets or other animals, after contact with any bodily secretion or fluid, upon moving to work with a new group of children, and after coming in from outdoors.

*NB Effective until January 31, 2005

(1) Staff must ensure that children thoroughly wash their hands or assist children with thoroughly washing their hands with soap and running water when they are dirty, after toileting, before and after food handling or eating, after handling pets or other animals, after contact with any bodily secretion or fluid, and after coming in from outdoors. For diapered children, caregivers must ensure that adequate steps are taken to clean the child after each change of diaper. Staff must assist children in keeping clean and comfortable, and in learning appropriate personal hygiene practices.

(m) Safety precautions relating to blood must be observed by all staff coming into contact with blood, as follows:

(1) Disposable gloves must be immediately available and worn whenever there is a possibility for contact with blood, including but not limited

to:

- (i) changing diapers where there is blood in the stool;
 - (ii) touching blood or blood-contaminated body fluids;
 - (iii) treating cuts that bleed; and
 - (iv) wiping surfaces stained with blood.
- (2) In an emergency, a child's well-being must take priority. A bleeding child must not be denied care because gloves are not immediately available.
- (3) Disposable gloves must be discarded after each use.
- (4) If blood is touched accidentally, the exposed skin must be thoroughly washed with soap and running water.
- (5) Clothes contaminated with blood must be placed in a securely tied plastic bag and returned to the parent at the end of the day.
- (6) Surfaces that have been blood stained must be cleaned and then disinfected with a germicidal solution.
- (n) Sufficient and suitable clothing must be available so that children who dirty or soil their clothing may be changed. All such clothing must be returned to parents for washing.
- (o) Infants must be kept clean and comfortable at all times. Diapers must be changed whenever wet or soiled. The diaper changing area must be as close as possible to a sink that is used exclusively by staff for diaper changing. This area or sink must not be used for food preparation. Soap and hot and cold running water must be available. The diaper changing area must be washed and disinfected with a germicidal solution after each use.
- (p) The provider must use disposable diapers or arrange with the parent(s) or a commercial diaper service to provide an adequate supply of cloth diapers.
- (1) When disposable diapers are used, soiled diapers must be disposed of immediately into an outside trash disposal, or placed in a tightly covered plastic-lined trash can in an area inaccessible to children until outdoor disposal is possible.
- (2) Non-disposable diapers must not be laundered in the child day care center, and must be stored in a securely covered receptacle until returned to the diaper service. When parents provide non-disposable diapers, soiled diapers must be placed in a securely tied plastic bag and returned to the parent at the end of the day.
- (q) Toilet facilities must be kept clean at all times, and must be supplied with toilet paper, soap and disposable towels accessible to the children.
- (r) Toileting equipment, such as potty chairs, appropriate to the toilet training level of the children in the group must be provided. When more than one child in the center is being toilet trained, potty chairs must be emptied and sanitized with a germicidal solution after each use. If only one child in the center is being toilet trained, potty chairs must be emptied and rinsed after each use and sanitized with a germicidal solution daily. Potty chairs must not be washed out in a handwashing sink, unless that sink is washed and disinfected after such use.
- (s) All rooms, equipment, surfaces, supplies and furnishings accessible to children must be cleaned and disinfected as needed to protect the health of children, and in a manner consistent with the health care plan guidelines issued by the Office. The premises must be kept free from dampness, odors, vermin, and the accumulation of trash.
- (1) Equipment that is frequently used or touched by children on a daily basis must be cleaned and disinfected when soiled and at least once weekly.

(2) Carpets contaminated with body fluids must be spot cleaned.

(3) Extensive cleaning, such as shampooing carpets or washing windows and walls, must occur when children are not present.

(4) (i) Any application of pesticides (as the term pesticide is defined in section 33-0101 of the Environmental Conservation Law) shall be completed in accordance with the requirements of section 390-c of the Social Services Law and sections 33-1004 and 33-1005 of the Environmental Conservation Law.

(ii) In addition to the requirements of section 390-c of the Social Services Law, each day care facility must send a notice home with each child or otherwise provide notification to the parent of each child not less than forty-eight hours prior to the application of pesticides. Such notice must include:

(a) the location and specific date of the application of pesticides and may include two alternate dates in the event that an outdoor application cannot be made due to weather conditions;

(b) the pesticide product name and pesticide registration number assigned by the United States Environmental Protection Agency;

(c) the following statement: "This notice is to inform you of a pending pesticide application at this facility. You may wish to discuss with a representative of the day care facility what precautions are being taken to protect your child from exposure to these pesticides. Further information about the product or products being applied, including any warnings that appear on the label of the pesticide or pesticides that are pertinent to the protection of humans, animals or the environment, can be obtained by calling the National Pesticide Telecommunications Network Information line at 1-800-858-7378 or the New York State Department of Health Center for Environmental Health Info Line at 1-800-458-1158"; and

(d) the name of a representative of the day care facility and contact number for additional information.

(iii) Any day care provider that fails to send the appropriate notice of pesticide application as set forth in subparagraph (ii) of this paragraph shall, for a first such violation of this subdivision, be issued a written warning in lieu of penalty. For a second violation, such provider shall be subject to a penalty not to exceed one hundred dollars. For any subsequent violation, such provider shall be subject to a penalty not to exceed two hundred fifty dollars for each violation. No penalty may be assessed by the Commissioner without affording the provider with notice and an opportunity for a hearing pursuant to section 413.5 of this Article.

(iv) Any finding by the Department of Environmental Conservation of a violation by the provider of the requirements set forth in sections 33-1004 or 33-1005 of the Environmental Conservation Law shall be deemed a safety hazard to children in care and a violation of this subdivision.

(5) Garbage receptacles must be covered, and cleaned as needed after emptying.

(6) Thermometers and toys mouthed by children must be washed and disinfected before use by another child.

(7) Individual drinking cups, disposable paper cups or bubbler drinking fountains of the angle jet type must be provided. The use of shared drinking cups is prohibited.

(8) Linens, blankets and bedding must be cleaned at least weekly and before use by another child. Cribs, cots, beds, mats and mattresses must be cleaned thoroughly between uses by different children and at least monthly.

(9) Either disposable towels or individual cloth towels for each child

must be used. If individual cloth towels are used, they must be laundered daily. Sharing personal hygiene items, such as washcloths, towels, toothbrushes, combs and hairbrushes, is prohibited.

(10) After use, dishes and all utensils must be washed with soap and hot water, and rinsed in hot running water.

418-1.12 Nutrition.

(a) The child day care center must provide plentiful and nutritious snacks to children. The center must ensure that each child in care for more than four hours a day receives a nutritious meal. Each child in care for more than 10 hours must receive a minimum of two nutritious meals. Food must be prepared and stored in a safe and sanitary manner and served at appropriate intervals.

(1) If the child day care center does not furnish meals, there must be adequate supplemental food available in the event that no meal is provided by the parent or if the meal provided by the parent is of inadequate nutritional value.

(2) Centers changing their meal policy must provide adequate notice to parents.

(b) Four weeks of current meal and snack menus, as applicable, must be reviewed for nutritional content, variety and quality at the time of initial application and once every 24 months by a federal Child and Adult Care Food program specialist responsible for reviewing and approving menus, or by a person who has a bachelor's or master's degree with a major in food and institutional management or a closely related field, has completed a dietician internship, or has been certified as a registered dietician or has an equivalent state certification. Current menus for each week must be posted in a place readily accessible to parents and the Office.

(c) Where meals are furnished by the child day care center, food preferences for personal, religious or medical reasons may be accommodated. If resultant meal patterns or serving sizes will not meet the child's nutritional needs, a medical statement must be obtained documenting the appropriateness of the variation.

(d) Where meals are furnished by the child day care center, the servings must be in portions suitable for the size and age of the children in care. There must be a sufficient amount of food available to children to permit second helpings.

(e) Children must be helped to gain independence in feeding themselves and should be encouraged to learn acceptable table manners appropriate to their developmental levels.

(f) Sufficient time, based on age and individual needs, must be allowed for meals so that children will not be hurried.

(g) Food service and storage, including refrigeration of milk and other perishable foods or formula, must comply with the requirements of Part 14 of the State Sanitary code.

(h) Safe drinking water must be available to children at all times and must be offered at intervals that are responsive to the needs of the individual children.

(i) Disposable cups and plates may be used if discarded after use. Plastic eating utensils may be used if such utensils are not easily broken by young children and are discarded after use. Styrofoam cups may not be used for infants or toddlers.

(j) Providers must obtain a written statement from the parent of each infant in care setting forth the formula and feeding schedule

instructions for the infant.

(k) Where formula is required, such formula may be prepared and provided by the parent, or by a qualified, designated staff person when agreed to in writing by the parent.

(l) All containers or bottles of formula, breast milk or other individualized food items must be clearly marked with the child's complete name.

(1) Unused portions of bottles or containers from which children have been spoon-fed must be discarded after each feeding or placed in a securely tied plastic bag and returned to the parent at the end of the day.

(2) Heating formula, breast milk and other food items for infants in a microwave oven is prohibited.

(m) Every effort must be made to accommodate the needs of a child who is being breast-fed.

(n) Infants six months of age or younger must be held while being bottle-fed. Other infants must be held while being bottle fed until the infant consistently demonstrates the capability of holding the bottle and ingesting an adequate portion of the contents thereof. The propping of bottles is prohibited.

(o) Each infant and toddler must be removed from the crib, playpen or cot and held or placed in an appropriate chair for feeding.

418-1.13 Staff qualifications.

(a) Staff members must be qualified by training and experience to carry out their respective functions in the administration, operation and maintenance of the child day care center. These employees must be mature, of good character and possess suitable personal qualifications. Staff must be in good physical and mental health and have the energy and emotional stability necessary to fulfill the responsibilities of their positions.

(b) Child day care centers must review and evaluate the backgrounds of all applicants for employee and volunteer positions with the potential for regular and substantial contact with children, except for a parent of a child enrolled in the center who is applying to be a volunteer if such parent will not be counted in determining staff/child ratios and such parent will not be left unsupervised with children on a regular basis. All applicants whose backgrounds must be checked must be required to provide the following:

(1) a statement or summary of each applicant's employment history including, but not limited to, any relevant child-caring experience;

(2) the names, addresses and day time telephone numbers of at least three references, other than relatives, at least one of whom can verify employment history, work record and qualifications, and at least one of whom can attest to the applicant's character, habits and personal qualifications to be a child day care center staff member;

(3) a sworn statement by the applicant indicating whether, to the best of the applicant's knowledge, such applicant has ever been convicted of a misdemeanor or felony in New York State or any other jurisdiction; and

(4) the information necessary to determine whether the applicant is the subject of an indicated report of child abuse and maltreatment as required by section 418-1.10(b) of this Subpart.

(c) If an applicant discloses in the sworn statement furnished in accordance with paragraph (3) of subdivision (b) of this section that he or she has been convicted of a misdemeanor or felony, the child day care

center must inform the Office and provide a copy of the statement to the Office so the Office may take appropriate action in conformance with the provisions of section 413.4 of this Article.

(d) Each child day care center must be staffed to perform administrative/fiscal management functions and, during all hours of operation, program supervision functions, including developing, directing and supervising daily activity programs for children. These functions may be performed by one individual or may be shared in any combination between two or more individuals.

(e) When an agency operates multiple licensed centers, the person performing the administrative/fiscal management functions may be shared across such centers. Each licensed center must have a staff person who meets the qualifications set forth in subdivision (g) of this section to perform program supervision functions for that center.

(f) In child day care centers where there are fewer than 45 children enrolled, a head of group or an assistant to the head of group may also perform administrative/fiscal management functions and/or program supervision functions, provided that the qualifications for such positions as set forth in subdivision (h) of this section have been met. In child day care centers where there are 45 or more children enrolled, the administrative/fiscal management functions and program supervision functions may not be performed by a head of group or an assistant to the head of group.

(g) The minimum education and experience qualifications for staff are as follows:

	Education	Experience
Person responsible for program supervision functions (Director)	Bachelor's degree including, or in addition to, 12 credits in Early Childhood, Child Development or related field	One year full-time teaching experience in a child day care center, family or group family day care home or other early childhood program AND One year of experience supervising staff
	OR	
	New York State Children's Program Administrator Credential	One year full-time teaching experience in a child day care center, family or group family day care home or other early childhood program AND One year of experience supervising staff
	OR	
	Associate's degree in Early Childhood or related field with a plan of study leading to a Bachelor's degree	Two years full-time teaching experience in a child day care center, family or group family day care home, or other early childhood program AND Two years of experience supervising staff
	OR	

Child Development Associate Credential with a plan of study leading to a Bachelor's degree	AND	Two years full-time teaching experience in a child day care center, family or group family day care home, or other early childhood program
	AND	Two years of experience supervising staff
OR		
Associates degree in Early Childhood or related field with a plan of study leading to a New York State Children's Program Administrator Credential	AND	Two years full-time teaching experience in a child day care center family or group family day care home, or other early childhood program
	AND	Two years of experience supervising staff
Head of Group for preschoolers	Associate's degree in Early Childhood, Child Development or related field	AND No additional experience required
OR		
	Child Development Associate credential, or, 9 college credits in Early Childhood, Child Development or a related field, with a plan leading to a Child Development Associate credential	AND Two years experience related to caring for children
Head of Group for infants/toddlers	(In addition to the above, 1 year of specific training and/or experience in infant or toddler care which may be demonstrated by obtaining an Infant Toddler Child Care credential)	
Head of Group for school-aged children	Associate's degree in Child Development, recreation, or related field	AND No additional experience required
OR		
	High School Diploma or its equivalent	AND Two years direct experience working with children under 13 years of age
Assistant to	High School diploma	Substantial experience working

Head of Group or its equivalent OR with children under 13 years of
(all age groups) age

(h) The provisions of this section notwithstanding, persons holding positions in a child day care center prior to the effective date of these regulations who met the qualifications which were in effect at the time they were hired may continue to be employed in such positions.

(i) No person other than a director, head of group or assistant to the head of group may supervise a group independently even for brief periods of time, except in an emergency. The minimum age of a staff person is 16 years. However, no person under 18 years of age may be left alone to supervise a group of children.

418-1.14 Training.

(a) Each person responsible for developing, directing and supervising the daily activity programs for children (director) and each employee must complete a minimum of thirty (30) hours of training every two years. Fifteen (15) hours of such training must be received during the first six months of the program's first year of licensure or during the person's first six months of employment by the program. This initial fifteen (15) hours applies towards the total thirty (30) hour minimum requirement for each license period. Such training requirements shall also apply to any volunteer in such day care program who has the potential for regular and substantial contact with children. Training must address the following topics:

(1) principles of childhood development, including the appropriate supervision of children, meeting the needs of children enrolled in the program with physical or emotional challenges and behavior management and discipline;

(2) nutrition and health needs of children;

(3) child day care program development;

(4) safety and security procedures, including communication between parents and staff;

(5) business record maintenance and management;

(6) child abuse and maltreatment identification and prevention;

(7) statutes and regulations pertaining to child day care; and

(8) statutes and regulations pertaining to child abuse and maltreatment.

(b) Training received after the application has been submitted but before the application has been approved and the license granted may be counted towards the initial fifteen (15) hours required in subdivision (a) above.

(c) For the thirty (30) hours of training that must be received every two years after the first year of licensure, any person responsible for developing, directing, and supervising the daily activity programs for children who can demonstrate basic competency in a particular topic to the Office may determine in which of the specified topics he or she needs further study. The Office also may exempt any person responsible for developing, directing, and supervising the daily activity programs for children from participating in training on a particular topic upon demonstration of substantially equivalent knowledge or experience related to that topic. All persons with such exemptions must still complete a minimum of thirty (30) hours of training during each licensing period.

(d) Each person responsible for developing, directing, and supervising

the daily activity programs for children, employee, and/or assistant of the day care center program must submit verification of completion of the training requirements to their program's designated licensing office on forms provided by the Office.

(e) At the time of admission, the director must furnish parents with appropriate instructional materials that will assist them in evaluating the facility, the program and the staff. Such material must include information concerning child abuse and maltreatment, and guidance on the steps they may take if they suspect their child has been abused or maltreated.

418-1.15 Management and administration.

(a) The child day care center must comply with the following standards:

(1) The child day care center must obtain a license from the Office and must operate in compliance with the regulations of the Office and all other applicable laws and regulations. No person or entity may operate a child day care center without a license from the Office;

(2) A provider who has been issued a license by the Office must openly display such license in the center for which it was issued and must provide upon request information concerning any waivers that have been approved by the Office;

(3) A new application for a license must be submitted to the Office when there is a change in the name, address or operator; when the operator will be providing an additional shift of care; when reinstatement of a withdrawn application is sought; or when a license is sought following the Office's revocation of, or denial of an application to renew, a license;

(4) The provisions specified on the license are binding and the child day care center must operate in compliance with the terms of the license. The number and age range of children specified thereon are the maximum number and age range of children who may be in the care of the child day care center at any one time;

(5) Information relating to an individual child is confidential and cannot be disclosed without written parental permission to anyone other than the Office, its designees or other persons authorized by law. Information relating to an individual child may be disclosed to a social services district where the child receives a day care subsidy from the district, where the child has been named in a report of alleged child abuse or maltreatment, or as otherwise authorized by law. Redisclosure of confidential HIV-related information, as defined in section 360-8.1 of this Title, concerning a child receiving child day care is not permitted except in a manner consistent with article 27-F of the Public Health Law;

(6) A child day care center may not refuse to admit a child to the program solely because the child is a child with a developmental delay or a disability or has been diagnosed as having human immunodeficiency virus (HIV), HIV-related illness or acquired immune deficiency syndrome (AIDS). Each such child must be evaluated by the provider to determine whether the child could be accommodated in the program if reasonable modifications are made to the premises and/or program. Nothing contained in this paragraph shall be deemed to require the provider to incur significant additional expenses to modify the premises and/or program to accommodate such a child;

(7) A child day care center must give the parent, at the time of

admission of a child, a written policy statement including, but not limited to: the responsibilities of the program; the responsibilities of the parent; the policies of the child day care center regarding admission; the disciplinary policy; the program activities to be provided; a summary of the program's health care policies, including the level of illness the center will accommodate; actions the child day care center will take in the event the child is not picked up as scheduled; the food service arrangements; and instructional materials on the available procedures and legal remedies if they suspect their child has been abused or maltreated;

(8) (i) The parent of a child receiving care must have: unlimited and on demand access to such child; the right to inspect all parts of the building used for child day care or which could present a hazard to the health or safety of the child whenever the parent requests at any time during the hours of operation of the child day care center; unlimited and on demand access to the provider whenever such child is in care or during the normal hours of operation; and unlimited and on demand access to written records concerning such child except where access to such records is otherwise restricted by law;

(ii) (a) The parents of all children receiving care in a day care center equipped with video surveillance cameras installed for the purpose of allowing parents to view their children in the day care setting by means of the internet must be informed that cameras will be used for this purpose. All staff of the day care center must also be informed if video surveillance cameras will be used for this purpose.

(b) All parents of children enrolled in the day care center and all staff of the day care center must be made aware of the locations of all video surveillance cameras used at the day care center.

(c) Day care centers opting to install and use video surveillance equipment must comply with all State and federal laws applicable to the use of such equipment.

(d) Video surveillance cameras may not be used as a substitute for competent direct supervision of children.

(e) Day care centers opting to allow parents to view their children in the day care setting by means of the internet must use and maintain adequate internet security measures at all times. Such measures include but are not limited to: frequent changes of passwords; filtering measures that prohibit public access to or viewing of day care activities via the internet; and immediate corrective action in response to any report of abuse of the system or inappropriate access. Such centers must also advise the parents having access to views of the day care center through the internet of the importance of security in regard to such viewing and of the importance of the privacy rights of other children who may be viewed.

(f) Video surveillance cameras are permitted to transmit images of children in common rooms, hallways and play areas only. Bathrooms and changing areas must remain private and free of all video surveillance equipment.

(g) Day care centers that use video surveillance equipment must allow inspectors and other representatives of the Office to have access to such equipment and to have viewing privileges as required by the Office.

(9) The child day care center must post or display conspicuously in a place to which parents have free and daily access, the following:

(i) the Office's child day care center regulations;

(ii) the name(s), addresses and telephone numbers of person(s) with the legal responsibility and administrative authority for the operation of the child day care center; and

(iii) the address and telephone number of the appropriate regional office of the Office which may be contacted to lodge a complaint against the center for violations of statutory and regulatory requirements;

(10) The child day care center must admit inspectors and other representatives of the Office onto the grounds and premises at any time during the hours of operation of the center. Such inspectors and representatives must be given free access to the building or buildings used by the center, staff and children and any records of the center. A child day care center must cooperate with inspectors and other representatives of the Office in regard to any inspections or investigations that are conducted by the Office or its representatives. A child day care center also must cooperate with local Child Protective Services' Staff conducting any investigation of alleged child abuse or maltreatment;

(11) The child day care center must comply with all applicable State and federal laws relating to equal employment opportunities;

(12) The child day care center must report to the Office: any change affecting, or which reasonably might be expected to affect, those portions of the building in which the program is located or which are used for the children's egress in the case of an emergency; any change of director; and any other change that would place the center out of compliance with applicable regulations;

(13) All staff of the child day care center must be familiar with the regulations governing such programs. Such regulations must be readily accessible to staff for reference purposes;

(14) The provider must immediately notify the Office upon learning of the death, serious injury or infectious illness of an enrolled child which occurred while the child was in care at the center or was being transported by the provider;

(15) Parents must be given the opportunity to discuss issues related to their children and the care of their children with an appropriate staff member or members. Such opportunities must occur at the time of enrollment and as frequently as needed thereafter, but at least annually;

(16) The indoor and outdoor areas of the child day care center where the children are being cared for must not be used for any other business or social purpose when children are present such that the attention of staff is diverted from the care of the children. When a child day care center is located in a multi-use building, those portions of the building designated for the care of children must be used exclusively for child day care during the hours that children are present;

(17) When a provider proposes to care for a child under the age of six weeks, prior approval must be obtained from the Office. In seeking such approval, the provider must furnish, either verbally or in writing, the following:

(i) identifying information related to the specific child who would receive care, including the parent's name and address, and the child's name, sex and age;

(ii) the extenuating circumstance necessitating the care; and

(iii) a description of what the provider will do to achieve consistency with the Office's guidelines for the care of children under the age of six weeks; and

(18)(i) Within five days after receiving the initial license and before actually commencing operation, the provider must, using a form specified by the Office for that purpose, notify the local police and fire departments of the municipality within which the day care center is located of the following:

- (a) the address of the child day care center;
- (b) the maximum capacity of the child day care center;
- (c) the age range of children that will be in care; and
- (d) the hours during which children will be in care.

(ii) If the local municipality does not have a police or fire department, the sheriff of the county within which the child day care center is located must be notified instead. The provider must notify the local police and fire departments or the county sheriff, as appropriate, if there is any change in any of the information required to be provided pursuant to subparagraph (i) of this paragraph.

(19) All day care centers that accept direct and indirect payments from a social services district, or a payment from a parent or caretaker, for providing subsidized child care must comply with all relevant requirements of the child care subsidy program and section 415.4(h) of this Title.

(b) Conditions which apply to child day care center licensing are as follows:

(1) No license will be issued unless the provider is in full compliance with the regulations of the Office and all other applicable laws and regulations except where a waiver of one or more requirements of this Subpart has been approved in writing by the Office in accordance with section 413.5 of this Title;

(2) The effective period of the initial license for a child day care center and any subsequent licenses will be up to two years each so long as the provider remains in compliance with applicable laws and regulations during such periods;

(3) A license is not transferable to any other provider or location;

(4) A child day care center required to be licensed with the Office will not be exempt from this requirement through registration with another State agency or certification, registration or licensure by any local governmental agency or authorized agency; and

(5) Before denial of an application for a license or renewal of a license, the provider is entitled to a hearing before the Office pursuant to Part 413 of this Title.

(c) The provider must maintain on file at the child day care center, available for inspection by the Office or its designees at any time, the following records in a current and accurate manner:

(1) a copy of the evacuation plan, as required in section 418-1.5 of this Subpart, specifying alternate means of egress;

(2) an approved health care plan as required in section 418-1.11 of this Subpart;

(3) a sample copy of all forms used in the child day care center;

(4) the name, address, gender, and date of birth of each child; each child's parents' names, addresses, telephone numbers and place(s) at which the parents or other persons responsible for the child can be reached in case of an emergency;

(5) the names and addresses of persons authorized to take the child(ren) from the child day care center;

(6) daily attendance records;

(7) children's health records, including parental consents for emergency medical treatment, evidence of health examinations and immunizations; any available results of lead screening; the name and dosage of any medications used by a child, the frequency of administration of such medications, and a record of their administration by child day care center staff; and a record of illnesses, injuries and any indicators of child abuse or maltreatment;

(8) copies of the child day care center's personnel policies and prac-

tices;

(9) copies of current staff health statements;

(10) a description of the pattern of supervision of staff by the director or other responsible person, and procedures to assure adequate and appropriate supervision of employees and volunteers of the program;

(11) personnel information including a list of all staff with job assignments and schedules; Statewide Central Register clearance forms; staff resumes; and other information required by section 418-1.13 of this Subpart;

(12) when the child day care center is incorporated, the following additional documentation:

(i) a copy of the certificate of incorporation and any amendments thereto;

(ii) verification of filing of the certificate of incorporation and any amendments thereto with the Secretary of State; and

(iii) a current list of the names of the board of directors and their addresses, telephone numbers of the current principal officers and members, and the business and civic qualifications of all such individuals;

(13) when the child day care center is owned by an individual, corporation, partnership or other entity using a business or assumed name, a copy of the certificate of doing business under an assumed name obtained from the county clerk;

(14) a copy of a certificate of insurance from an insurance company showing the intent to provide general liability insurance to the child day care center upon licensure and a copy of the insurance policy;

(15) documentation from service personnel licensed by the New York State Department of State to perform fire alarm systems maintenance, repair and testing which shows that the fire alarm and detection systems have been inspected, tested and maintained during the current license period in accordance with the applicable requirements of the New York State Uniform Fire Prevention and Building Code;

(16) documentation from service personnel qualified to perform fire suppression systems maintenance, repair and testing showing that fire suppression equipment and systems have been tested and maintained during the current license period in accordance with the applicable requirements of the New York State Uniform Fire Prevention and Building Code;

(17) documentation from the local government authority having jurisdiction for determining compliance with the New York State Uniform Fire Prevention and Building Code showing that the facility has been inspected and approved once every 12 months during the current license period for compliance with the applicable fire safety provisions of the New York State Uniform Fire Prevention and Building Code;

(18) documentation showing inspection and approval of any steam or hot water boilers performed in accordance with the requirements of the New York State Department of Labor and service performed once every 24 months during the current license period on all other fuel burning heating systems and equipment and boilers not subject to the New York State Department of Labor requirements;

(19) where a provider uses a private water supply, a report from a state licensed laboratory or individual, based on tests performed within the 12 months preceding the date of application for licensure or renewal, showing that the water meets standards for drinking water established by the New York State Department of Health;

(20) documentation from the local health department or the New York State Department of Health showing that the facility has been approved in accordance with the requirements of the New York State Department of

Health;

(21) a description of specific procedures which will assure the safety of a child who is reported to the Statewide Central Register of Child Abuse and Maltreatment as well as other children provided care in the child day care center;

(22) a description of the procedure to be used to review and evaluate the background information supplied by applicants for employment and volunteer positions, as required in section 418-1.13 of this Subpart;

(23) a description of the schedule and content of training as required in section 418-1.14 of this Subpart, including use of both in-service training and outside training resources;

(24) a description of program activities offered to meet the needs of children, as described in section 418-1.7 of this Subpart;

(25) a description of policies and practices regarding appropriate supervision of children in conformance with section 418-1.8 of this Subpart;

(26) when meals are provided by the facility:

(i) evidence that four weeks of current menus for snacks and meals have been reviewed by a person qualified in nutrition, as required in section 418-1.12 of this Subpart; or

(ii) a copy of the current letter of approval of the food program issued by the federal child and adult care food program; or

(iii) a description of food service arrangements if meals are not prepared at the center;

(27) a copy of the notification form provided to the local police and fire departments or the county sheriff as required in paragraph (18) of subdivision (a) of this section; and

(28) a copy of the certification that the building, property and premises and the surrounding neighborhood and environment are free from environmental hazards, as required in paragraph (6) of subdivision (a) and paragraph (4) of subdivision (e) of section 418-1.2 of this Subpart.

(d) A child day care center located in a public school building currently used for an elementary, middle or secondary education program approved or inspected by the State Education Department is exempt from the requirements set forth in paragraphs (14)-(19) of subdivision (c) of this section. Such program must maintain on file copies of the current certificate of occupancy issued by the State Education Department. If a program is not issued a certificate of occupancy, the appropriate local equivalent, acceptable to the State Education Department, must be maintained on file.

(e) Where multiple sites are operated by one organization or provider, records, other than those of children currently enrolled in the child day care center, may be retained at a central administrative location. The operator of these centers must make all such records available on site upon request by the Office or its designees.

18 NYCRR 415.0

N.Y. Comp. Codes R. & Regs. tit. 18, § 415.0

Compilation of Codes, Rules and Regulations of the State of New York Currentness

Title 18. Department of Social Services

Chapter II. Regulations of the Department of Social Services

Subchapter C. Social Services

Article 2. Family and Children's Services

Part 415. Child Care Services (Refs & Annos).

◆ **Section 415.0. Applicability**

This Part governs the authorization and payment of publicly funded child care services for children under any provision of the Social Services Law or the federal Social Security Act to the extent of appropriations made available therefor.

Sec. filed: Aug. 29, 1990 as emergency measure; Nov. 27, 1990 as emergency measure; Jan. 25, 1991 as emergency measure, expired 60 days after filing; March 27, 1991 as emergency measure; March 27, 1991; amd. filed Dec. 24, 1992 eff. Jan. 13, 1993.

18 NYCRR 415.0, 18 NY ADC 415.0

Current through amendments included in the New York State Register, Volume XXXII, Issue 41, dated October 12, 2011.

18 NYCRR 415.1.

N.Y. Comp. Codes R. & Regs. tit. 18, § 415.1

Compilation of Codes, Rules and Regulations of the State of New York Currentness

Title 18. Department of Social Services

Chapter II. Regulations of the Department of Social Services

Subchapter C. Social Services

Article 2. Family and Children's Services

Part 415. Child Care Services (Refs & Annos)

Section 415.1. Definitions

For purposes of this Part and instruction of the department pertaining thereto, the following definitions of terms shall apply:

(a) *Child care services* means care for an eligible child provided on a regular basis either in or away from the child's residence for less than 24 hours per day which is provided by an eligible provider as defined in subdivision (i) of this section. Child care services may exceed 24 consecutive hours when such services are provided on a short-term emergency basis or in other cases where the caretaker's approved activity necessitates care for 24 hours or more on a limited basis, if the district has indicated in its consolidated services plan or integrated county plan that it will provide for such care.

(b) *Eligible child* means a child who resides with a caretaker which meets the program and financial eligibility requirements for the particular type of child care services and who:

(1) is under 13 years of age. For child care services provided under title XX of the Federal Social Security Act or provided as child protective services or preventive services under other than under the New York State Child Care Block Grant Program, a child who turns 13 years of age during a school year may continue to receive child care services through the end of that school year; or

(2) is under 18 years of age; and

(i) is a child with special needs as defined in subdivision (c) of this section; or

(ii) is under court supervision; or

(3) is under 19 years of age, is a full-time student in a secondary school, or in an equivalent level of vocational or technical training, and:

(i) is a child with special needs as defined in subdivision (c) of this section; or

(ii) is under court supervision.

(c) *Child with special needs* means a child who is incapable of caring for himself or herself and who has been diagnosed as having one or more of the following conditions to such a degree that it adversely affects the child's ability to function normally:

(1) visual impairment;

(2) deafness or other hearing impairment;

(3) orthopedic impairment;

(4) emotional disturbance;

(5) mental retardation;

- (6) learning disability;
- (7) speech impairment;
- (8) health impairment;
- (9) autism; or
- (10) multiple handicaps.

Any such diagnosis must be made by a physician, licensed or certified psychologist or other professional with the appropriate credentials to make such a diagnosis.

(d) *Caretaker* means the child's parent, legal guardian or caretaker relative, or any other person in *loco parentis* to the child.

(e) *Caretaker relative* means any person who is a parent or other relative as set forth in section 369.1 (b) of this Title who exercises responsibility for the day-to-day care of, and who lives with, a child.

(f) *Person in loco parentis to a child* means the child's guardian or caretaker relative or any other person with whom a child lives who has assumed responsibility for the day-to-day care and custody of the child.

(g) *Eligible provider* means one of the following:

(1) a validly licensed or properly registered day care center or a properly registered school-age child care program operated by a voluntary non-profit corporation or association or an authorized child caring agency; or

(2) a validly licensed or properly registered child day care center or a properly registered school-age child care program operated by a private proprietary corporation or organization or by an individual; provided, however, that for child care services provided under title XX of the Federal Social Security Act or provided as child protective services or preventive services that are funded other than under the New York State Child Care Block Grant Program, such a provider will be an eligible provider only with the prior approval of the commissioner of the Office of Children and Family Services upon the demonstration by the social services district that conveniently accessible non-profit facilities are unavailable or unable to provide the required care; or

(3) a public school district operating a child care program which meets State and Federal requirements; or

(4) a family day care home properly registered with the department to provide child care services to children; or

(5) a group family day care home issued a valid license by the department to provide child care services to children; or

(6) a caregiver of informal child care as defined in subdivision (h) of this section who is enrolled with the social services district in accordance with section 415.4(f) of this Part; provided, however, that such a caregiver is not an eligible provider for child care services provided under title XX of the Federal Social Security Act or provided as child protective services or preventive services that are funded other than under the New York State Child Care Block Grant Program; or

(7) a caregiver of legally-exempt group child care as defined in subdivision (i) of this section which is enrolled with the social services district in accordance with section 415.4(f) of this Part; provided, however, that such a caregiver is not an eligible provider for child care services provided under title XX of the Federal Social Security Act or provided as child protective services or preventive services that are funded other than under the New York State Child Care Block

Grant Program except as provided in paragraph (3) of this subdivision.

(h) Informal child care includes legally-exempt family child care and legally-exempt in-home child care. Members of the child's or the caretaker's public assistance unit, and other adult members of the child care service unit except the child's siblings, are not eligible to provide subsidized child care.

(1) *Legally-exempt family child care* means:

(i) child care for one or two children provided outside the child's own home in a residence by a caregiver who is at least 18 years of age, or who is less than 18 years of age and meets the requirements for the employment of minors as set forth in article 4 of the New York State Labor Law, and who is chosen and whose services are monitored by the child's caretaker; or

(ii) child care for more than two children provided outside the child's own home in a residence by a caregiver who is at least 18 years of age, or who is less than 18 years of age and meets the requirements for the employment of minors as set forth in article 4 of the New York State Labor Law, who provides such care for less than three hours per day and who is chosen and whose services are monitored by the child's caretaker; or

(iii) child care provided by a relative within the third degree of consanguinity of the parent(s) or step-parent(s) of the child or children except where such relative is a person legally responsible for, or the caretaker relative of, such child or children. Relatives within the third degree of consanguinity of the parent(s) or step-parent(s) of the child include: the grandparents of the child; the great-grandparents of the child; the great-great-grandparents of the child; the aunts and uncles of the child, including the spouses of the aunts and uncles; the great-aunts and great-uncles of the child, including the spouses of the great-aunts and great-uncles; the siblings of the child; and the first cousins of the child, including the spouses of the first cousins.

(2) *Legally-exempt in-home child care* means:

(i) child care furnished in the child's own home by a caregiver who is chosen and monitored by the child's caretaker and who is at least 18 years of age, or who is less than 18 years of age and meets the requirements for the employment of minors as set forth in article 4 of the New York State Labor Law; provided, however, that the child's caretaker must provide the caregiver with all employment benefits required by State and/or Federal law, and must pay the caregiver at least the minimum wage, if required.

(i) *Legally-exempt group child care* means care provided by those caregivers, other than caregivers of informal child care as defined in subdivision (c) of this section, which are not required to be licensed by or registered with the department or licensed by the City of New York but which meet all applicable State or local requirements for such child care programs. Caregivers of legally-exempt group child care include, but are not limited to:

(1) pre-kindergarten and nursery school programs for children three years of age or older, and programs for school-age children conducted during non-school hours, operated by public school districts or by private schools or academies which provide elementary or secondary education or both in accordance with the compulsory education requirements of the Education Law, provided that such pre-kindergarten, nursery school or school-age programs are located on the premises or campus where the elementary or secondary education is provided;

(2) nursery schools and programs for pre-school-aged children operated by non-profit agencies or organizations or private proprietary agencies which provide services for three or less hours per day;

(3) summer day camps operated by non-profit agencies or organizations or private proprietary agencies in accordance with Subpart 7-2 of the State Sanitary Code;

(4) day care centers, family day care homes and other child care programs located on Federal property which are operated in compliance with the applicable Federal laws and regulations for such child care programs; and

(5) day care centers, family day care homes and other child care programs located on tribal property which are operated in compliance with the applicable tribal laws and regulations for such child care programs.

(j) *Family share* means the weekly amount paid by the child's caretaker toward the costs of the child care services determined in accordance with section 415.3(f) of this Part.

(k) *State income standard* means the most recent Federal income official poverty line, as defined and annually revised by the United States Department of Health and Human Services under the authority of 42 U.S.C. 9902(2), updated by the department for a family size of four and adjusted by the department for family size.

(l) *Child care services unit* means those adults and/or children residing in the same household who will be considered for the purposes of determining a family's eligibility for child care services. For the purposes of this Part, an *adult* means any person 18 years of age or older unless the individual meets the definition of a child with special needs or the district has elected to include 18-, 19- or 20-year old individuals in the same child care services unit as their parent by indicating such option in its consolidated services plan or integrated county plan. Districts have the option to include all 18-, 19- or 20-year olds in the child care services unit or to include only those 18-, 19- or 20-year olds whose inclusion in the child care services unit would benefit the family. The district's approved consolidated services plan or integrated county plan must specify the criteria it will use to determine whether or not an 18-, 19- or 20-year old is included in the child care services unit.

(1) For families where the child's caretaker is receiving public assistance, the child care services unit will be comprised of the caretaker, his or her children and any other member of the public assistance unit. For families where no adult family member is in receipt of public assistance, the child care service unit will be comprised as follows:

(i) when adults, other than spouses, reside together and do not have a child in common, each adult along with his or her child(ren) will be considered a separate child care services unit;

(ii) when adults, other than spouses, reside together and have at least one child in common, the child care services unit will be comprised of the adults who have child(ren) in common, the child(ren) those adults have in common, and the other child(ren) of each such adult;

(iii) when a custodial parent who is under the age of 21 years is residing with his or her parent(s), or has established his or her own household, or resides with an individual other than his or her parent(s), the child care services unit will be comprised of the custodial parent who is under 21 years of age, his or her child(ren), and any other individual in the household with legal responsibility for the custodial parent's child(ren);

(iv) when an eligible child(ren) resides only with individuals who are not the child(ren)'s parent, step-parent, adoptive parent or legal guardian with financial responsibility for the child(ren), the child care services unit will be comprised of the eligible child(ren) only; and

(v) individuals who would otherwise be included in the child care services unit but who are temporarily absent from a household who meet the following criteria will be considered part of the child care services unit:

(a) individuals whose needs are partially or fully being met by members of the household, such as children or minors attending school away from home; provided, however, that a child away from home due to a foster care placement will not be considered part of the child care services unit; and

(b) individuals who are required to contribute to the needs of the household.

(m) *Actual cost of care* means the rate usually charged by the caregiver for non-subsidized child care services. When child care services are provided in accordance with the terms of a contract between a social services district and the caregiver, the negotiated contract rate is the actual cost of care for such services even if such rate is less than the rate usually charged by the caregiver for non-subsidized child care services.

(n) *Child care certificate* means a certificate that is issued directly to a child's caretaker which verifies that the caretaker is eligible for subsidized child care services which the caretaker arranges.

(o) *Engaged in work*.

(1) For an individual who is not receiving public assistance, *engaged in work* means that the individual:

(i) is earning wages at a level equal to or greater than the minimum amount required under Federal and State Labor Law for the type of employment; or

(ii) is self-employed and is able to demonstrate that such self-employment produces personal income equal to or greater than the minimum wage or has the potential for growth in earnings to produce such an income within a reasonable period of time.

(2) For an individual receiving public assistance, *engaged in work* means the individual is engaged in work as defined by the social services district in the district's employment plan submitted to and approved by the New York State Department of Labor.

(p) *Seeking employment*. For an individual who is not receiving public assistance, *seeking employment* means making in-person job applications, going on job interviews, registering with a New York State Department of Labor's Division of Employment Services Office to obtain job listings, and participating in such other job seeking activities as are approved by the social services district.

(q) *Child welfare service plan* means a clearly defined service plan as developed and approved by the appropriate children's service unit, including a description of the immediate home situation of the children, the reason for care, kind of service needed, planned hours of care, and the goal of the service, including an evaluation of the plan and goal at the six-month redetermination of eligibility for the day-care service provided.

(r) *Office* means the New York State Office of Children and Family Services.

(s) *Legally-exempt caregiver enrollment agency* means the agency under contract with the office to enroll caregivers of legally-exempt child care to provide subsidized services under the New York State Child Care Block Grant. For each district in New York State except for the City of New York, the legally-exempt caregiver enrollment agency will be the applicable child care resource and referral agency under contract with the office to serve that district. For the City of New York, the legally-exempt caregiver enrollment agency will be an entity or entities identified by the office in consultation with the New York City Human Resources Administration and the New York City Administration for Children's Services.

Sec. added by renum. and amd. 26.1, filed Oct. 3, 1977; renum. 477.1, filed April 26, 1978; new added by renum. and amd. 416.1, filed: July 2, 1987 as emergency measure; Aug. 27, 1987 as emergency measure; Oct. 27, 1987 as emergency measure; Dec. 8, 1987 as emergency measure; Dec. 8, 1987; amds. filed: April 2, 1990 as emergency measure; June 29, 1990 as emergency measure; Aug. 29, 1990 as emergency measure; Nov. 27, 1990 as emergency measure; Jan. 25, 1991 as emergency measure, expired 60 days after filing; March 27, 1991 as emergency measure; March 27, 1991; Dec. 24, 1992; Aug. 11, 1993; Jan. 21, 2000 as emergency measure; April 20, 2000 as emergency measure; June 19, 2000 as emergency measure; Aug. 1, 2000; Feb. 13, 2004; Jan.

17, 2006; March 14, 2006 eff. July 31, 2006. Added (s).

18 NYCRR 415.1, 18 NY ADC 415.1

Current through amendments included in the New York State Register, Volume XXXII, Issue 41, dated October 12, 2011.

18 NYCRR 415.2

N.Y. Comp. Codes R. & Regs. tit. 18, § 415.2

Compilation of Codes, Rules and Regulations of the State of New York Currentness

Title 18. Department of Social Services

Chapter II. Regulations of the Department of Social Services

Subchapter C. Social Services

Article 2. Family and Children's Services

Part 415. Child Care Services (Refs & Annos)

➔Section 415.2. Eligibility, guarantees, and priorities for child care services

EMERGENCY REGULATION

Eligibility. The following families are eligible for child care services under the specified child care programs when such care is not otherwise available from a legally responsible relative or caretaker of the child in need of services and the care is a necessary part of a plan for self support. For two-parent or two-caretaker families, each parent or caretaker must meet one of the eligibility criteria set forth in this subdivision.

(a) *New York State Child Care Block Grant Program.* A family will be eligible for child care services under the New York State Child Care Block Grant Program, if the family meets one or more of the following criteria:

(1) Families which are guaranteed child care services. A social services district must guarantee child care services to a family which meets the criteria set forth in any subparagraph of this paragraph regardless of whether the social services district has any State or Federal funds available under this program to pay for all or a portion of such costs. In accordance with subdivision (d) of this section, a district may set aside funds and/or establish priorities for families eligible for a child care guarantee.

(i) A social services district must guarantee child care services to a family who has applied for or is receiving public assistance when such services are needed for a child under 13 years of age in order to enable the child's parent(s) or caretaker relative(s) to participate in activities required by a social services official including orientation, assessment, or work activities as defined in 18 NYCRR Part 385. The guarantee applies to all of the eligible children of the parent(s) or caretaker relative(s) regardless of the child's status as part of the public assistance filing unit.

(ii) A local social services district must guarantee to applicants who would otherwise be eligible for, or are recipients of, public assistance benefits and who are employed, the option to choose to receive continuing child care subsidies in lieu of public assistance benefits, for such period of time as the recipient continues to be eligible for public assistance. For the purposes of this section, an eligible applicant for, or recipient of, public assistance benefits and who is employed, includes a person whose gross earnings equal, or are greater than, the required number of work hours times the state minimum wage. Recipients of child care subsidies under this section who are no longer eligible for public assistance benefits, shall be eligible for transitional child care described in subparagraph (iv) of this paragraph as if they had been recipients of public assistance.

(iii) A social services district must guarantee child care services to a family which is receiving public assistance when such services are needed for a child under 13 years of age in order to enable the child's parent(s) or caretaker relative(s) to engage in work as defined by the social services district.

(iv) A social services district must guarantee child care services for a period of up to 12 consecutive months after the month in which a family's public assistance case closed or, for

those who chose child care in lieu of public assistance, the month after the family is no longer financially eligible for public assistance, provided:

- (a) the case closed or the family became financially ineligible for public assistance due to:
 - (1) increased income from either employment or child support; or
 - (2) the family voluntarily ending assistance and their income is no longer within public assistance standards; and
 - (b) the family received public assistance in at least three of the six months immediately preceding the case closing; or, for a family which chose child care in lieu of public assistance, was eligible for public assistance in at least three of the six months immediately preceding their ineligibility for public assistance; and
 - (c) the family includes an eligible child that is under the age of 13 who needs child care services in order to enable the child's parent(s) or caretaker relative(s) to be engaged in work as defined in section 415.1(o)(1) of this Part; and
 - (d) the family has income at or below 200 percent of the applicable State income standard. This child care guarantee is available to eligible families for 12 months from the month after the family's eligibility for public assistance has terminated or ended. Families may ask for and begin to receive child care in any month during the 12-month period of the child care guarantee. The start date for eligibility may precede the date services were requested and cover any period during the 12 months of the guarantee.
- (2) Families that are eligible when funds are available. A social services district must provide child care services to a family eligible under any one of the subparagraphs of this paragraph, to the extent that the district continues to have funds available under either the district's allocation from the State Child Care Block Grant Program or any local funds appropriated for such program subject to any priorities and set asides established pursuant to subdivision (d) of this section.
- (i) A family which has applied for or is receiving public assistance when such services are needed for an eligible child aged 13 or older, who has special needs or is under court supervision, in order to enable the child's parent(s) or caretaker relative(s) to participate in activities required by social services officials including orientation, assessment, or work activities defined in 18 NYCRR Part 385.
 - (ii) A family receiving public assistance when such services are needed for a child aged 13 or older, who has special needs or is under court supervision, in order to enable the child's parent(s) or caretaker relative(s) to engage in work as defined by the social services district.
 - (iii) A family receiving public assistance when child care services are necessary:
 - (a) to enable a teenage parent to attend high school or an equivalency program; or
 - (b) for the child to be protected because the child's parent(s) or caretaker relative(s) is physically or mentally incapacitated or has family duties away from home necessitating his or her absence.
 - (iv) A family with income up to 200 percent of the State income standard when the family is at risk of becoming dependent on public assistance and child care services are needed:
 - (a) for the child's caretaker(s) to be engaged in work as defined in section 415.1(o)(1) of this Part; or
 - (b) to enable a teenage parent to attend high school or an equivalency program.

(3) Families that are eligible if funds are available under this program and if the social services district has listed such families as eligible in the district's consolidated services plan or integrated county plan. A social services district must provide child care services for an eligible child as defined in section 415.1(b) of this Part to a family eligible under this paragraph, to the extent that the district continues to have funds available under either the district's allocation for the State Child Care Block Grant Program or any local funds appropriated for such program subject to any priorities and set asides established pursuant to subdivision (d) of this section, provided the social services district has listed such families as eligible families in the district's consolidated services plan or integrated county plan:

- (i) a family receiving public assistance when child care services are necessary for a parent or caretaker relative to participate in an approved activity in addition to their required work activity;
- (ii) a family receiving public assistance when child care services are necessary for a sanctioned parent or caretaker relative to participate in unsubsidized employment whereby the parent or caretaker relative receives earned wages at a level equal to or greater than the minimum amount required under Federal and State Labor Law;
- (iii) a family receiving public assistance or with income up to 200 percent of the State income standard when child care services are needed for the child to be protected because the child's caretaker is:
 - (a) participating in an approved substance abuse treatment program, or in screening for or an assessment of the need for substance abuse treatment;
 - (b) homeless or receiving services for victims of domestic violence and needs child care in order to participate in an approved activity, or in screening for or an assessment of the need for services for victims of domestic violence; or
 - (c) in an emergency situation of short duration including, but not limited to, cases where the caretaker's absence from the home for a substantial part of the day is necessary because of extenuating circumstances such as a fire, being dispossessed from the home, seeking living quarters, or providing chore/housekeeper services for an elderly or disabled relative.
- (iv) a family is receiving public assistance or has income up to 200 percent of the State income standard and child care services are needed for the child's caretaker to attend a two-year program other than one with a specific vocational sequence leading to an associates degree or a certificate of completion, or a four year college or university program leading to a bachelor's degree provided:
 - (a) the program is reasonably expected to improve the earning capacity of the caretaker;
 - (b) the caretaker is and continues to participate in non-subsidized employment whereby the caretaker works at least 17 1/2 hours per week and earns wages at a level equal to or greater than the minimum amount required under Federal and State Labor Law while pursuing the course of study; and
 - (c) the caretaker can demonstrate his or her ability to successfully complete the course of study;
- (v) a family with an open child protective services case when it is determined on a case-by-case basis that such child care is needed to protect the child;
- (vi) a family with income up to 200 percent of the State income standard when child care services are needed for the child to be protected because the child's caretaker is physically or mentally incapacitated or has family duties away from home necessitating his or her absence;

(vii) a family with income up to 200 percent of the State income standard when child care services are needed for the child's caretaker to participate in one of the following activities provided such activity is an allowable activity set forth in the social services district's consolidated services plan or integrated county plan and the district determines that the activity is a necessary part of a plan for the family's self-support:

(a) actively seeking employment as defined in section 415.1(p) of this Part for a period of up to six months as established by the social services district in its consolidated services plan or integrated county plan, if the caretaker documents that he or she is currently registered with a New York State Department of Labor's Division of Employment Services Office, provided that child care services will be available only for the portion of the day the family is able to document is directly related to the parent or caretaker engaging in such activities;

(b) educational or vocational activities including attendance in one of the following secondary or post-secondary programs:

(1) a public or private educational facility providing a standard high school curriculum offered by or approved by the local school district;

(2) an education program that prepares an individual to obtain a New York State high school equivalency diploma;

(3) a program providing basic remedial education in the areas of reading, writing, mathematics and oral communications for individuals functioning below the ninth month of the eighth grade level in those areas;

(4) a program providing literacy training designed to help individuals improve their ability to read and write;

(5) an English as a second language (ESL) instructional program designed to develop skills in listening, speaking, reading and writing the English language for individuals whose native or primary language is other than English;

(6) a two year full-time degree granting program at a community college, a two year college, or an undergraduate college with a specific vocational goal leading to an associate degree or certificate of completion within a determined time frame which must not exceed 30 consecutive calendar months;

(7) a training program which has a specific occupational goal and is conducted by an institution licensed or approved by the State Education Department other than a college or university;

(8) a prevocational skills training program such as a basic education and literacy training program; or

(9) a demonstration project designed for vocational training or other projects approved by the Department of Labor.

(c) a program to train workers in an employment field that currently is or is likely to be in demand in the near future, if the caretaker documents that he or she is a dislocated worker and is currently registered in such a program, provided that child care services are only used for the portion of the day the caretaker is able to document is directly related to the caretaker engaging in such a program. For the purposes of this provision, a dislocated worker is any person who: has been terminated or laid off from employment; has received a notice of termination or layoff from employment that will occur within six months of such notice; or was self-employed but is unemployed as a result of general economic conditions in the community in which the individual resides or because of natural disasters.

Notwithstanding the potential for some of these educational or vocational training programs to allow for the eventual attainment of a bachelor's degree or like certificate of completion for a four-year college program, this regulation does not permit the renewal of such educational or vocational training program enrollment for any additional period in excess of 30 consecutive calendar months except as authorized under subparagraph (iv) of this paragraph, nor does it permit enrollment in more than one such program.

(b) Title XX program.

(1) To the extent that the social services district has made title XX funds available for child care services, a family is eligible for child care services funded under title XX of the Federal Social Security Act if the family meets one or more of the criteria set forth in subdivision (a) of this section or the child is in need of child care as a preventive service provided the social services district has listed such families as eligible families in the district's consolidated services plan or integrated county plan, subject to any applicable priorities and set asides established pursuant to subdivision (d) of this section.

(2) A social services district may establish in its consolidated services plan or integrated county plan upper income levels above 200 percent of the State income standard for families receiving child care services under the title XX provided that the income levels do not exceed 275 percent of the State income standard for a family of one or two, 255 percent of the State income standard for a family of three, or 225 percent of the State income standard for a family of four or more.

(c) Child care services during breaks in activities.

(1) A social services district must provide New York State Child Care Block Grant services to families receiving public assistance, during breaks in activities, for a period of up to two weeks when the parent or caretaker relative is: engaged in work; participating in work activities or performing community service pursuant to title 9-B of article 5 of the Social Services Law; a teen parent attending high school or other equivalent training; physically or mentally incapacitated; or absent from the home due to family duties. Such child care services may be authorized for up to one month if child care arrangements would be lost if the services were not continued, and the program or employment is scheduled to begin within that one-month period.

(2) For all other families that are eligible under subdivision (a) or (b) of this section, a social services district may provide child care services while the caretaker is waiting to enter an approved activity or employment or on a break between approved activities for a period not to exceed two weeks or for a period not to exceed one month where child care arrangements would otherwise be lost and the subsequent activity is expected to begin within that period.

(d) Priority populations and funding set asides.

(1) Priority populations.

(i) For child care services funded under the New York State Child Care Block Grant Program, each social services district must give priority to the following federally-mandated populations:

(a) families with very low income. Each social services district must establish in its consolidated services plan or integrated county plan an income level at or below 200 percent of the State income standard which will constitute the upper income level for families with very low income; and

(b) families with children who have special needs.

(ii) For child care services funded under the New York State Child Care Block Grant Program

and/or under title XX of the Federal Social Security Act, each social services district may establish local priorities for child care services provided that the priorities provide eligible families with equitable access to child care assistance funds to the extent that these funds are available. Any local priorities must be set forth in the district's consolidated services plan or integrated county plan.

(a) Local priorities may refine but can not replace the federally mandated priorities.

(b) Local priorities may be based on one or a combination of factors, including, but not limited to, household composition, reason for child care, and income level.

(c) Local priorities may not have the effect of limiting a caretaker's choice of any eligible child care provider or be based on a caretaker's choice of a child care certificate.

(2) Funding set-asides.

(i) Each social services district may set aside a portion of the district's New York State Child Care Block Grant allocation and/or its title XX allocation to serve one or more of the Federal and/or the district's local priority populations including families eligible for a child care guarantee; provided that the method of disbursement of funds to priority groups provides that eligible families within a priority group will receive equitable access to child care assistance funds to the extent that such funds are available.

(ii) Each funding set aside must be based on a 12-month period and must be described in the district's consolidated services plan or integrated county plan along with the rationale for the set aside amount based on the projected need for that population.

(iii) Within each 12-month period, the amount of the set aside for each particular priority population may be adjusted up or down by 10 percent without the prior written approval of the office. Each such adjustment to a set aside amount must be reported to the office within 30 days of the adjustment.

(iv) The prior approval of the office is needed for any adjustment in the amount of a set aside for a particular priority population which would exceed 10 percent of the amount for that set aside originally specified in the district's consolidated services plan or integrated county plan.

(3) Waiting lists and denial of services.

(i) If a social services district has set aside funds to serve one or more priority populations and all of the available funds that are not set aside are projected to be needed for open child care cases, the district may deny services to a family which is not eligible for a child care guarantee and which does not fall within the priority populations for the set asides or place the family on a waiting list for subsidies.

(ii) A social services district that has not established set asides must open a new case for an eligible family if the district has sufficient funding available to provide child care services to that family at the time the family is determined to be eligible. If the district does not have sufficient funding available because all of the available funds are projected to be needed for open child care cases, the district may deny services to a family which is not eligible for a child care guarantee or place the family on a waiting list for subsidies.

(4) Case closings. Once a social services district has committed all of the funds available to it, either through set asides approved in the district's consolidated services plan or integrated county plan and/or because all of the available funds are projected to be needed for open child care cases, the social services district may discontinue funding to those families which are not eligible for a child care guarantee that have lower priorities in order to serve families with higher priorities. If no priorities are established beyond the federally-mandated priorities and all funds are committed, case closings for families which are not eligible under a child care

guarantee and are not a federally-mandated priority must be based on the length of time in receipt of services. The length of time used to close cases may be based either on the shortest or longest time receiving child care services but must be consistent for all families. The social services district must specify in its consolidated services plan or integrated county plan whether case closings will be based on the shortest or longest length of time receiving child care services.

(5) Each social services district must collect and submit to the office information, in the form and manner and at the times specified by the office, concerning the disbursement of child care subsidy funds showing the geographic distribution of children receiving child care services from the district.

Sec. added by renum. 26.2, filed Oct. 3, 1977; renum. 477.2, filed April 26, 1978; new added by renum. 416.2, filed: July 2, 1987 as emergency measure; Aug. 27, 1987 as emergency measure; Oct. 27, 1987 as emergency measure; Dec. 8, 1987 as emergency measure; Dec. 8, 1987; Aug. 29, 1990 as emergency measure; Nov. 27, 1990 as emergency measure; Jan. 25, 1991 as emergency measure, expired 60 days after filing; March 27, 1991 as emergency measure; March 27, 1991; amd. filed Dec. 24, 1992; repealed, new filed Feb. 13, 2004 eff. May 15, 2004; amd. filed June 5, 2007 eff. June 20, 2007. Amended (a)(1)(i), (a)(2)(i); amd. filed Jan. 29, 2008 eff. Feb. 13, 2008; emergency rulemaking eff. May 15, 2009, expired Aug. 12, 2009; emergency rulemaking eff. Aug. 13, 2009; emergency rulemaking eff. Oct. 1, 2009, expired Dec. 13, 2009; emergency rulemaking eff. Dec. 14, 2009, expired Mar. 13, 2010; emergency rulemaking eff. Mar. 14, 2010, expired June 8, 2010; emergency rulemaking eff. June 9, 2010, expires Sept. 6, 2010.

18 NYCRR 415.2, 18 NY ADC 415.2

Current through amendments included in the New York State Register, Volume XXXII, Issue 41, dated October 12, 2011.

18 NYCRR 415.3

N.Y. Comp. Codes R. & Regs. tit. 18, § 415.3

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Title 18. Department of Social Services

Chapter II. Regulations of the Department of Social Services

Subchapter C. Social Services

Article 2. Family and Children's Services

Part 415. Child Care Services (Refs & Annos)

Section 415.3. Caretaker's responsibilities

(a) An applicant for child care and development block grant services must apply, in writing, on forms and in a manner prescribed by the social services district in accordance with Part 404 of this Title. The social services district must permit the applicant to submit an application by mail. The caretaker with whom an eligible child or children reside(s) is the applicant for such services.

(b) The applicant is responsible for providing accurate, complete and current information regarding family income and composition, child care arrangements and any other circumstances related to the family's eligibility for child care services, and for notifying the social services district immediately of any changes in such information.

(c) The child(ren)'s caretaker is responsible for locating a child care provider(s) that meets the needs of his or her child(ren). A caretaker that is unable to locate a child care provider(s) may ask the social services district for assistance.

(d) A family which chooses to have a caregiver of informal child care provide child care services in the child(ren)'s own home must provide such caregiver with all employment benefits required by State and/or Federal law and pay the caregiver at least minimum wage, if required by State and/or Federal law.

(e) *Family share.*

(1) Each family receiving child care services, with the exception of a family where the parent(s) or caretaker relative(s) is receiving public assistance, must contribute toward the costs of such services by paying a family share based upon the family's income. A family share also may be required of any family to recoup an overpayment for a child care services regardless of whether any member of the family is receiving public assistance.

(2) The income-based portion of the family share for child care services must be determined by the social services district in accordance with a sliding fee scale developed pursuant to paragraph (3) of this subdivision. The overpayment portion of the family share, if any, must be reflected separately from any income-based portion of the family share and must be determined in accordance with section 415.4(i) of this Part.

(3) The sliding fee scale developed by the social services district must be calculated by subtracting the State income standard, as defined in section 415.1(k) of this Part, for the specific family size of the eligible family from the annual gross income of the eligible family, multiplying the remaining income by a factor of 10 to 35 percent, as selected by the social services district and included in the district's consolidated services plan or integrated county plan, and dividing the product by 52 to determine a weekly family share. The same percentage factor must be used for all families receiving child care services which are required to pay an income-based portion of a family share.

(4) A minimum weekly family share of \$1 must be charged to each family receiving child care services which is required to pay an income-based portion of a family share.

(5) Each family receiving child care services is responsible for paying only one family share regardless of the number of children in the family who are receiving child care services.

(6) The family is responsible for paying the family share in the manner determined by the social services district. The social services district may require the family to pay the family share to the social services district or to one or more child care providers used by the family.

(7) The family share will be recalculated by the social services district whenever there is a change in income, household circumstances or child care provider that would affect the amount of the family share, or when an overpayment for child care services has occurred and the recovery of such overpayment will be made through the family share, but no less frequently than each recertification.

(8) The failure of a family receiving child care services to pay the family share for such services established by the social services district or to cooperate with such district to develop an arrangement satisfactory to the district to make full payment of all delinquent family shares constitutes an appropriate basis for suspending or terminating such child care services in accordance with the procedures set forth in section 404.6 of this Title.

(f) A caretaker seeking child care services to enable the caretaker to participate in an approved training program must provide documentation that includes, but is not limited to, the following:

(1) the name of the institution offering or conducting the training program;

(2) the course of study to be pursued or in which the person is participating;

(3) the specific vocational or rehabilitative goal;

(4) the duration of the training (hours per day) including no more than a total of three hours per day to commute (from home) to and from training location; and

(5) progress reports (marks, transcripts, letters, and like documents) which indicate that the caretaker is progressing satisfactorily towards attaining the established vocational or rehabilitative goal.

Sec. added by renum. 26.3, filed Oct. 3, 1977; renum. 477.3, filed April 26, 1978; new added by renum. and amd. 416.3, filed: July 2, 1987 as emergency measure; Aug. 27, 1987 as emergency measure; Oct. 27, 1987 as emergency measure; Dec. 8, 1987 as emergency measure; Dec. 8, 1987; amds. filed: April 2, 1990 as emergency measure; June 29, 1990 as emergency measure; Aug. 29, 1990 as emergency measure; Nov. 27, 1990 as emergency measure; Jan. 25, 1991 as emergency measure, expired 60 days after filing; March 27, 1991 as emergency measure; March 27, 1991; Dec. 24, 1992; Aug. 11, 1993; repealed, new filed Feb. 13, 2004 eff. May 15, 2004; amended adoption filed March 29, 2004 eff. May 15, 2004. Amended (f)(8); amd. filed Sept. 29, 2009 eff. Oct. 14, 2009.

18 NYCRR 415.3, 18 NY ADC 415.3

Current through amendments included in the New York State Register, Volume XXXII, Issue 41, dated October 12, 2011.

18 NYCRR 415.4

N.Y. Comp. Codes R. & Regs. tit. 18, § 415.4

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Title 18. Department of Social Services

Chapter II. Regulations of the Department of Social Services

Subchapter C. Social Services

Article 2. Family and Children's Services

 Part 415. Child Care Services (Refs & Annos)

⇒ **Section 415.4. Local district responsibility**

Each local social services district shall be responsible for compliance with the following requirements:

(a) *Initial eligibility.*

(1) At the time of application for child care services, the social services district must inform the applicant of:

(i) the various child care services programs available and the requirements of the child care services programs for which the applicant may be eligible including information about the child care guarantee for applicants and recipients of public assistance and for families transitioning from public assistance set forth in section 410-w(3) of the Social Services Law. Such information must describe the actions that the family needs to take in order to be eligible for the child care guarantee;

(ii) the applicant's responsibility for reporting all relevant facts to the social services district in order that a proper determination of the applicant's eligibility for child care services can be made and for providing the documents or other information which the applicant must submit to verify such facts;

(iii) the fact that any investigation needed in order to determine the applicant's eligibility will be undertaken;

(iv) a recipient's responsibility for notifying the social services district immediately of any change in financial circumstances, living arrangements, employment, household composition, child care provider or other circumstances that affect the family's need or eligibility for child care services;

(v) a recipient's responsibility to contribute toward the costs of the child care services by paying a family share, if required as determined in accordance with section 415.3(f) of this Part;

(vi) the child care providers with which the social services district has arrangements for the provision of child care services to recipients;

(vii) a recipient's option to choose between the eligible providers set forth in section 415.1(g) of this Part;

(viii) a recipient's responsibility to locate child care. In addition, a public assistance recipient who needs child care in order to comply with his or her work requirements must be notified of the provisions in section 415.8 of this Part regarding the recipient's responsibility to locate child care and to inform the district of the recipient's efforts to locate child care including following up on referrals from the district, the applicable local child care resource and referral agency and/or any other child care agency to which the recipient is referred by the district;

(ix) information to assist a recipient to make an informed choice regarding the provider from

which the recipient wishes to receive child care services; and

(x) a recipient's right to have child care services provided without discrimination on the basis of race, religion, national origin, sex, handicapping condition or political belief.

(2) All applications for child care services must be processed promptly. A determination of programmatic and financial eligibility must be completed within the time-frame set forth in section 404.1(d) of this Title except where the applicant requests additional time, where difficulties in verifying eligibility lead to a delay or where other reasons beyond the social services district's control lead to a delay. The reason for a delay in making such determination must be recorded in the case record and communicated to the applicant.

(3) Initial eligibility for child day care, informal child care and legally-exempt group child care services must be determined pursuant to the requirements of this Part, Part 404 of this Title and, where applicable, 18 NYCRR Part 385. In addition, required documentation and a completed service plan are necessary prerequisites to the determination of eligibility and must be retained in the case folder.

(4) If an application for child care services is approved, the social services district must:

(i) send written notice to the applicant of the determination of eligibility for child care services; the family share to be paid by the applicant, if required, the date(s) such family share is due and the family share payment procedures which must be followed; and the applicant's right to a fair hearing in accordance with Part 358 and section 404.1(f) of this Title; and

(ii) provide an authorization for child care services to the applicant in accordance with section 404.7 of this Title.

(5) If an application for child care services is denied, the social services district must send written notice to the applicant of the determination of ineligibility and of the applicant's right to a fair hearing in accordance with Part 358 and section 404.1(f) of this Title.

(b) *Continuing eligibility.*

(1) Continuing eligibility for child care services must be redetermined as often as case factors indicate, but no less frequently than every 12 months; provided, however, that a social services district may not require the submission of a new application merely because the applicant is no longer eligible for public assistance or no longer eligible for a child care guarantee. The district must establish procedures to enable families to keep their child care services without interruption as long as the families remain eligible for such services including procedures to transfer families from one unit of the district to another when necessary.

(2) All factors concerning need and eligibility for child care services must be reconsidered, re-evaluated and verified during redeterminations. The periodic redeterminations conducted by the social services district do not eliminate the responsibility of a recipient of child care services to report to such district any change in financial circumstances, living arrangements, child care arrangements, employment, household composition or other circumstances that affect the family's need or eligibility for child care services.

(3) If a recipient is redetermined to be eligible for child care services, the social services district must send written notice to the recipient of the determination of eligibility for child care services; the family share payment procedures which must be followed; and the recipient's right to a fair hearing in accordance with Parts 358 and 404 of this Title.

(4) If a recipient is determined to no longer be eligible for child care services, the social services district must send written notice to the recipient of the determination of ineligibility and of the recipient's right to a fair hearing in accordance with Part 358 and section 404.1(f) of this Title.

(c) Child care services requirements.

(1) A recipient must have the option to choose between the eligible providers set forth in section 415.1(h) of this Part; provided, however, that:

(i) a recipient may choose a provider of informal child care or a provider of legally-exempt group child care only for child care services provided under the New York State Child Care Block Grant Program;

(ii) a social services district may disapprove a provider chosen by a recipient in a preventive or child protective case if the district has reason to believe that it would be contrary to the health, safety or welfare of the child to receive child care services from that provider;

(iii) a child care provider chosen by a recipient must be validly licensed, properly registered or enrolled, as appropriate; and

(iv) a child care provider chosen by a recipient 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 home or facility, all parts of such home or 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 the normal hours of operation; and, unlimited and on demand access to written records concerning such child except where access to such records is otherwise restricted by law.

(2) A recipient who chooses a caregiver of legally-exempt in-home child care who will be providing such care in a child's own home must be advised of the recipient's responsibility to provide such provider with all employment benefits required by State and/or Federal law and the recipient's responsibility to pay the provider at least the minimum wage if required by State and/or Federal law.

(3) The child care services provided must be reasonably related to the hours of employment, education or training of a child's caretaker, as applicable, and permit time for delivery and pick-up of the child. Up to eight hours of child care services may be provided, if needed, to enable an employed caretaker who works a second or third shift to sleep if the social services district indicates in its consolidated services plan or integrated county plan that it will provide such services.

(4) When arranging child care services, the needs of the child must be taken into account including: continuity of child care; reasonable proximity of the care either to the child's home and school or to the child's caretaker's place of employment, education or training, as applicable; and, the appropriateness of the child care to the child's age and special needs.

(5) No child may be moved by a social services district from an existing placement with an eligible provider unless the recipient of child care services consents to such move; provided, however, that a social services district may require that a child receiving child care services as part of a preventive case or a child protective case be moved from an existing placement with an eligible provider if the district has reason to believe that it would be contrary to the child's health, safety or welfare to continue receiving child care services from that provider.

(6) A current list of the licensed or registered child day care providers located in the social services district must be maintained and made available to applicants for and recipients of child care services.

(7) Social services districts must inform public assistance recipients that:

(i) the exemption from work requirements for lack of child care, if applicable, will not extend the time limitations on the receipt of family assistance; and

(ii) the recipient will not be sanctioned for failure to comply with work requirements as long as the recipient can demonstrate an inability to find child care in accordance with section 415.8 of this Part. The information provided to the recipient must include the definitions and procedures set forth in such section.

(8) A social services district must notify applicants for and recipients of public assistance of the guarantee for child care services and for transitional child care services available to applicants or recipients that choose child care services in lieu of public assistance. Recipients of public assistance also must be informed of their potential eligibility for the guarantee for transitional child care services when their public assistance benefits are terminated. Such notification must describe the actions an applicant or recipient must take to obtain the guaranteed transitional child care services. A social services district may not require that an applicant or recipient reapply to receive the guaranteed transitional child care services as long as the family remains eligible for child care services.

(9)(i) The social services district shall allow, disallow, or defer a claim for reimbursement, submitted by an eligible provider to the social services district, for the purpose of providing child care services pursuant to this Part within 30 days of receiving such claim.

(ii) The social services district may defer a claim for reimbursement only in the following circumstances:

(a) Upon the recommendation of a federal, state, or local agency, when the agency has informed the social services district that continued payments of such claims place the social service district at risk of making payments for services that were not provided in accordance with the applicable state regulations, or

(b) After an initial review of the claim by the social services district revealed inaccuracies in the claim that warrant a more detailed review, or

(c) Upon notification of the existence of a pending criminal charge involving fraud.

(iii) The social services district may disallow payment for claims for services provided to any and all children receiving a child care subsidy for the time period in which:

(a) an enrolled provider is found by the Office to be operating or have operated a child care program, required to be licensed or registered with the Office, without obtaining such license or registration, or

(b) a licensed or registered provider is found by the Office to be operating or have operated over its licensed or registered capacity, or

(c) an enrolled informal provider is found by the Office to be caring or have cared for more children than the limits defined in section 415.1(h).

(d) *Jurisdiction.*

(1) When a family which is guaranteed child care services moves from one social services district to another social services district within the State, the new social services district of residence is responsible for paying for the family's child care services beginning with the second full month that the family lives in that district, provided the family continues to be eligible for guaranteed child care services. The former social services district is obligated to continue to pay for the guaranteed child care services during the month the family moves to the other district and the first full month following the month the family moved.

(2) Notwithstanding paragraph (1) of this subdivision, if a social services district continues to have responsibility for providing public assistance benefits for a family which has moved to another district, such as when the parent(s) or caretaker relative(s) is required to attend a substance

abuse program located in another district, the district which is responsible for the public assistance benefits remains responsible for all child care services needed for any child(ren) of that parent(s) or caretaker relative(s) who moves to live with, or be near, the parent(s) or caretaker relative(s).

(3) When a child(ren) is placed in foster care in a social services district outside of the district where the child(ren) resided at the time of placement, and the foster family needs child care services for the foster child(ren) and the foster family is eligible to receive such services pursuant to section 415.2(a) of this Part, the district that has financial responsibility for the foster child(ren) will be responsible for providing child care services for the foster child(ren).

(4) For all other families not described in paragraph (1), (2) or (3) of this subdivision, the social services district where a family resides will be responsible for providing child care services.

(e) *Administration.*

(1) In the case of providers from whom or from which the social services district purchases child care services, contracts, when required by section 405.3 of this Title, will be negotiated in accordance with the purchase of service requirements set forth in such section; provider budgets may be reviewed and attendance and payment records will be monitored.

(2) Required reports and claims for reimbursement must be prepared and submitted in the form and manner and at the times as required by the office.

(3) Records required to be maintained by the State and Federal law and by instructions of the office must be retained as appropriate. Under this subdivision, local districts must keep and retain adequate claiming records, retain appropriate documentation in the recipient's case file, and make appropriate records available for audit by appropriate State and Federal agencies.

(4) Social services districts may alter their participation in activities related to arranging for, subsidizing, delivering, and monitoring the provision of subsidized child day care, provided that the total participation of an individual district in all activities related to the provision of subsidized child day care must be no less than the participation level engaged in by such individual district on the effective date of this section, to be determined based on a review of expenditures for the calendar year January 1, 1990 through December 31, 1990.

(5) The social services district is responsible for reporting to the office, in the form and manner and at the times required by the office, specific information regarding child care services, including, but not limited to, the number of children receiving each specific child care services, the costs of such services separated by the type of child care providers used, and any additional information required for the State to meet Federal reporting requirements.

(6) Each social services district must submit a child care services plan to the office for approval as part of the district's multi-year consolidated services plan or integrated county plan and any annual implementation reports, in the form and manner and at the times required by the office. A social services district must implement its child care services programs in accordance with the child care services plan approved by the office.

(f) *Enrollment of caregivers of informal and legally-exempt group child care.* A social services district may only make payments for child care provided by caregivers of informal or legally-exempt group child care if the caregiver has been enrolled by a legally-exempt caregiver enrollment agency on either a temporary or final basis in accordance with this subdivision. Each social services district must provide a child's caretaker that has applied for or is receiving child care subsidies under the New York State Child Care Block Grant and who is interested in using a caregiver of legally-exempt child care with an enrollment package and notify the caretaker that the completed package must be submitted to the applicable legal-exempt caregiver enrollment agency.

(1) Each legally-exempt caregiver enrollment agency must establish procedures for enrolling, for

payment purposes, a caregiver of informal child care or a caregiver of legally-exempt group child care, as defined in section 415.1 of this Part, who or which chooses to provide child care services under the New York State Child Care Block Grant Program. Such enrollment procedures must:

(i) collect only such information about the caregiver as determined by the Office of Children and Family Services to be necessary to make payments and to furnish information to the caregiver or to a recipient;

(ii) facilitate appropriate and prompt payments; and

(iii) permit the caregiver to enroll with the legally-exempt caregiver enrollment agency after selection by a recipient.

(2) Each legally-exempt caregiver enrollment agency must distribute health and safety information as specified by the office to all newly enrolled caregivers of informal child care and caregivers of legally-exempt group child care.

(3)

(i) Prior to enrolling or re-enrolling a caregiver of informal child care or a caregiver of legally-exempt group child care, the legally-exempt caregiver enrollment agency must review the enrollment package obtained from the caregiver and determine, within 10 days of receiving the enrollment package, whether the enrollment package is complete and the caregiver is exempt from the State's child day care licensing and registration requirements.

(ii) If the caregiver is exempt from the State's child day care licensing and registration requirements, and the completed checklist and attestations in the enrollment package do not raise any immediate concerns, the legally-exempt caregiver enrollment agency must enroll the caregiver on a temporary basis until the legally-exempt caregiver enrollment agency completes a full review of the package. The legally-exempt caregiver enrollment agency must notify the applicable social services district of the enrollment of the legally-exempt caregiver on a temporary basis.

(iii) The legally-exempt caregiver enrollment agency must complete a full review of the enrollment package within 40 days of receiving the completed enrollment package to determine whether the caregiver meets the enrollment requirements including the basic health and safety requirements set forth in paragraph (7) of this subdivision and the additional requirements for informal child care caregivers set forth in paragraph (8) of this subdivision, if applicable. The legally-exempt caregiver enrollment agency must notify the applicable social services district of its final determination regarding the enrollment of the legally-exempt caregiver.

(iv) Caregivers enrolled with a social services district on or before the effective date of these regulations, must document compliance with the requirements set forth in paragraph (7) of this subdivision and the additional requirements for informal child care caregivers in paragraph (8) of this subdivision, if applicable, before or as part of the next redetermination of eligibility for child care services for a child in the caregiver's care.

(v) Enrollment information must be updated and reviewed at least annually and at any other time when a change in circumstances warrants such a review including but not limited to when the caregiver seeks to serve another child. The legally-exempt caregiver enrollment agency only must verify any changes that have occurred to the caregiver's enrollment information since the last enrollment package was submitted.

(4) If the caregiver is exempt from the licensing and registration requirements and the caregiver otherwise meets the qualifications set forth in section 415.1(h) or (i) of this Part, and meets the basic health and safety requirements set forth in paragraph (7) of this subdivision and the additional requirements for informal child care set forth in paragraph (8) of this subdivision, if

applicable, or integrated county plan, then the legally-exempt caregiver enrollment agency must enroll the caregiver for the purpose of providing child care services to eligible families under the New York State Child Care Block Grant Program unless the applicable social services district informs the legally-exempt caregiver enrollment agency that the caregiver does not meet a locally-defined additional requirement set forth in the social services district's consolidated services plan or integrated county plan in accordance with subdivision (h) of this section.

(5) A caregiver of informal child care or a caregiver of legally-exempt group child care must be enrolled with the legally-exempt caregiver enrollment agency before payment is made to such caregiver by a district for providing child care services under the New York State Child Care Block Grant Program.

(6) Each legally-exempt caregiver enrollment agency must maintain an automated roster, in the New York State Child Care Facilities System, of the caregivers of informal child care and caregivers of legally-exempt group child care enrolled with such legally-exempt caregiver enrollment agency including the name and address of each such caregiver and information about the caregiver's compliance with the enrollment requirements at such time and in manner and form required by the office.

(7) Basic health and safety requirements for caregivers of informal or legally-exempt group child care.

(i) At the time of applying for enrollment and for re-enrollment, the caregiver must furnish a sworn statement indicating whether, to the best of his or her knowledge, such caregiver, any employee of the caregiver, and any volunteer who has the potential for regular and substantial contact with children in care, and, for caregivers of legally-exempt family child care, each household member age 18 or older, has ever been convicted of a misdemeanor or a felony in New York State or any other jurisdiction. Prior to furnishing the caretaker and the legally-exempt caregiver enrollment agency with such information, the caregiver shall inquire of each such employee, volunteer and household member regarding whether that person has ever been convicted of a misdemeanor or any felony in New York State or any other jurisdiction.

(a) When a caregiver, indicates that he or she or such an employee, volunteer or household member has been convicted of a crime, the caregiver must give the caretaker and the legally-exempt caregiver enrollment agency true and accurate information about the crime which will enable the caretaker and the legally-exempt caregiver enrollment agency to evaluate whether the criminal background poses an unreasonable risk to the safety or welfare of the child(ren). Such information must include, but is not limited to, the nature of the crime, the penalties imposed as a result of the conviction, and the length of time which has elapsed since the conviction.

(b) No person convicted of a felony or misdemeanor against children or, for caregivers of legally-exempt family child care, whose household includes an individual convicted of such a crime may be enrolled by a legally-exempt caregiver enrollment agency as a child care caregiver.

(c) No legally-exempt informal child care program or legally-exempt group child care program which employs an individual or uses a volunteer convicted of a felony or misdemeanor against children may be enrolled by a legally-exempt caregiver enrollment agency as a child care caregiver.

(d) A legally-exempt caregiver enrollment agency may enroll a caregiver who has been convicted or whose employee, volunteer or household member has been convicted of other felony or misdemeanor offenses, consistent with guidelines issued by the office for evaluating applicants with criminal conviction records.

(ii) The caregiver must furnish the child's caretaker with true and accurate information, in writing, indicating whether, to the best of the caregiver's knowledge, such caregiver, any employee of the caregiver, any volunteer who has the potential for regular and substantial contact with children and, for caregivers of legally-exempt family child care, any household member age 18 or older, has ever been the subject of an indicated report of child abuse or maltreatment in New York State

or any other jurisdiction. Prior to furnishing the caretaker with such information, the caregiver shall inquire of each such employee, volunteer and household member regarding whether that person has ever been the subject of an indicated report of child abuse or maltreatment. The caregiver must furnish the child's caretaker with information regarding any such indicated report including a description of the incident, the date of the indication and any other relevant information.

(iii) To be enrolled by a legally-exempt caregiver enrollment agency to provide child care services under the New York State Child Care Block Grant Program, a caregiver of informal child care or a caregiver of legally-exempt group child care which is not required to be operated under the auspices of another Federal, State or local government agency must attest and certify in writing:

(a) whether, to the best of his or her knowledge, the caregiver has ever been denied a license or registration to operate a school-age child care program, day care center, family day care home or group family day care home, or had such a license or registration suspended or revoked. If a caregiver indicates that he or she has been denied such a license or registration or had such a license or registration suspended or revoked, the caregiver must provide true and accurate information to the child's caretaker and the legally-exempt caregiver enrollment agency about the reasons for the denial, suspension or revocation. A legally-exempt caregiver enrollment agency must determine whether to enroll a caregiver who has had such a license or registration denied, suspended or revoked, based on guidelines issued by the office; and

(b) whether the caregiver has ever had his or her parental rights terminated, or had a child(ren) removed from his or her care by court order under article 10 of the Family Court Act. If a caregiver indicates that he or she has had his or her parental rights terminated or has had a child(ren) removed from his or her care by court order under article 10 of the Family Court Act, the caregiver must provide true and accurate information regarding the reasons underlying the loss of parental or custodial rights. A legally-exempt caregiver enrollment agency must determine whether to enroll a caregiver who has had his or her parental rights terminated or has lost custody of a child(ren) by court order under article 10 of the Family Court Act, based on guidelines issued by the office.

(iv) To be enrolled with a legally-exempt caregiver enrollment agency to provide child care services under the New York State Child Care Block Grant Program, a caregiver of legally-exempt group child care must attest and certify in writing either that:

(a) the caregiver is legally operating under the auspices of another Federal, State or local government agency; or

(b) if the caregiver of legally-exempt group child care is not required to operate under the auspices of another Federal, State or local governmental agency, then the caregiver must meet the additional health and safety requirements set forth in subparagraphs (iv) and (v) of this paragraph.

(v) To be enrolled by a legally-exempt caregiver enrollment agency to provide child care services under the New York State Child Care Block Grant Program, a caregiver of informal child care or a caregiver of legally-exempt group child care which is not required to be operated under the auspices of another Federal, State or local governmental agency also must attest and certify in writing, and the child's caretaker must attest and certify in writing, that the caregiver meets and has agreed to continue to meet the following basic health and safety requirements:

(a) The caregiver and all children have two separate and remote ways to escape in an emergency.

(b) Rooms for children are well-lighted and well-ventilated. Heat, ventilating and lighting equipment are adequate for the protection of the health of the children.

(c) The caregiver will use barriers to restrict children from unsafe areas. Such areas include, but are not limited to, swimming pools, open drainage ditches, wells, holes, wood and coal burning stoves, fireplaces and permanently installed gas space heaters.

- (d) Where child care is provided on floors above the first floor, windows on floors above the first floor are protected by barriers or locking devices to prevent children from falling out of the windows.
- (e) Adequate and safe water supply and sewage facilities are provided and comply with State and local laws. Hot and cold running water is available and accessible at all times.
- (f) The caregiver certifies that the caregiver and each employee and each volunteer with the potential for regular and substantial contact with children in care is physically fit to provide child care and are free of any communicable disease and, for caregivers of legally-exempt family child care, that all persons residing in the home are free of any communicable disease unless the caregiver's or household member'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. If the legally-exempt caregiver enrollment agency has reasonable cause to suspect that the information provided by the caregiver is incorrect, the legally-exempt caregiver enrollment agency may require that the caregiver submit a statement from a physician, physician's assistant or nurse practitioner verifying the information.
- (g) Suitable precautions will be taken to eliminate any conditions in areas accessible to children that pose a safety hazard.
- (h) All matches, lighters, medicines, drugs, cleaning materials, detergents, aerosol cans and other poisonous or toxic materials are stored in their original containers and used in such a way that they will not contaminate play surfaces, food or food preparation areas or constitute a hazard to children. Such materials will be kept in a place inaccessible to children.
- (i) The caregiver will ensure that each child receives meals and snacks in accordance with the plan developed jointly by the caregiver and the child's caretaker.
- (j) Perishable food, milk and formula will be kept refrigerated.
- (k) When the caregiver cares for infants, formula, breast milk and other food items for infants will not be heated in a microwave oven.
- (l) The caretaker of a child will have unlimited access to the child, and to the premises when the child is in care and to written records regarding the child.
- (m) Evacuation drills will be conducted at least monthly with the children during the hours that children are in care.
- (n) The caregiver will never use corporal punishment or allow others to use corporal punishment while children are in care.
- (o) The caregiver will never use or be under the influence of alcohol or drugs while children are in care and will make sure that children are not exposed to individuals using drugs or alcohol while in care.
- (p) The caregiver will not smoke or allow smoking in indoor areas while children are in care or in vehicles while children are being transported.
- (q) The caregiver will never leave children unsupervised or in the care of individuals who are not authorized to supervise the children.
- (r) The caregiver has 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 service are posted conspicuously on or adjacent to the telephone.
- (s) Protective caps, covers or permanently installed obstructive devices are used on all electrical outlets that are accessible to young children.

(t) Paint and plaster are in good repair so that there is no danger of children putting paint or plaster chips in their mouths or of it getting into their food.

(u) There is one operating smoke detector on each floor of the home or facility. Such detectors will be checked regularly to insure proper operation.

(v) The home or facility is equipped with a portable first aid kit that is accessible for emergency treatment. The first aid kit is stocked to treat a broad range of injuries and situations and will be 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.

(w) The caregiver will not give child care to any child unless the caregiver has been furnished with a statement signed by a physician or other authorized individual who specifies that the child has received age appropriate immunizations; or a statement signed by a physician or other authorized individual who indicates that one or more of the immunizations would be detrimental to the child's health, or the child's caretaker provides a statement indicating that the child has not been immunized due to the caretaker's religious beliefs.

(x) Stairs, railings, porches and balconies are in good repair.

(y) The caretaker and the caregiver certified in writing that to the best of their knowledge, all statements made on the enrollment or re-enrollment form and any attachments thereto are accurate and true. Any false information, certified and attested to by the caregiver or the caretaker on either the enrollment or re-enrollment form or any attachment thereto, may result in the caregiver being denied enrollment or the termination of the caregiver's enrollment by the legally-exempt caregiver enrollment agency and/or the social services district terminating child care subsidy payments and/or taking legal action against the caregiver or caretaker.

(z) The caregiver may not administer medication to any child in his or her care except to the extent that the caregiver is authorized under the Education Law to administer medications or has met the requirements for the administration of medications as defined in section 418-1.11 of this Title.

(8) Additional health and safety requirements for caregivers of informal child care.

(i) A legally-exempt caregiver enrollment agency must refer a caregiver of informal child care to the child and adult care food program (42 USC 1758, 1759[a], 1762[a], 1765, and 1766) at initial enrollment of any caregiver not currently enrolled, or at the annual re-enrollment of any currently enrolled caregiver. If the caregiver is or becomes a participant in the child and adult care food program, the caregiver must provide the legally-exempt caregiver enrollment agency with a copy of documentation of participation in the program. A legally-exempt caregiver enrollment agency must verify the caregiver's documentation to determine whether the caregiver is a participant in the child and adult care food program.

(ii) Upon applying for enrollment, and as part of the annual re-enrollment process, a legally-exempt caregiver enrollment agency must verify the information in the attestation of each caregiver of informal child care to determine if the caregiver's parental rights have been terminated, or if a child(ren) was removed from his or her care by court order under article 10 of the Family Court Act.

(a) The legally-exempt caregiver enrollment agency will request that the applicable social services district conduct a child welfare database check of the caregiver and provide the applicable social services district with such available information about the caregiver as is necessary to complete the database check to determine whether the caregiver has had his or her parental rights terminated or had a child removed from his or her care by court order under article 10 of the Family Court Act. The district must provide the legally-exempt caregiver enrollment agency with the results of the child welfare database check within 15 days of receiving the request.

(1) When the check of the district's child welfare data base reveals that the caregiver has had his or her parental rights terminated or had a child removed from his or her care by court order under article 10 of the Family Court Act, the district shall provide the specific office mandated information on the foster care and/or court records concerning the caregiver's termination of parental rights and the removal of the child from the caregiver's home to the legally-exempt caregiver enrollment agency for the purposes of determining whether to enroll the caregiver.

(2) When the check of the district's child welfare data base reveals that the caregiver has had his or her parental rights terminated or had a child removed from his or her care by court order under article 10 of the Family Court Act, the caregiver must provide the caretaker and the legally-exempt caregiver enrollment agency true and accurate information regarding the reasons underlying the loss of parental or custodial rights, if such information has not already been provided to the caretaker and the legally-exempt caregiver enrollment agency. A legally-exempt caregiver enrollment agency must determine, based on guidelines issued by the office, whether to enroll a caregiver who has had such a loss of parental or custodial rights.

(iii) Upon applying for enrollment, and as part of the annual re-enrollment process, a legally exempt caregiver enrollment agency will:

(a) Check each caregiver against the office's child care facility system to determine whether the caregiver has ever been denied a child day care license or registration or had a child day care license or registration suspended or revoked. When the check of the office's child care facility system reveals that the caregiver has been denied a child day care license or registration or had a child day care license or registration revoked or suspended, the caregiver must provide the caretaker and the legally-exempt caregiver enrollment agency true and accurate information regarding any such denial, revocation or suspension, including a description of the reason for denial, revocation or suspension, the date of the denial, revocation or suspension, and any other relevant information, if such information has not already been provided to the caretaker and the legally-exempt caregiver enrollment agency. A legally-exempt caregiver enrollment agency must determine whether to enroll a caregiver who has had such a license or registration denied, suspended or revoked based on guidelines issued by the office.

(b) Check each caregiver of informal child care, any employee of the caregiver, any volunteer who has the potential for regular and substantial contact with children in care, and for caregivers of legally-exempt family child care, each household member age 18 or older against the New York State Sex Offender Registry maintained by the New York State Division of Criminal Justice Services, via the Registry's toll free telephone number to determine if such caregiver, any employee of the caregiver, any volunteer who has the potential for regular and substantial contact with children in care, and for caregivers of legally-exempt family child care, each household member age 18 or older is listed on the New York State Sex Offender Registry. When the New York State Sex Offender Registry reveals that a caregiver, any employee of the caregiver, any volunteer who has the potential for regular and substantial contact with children in care, or for caregivers of legally-exempt family child care, a household member is listed on the Sex Offender Registry for committing a sex offense, the legally-exempt caregiver enrollment agency may not enroll such a caregiver.

(iv) On an annual basis, the applicable legally-exempt caregiver enrollment agency must conduct on-site inspections including reviewing the immunization records of at least 20 percent of the currently enrolled legally-exempt family child care caregivers, as defined in this Part, in the applicable district who do not participate in the child and adult care food program to determine whether such caregivers are in compliance with the health and safety standards set forth in this section.

(a) The office will provide by January 31st of each year to the legally-exempt caregiver enrollment agency instructions for compiling a list of the caregivers that must be inspected and a minimum unduplicated number of providers that must be inspected. The legally-exempt caregiver enrollment agency must complete the inspections and report the results of the inspections in a manner and format as specified by the office by December 31st of each year.

(b) If the legally-exempt caregiver enrollment agency finds that a caregiver is non-compliant with any requirements of this section, the legally-exempt caregiver enrollment agency will assist the caregiver in working towards compliance, in the manner and according to the timeframes established by the office. If the caregiver does not come into compliance with the requirements within the required timeframes, the legally-exempt caregiver enrollment agency will terminate the enrollment of the caregiver and notify the appropriate district of that the caregiver's enrollment has been terminated.

(g)

(1) Where a social services district is subsidizing child care services pursuant to any of the provisions of this Part, the district may submit to the office justification for a need to impose additional requirements on child care providers providing subsidized child care services and a plan to monitor compliance with such additional requirements. A social services district may make participation in the child and adult care food program a condition of enrollment for each caregiver of informal child care who will be providing an average in excess of 30 hours of care per week to one or more subsidized children provided the district sets forth this requirement in the district's consolidated services plan or integrated county plan. No such additional requirements or monitoring may be imposed without the written approval of the office.

(2) To the extent that a social services district has established any additional standards for caregivers of legally-exempt child care, the district's monitoring process must include procedures for notifying the applicable legally-exempt caregiver enrollment agency if the district determines that such a caregiver is not in compliance with an additional standard. Any such procedures established by the social services district may not extend the timeframes set forth in subdivision (f) of this section for legally-exempt caregiver enrollment agency to review an enrollment package.

(h)(1) A social services district may refuse to allow a child care provider that is not in compliance with this section and regulations promulgated by the Office, or any approved additional requirements of the social services district, to provide subsidized child care services to a child.

(2)(i) A social services district may disqualify a provider from receiving payment for child care services provided under the child care subsidy program if a provider:

- (a) is criminally convicted of fraud;
- (b) is found to be civilly liable for fraud;
- (c) has voluntarily admitted to filing a false claim for reimbursement for child care services;
- (d) has been disqualified from the Child and Adult Care Food Program, by the New York State Department of Health and/or its sponsoring agency, for submission of false information on the application, submission of a false claim for reimbursement or failure to keep required records;
- (e) has failed to comply with the terms of a repayment plan with the social services district, or
- (f) has a conviction of any activity that occurred in the past seven (7) years that indicated a lack of business integrity; or
- (g) has been found by a social services district, after the social services district has conducted an administrative review in accordance with clause (ii) of this subparagraph, to have submitted a false claim(s) to a social services district for reimbursement.

(ii) An administrative review by a social services district must include the following:

- (a) A review of the claims submitted to the social services district and any other information or documentation obtained by the social services district to determine the accuracy of the information contained in the claims; and if a social services district determines after such a review that a provider

submitted inaccurate information in the claims, then a preliminary review report must be prepared by a social services district and sent to the child care provider that is the subject of the review for a response.

(b) A child care provider must be given 20 days, from the date the district sent the preliminary review report to respond to the report. A child care provider may respond in writing presenting evidence and arguments that the provider believes refute the findings of the preliminary review report, or may request a formal review by a social services district, which allows a provider, in person, to present evidence and arguments in support of his/her position.

(c) If no response from a provider is received by a social services district within 20 days from the date of the postmark of the preliminary review report, the report may be finalized by a social services district. A final report, issued under this subclause, may be the basis for a social services district to disqualify a provider from providing subsidized child care.

(d) If a response from a provider is received by a social services district within 20 days from the date of the postmark of the preliminary report, the social services district must review and evaluate the response and may make appropriate changes based on the response from the provider, before issuing a final review report. Upon completion of the review, the social services district shall issue a final review report, such report must be sent to the child care provider that is the subject of the review.

(e) A child care provider, upon receipt of a final review report, must be given 10 days from the date of the postmark of the final review report to respond, and to request a formal review by the social services district. A final review report issued under this subclause, where a provider does not request a formal review within the 10-day specified timeframe, or does not provide a response that disproves the findings of said report, may be the basis for a social services district to disqualify a provider from providing subsidized child care.

(f) A social services district, upon receipt of a request for a formal review by a provider found in a final review report to have submitted inaccurate claims, must conduct such a review within 30 days of receipt of the request.

(g) A social services district at a formal review must allow a provider, in person, to present evidence and arguments in support of the provider's position.

(h) A social services district, after a formal review and after reviewing the evidence and arguments supplied by a provider at a formal review must make a final determination of whether a provider submitted false claims. A final determination that a provider submitted false claims may be the basis for a social services district to disqualify a provider from providing subsidized child care.

(iii) A provider who has been disqualified from receiving payment for child care services provided under the child care subsidy program by a social services district under clause (i) of this subparagraph is ineligible to receive such payments through any social services district for five years from the date of the disqualification, if such a provider made full restitution of any and all falsely obtained funds to the social services district. If such a provider did not make full restitution to a social services district, then the provider will remain ineligible to provide subsidized child care.

(iv) A social services district that disqualifies a provider from receiving a payment for child care services provided under the child care subsidy program must provide appropriate information concerning the disqualification to the appropriate regional office of the Office's Division of Child Care Services if the provider is a licensed or registered day care provider, or to the appropriate legally-exempt caregiver enrollment agency if the provider is a legally-exempt child care provider.

(3) In accordance with a plan approved by the Office, a social services district will have the right to make announced or unannounced inspections of the records and premises of any provider that provides care for subsidized children, including the right to make inspections prior to subsidized children receiving care in a home where the inspection is for the purpose of determining whether the child care provider is in compliance with applicable laws and regulations and any additional

requirements imposed on such a provider by the social services district. A social services district must notify the Office immediately of any violations of regulations and must provide the Office with an inspection report documenting the results of such inspection.

(4) Nothing contained in this Part will diminish the authority of the local social services district from referring a matter to the appropriate district attorney or law enforcement agency.

(i) *Overpayments.*

(1) The social services district must take all reasonable steps to correct promptly any overpayments for child care services to a child's caretaker or a child care provider.

(2) Overpayments must be recovered through:

(i) repayment by the child's caretaker or child care provider; or

(ii) by recovery through a reduction in the amount of the payment to the child's caretaker or child care provider; provided, however, that no recovery of overpayments may be made from a child care provider where a contract for such child care services obligates the social services district to make full payment. When no recovery may be made from a child care provider because a contract requires full payment, and repayment is not made from the child's parent or caretaker, Federal financial participation (FFP) and State reimbursement cannot be claimed for such overpayment.

(3) In recovering overpayments for child care services from child care recipients, social services districts must ensure that the child care recipients retain, for any month, a reasonable amount of funds.

(4) Recoupment of such overpayment can be made only from child care benefits unless the child care recipient voluntarily requests that such recovery be made from his or her available income.

(5) Overpayments must be recovered from the caretaker(s) on whose behalf the payments were made or the provider(s) who received payment for such services, so long as caretaker(s) or provider(s) are deemed responsible for such overpayments whether by acts of omission or commission.

(6) Overpayments to child care providers or former recipients of child care services who refuse to repay may be recovered in accordance with the legal remedies available under State law.

(7) When an overpayment occurs as a result of a district's failure to act promptly on information provided by a parent or caretaker regarding circumstances affecting child care benefits, no recovery shall be made from the party who provided such information. When a recovery cannot be made under this subdivision, Federal financial participation (FFP) and State reimbursement cannot be claimed for such overpayment.

(8) Underpayments and overpayments may be offset against each other.

(9) In all cases involving current child care services recipients, in all cases of fraud, and in all cases where the overpayment would equal or exceed the cost of recovery of the overpayment, the recovery of an overpayment must be attempted.

(10) Each social services district must collect and maintain information on the collection of overpayments and make appropriate adjustments when claiming FFP and State reimbursement, and when satisfying the district's maintenance of effort requirement under the New York State Child Care Block Grant Program as set forth in section 415.7 of this Part.

(11) An applicant for child care services who has not repaid past overpayments for previous child care services that resulted from:

(i) the failure of the applicant, or member(s) of the applicant's family unit, to promptly notify the social services district of a change in circumstances; or

(ii) from child care services fraud by the applicant or member(s) of the applicant's family unit must agree to, and comply with, a plan to make full payment of such overpayments as a condition of being eligible for the new child care services.

(12) With the exception of child care services authorized as a child protective or preventive service, a recipient of child care services who fails to agree to a reasonable plan for repayment or recovery of an overpayment, or who fails to comply with an agreed upon plan, must have their child care benefits suspended or terminated until such time as the recipient comes into compliance with such a plan.

(13) With the exception of child care services authorized as a child protective or preventive service, a recipient or former recipient of child care services who has been convicted of, or has voluntarily admitted to, fraudulently receiving child care services must have their child care services, if any, suspended or terminated and will not be eligible for subsequent child care services for a period of time determined in accordance with the time periods established for intentional program violations set forth in section 359.9(a) of this Title. If such recipient or former recipient is a recipient of temporary assistance and needs child care in order to participate in an activity required by the social services district, the disqualification of eligibility for child care services based on the former fraud conviction or voluntary admission will be suspended during the recipient's or former recipient's participation in the required activity. However, the disqualification period will begin or resume once the recipient or former recipient is no longer participating in a required activity.

(14) Overpayments for child care services made as a result of payment for aid continuing for a caretaker who loses a fair hearing must be recovered as prescribed in this subdivision.

(j) *Due process requirements.*

(1) Written notice of the determination of eligibility, the family share to be paid by the applicant, or ineligibility for child care services, as well as any modifications thereto, must be sent to the applicant or recipient in accordance with section 404.1(f) of this Title. Recipients of child care services must receive timely and adequate notice of any change in child care services, except that changes in the manner of payment for child care services by a social services district may be made with only adequate notice pursuant to section 358-3.3 of this Title, unless those changes result in a discontinuation, suspension, reduction or termination of such benefits, or force a change in child care arrangements.

(2) An applicant for or recipient of child care services must be notified of the right to a fair hearing in accordance with Part 358 of this Title whenever there is a determination affecting his or her family's eligibility for child care services.

(k) Nothing contained in this Part will diminish the authority of the office to conduct inspections of licensed or registered child care providers or to provide for such inspections through purchase of services in accordance with section 390 of the Social Services Law. Nothing contained in this subdivision will obligate the office to take any action to enforce any additional requirements imposed by a social services district on child care providers providing care to children receiving child care subsidies.

(l) Social services districts must describe how they will examine and verify the accuracy of information contained in the enrollment forms completed by legally-exempt providers. This information must be described in the district's consolidated services plan or integrated county plan.

(m) Each social services district must establish comprehensive fraud and abuse control activities for the district's child care subsidy program. A social services district must provide details on its

comprehensive fraud and abuse control activities in the district's consolidated services plan or integrated county plan, which must include, but not be limited to:

- (1) identification of the criteria the social services district will use to determine which child care subsidy applications suggest a higher than acceptable risk for fraudulent or erroneous child care subsidy payments and procedures for referring such applications to the district's front end detection system;
- (2) a sampling methodology to determine which cases the social services district will seek verification of an applicant or recipient's continued need for child care including, as applicable, verification of participation in employment, education or other required activities; and
- (3) a sampling methodology to determine which caregivers of subsidized child care services the social services district will review for the purpose of comparing the caregiver's attendance forms for children receiving subsidized child care services and any child and adult care food program inspection forms to verify that child care was actually provided on the days listed on the attendance forms.

Sec. added by renum. and amd. 26.4, filed Oct. 3, 1977; renum. 477.4, filed April 26, 1978; new added by renum. and amd. 416.4, filed: July 2, 1987 as emergency measure; Aug. 27, 1987 as emergency measure; Oct. 27, 1987 as emergency measure; Dec. 8, 1987 as emergency measure; Dec. 8, 1987; amds. filed: April 2, 1990 as emergency measure; June 29, 1990 as emergency measure; Aug. 29, 1990 as emergency measure; Nov. 27, 1990 as emergency measure; Jan. 25, 1991 as emergency measure, expired 60 days after filing; March 27, 1991 as emergency measure; March 27, 1991; Oct. 22, 1991 as emergency measure; Jan. 17, 1992 as emergency measure; March 17, 1992 as emergency measure; May 14, 1992 as emergency measure; July 13, 1992 as emergency measure; Sept. 10, 1992 as emergency measure; Oct. 30, 1992 as emergency measure; Oct. 30, 1992; Dec. 24, 1992; Aug. 11, 1993; March 7, 1994; Oct. 1, 1999 as emergency measure; Dec. 30, 1999 as emergency measure, expired 90 days after filing; March 30, 2000 as emergency measure; June 28, 2000 as emergency measure; Sept. 26, 2000 as emergency measure, expired 90 days after filing; Dec. 26, 2000 as emergency measure; March 26, 2001 as emergency measure; April 6, 2001; April 1, 2003 as emergency measure, expired 90 days after filing; Feb. 13, 2004; amended adoption filed March 29, 2004; amds. filed: June 8, 2004; March 14, 2006 eff. July 31, 2006; June 5, 2007 eff. June 20, 2007. Amended (a)(3); amd. filed Sept. 16, 2011 eff. Oct. 5, 2011.

18 NYCRR 415.4, 18 NY ADC 415.4

Current through amendments included in the New York State Register, Volume XXXII, Issue 41, dated October 12, 2011.

18 NYCRR 415.4

18 NYCRR 415.5

N.Y. Comp. Codes R. & Regs. tit. 18, § 415.5

Compilation of Codes, Rules and Regulations of the State of New York Currentness

Title 18. Department of Social Services

Chapter II. Regulations of the Department of Social Services

Subchapter C. Social Services

Article 2. Family and Children's Services

Part 415. Child Care Services (Refs & Annos)

Section 415.5. Methods of making payment for child care services

(a) Each social services district may provide child care services directly or may pay for such services in accordance with the provisions of this section applicable to the particular child care services program.

(1) For child care services provided under the New York State Child Care Block Grant Program, payment may be made by one or more of the following methods:

(i) by advance cash payments, cash reimbursements or vouchers to the child's caretaker for care provided by an eligible provider and supported by a bill signed by both the child's caretaker and the provider; provided, however, that a caregiver of informal child care or of legally-exempt group child care must be enrolled with the social services district pursuant to section 415.4 of this Part before payment may be made for such services; or

(ii) by a purchase of services contract or letter of intent in accordance with section 405.3 of this Title, or by advance cash payments, cash reimbursements or vouchers to an eligible provider; provided, however, that a caregiver of informal child care or of legally-exempt group child care must be enrolled with the social services district pursuant to section 415.4 of this Part before payment may be made for such services.

(2) The provisions in section 159 of the Social Services Law precluding the payment of cash assistance for certain families in receipt of safety net assistance do not apply to the payment of child care services for such families.

(3) A social services district must establish at least one method of payment by which payment for child care services arranged by the child's caretaker can be made.

(b) *[Reserved]*

(c) For child care services provided under title XX of the Federal Social Security Act or provided as child protective services or preventive services funded other than under the New York State Child Care Block Grant Program, payment must be made by a purchase of services contract or letter of intent in accordance with section 405.3 of this Title.

(d) Attendance and payment records must be monitored for all providers receiving payment for child care services regardless of the method of payment.

Sec. added by renum. 26.5, filed Oct. 3, 1977; renum. 477.5, filed April 26, 1978; new added by renum. and amd. 416.5, filed: July 2, 1987 as emergency measure; Aug. 27, 1987 as emergency measure; Oct. 27, 1987 as emergency measure; Dec. 8, 1987 as emergency measure; Dec. 8, 1987; amds. filed: April 2, 1990 as emergency measure; June 29, 1990 as emergency measure; Aug. 29, 1990 as emergency measure; Nov. 27, 1990 as emergency measure; Jan. 25, 1991 as emergency measure, expired 60 days after filing; March 27, 1991 as emergency measure; March 27, 1991; Dec. 24, 1992; Aug. 11, 1993; repealed, new filed Feb. 13, 2004 eff. May 15, 2004.

18 NYCRR 415.5, 18 NY ADC 415.5

Current through amendments included in the New York State Register, Volume XXXII, Issue 41, dated October 12, 2011.

§ 18.05(1)(b)

§ 18.05(1)(b)

§ 18.05(1)(b)

18 NYCRR 415.6

N.Y. Comp. Codes R. & Regs. tit. 18, § 415.6


Compilation of Codes, Rules and Regulations of the State of New York Currentness

Title 18. Department of Social Services

Chapter II. Regulations of the Department of Social Services

Subchapter C. Social Services

Article 2. Family and Children's Services

 Part 415. Child Care Services (Refs & Annos)

➔ **Section 415.6. State reimbursement**

(a) A change in the rate of payment based on a change in the age of a child is effective in the first full month following the date in which the child becomes 1 1/2 years of age or the date of the child's birthday, whichever is applicable.

(b) Reimbursement for payment on behalf of children who are temporarily absent from child care is allowable subject to the following conditions:

(1) The provider rendering the child care services must be duly licensed, registered or enrolled to provide child care services and the social services district has opted to make such payments. If a social services district opts to make such payments, it may choose to make such payments either to those child care providers with which the social services district has a contract or letter of intent only, or to all providers of subsidized child care services except for caregivers of informal child care. The social services district must specify in its consolidated services plan or integrated county plan whether it opts to make such payments and, if applicable, for which providers such payments will be made.

(2) The social services district has specified in its contract or written agreement with the provider or through written notice to the provider that payment is allowable in cases of temporary absences from child care.

(3) Except in cases of extenuating circumstances defined below, temporary absences from child care are allowed up to 12 days in any one calendar month; provided, further, that such absences may total no more than 12 days in any three-month period if the social services district selects a three-month period for determining maximum temporary absences, or 24 days in any six-month period if the social services district selects a six-month period for determining maximum temporary absences.

(4) *Extenuating circumstance* means a situation or occurrence verified by the social services district, and noted in the child's services plan, in which a child is temporarily absent from child care for one or more of the following reasons:

(i) the social services district determines that the child is unable to attend child care because it is necessary for the child or the child's caretaker to appear in court or to keep other appointments related to the provision of preventive, foster care, adoption, or child protective services, or other needs as set forth in the child's services plan;

(ii) the child is ill, has a handicapping or other condition which requires medical care and/or treatment, or the child requires routine medical care and/or treatment;

(iii) the child's family is homeless, and the homelessness necessitates the child's absence from child care; or

(iv) the child's caretaker is participating in an approved education or training program and the child's absences coincide with a temporary suspension of such program for purposes including, but not limited to, holidays, school conferences and snow days.

(5) Where it is determined that an extenuating circumstance or circumstances exists, reimbursement for temporary absences due to such circumstance or circumstances will be permitted for an additional three days in any one calendar month; provided, further, that all absences may total no more than 20 days in any three-month period if the social services district selects a three-month period for determining maximum temporary absences, or 40 days in any six-month period if the social services district selects a six-month period for determining maximum temporary absences.

(6) Under no circumstances will reimbursement for temporary absences be permitted in excess of the limits set forth in paragraph (5) of this subdivision unless the office and social services district expressly consent to such reimbursement.

(7) A social services district must select one of the alternative periods in paragraph (3) of this subdivision as the basis on which it will maintain records and seek reimbursement. No combination of methodologies is permitted within a district. Once a methodology is selected, no change may be made until the end of the annual program year as defined in the Comprehensive Annual Social Services Program Plan.

(8) For purposes of this section, a social services district may establish the three-month or the six-month periods used in determining maximum temporary absences on either of the following bases:

(i) beginning on the date of a child's admission to child care and ending three or six months later depending on the period selected; or

(ii) beginning on a fixed calendar date for all children entering child care and ending three or six months later depending on the period selected. If this basis is chosen, a child entering child care during a quarterly or semiannual cycle may, during that initial cycle, receive a prorated number of days of absence beginning on the date of entry and ending on the last day of the quarterly or semiannual cycle. All temporary absences thereafter will be computed using the normal quarterly or semiannual cycle.

(9) Reimbursement is not available for a day a child is absent from care if the provider ordinarily charges the caretaker on a daily or part-time basis and the child for whom reimbursement is requested is otherwise in need of and receives subsidized child care from a different provider on the same day.

(c) Reimbursement for payments to licensed or registered or legally-exempt group programs during program closures also is allowable subject to the following conditions:

(1) The social services district has opted to make such payments. If a social services district opts to make such payments, it may choose to make such payments either to those child care providers with which the social services district has a contract or letter of intent or to all providers of subsidized child care services except for caregivers of informal child care. The social services district must specify in its consolidated services plan or integrated county plan whether or not it opts to make such payments and, if applicable, for which providers such payments will be made.

(2) The program closure is due to a State, Federal or nationally recognized holiday or due to extenuating circumstances beyond the provider's control including but not limited to:

(i) natural disaster;

(ii) severe weather; or

(iii) other emergency closings that are due to circumstances other than a substantiated regulatory violation.

(3) Reimbursement is available only for children in receipt of a child care subsidy who would otherwise be present at the child care program.

(4) Reimbursement is not available for a day the program is closed if the provider ordinarily charges the caretaker on a daily or part-time basis and the child for whom reimbursement is requested is otherwise in need of and receives subsidized child care services from a different provider on the same day.

(5) The maximum number of days allowable under this section is five per annum.

(6) The district must maintain a record of the payments made under this provision for each provider in order to receive reimbursement.

(d) Special reimbursement requirements specific to the title XX Social Services Block Grant Program.

(1) State reimbursement for child care services provided under title XX of the Federal Social Security Act will be available for 100 percent of allowable costs up to the amount of the social services district's annual title XX Social Services Block Grant allocation, or as otherwise provided by State law.

(2) When a client is determined to be eligible for child care services under the title XX Social Services Block Grant, payment must be claimed for reimbursement in accordance with the State instructions relating to such title.

(e) Payments by a social services district for child day care, informal child care and legally-exempt group child care are subject to reimbursement only when the following requirements are met:

(1) Payments do not exceed the actual cost of care. For purposes of this Part, the actual cost of care is:

(i) for care provided pursuant to a contract between the social services district and the provider, the payment rate set forth in the contract;

(ii) for care provided other than pursuant to a contract between the social services district and the provider, the amount charged to the general public for equal care in the providing facility or home; provided, however, if the facility or home cares only for subsidized children, then the actual cost of care is the amount the provider currently is receiving from the social services district for such children unless the provider can demonstrate to the social services district that the actual cost of providing care to such children is higher than that amount.

(2) Payments for child day-care or child care services for eligible families/children do not exceed the amount charged to the general public for equal care in the providing facility or home.

(3) Payments per child for child day care in a day care center (DCC), a family day care home (FDC), a group family day care home (GFDC), a school-age child care program (SACC) and for informal child care and legally-exempt group child care do not exceed the applicable rates for the type of child care provider used and the age of the child set forth in section 415.9 of this Part.

(4) Payments cannot be made when such care is provided by a child's parent, stepparent, legal guardian, caretaker relative, person in *loco parentis* to the child, or another member of the child care services unit other than the child's sibling.

(5) Payments cannot be made when such care is provided by a member of the public assistance unit including essential persons as referred to in section 369.3(c) of this Title.

Sec. added by renum. 26.6, filed Oct. 3, 1977; renum. 477.6, filed April 26, 1978; new added by renum. and amd. 416.6, filed: July 2, 1987 as emergency measure; Aug. 27, 1987 as emergency measure; Oct. 27, 1987 as emergency measure; Dec. 8, 1987 as emergency measure; Dec. 8, 1987;

May 12, 1988; amds. filed: April 2, 1990 as emergency measure; June 29, 1990 as emergency measure; Aug. 29, 1990 as emergency measure; Nov. 27, 1990 as emergency measure; Jan. 25, 1991 as emergency measure, expired 60 days after filing; March 27, 1991 as emergency measure; March 27, 1991; July 25, 1991; Dec. 24, 1992; Aug. 11, 1993; March 7, 1994; Sept. 14, 1995; Oct. 1, 2003 as emergency measure; Dec. 30, 2003 as emergency measure; Feb. 13, 2004; March 29, 2004 as emergency measure; June 2, 2004 eff. June 23, 2004. Amended (e)(1).

18 NYCRR 415.6, 18 NY ADC 415.6

Current through amendments included in the New York State Register, Volume XXXII, Issue 41, dated October 12, 2011.

18 NYCRR 415.7

N.Y. Comp. Codes R. & Regs. tit. 18, § 415.7

Compilation of Codes, Rules and Regulations of the State of New York Currentness

Title 18. Department of Social Services

Chapter II. Regulations of the Department of Social Services

Subchapter C. Social Services

Article 2. Family and Children's Services

Part 415. Child Care Services (Refs & Annos)

Section 415.7. Additional requirements for the New York State Child Care Block Grant Program

(a) For child care services provided under the New York State Child Care Block Grant Program. State reimbursement to a social services district will be available, up to the social services district's annual block grant allocation for 75 percent of allowable costs for child care services provided to families in receipt of public assistance and for 100 percent of allowable costs for child care services provided to all other eligible families. Allowable program costs include the following costs of providing child care services:

- (1) eligibility determinations and re-determinations;
- (2) participation in adjudicatory and judicial hearings;
- (3) child care placements including transportation to such placements;
- (4) inspection, review and supervision of child care placements including monitoring compliance with any additional local child care requirements imposed pursuant to section 415.4(f) of this Part;
- (5) training of social services district staff; and
- (6) the establishment of computerized child care information systems.

(b) A social services district must expend its allocation from the New York State Child Care Block Grant in a manner that provides for equitable access to child care services funds to eligible families.

(c) A social services district may spend no more than five percent of its annual block grant allocation for administrative activities. The term *administrative activities* does not include the costs of providing child care services set forth in subdivision (a) of this section. Administrative activities include, but are not limited to the following:

- (1) providing local officials and the public with information about the program;
- (2) conducting public hearings;
- (3) monitoring program activities for compliance with program requirements;
- (4) maintaining substantiated complaint files;
- (5) coordinating the resolution of audit and monitoring findings;
- (6) evaluating program results;
- (7) managing or supervising persons with responsibilities set forth in paragraphs (1) through (6) of this subdivision;

- (8) travel costs incurred for official business in carrying out the program; and
- (9) other costs for goods and services required for the administration of the program including rental or purchase of equipment, utilities, and office supplies.

(d) Any claims for child care services made by a social services district for expenditures during a particular Federal fiscal year, other than claims made under title XX of the Federal Social Security Act, will be counted against the social services district's New York State Child Care Block Grant for that Federal fiscal year. A social services district's New York State Child Care Block Grant allocation for a particular Federal fiscal year is available only for child care services expenditures made during that Federal fiscal year that are claimed in the form and manner and at such times required by the office. Any portion of a social services district's New York State Child Care Block Grant allocation for a particular Federal fiscal year that is not claimed by the time required by the office will be available to the district for New York State Child Care Block Grant expenditures for the next Federal fiscal year.

(e) Each social services district must maintain the amount of local funds spent for child care assistance under the New York State Child Care Block Grant Program at a level equal to or greater than the amount the district spent for child care assistance during Federal fiscal year 1995 under title IV-A of the Federal Social Security Act, the Federal Child Care and Development Block Grant Program and the State Low Income Child Care Program. Each social services district's claims submitted under the New York State Child Care Block Grant will be processed in a manner that maximizes the availability of Federal funds and ensures that the district meets its maintenance of effort requirement in each applicable Federal fiscal year.

(f) When offering child care services under the New York State Child Care Block Grant Program to a family eligible to receive such services, a participating social services district must offer the child's caretaker the choice either:

- (1) to enroll the child with an eligible child day care provider which has a contract with the social services district for the provision of such services; or
- (2) to receive a child care certificate, as defined in section 415.1(p) of this Part, which permits the child's caretaker to arrange child care services with any eligible provider.

(g) When a child's caretaker elects to use a child day care provider which has a contract with the social services district for the provision of child care services, the child must be enrolled with the provider selected by such caretaker to the maximum extent practical.

(h) When a child's caretaker elects to use a child care certificate to arrange child care services, the social services district must issue such certificate directly to the caretaker.

Sec. added by renum. 416.7, filed: July 2, 1987 as emergency measure; Aug. 27, 1987 as emergency measure; Oct. 27, 1987 as emergency measure; Dec. 8, 1987 as emergency measure; Dec. 8, 1987; renum. 415.8, new filed: April 2, 1990 as emergency measure; June 29, 1990 as emergency measure, expired 60 days after filing; new filed: Aug. 29, 1990 as emergency measure; Nov. 27, 1990 as emergency measure; Jan. 25, 1991 as emergency measure, expired 60 days after filing; March 27, 1991 as emergency measure; March 27, 1991; amds. filed: Dec. 24, 1992; Aug. 11, 1993; repealed, new filed Feb. 13, 2004 eff. May 15, 2004.

18 NYCRR 415.7, 18 NY ADC 415.7

Current through amendments included in the New York State Register, Volume XXXII, Issue 41, dated October 12, 2011.

18 NYCRR 415.8

N.Y. Comp. Codes R. & Regs. tit. 18, § 415.8


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Title 18. Department of Social Services

Chapter II. Regulations of the Department of Social Services

Subchapter C. Social Services

Article 2. Family and Children's Services

 Part 415. Child Care Services (Refs & Annos)

⇒Section 415.8. Special provisions relating to public assistance recipients

(a) A social services district must guarantee child care services to a family who has applied for or is in receipt of public assistance when such services are needed for a child under 13 years of age in order to enable the child's custodial parent or caretaker relative to participate in activities required by a social services official pursuant to title 9-B of article 5 of the Social Services Law.

(b) A social services district may not reduce or terminate public assistance to an individual or an individual and the family of such individual based on a refusal of the individual to comply with applicable work requirements if the individual is a custodial parent or caretaker relative of a child under 13 years of age and the individual has a demonstrated inability, as determined by the social services district, to obtain child care needed to comply with such work requirements due to the following reasons:

(1) unavailability of appropriate and accessible child care within a reasonable distance from the individual's home or work site;

(2) unavailability or unsuitability of informal child care by a relative or under other arrangements; and

(3) unavailability of appropriate and affordable formal child care arrangements.

(c) The social services district must inform the family:

(1) about the exception to the penalties associated with the work requirement if the family is unable to locate child care needed to comply with applicable work requirements including the procedures used to demonstrate an inability to obtain child care and the definitions of the terms "appropriate," "accessible," "reasonable distance," "unsuitability of informal child care" and "affordable"; and

(2) that any family assistance received during the time the parent or caretaker relative receives an exception from the work requirements under this section will count toward the family's 60-month limit on receiving such benefits.

(d) It is the responsibility of the parent or caretaker relative to locate child care for the applicable child(ren) needed to comply with such work requirements.

(e) If such parent or caretaker relative cannot locate the needed child care on his or her own, the parent or caretaker relative must inform the social services district of his or her efforts to locate such care and request additional assistance in locating care.

(f) When a parent caretaker relative requests assistance from the social services district in locating child care due to an inability to locate the needed child care on his or her own, the social services district must:

(1) assist the family by referring the parent or caretaker relative to the child care resource and referral agency funded under title five-B of article six of the Social Services Law that is responsible

for the areas in which the parent or caretaker relative lives and/or would be expected to work or to another appropriate child care referral agency; and/or

(2) provide the parent or caretaker relative with a list of names, addresses and telephone numbers of eligible providers.

(g) The parent or caretaker relative must follow-up on all referrals from the social services district, child care resource and referral agency and/or other child care referral agency, as applicable, and must report his or her success or failure to the social services district. In order to be excused from complying with the applicable work requirements, the parent or caretaker relative must have a demonstrated inability, as determined by the social services district, to locate the needed child care for the applicable child(ren) despite the referrals from the social services district, the child care resource and referral agency and/or any other child care referral agency, as applicable.

(h)

(1) If the parent or caretaker relative has a demonstrated inability, as determined by the social services district, to locate the child care needed for the applicable child(ren) despite such referrals, the social services district must offer the parent or caretaker relative two choices of eligible child care providers at least one of which must be a licensed or registered provider.

(2) If the parent or caretaker relative is unwilling to accept child care services from either of these providers; is unable to demonstrate, as determined by the social services district, that such child care is not appropriate, accessible, suitable, affordable or a reasonable distance from the individual's home or work site; and the individual fails to comply with the applicable work requirements, then the social services district may reduce or terminate public assistance to such parent or caretaker relative and/or that individual's family in accordance with applicable statutory or regulatory provisions.

(i) A social services district must determine that a parent or caretaker relative has a demonstrated inability to locate needed child care if all of the following conditions are met:

(1) the parent or caretaker relative has provided an attestation that he or she has contacted those accessible and suitable friends, neighbors and relatives who are within a reasonable distance of the individual's home or work site and who have the potential to act as informal child care providers for the applicable child(ren) but those individuals are not appropriate or affordable. The attestation must include a list of the friends, neighbors and relatives the parent or caretaker relative contacted; and

(2) the parent or caretaker relative has provided an attestation that he or she has contacted all of the child care providers to which the parent or caretaker relative was referred by the social services district, a child care resource and referral agency and/or any other child care agency, as applicable. The attestation must specify each potential provider contacted and the reasons why that provider is not appropriate, accessible, suitable, affordable or a reasonable distance from the individual's home or work site.

(j) The social services district must review and verify the attestations provided by the parent or caretaker relative. If the attestations validly document the unavailability of appropriate, accessible, suitable, affordable child care within a reasonable distance from the individual's home or work site, the district must excuse the parent or caretaker relative from the applicable work requirements.

(k)

(1) A parent or caretaker relative who has been excused from the applicable work requirements due to a demonstrated inability to locate needed child care for his or her applicable child(ren) will be excused from the work requirements only for so long as that demonstrated inability continues to exist.

(2) The parent or caretaker relative must document to the social services district, through the submission of new attestations in accordance with subdivision (h) of this section on a periodic basis as set forth by the social services district, that the parent or caretaker relative is continuing to attempt to locate the needed child care including following up on all new referrals from the social services district, child care resource and referral agency, and/or any other child care agency, as applicable, and by responding to all offers of child care from the social services district. New attestations must be submitted in accordance with a schedule developed by the district based on the parent's or the caretaker relative's employment plan.

(l) For the purposes of this section, the following definitions apply:

(1) *Applicable child(ren)* means the child(ren) under 13 years of age who are residing with a custodial parent or caretaker relative and who need child care in order for the parent or caretaker relative to comply with the applicable work requirements.

(2) *Appropriate* means the child care provider(s) is open for the hours and days the parent or caretaker relative would need child care in order to comply with the applicable work requirements and the provider(s) is able and willing to provide child care services to the applicable child(ren) including addressing any special needs of the applicable child(ren).

(3) *Accessible* means the parent or caretaker relative is able, by available public or private transportation, to get the applicable child(ren) to and from the child care provider(s) taking into consideration the age and any special needs of the child(ren).

(4) *Reasonable distance* means the child care provider(s) is located within a reasonable distance from the parent or caretaker relative's home and work activity, based on locally accepted community standards, as defined by the social services district in the district's consolidated services plan.

(5) *Unsuitability of informal child care* means the physical condition of the home in which care would be provided, or the physical or mental condition of the informal provider, would be detrimental to the health, welfare and/or safety of the applicable child(ren).

(6) *Affordable* means the parent or caretaker relative would have sufficient income to pay the family share for the child care services determined in accordance with section 415.3(f) of this Part, if required, and/or to pay the cost of care above market rate, if applicable. If the potential provider is a provider of informal child care who would be providing care in the child(ren)'s home, *affordable* also means that the parent or caretaker relative would have sufficient income to pay the provider at least minimum wage, if required by State and/or Federal law, and to provide such provider with all employment benefits required by State and Federal law.

Sec. added by renum. 415.7, filed: April 2, 1990 as emergency measure; June 29, 1990 as emergency measure, expired 60 days after filing; renum. 415.10, new filed: Aug. 29, 1990 as emergency measure; Nov. 27, 1990 as emergency measure; Jan. 25, 1991 as emergency measure, expired 60 days after filing; March 27, 1991 as emergency measure; March 27, 1991; amds. filed: Dec. 24, 1992; Aug. 11, 1993; repealed, new filed: Oct. 1, 1999 as emergency measure; Dec. 30, 1999 as emergency measure, expired 90 days after filing; March 30, 2000 as emergency measure; June 28, 2000 as emergency measure; Sept. 26, 2000 as emergency measure, expired 90 days after filing; Dec. 26, 2000 as emergency measure; March 26, 2001 as emergency measure; April 6, 2001 eff. April 25, 2001.

18 NYCRR 415.8, 18 NY ADC 415.8

Current through amendments included in the New York State Register, Volume XXXII, Issue 41, dated October 12, 2011.

18 NYCRR 415.9

N.Y. Comp. Codes R. & Regs. tit. 18, § 415.9

Compilation of Codes, Rules and Regulations of the State of New York Currentness

Title 18. Department of Social Services

Chapter II. Regulations of the Department of Social Services

Subchapter C. Social Services

Article 2. Family and Children's Services

Part 415. Child Care Services (Refs & Annos)

Section 415.9. Rates

A social services district has the option to apply the weekly or daily rate, except as provided below, when care is provided for 30 or more hours per week on five or less days. When care is provided for less than 30 hours per week, the daily, part-day or hourly rates must be applied, as applicable.

(a) Weekly rates must be applied when care is provided for 30 or more hours for five or less days per week. Weekly rates also must be applied when child care services are provided for 30 or more hours per week by a child care provider who routinely charges nonsubsidized parents on a weekly basis and who has not signed a purchase of service contract or other written agreement for payment on a different basis.

(b) Daily rates must be applied if care is provided for at least six but less than twelve hours per day, and care is provided for less than 30 hours per week. When child care services are provided for 30 or more hours per week by a child care provider who routinely charges nonsubsidized parents on a daily basis and who has not signed a purchase of service contract or other written agreement for payment on a different basis, the weekly rates divided by five must be applied.

(c) Part-day rates must be applied when the child care services are provided for at least three but less than six hours per day. Part-day rates also must be applied for children who are provided care before and/or after school for less than three hours per day by day care centers or school-age child care programs that do not charge on an hourly basis.

(d) With the exception noted in subdivision (c) of this section, the hourly rates in this section must be applied when child care services are provided for less than three hours per day.

(e) Where child care services provided by a single provider exceed one weekly or daily period as set forth in this section, payment for the additional child care services will be based on the actual cost of care up to the applicable rate for the type of child care provider used, the age of the child and the amount of time the child care services are provided.

(f) Where child care services are provided by multiple providers, reimbursement will be made for the actual cost of such services up to the applicable rate for each child care provider used. However, if the combined reimbursement to the multiple providers would exceed one weekly market rate, in order to receive such reimbursement the parent or caretaker must demonstrate that the schedule of employment of the parent or caretaker or the special needs of the child necessitates that child care services be arranged with multiple providers. If the social services district determines that the parent or caretaker has not demonstrated that there is a necessity to use multiple providers, reimbursement is limited to one weekly market rate that is applicable for the type of provider who provides care for the highest number of hours. The social services district will determine how to distribute the reimbursement for the multiple providers.

(g) The rate of payment for child care services provided to a child determined to have special needs is the actual cost of care up to the statewide limit of the highest weekly, daily, part-day or hourly market rate for child care services in the State, as applicable, based on the amount of time the child care services are provided per week regardless of the type of child care provider used or the age of the child.

(h) A social services district may establish differential payment rates for child care services provided by regulated child care providers that have been accredited by a nationally recognized child care organization. A social services district may also establish differential payment rates for any eligible provider as defined in section 415.1(h) of this Part for child care services provided during nontraditional hours (evening, night or weekend hours). The differential payment rates established by the district may be up to 15 percent higher than the applicable market rates set forth in these regulations. The differential payment rates the district sets for accredited programs may be different than the rates set for care provided during nontraditional hours. The social services district must indicate in the district's consolidated services plan or integrated county plan the percentage above the applicable market rate(s) that it opts to allow for accredited programs and/or for care provided during nontraditional hours. A social services district may request a waiver from the office to establish a payment rate that is in excess of 15 percent above the applicable market rate upon a showing that the 15 percent maximum is insufficient to provide access within the district to accredited programs and/or care provided during nontraditional hours, as applicable.

(i) The rate of payment for caregivers of legally exempt group child care is the actual cost of care up to the applicable market rate for day care center providers as set forth in this section.

(j)

(1) Effective October 1, 2011, following are the local market rates for each social services district set forth by the type of provider, the age of the child and the amount of time the child care services are provided per week.

(2) Upon the effective date of these regulations, there will be two market rates for the legally-exempt family child care and in-home child care categories, a standard market rate and an enhanced market rate. The standard market rate for legally-exempt family child care and in-home child care categories will be 65 percent of the applicable registered family day care market rate. The enhanced market rate for legally-exempt family child care and in-home child care categories will be 70 percent of the applicable registered family day care market rate. The enhanced market rate will apply to those caregivers of legally-exempt family child care and in-home child care who have provided notice to, and have been verified by, the applicable legally-exempt caregiver enrollment agency or by the district for those portions of the district that are not covered by a legally-exempt caregiver enrollment agency, as having completed ten or more hours of training annually in the areas set forth in section 390-a(3)(b) of the social services law. A social services district has the option, if it so chooses in the child care portion of its child and family services plan, to increase the enhanced market rate for eligible legally-exempt family child care and in-home child care categories to up to 75 percent of the applicable registered family day care market rate: (i) for all such providers; (ii) for those providers who were receiving the enhanced rate on the date of the regulations but only for the remainder of their current one-year enrollment period; or (iii) for those providers who were receiving the enhanced rate on the date of the regulations for the remainder of the time they remain enrolled and continue to meet the ten hour annual training requirement. The standard market rate will apply to all other caregivers of legally-exempt family child care and in-home child care.

(3) The market rates are established in five groupings of social services districts. The rates established for a group apply to all districts in the designated group. The district groupings are as follows:

CHILD CARE MARKET RATES

Market rates are established in five groupings of social services districts as follows:

Group 1: Nassau, Putnam, Rockland, Suffolk, Westchester
 Group 2: Columbia, Erie, Monroe, Onondaga, Ontario, Rensselaer, Saratoga,

Schenectady, Tompkins, Warren
 Group 3: Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung,
 Chenango, Clinton, Cortland, Delaware, Essex, Franklin, Fulton,
 Genesee, Greene, Hamilton, Herkimer, Jefferson, Lewis, Livingston,
 Madison, Montgomery, Niagara, Oneida, Orleans, Oswego, Otsego,
 Schoharie, Schuyler, Seneca, St. Lawrence, Steuben, Sullivan,
 Tioga, Washington, Wayne, Wyoming, Yates
 Group 4: Albany, Dutchess, Orange, Ulster
 Group 5: Bronx, Kings, New York, Queens, Richmond

GROUP 1 COUNTIES:

Nassau, Putnam, Rockland, Suffolk, and Westchester

DAY CARE CENTER

	AGE OF CHILD			
	Under 1 1/2	1 1/2-2	3-5	6-12
WEEKLY	\$335	\$310	\$284	\$283
DAILY	\$64	\$53	\$45	\$43
PART-DAY	\$43	\$35	\$30	\$29
HOURLY	\$9.50	\$9.25	\$10.00	\$10.00

REGISTERED FAMILY DAY CARE

	AGE OF CHILD			
	Under 1 1/2	1 1/2-2	3-5	6-12
WEEKLY	\$275	\$263	\$250	\$250
DAILY	\$56	\$55	\$55	\$55
PART-DAY	\$37	\$37	\$37	\$37
HOURLY	\$10.00	\$10.00	\$10.00	\$9.00

GROUP FAMILY DAY CARE

	AGE OF CHILD			
	Under 1 1/2	1 1/2-2	3-5	6-12
WEEKLY	\$275	\$275	\$265	\$265
DAILY	\$59	\$55	\$55	\$53
PART-DAY	\$39	\$37	\$37	\$35
HOURLY	\$10.00	\$9.50	\$8.75	\$9.00

SCHOOL-AGE CHILD CARE

	AGE OF CHILD			
	Under 1 1/2	1 1/2-2	3-5	6-12
WEEKLY	\$0	\$0	\$0	\$283
DAILY	\$0	\$0	\$0	\$43
PART-DAY	\$0	\$0	\$0	\$29
HOURLY	\$0	\$0	\$0	\$10.00

LEGALLY-EXEMPT FAMILY CHILD CARE AND IN-HOME CHILD CARE STANDARD RATE

	AGE OF CHILD			
	Under 1 1/2	1 1/2-2	3-5	6-12
WEEKLY	\$179	\$171	\$163	\$163
DAILY	\$36	\$36	\$36	\$36
PART-DAY	\$24	\$24	\$24	\$24
HOURLY	\$6.50	\$6.50	\$6.50	\$5.85

LEGALLY-EXEMPT FAMILY CHILD CARE AND IN-HOME CHILD CARE ENHANCED RATE

AGE OF CHILD

	Under 1 1/2	1 1/2-2	3-5	6-12
WEEKLY	\$193	\$184	\$175	\$175
DAILY	\$39	\$39	\$39	\$39
PART-DAY	\$26	\$26	\$26	\$26
HOURLY	\$7.00	\$7.00	\$7.00	\$6.30

GROUP 2 COUNTIES:

Columbia, Erie, Monroe, Onondaga, Ontario, Rensselaer, Saratoga, Schenectady, Tompkins and Warren

DAY CARE CENTER

	AGE OF CHILD			
	Under 1 1/2	1 1/2-2	3-5	6-12
WEEKLY	\$242	\$227	\$211	\$195
DAILY	\$50	\$46	\$42	\$38
PART-DAY	\$33	\$31	\$28	\$25
HOURLY	\$8.50	\$8.75	\$8.50	\$8.00

REGISTERED FAMILY DAY CARE

	AGE OF CHILD			
	Under 1 1/2	1 1/2-2	3-5	6-12
WEEKLY	\$175	\$170	\$165	\$160
DAILY	\$40	\$40	\$40	\$33
PART-DAY	\$27	\$27	\$27	\$22
HOURLY	\$5.00	\$5.00	\$5.00	\$5.75

GROUP FAMILY DAY CARE

	AGE OF CHILD			
	Under 1 1/2	1 1/2-2	3-5	6-12
WEEKLY	\$183	\$175	\$175	\$160
DAILY	\$38	\$36	\$36	\$35
PART-DAY	\$25	\$24	\$24	\$23
HOURLY	\$6.00	\$5.75	\$5.50	\$6.00

SCHOOL-AGE CHILD CARE

	AGE OF CHILD			
	Under 1 1/2	1 1/2-2	3-5	6-12
WEEKLY	\$0	\$0	\$0	\$195
DAILY	\$0	\$0	\$0	\$38
PART-DAY	\$0	\$0	\$0	\$25
HOURLY	\$0	\$0	\$0	\$8.00

LEGALLY-EXEMPT FAMILY CHILD CARE AND IN-HOME CHILD CARE STANDARD RATE

	AGE OF CHILD			
	Under 1 1/2	1 1/2-2	3-5	6-12
WEEKLY	\$114	\$111	\$107	\$104
DAILY	\$26	\$26	\$26	\$21
PART-DAY	\$18	\$18	\$18	\$14
HOURLY	\$3.25	\$3.25	\$3.25	\$3.74

LEGALLY-EXEMPT FAMILY CHILD CARE AND IN-HOME CHILD CARE ENHANCED RATE

	AGE OF CHILD			
	Under 1 1/2	1 1/2-2	3-5	6-12
WEEKLY	\$123	\$119	\$116	\$112
DAILY	\$28	\$28	\$28	\$23
PART-DAY	\$19	\$19	\$19	\$15

HOURLY	\$3.50	\$3.50	\$3.50	\$4.03
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GROUP 3 COUNTIES:

Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Cortland, Delaware, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Lewis, Livingston, Madison, Montgomery, Niagara, Oneida, Orleans, Oswego, Otsego, Schoharie, Schuyler, Seneca, St. Lawrence, Steuben, Sullivan, Tioga, Washington, Wayne, Wyoming, and Yates

DAY CARE CENTER

	AGE OF CHILD			
	Under 1 1/2	1 1/2-2	3-5	6-12
WEEKLY	\$190	\$180	\$170	\$160
DAILY	\$42	\$40	\$38	\$35
PART-DAY	\$28	\$27	\$25	\$23
HOURLY	\$6.75	\$6.75	\$6.25	\$6.25

REGISTERED FAMILY DAY CARE

	AGE OF CHILD			
	Under 1 1/2	1 1/2-2	3-5	6-12
WEEKLY	\$150	\$140	\$140	\$140
DAILY	\$30	\$30	\$30	\$30
PART-DAY	\$20	\$20	\$20	\$20
HOURLY	\$4.00	\$4.00	\$4.00	\$4.25

GROUP FAMILY DAY CARE

	AGE OF CHILD			
	Under 1 1/2	1 1/2-2	3-5	6-12
WEEKLY	\$150	\$145	\$140	\$140
DAILY	\$33	\$32	\$32	\$31
PART-DAY	\$22	\$21	\$21	\$21
HOURLY	\$4.00	\$4.00	\$4.00	\$5.00

SCHOOL-AGE CHILD CARE

	AGE OF CHILD			
	Under 1 1/2	1 1/2-2	3-5	6-12
WEEKLY	\$0	\$0	\$0	\$160
DAILY	\$0	\$0	\$0	\$35
PART-DAY	\$0	\$0	\$0	\$23
HOURLY	\$0	\$0	\$0	\$6.25

LEGALLY-EXEMPT FAMILY CHILD CARE AND IN-HOME CHILD CARE STANDARD RATE

	AGE OF CHILD			
	Under 1 1/2	1 1/2-2	3-5	6-12
WEEKLY	\$98	\$91	\$91	\$91
DAILY	\$20	\$20	\$20	\$20
PART-DAY	\$13	\$13	\$13	\$13
HOURLY	\$2.60	\$2.60	\$2.60	\$2.76

LEGALLY-EXEMPT FAMILY CHILD CARE AND IN-HOME CHILD CARE ENHANCED RATE

	AGE OF CHILD			
	Under 1 1/2	1 1/2-2	3-5	6-12
WEEKLY	\$105	\$98	\$98	\$98
DAILY	\$21	\$21	\$21	\$21
PART-DAY	\$14	\$14	\$14	\$14
HOURLY	\$2.80	\$2.80	\$2.80	\$2.98

GROUP 4 COUNTIES:
Albany, Dutchess, Orange, and Ulster

DAY CARE CENTER

	AGE OF CHILD			
	Under 1 1/2	1 1/2-2	3-5	6-12
WEEKLY	\$250	\$230	\$212	\$206
DAILY	\$52	\$46	\$45	\$46
PART-DAY	\$35	\$31	\$30	\$31
HOURLY	\$8.50	\$8.25	\$8.00	\$8.25

REGISTERED FAMILY DAY CARE

	AGE OF CHILD			
	Under 1 1/2	1 1/2-2	3-5	6-12
WEEKLY	\$200	\$199	\$190	\$188
DAILY	\$44	\$40	\$40	\$40
PART-DAY	\$29	\$27	\$27	\$27
HOURLY	\$7.00	\$7.00	\$7.00	\$7.00

GROUP FAMILY DAY CARE

	AGE OF CHILD			
	Under 1 1/2	1 1/2-2	3-5	6-12
WEEKLY	\$225	\$204	\$200	\$200
DAILY	\$46	\$45	\$43	\$45
PART-DAY	\$31	\$30	\$29	\$30
HOURLY	\$8.50	\$8.00	\$8.00	\$8.00

SCHOOL-AGE CHILD CARE

	AGE OF CHILD			
	Under 1 1/2	1 1/2-2	3-5	6-12
WEEKLY	\$0	\$0	\$0	\$206
DAILY	\$0	\$0	\$0	\$46
PART-DAY	\$0	\$0	\$0	\$31
HOURLY	\$0	\$0	\$0	\$8.25

LEGALLY-EXEMPT FAMILY CHILD CARE AND IN-HOME CHILD CARE STANDARD RATE

	AGE OF CHILD			
	Under 1 1/2	1 1/2-2	3-5	6-12
WEEKLY	\$130	\$129	\$124	\$122
DAILY	\$29	\$26	\$26	\$26
PART-DAY	\$19	\$18	\$18	\$18
HOURLY	\$4.55	\$4.55	\$4.55	\$4.55

LEGALLY-EXEMPT FAMILY CHILD CARE AND IN-HOME CHILD CARE ENHANCED RATE

	AGE OF CHILD			
	Under 1 1/2	1 1/2-2	3-5	6-12
WEEKLY	\$140	\$139	\$133	\$131
DAILY	\$31	\$28	\$28	\$28
PART-DAY	\$20	\$19	\$19	\$19
HOURLY	\$4.90	\$4.90	\$4.90	\$4.90

GROUP 5 COUNTIES:
Bronx, Kings, New York, Queens, and Richmond

DAY CARE CENTER

	AGE OF CHILD			
	Under 1 1/2	1 1/2-2	3-5	6-12
WEEKLY	\$330	\$255	\$217	\$210
DAILY	\$52	\$47	\$40	\$37
PART-DAY	\$35	\$31	\$27	\$25
HOURLY	\$15.75	\$17.00	\$15.75	\$10.75

REGISTERED FAMILY DAY CARE

	AGE OF CHILD			
	Under 1 1/2	1 1/2-2	3-5	6-12
WEEKLY	\$160	\$160	\$150	\$150
DAILY	\$32	\$30	\$32	\$30
PART-DAY	\$21	\$20	\$21	\$20
HOURLY	\$16.00	\$12.00	\$13.25	\$13.00

GROUP FAMILY DAY CARE

	AGE OF CHILD			
	Under 1 1/2	1 1/2-2	3-5	6-12
WEEKLY	\$199	\$185	\$175	\$175
DAILY	\$37	\$36	\$35	\$35
PART-DAY	\$25	\$24	\$23	\$23
HOURLY	\$18.75	\$16.00	\$13.25	\$14.00

SCHOOL-AGE CHILD CARE

	AGE OF CHILD			
	Under 1 1/2	1 1/2-2	3-5	6-12
WEEKLY	\$0	\$0	\$0	\$210
DAILY	\$0	\$0	\$0	\$37
PART-DAY	\$0	\$0	\$0	\$25
HOURLY	\$0	\$0	\$0	\$10.75

LEGALLY-EXEMPT FAMILY CHILD CARE AND IN-HOME CHILD CARE STANDARD RATE

	AGE OF CHILD			
	Under 1 1/2	1 1/2-2	3-5	6-12
WEEKLY	\$104	\$104	\$98	\$98
DAILY	\$21	\$20	\$21	\$20
PART-DAY	\$14	\$13	\$14	\$13
HOURLY	\$10.40	\$7.80	\$8.61	\$8.45

LEGALLY-EXEMPT FAMILY CHILD CARE AND IN-HOME CHILD CARE ENHANCED RATE

	AGE OF CHILD			
	Under 1 1/2	1 1/2-2	3-5	6-12
WEEKLY	\$112	\$112	\$105	\$105
DAILY	\$22	\$21	\$22	\$21
PART-DAY	\$15	\$14	\$15	\$14
HOURLY	\$11.20	\$8.40	\$9.28	\$9.10

SPECIAL NEEDS CHILD CARE

The rate of payment for child care services provided to a child determined to have special needs is the actual cost of care up to the statewide limit of the highest weekly, daily, part-day or hourly market rate for child care services in the State, as applicable, based on the amount of time the child care services are provided per week regardless of the type of child care provider used or the age of the child.

The highest full time market rate in the State is:

WEEKLY	\$335
DAILY	\$64
PART-DAY	\$43
HOURLY	\$18.75

Sec. filed: Aug. 29, 1990 as emergency measure; Nov. 27, 1990 as emergency measure; Jan. 25, 1991 as emergency measure, expired 60 days after filing; March 27, 1991 as emergency measure; March 27, 1991; amd. filed Dec. 24, 1992; repealed, new filed: Dec. 29, 1992 as emergency measure; Feb. 17, 1993; amd. filed Aug. 11, 1993; repealed, new filed Sept. 14, 1995; amds. filed: Jan. 21, 2000 as emergency measure; April 20, 2000 as emergency measure; June 19, 2000 as emergency measure; Aug. 1, 2000; Oct. 1, 2001 as emergency measure, expired 90 days after filing; Dec. 31, 2001 as emergency measure, expired 90 days after filing; April 1, 2002 as emergency measure, expired 90 days after filing; July 1, 2002 as emergency measure; Sept. 6, 2002; Oct. 1, 2003 as emergency measure; Dec. 30, 2003 as emergency measure; Feb. 13, 2004; March 29, 2004 as emergency measure; June 2, 2004; Oct. 11, 2005 as emergency measure; Nov. 18, 2005 as emergency measure; Dec. 8, 2005 as emergency measure; March 8, 2006 as emergency measure eff. March 8, 2006; March 14, 2006; June 6, 2006 as emergency measure; June 6, 2006; July 11, 2006 as emergency measure eff. July 31, 2006. Amended (j); emergency rulemaking eff. Oct. 1, 2007, expired Dec. 29, 2007; emergency rulemaking eff. Dec. 31, 2007, expired Mar. 29, 2008; adopted filed Feb. 1, 2008 eff. Feb. 20, 2008; emergency rulemaking eff. May 15, 2009, expired Aug. 12, 2009; emergency rulemaking eff. Aug. 13, 2009; emergency rulemaking eff. Oct. 1, 2009, expired Dec. 13, 2009; emergency rulemaking eff. Dec. 14, 2009, expired Mar. 13, 2010; emergency rulemaking eff. Mar. 14, 2010, expired June 8, 2010; emergency rulemaking eff. June 9, 2010, expired Sept. 6, 2010; amd. filed Sept. 13, 2011 eff. Oct. 1, 2011.

18 NYCRR 415.9, 18 NY ADC 415.9

Current through amendments included in the New York State Register, Volume XXXII, Issue 41, dated October 12, 2011.

indented 415.9

18 NYCRR 415.10

N.Y. Comp. Codes R. & Regs. tit. 18, § 415.10

Compilation of Codes, Rules and Regulations of the State of New York Currentness

Title 18. Department of Social Services

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Section 415.10. Waivers

A social services district may request a waiver of any non-statutory provision of this Part. The waiver must be described in the social services district's consolidated services plan or integrated county plan and must be approved by the office prior to implementation.

Sec. added by renum. 415.8, filed: Aug. 29, 1990 as emergency measure; Nov. 27, 1990 as emergency measure; Jan. 25, 1991 as emergency measure, expired 60 days after filing; March 27, 1991 as emergency measure; March 27, 1991; amds. filed: Oct. 22, 1991 as emergency measure; Jan. 17, 1992 as emergency measure; March 17, 1992 as emergency measure; May 14, 1992 as emergency measure; July 13, 1992 as emergency measure; Sept. 10, 1992 as emergency measure; Oct. 30, 1992 as emergency measure; Oct. 30, 1992; renum. 415.11, new filed Dec. 24, 1992; amd. filed Aug. 11, 1993; repealed, new filed Feb. 13, 2004 eff. May 15, 2004.

18 NYCRR 415.10, 18 NY ADC 415.10

Current through amendments included in the New York State Register, Volume XXXII, Issue 41, dated October 12, 2011.

18 NYCRR 415.11

N.Y. Comp. Codes R. & Regs. tit. 18, § 415.11

Compilation of Codes, Rules and Regulations of the State of New York Currentness

Title 18. Department of Social Services

Chapter II. Regulations of the Department of Social Services

Subchapter C. Social Services

Article 2. Family and Children's Services

^x Part 415. Child Care Services (Refs & Annos)

➤ **Section 415.11. Effective date**

(a) The amendments to Part 415 are effective immediately; provided, however, that a social services district has the option, with regard to existing child care services recipients only, to implement the provisions in section 415.1(g) of this Part regarding the definition of child care services unit and/or section 415.5(c) of this Part regarding the pursuit of child support as follows:

(1) immediately; or

(2) at the next case action or at recertification, whichever occurs first.

(b) The social services district must indicate which option it chooses in its consolidated services plan or integrated county plan.

Sec. added by renum. 415.0, filed Dec. 24, 1992; renum. 415.12, new filed Aug. 11, 1993; repealed, new filed Feb. 13, 2004 eff. May 15, 2004.

18 NYCRR 415.11, 18 NY ADC 415.11

Current through amendments included in the New York State Register, Volume XXXII, Issue 41, dated October 12, 2011.

18 NYCRR 415.12

N.Y. Comp. Codes R. & Regs. tit. 18, § 415.12

Compilation of Codes, Rules and Regulations of the State of New York Currentness

Title 18. Department of Social Services

Chapter II. Regulations of the Department of Social Services

Subchapter C. Social Services

Article 2. Family and Children's Services

 Part 415. Child Care Services (Refs & Annos)

◆Section 415.12. Eligible provider responsibilities

(a) An eligible provider that provides child care services to families receiving child care subsidies must comply with the following requirements:

(1) An eligible provider must operate their child care program in compliance the applicable Office regulations. Failure to operate in compliance with the Office regulations may result in the Office taking enforcement action pursuant to section 413.3 of this Title.

(2) An eligible provider, on a daily basis, must maintain current and accurate attendance records for each child showing the date of attendance with the time of arrival and departure. Full day absences must also be noted.

(3) An eligible provider must certify that all documentation and information provided to a social services district is accurate and true. Any false or fraudulent claims for payments by a provider may result in the deferral or disallowance of payment for such claims with a social services district, a referral to the Office for the revocation of a provider's registration or license, and/or referral for criminal prosecution.

(4) An eligible provider must not charge more for subsidized child care than the provider charges for non-subsidized care.

Sec. added by renum. 415.11, filed Aug. 11, 1993; repealed, filed Feb. 13, 2004 eff. May 15, 2004; new adopted filed Sept. 16, 2011 eff. Oct. 5, 2011.

18 NYCRR 415.12, 18 NY ADC 415.12

Current through amendments included in the New York State Register, Volume XXXII, Issue 41, dated October 12, 2011.

TITLE 8. EDUCATION DEPARTMENT
CHAPTER II. REGULATIONS OF THE COMMISSIONER
SUBCHAPTER C. TEACHERS

PART 80. REQUIREMENTS FOR TEACHERS' CERTIFICATES AND TEACHING PRACTICE
SUBPART 80-3. REQUIREMENTS FOR CERTIFICATES IN THE CLASSROOM TEACHING SERVICE
APPLIED FOR ON OR AFTER FEBRUARY 2, 2004 AND IN THE EDUCATIONAL LEADERSHIP
SERVICE APPLIED FOR ON OR AFTER SEPTEMBER 2, 2007

Section 80-3.2. General requirements.

(a) The requirements for the professional certificate shall be those in effect at the time the initial certificate for the certificate title sought is issued, or at the time the transitional certificate, as prescribed in section 80-3.5(a) of this Subpart, for the certificate title sought is issued.

(b) The requirements set forth in Subpart 80-1 of this Part shall be applicable, unless the subject matter or terms of such requirements prescribe otherwise.

(c) The requirements for extensions or annotations of certificates in the classroom teaching service set forth in Subpart 80-4 of this Part shall be applicable.

(d) Forms of certificates.

(1) Candidates for whom the requirements of this Subpart are applicable, pursuant to the conditions prescribed in section 80-3.1(a) of this Subpart, shall be issued the following forms of certificates: initial certificate, professional certificate, and transitional certificate.

(2) The certificate forms for pupil personnel service shall be the forms prescribed in Subpart 80-2 of this Part.

(3) The certificate, license or credential forms for supplemental school personnel, teaching in nonregistered evening schools, regional credential, and internship certificate shall be those prescribed in Subpart 80-5 of this Part.

(e) Certificate titles.

(1) Certificate titles in the classroom teaching service. Candidates for whom the requirements of this Subpart are applicable, pursuant to the conditions prescribed in section 80-3.1(a) of this Subpart, shall be issued the following certificate titles in the classroom teaching service:

(i) **Early Childhood Education (birth-grade 2);**

(ii) Childhood Education (grades 1-6);

(iii) Generalist in Middle Childhood Education (grades 5-9);

(iv) English Language Arts (grades 5-9);

(v) Language other than English (specified) (grades 5-9);

(vi) Mathematics (grades 5-9);

(vii) Biology (grades 5-9);

(viii) Chemistry (grades 5-9);

(ix) Earth Science (grades 5-9);

(x) Physics (grades 5-9);

(xi) Social Studies (grades 5-9);

(xii) English Language Arts (grades 7-12);

(xiii) Language other than English (specified) (grades 7-12);

(xiv) Mathematics (grades 7-12);

(xv) Biology (grades 7-12);

(xvi) Chemistry (grades 7-12);

(xvii) Earth Science (grades 7-12);

(xviii) Physics (grades 7-12);

(xix) Social Studies (grades 7-12);

(xx) Dance (all grades);

(xxi) Health Education (all grades);

(xxii) Music (all grades);

(xxiii) Physical Education (all grades);

(xxiv) Theater (all grades);

(xxv) Visual Arts (all grades);

(xxvi) **Students with Disabilities (birth-grade 2);**

(xxvii) Students with Disabilities (grades 1-6);

(xxviii) Students with Disabilities (grades 5-9);
(xxix) Students with Disabilities (grades 7-12);
(xxx) Deaf and Hard of Hearing (all grades);
(xxxii) Blind and Visually Impaired (all grades);
(xxxiii) Speech and Language Disabilities (all grades);
(xxxiiii) English to Speakers of other Languages (all grades);
(xxxv) Literacy (birth-grade 6);
(xxxvi) Literacy (grades 5-12);
(xxxvii) Library Media Specialist (all grades);
(xxxviii) Educational Technology Specialist (all grades);
(xxxix) Agriculture (all grades);
(xl) Family and Consumer Sciences (all grades);
(xli) Business and Marketing (all grades);
(xlii) Technology Education (all grades);
(xliii) Specific agricultural subject titles (specified) (grades 7-12);
(xliv) Specific family and consumer science titles (specified) (grades 7-12);
(xlv) Specific technical subject titles (specified) (grades 7-12);
(xlvi) Specific trade subject titles (specified) (grades 7-12);
(xlvi) Specific health occupations subject titles (specified) (grades 7-12);
and
(xlvii) Specific business and marketing subject titles (specified) (grades 7-12).

(2) The certificate titles issued for pupil personnel service shall be the titles prescribed in Subpart 80-2 of this Part.

(3) The certificate, license or credential titles for supplemental school personnel, teachers of adult, community and continuing education, regional credential, and internship certificate shall be those prescribed in Subpart 80-5 of this Part.

Section 80-3.3(a) and (b) Requirements for the initial certificate in the classroom teaching service.

(a) General requirements.

(1) Duration. The initial certificate in the classroom teaching service shall be valid for five years from its effective date.

(2) A candidate with a baccalaureate or higher degree who holds a certificate issued by the National Board for Professional Teaching Standards in a title which the department has determined to be equivalent to the title of the initial certificate in the classroom teaching service sought shall be deemed to have met the requirements for such initial certificate prescribed in subdivision (b) or (c) of this section.

(3) Satisfaction of education requirements.

(i) A candidate for the initial certificate in a title in the classroom teaching service may meet the education requirements for such certificate through completion of a program registered pursuant to section 52.21 of this Title which leads to the certificate sought or, for candidates specified in subparagraph (iii) of this paragraph, through equivalent study as determined by individual evaluation in accordance with the requirements of section 80-3.7 of this Subpart.

(ii) A candidate for the professional certificate in a specific career and technical subject within the field of agriculture, business and marketing, family and consumer sciences, health, a technical area, or a trade (grades 7 through 12) may meet the education requirements for such certificate through completion of a program registered pursuant to section 52.21 of this Title which leads to the certificate sought or, for candidates specified in subparagraph (iii) of this paragraph, through equivalent study as determined by individual evaluation in accordance with the requirements of section 80-3.7 of this Subpart.

(iii) The option to complete the education requirements for the certificates specified in subparagraphs (i) and (ii) of this paragraph through equivalent study, as determined by individual evaluation in accordance with the requirements of section 80-3.7 of this Subpart will continue to be available

for individuals who hold an initial, professional, provisional or permanent certificate in the classroom teaching service. For candidates who do not already hold an initial, professional, provisional or permanent certificate in the classroom teaching service, this option will only be available to candidates who apply for a certificate in childhood education by February 1, 2007 or for any other certificate in the classroom teaching service by February 1, 2009, and who upon application qualify for such certificate.

(4) A candidate seeking certification to teach a specific career and technical subject requiring Federal or State licensure and/or registration to legally perform that service shall hold such valid Federal or State licensure and/or registration. A candidate seeking certification to teach practical nursing shall hold a valid license and registration in New York State as a registered professional nurse.

(b) Requirements for initial certificates in all titles in classroom teaching service, except in a specific career and technical subject within the field of agriculture, business and marketing, family and consumer sciences, health, a technical area or a trade (grades 7 through 12). The candidate shall meet the requirements in each of the following paragraphs:

(1) Education. The candidate shall meet the education requirement by meeting the requirements in one of the following subparagraphs:

(i) **The candidate shall hold a baccalaureate degree** from a regionally accredited institution of higher education or a higher education institution that the commissioner deems substantially equivalent or from an institution authorized by the Regents to confer degrees and whose programs are registered by the department, and shall satisfactorily complete a program registered pursuant to section 52.21 of this Title, which leads to the certificate sought, or its equivalent.

(ii) Interstate agreement on qualifications of educational personnel. The candidate may meet the education requirement by successfully completing a program of preparation for a teacher's certificate in the certificate title or its equivalent at an institution of higher education approved pursuant to section 3030, the interstate agreement on the qualifications of educational personnel.

(2) Examination. The candidate shall meet the examination requirement by meeting the requirements in one of the following subparagraphs:

(i)

(i) (a) Except as otherwise provided in this subdivision, the candidate shall submit evidence of having achieved a satisfactory level of performance on the New York State Teacher Certification Examination liberal arts and sciences test, written assessment of teaching skills, and content specialty test(s) in the area of the certificate, except that a candidate seeking an initial certificate in the title of Speech and Language Disabilities (all grades) shall not be required to achieve a satisfactory level of performance on the content specialty test.

(b) Examination requirement for candidates with a graduate degree in science, technology, engineering or mathematics and two years of post-secondary teaching experience in the area of the certificate sought. Any candidate seeking an initial certificate in earth science, biology, chemistry, physics, mathematics or in a closely related field as determined by the department in (grades 7-12) and who is seeking an initial certificate through individual evaluation under section 80-3.7(a)(3)(ii)(c) of this Subpart shall not be required to achieve a satisfactory level of performance on the written assessment of teaching skills examination or the content specialty test.

(ii) Examination requirement for an additional certificate. A candidate who has one or more provisional certificates, permanent certificates, initial certificates, or professional certificates in a title in the classroom teaching service other than a title in a specific career and technical subject (grades 7 through 12), may meet the examination requirements for an initial certificate, by having achieved a satisfactory level of performance on the New York State Teacher Certification Examination content specialty test(s) in the area of the certificate for which application is made, if required for that initial certificate pursuant to subparagraph (i) of this paragraph.

Section 80-3.6. Professional development requirement.

(a) Definitions. As used in this section:

(1) Regularly employed by an applicable school in New York means employed 90 days or more in a professional development year by a single applicable school in New York in a position requiring certification pursuant to this Part. For the purposes of this definition, a day of employment shall include a day actually worked in whole or in part, or a day not actually worked but a day paid. In addition, the City School District of the City of New York and any of its components, including but not limited to community school districts, high school divisions, special education divisions, and the Chancellor's district, shall be considered together a single applicable school in New York.

(2) Professional development period means the five-year period commencing on July 1st after the effective date of the triggering certificate, and each subsequent five-year period thereafter.

(3) Professional development year shall mean each year of the five-year professional development period, beginning on July 1st and ending the following June 30th.

(4) Applicable school in New York means a school district or board of cooperative educational services located in New York State. For purposes of this definition, the City School District of the City of New York and any of its components shall be considered together a single school district.

(5) Triggering certificate means the earliest issued certificate which requires the holder to take professional development, pursuant to subdivision (b) of this section.

(b) Mandatory requirement.

(1) Requirements.

(i) Requirement for holders of professional certificates in the classroom teaching service. The holder of a professional certificate in the classroom teaching service shall be required to successfully complete 175 clock hours of acceptable professional development during the professional development period.

(ii) Requirement for holders of level III teaching assistant certificates. The holder of a level III teaching assistant certificate shall be required to successfully complete 75 clock hours of acceptable professional development during the professional development period.

(iii) Requirements for holders of professional certificates in the educational leadership service. The holder of a professional certificate in the educational leadership service shall be required to complete successfully 175 clock hours of acceptable professional development during the professional development period.

(iv) An individual holding more than one professional certificate in the classroom teaching service and/or educational leadership service shall be required to complete 175 clock hours of acceptable professional development during the five-year professional development period. An individual holding a level III teaching assistant certificate and one or more professional certificates in the classroom teaching service and/or educational leadership service shall be required to complete 175 clock hours of professional development during the five-year professional development period, unless the individual does not hold a professional certificate during the entire five-year professional development period, in which case the individual shall be required to complete 75 clock hours of professional development during the five-year professional development period.

(2) The professional development requirement prescribed in paragraph (1) of this subdivision shall be reduced by 10 percent for each professional development year the certificate holder is not regularly employed by an applicable school in New York.

(3) The professional development requirement prescribed in this subdivision may be completed at any time during the five-year professional development period.

(4) Notwithstanding the requirements of paragraph (1) of this subdivision, a holder of a certificate in the classroom teaching service who achieves

certification from the National Board for Professional Teaching Standards shall be deemed to have met the professional development requirement, prescribed in this subdivision, for the five-year professional development period in which such national board certification is achieved.

(c) Adjustments to the requirement.

(1) An adjustment to the requirement prescribed in subdivision (b) of this section, in terms of clock hours and/or the time for completing professional development, shall be made by the commissioner, provided that the certificate holder documents good cause that prevents compliance, which shall include, but not be limited to, any of the following reasons: poor health certified by a physician; or a specific physical or mental disability certified by an appropriate health care professional or extreme hardship which, in the judgment of the department, makes it impossible for the professional certificate holder to comply with the professional development requirements in a timely manner; or for a certificate holder who is regularly employed by an applicable school in New York, inability to complete the requirement because of the failure of the applicable school in New York to adopt and implement a professional development plan. For certificate holders called to active duty in the Armed Forces, the professional development requirement may be reduced proportionately by the commissioner so that the individual is not required to complete professional development for the time of active service.

(2) A certificate holder may request from the executive director of the Office of Teaching Initiatives an adjustment to the professional development requirement at any time during the professional development period, except that the certificate holder shall be required to comply with the timeframes prescribed in the due process requirements of subdivision (h) of this section, if the request is made after an initial notification, as prescribed in such subdivision, that the department's records show that the professional development requirements have not been met.

(d) Acceptable professional development.

(1) For individuals regularly employed by an applicable school in New York in a professional development year, acceptable professional development for such year shall be professional development approved by such applicable school in New York, pursuant to its professional development plan, as prescribed in section 100.2(dd) of this Title.

(2) For individuals not regularly employed by an applicable school in New York in a professional development year, acceptable professional development for such year shall be study in the content area of any certificate subject to the professional development requirement held by the individual or in pedagogy related to such certificate:

(i) approved by an applicable school in New York, pursuant to its professional development plan, as prescribed in section 100.2(dd) of this Title; or

(ii) offered by:

(a) a regionally accredited institution of higher education or institution authorized by the Board of Regents to confer degrees; or

(b) the following entities located in New York State: a school district, a board of cooperative educational services, a teacher resource and computer training center, a leadership academy, a special education teacher resource center, a collective bargaining organization or other organization or association that represents on a regional or statewide basis the interests of individuals holding certificates issued under Part 80 of this Title, or a comparable entity located outside New York State; or

(c) for certificate holders employed by any entity offering instruction in any grades kindergarten through grade 12, including but not limited to nonpublic schools located in New York State or outside of the State, professional development provided by such employer.

(e) Measurement of professional development study. For credit-bearing university or college courses, each semester-hour of credit shall equal 15 clock hours of professional development, and each quarter-hour of credit shall equal 10 clock hours of professional development for purposes of this section.

(f) Recordkeeping requirements. In addition to the recordkeeping requirement for an applicable school in New York, as prescribed in section 100.2(dd) of this Title, the certificate holder shall maintain a record of completed

professional development, which includes: the title of the program, the number of hours completed, the sponsor's name and any identifying number, attendance verification, and the date and location of the program. Such records shall be retained for at least seven years from the date of completion of the program and shall be available for review by the department in administering the requirements of this section.

(g) Reporting requirement.

(1) In addition to the reporting requirement for an applicable school in New York, as prescribed in section 100.2(dd) of this Title, for any professional development year in which the certificate holder is not regularly employed in an applicable school in New York, the certificate holder shall report to the department, in a form and timetable prescribed by the department, information concerning completed professional development.

(2) Each certificate holder required to complete the professional development requirement pursuant to this section shall report to the executive director of the Office of Teaching Initiatives his or her current mailing address. Each such certificate holder shall report to the executive director a change of his or her mailing address within 30 days of such change. Failure to provide the executive director with a valid current mailing address may result in the suspension of the validity of the teaching certificate or certificates for which professional development is required, as prescribed in subparagraph (h)(2)(ii) of this section.

(h) Due process.

(1) General requirements. For purposes of this subdivision, the act of depositing by mail notifications, orders or other papers, enclosed in a post paid properly addressed wrapper, in a post office - official depository under the exclusive care of the United States Postal Service within the State of New York in the manner prescribed in this subdivision, using the address supplied by the certificate holder or the address found by the department after a reasonable search of its records pursuant to subparagraph (2)(ii) of this subdivision, to the certificate holder or the certificate holder's attorney of record by either the department or by the professional practices subcommittee of the State Professional Standards and Practices Board, or a panel thereof, shall constitute good and proper service upon the certificate holder.

(2) Notification.

(i) For certificate holders for whom the department records do not show that the professional development requirement prescribed in this section has been met, based on reporting by applicable schools in New York and/or the certificate holder, the department shall issue an initial notification to the certificate holder by first class mail that the department's records show that the professional development requirements have not been met. Such notification shall require the certificate holder to demonstrate within 30 days of the mailing of the notification that he or she has met the professional development requirement or that an adjustment to meet the professional development requirement is warranted, pursuant to the requirements of subdivision (c) of this section.

(ii) If the initial notification, prescribed in subparagraph (i) of this paragraph, is returned to the department as undeliverable because the mailing address provided by the certificate holder to the executive director of the Office of Teaching Initiatives is not current or valid, the department shall make a reasonable search of its records for a current or valid address at which the certificate holder may be reached, which may include but is not limited to a business address. If such an address is found, the initial notification shall be sent again to the certificate holder by first class mail. If such an address is not found after a reasonable search, or if the initial notification is again returned as undeliverable, the commissioner shall execute an order suspending the validity of the certificate(s) for which professional development is required, which shall be served upon the certificate holder by certified mail, return receipt requested, at the most current mailing address provided by the certificate holder to the executive director of the Office of Teaching Initiatives.

(iii) If the certificate holder demonstrates that he or she has met the professional development requirement, the department shall notify the certificate holder of this determination, by first class mail.

(iv) If the certificate holder defaults on responding to the initial notification; or fails to demonstrate that he or she has met the requirement or that an adjustment is warranted to meet the requirement, the department shall notify the certificate holder by first class mail that the validity of his or her certificate(s) for which the professional development requirement has not been met shall be suspended for failure to meet such requirement, unless the certificate holder submits a written request for a hearing to the executive director of the Office of Teaching Initiatives within 30 days of the date of the mailing of such notification letter. Such notification shall state the basis for the determination that the professional development requirement has not been met. Where the certificate holder has requested an adjustment and it has been denied, such notification shall also state that the adjustment has been denied and the basis for such denial.

(v) If an adjustment to the requirement is granted, the department shall notify the certificate holder by first class mail of this fact and the conditions of such adjustment, if any, which may include but are not limited to, permitting additional time to meet the requirement and/or adjusting the number of clock hours.

(vi) If the certificate holder fails to demonstrate that he or she has met the professional development requirement and no written request for a hearing is submitted by the certificate holder within 30 days of the mailing date of the notification letter advising the certificate holder that the validity of his or her certificate(s) shall be suspended, as prescribed in subparagraph (iv) of this paragraph, the commissioner shall execute an order suspending the validity of the certificate(s) for which professional development has not been met, which shall be served upon the certified individual by certified mail, return receipt requested. In addition, for such certificate holders employed by applicable schools in New York, the department shall notify such school that the validity of the individual's certificate(s) has been suspended until the professional development requirements of this section are met.

(3) Hearing.

(i) If the certificate holder requests a hearing within 30 days of the mailing of the notification letter advising the certificate holder that the validity of his or her certificate shall be suspended, as prescribed in subparagraph (2)(iv) of this subdivision, a hearing shall be held before a panel of the professional practices subcommittee of the State Professional Standards and Practices Board for Teaching on the issue of whether the validity of the individual's certificate(s) shall be suspended because of not fulfilling the professional development requirement for such certificate(s). Such panel shall be selected by the professional practices subcommittee and shall consist of a minimum of three members. A majority of the members of such panel shall be teacher members of such subcommittee.

(ii) The executive director of the Office of Teaching Initiatives shall schedule the hearing, which shall take place within 30 days of receipt of such request. At least 15 days before the hearing, the executive director of the Office of Teaching Initiatives shall notify the certificate holder by first class mail of the time and place of said hearing.

(iii) The panel of the professional practices subcommittee of the State Professional Standards and Practices Board for Teaching shall select a hearing officer from its membership who shall conduct the hearing. The hearing officer may issue subpoenas on request of a party.

(iv) The certificate holder may be represented at the hearing by counsel and may produce witnesses and affidavits of proof. A record of the hearing testimony shall be maintained, but no stenographic transcript shall be required and a tape recording shall be deemed a satisfactory record.

(v) The certificate holder shall submit evidence documenting that he or she has met the professional development requirement prescribed in this section.

(vi) No later than 15 days after the conclusion of the hearing, the panel of the professional practices subcommittee of the State Professional Standards and Practices Board for Teaching shall send by first class mail to the executive

director of the Office of Teaching Initiatives and the certificate holder, a report of its findings and recommendations, together with a copy of the record of the hearing testimony. Such panel shall either recommend that the validity of the certificate holder's certificate(s) shall be continued because the certificate holder has met the professional development requirement; or that the validity of the certificate holder's certificate(s) shall be continued because the certificate holder has met or will meet an adjusted requirement, which may include but is not limited to, permitting additional time to meet the requirement and/or adjusting the number of clock hours; or that the validity of a certificate holder's certificate(s) shall be suspended because the certificate holder has not met the professional development requirement. The findings and recommendations of such panel shall be based solely upon the record and shall set forth the factual basis therefor.

(4) If no appeal is commenced by the certificate holder or the executive director of the Office of Teaching Initiatives within 30 days of the date of the mailing of the notification to the certificate holder of the findings and recommendations of the panel of the professional standards subcommittee of the State Professional Standards and Practices Board for Teaching, as prescribed in paragraph (5) of this subdivision, the commissioner shall adopt the recommendations and findings of such panel. In the case of a suspension of the validity of a certificate(s), the commissioner shall issue an order to that effect, which shall be served upon the certificate holder by certified mail, return receipt requested, and for certificate holders employed by an applicable school in New York, the department shall notify such school that the validity of the individual's certificate(s) has been suspended until the professional development requirements of this section are met.

(5) Appeal.

(i) Within 30 days of the date of the mailing of the notification to the certificate holder of the findings and recommendations of the panel of the professional standards subcommittee of the State Professional Standards and Practices Board for Teaching, the certificate holder may commence an appeal to the commissioner pursuant to clause (a) of this subparagraph or the executive director of the Office of Teaching Initiatives may commence an appeal to the commissioner pursuant to clause (b) of this subparagraph. Upon appeal by the certificate holder or the executive director of the Office of Teaching Initiatives shall transmit to the commissioner a copy of the complete record of the hearing before the panel of the professional practices subcommittee of the State Professional Standards and Practices Board for Teaching.

(a) Appeal by certificate holder. The certificate holder may commence an appeal of the findings and recommendations of the panel of the professional practices subcommittee of the State Professional Standards and Practices Board for Teaching by filing the original appeal papers with the commissioner, with proof of service by first class mail upon the executive director of the Office of Teaching Initiatives. The executive director of the Office of Teaching Initiatives may file a written response with the commissioner within 30 days of the mailing of such appeal papers, with proof of service by first class mail on the certificate holder or the attorney of record of such certified individual.

(b) Appeal by the executive director of the Office of Teaching Initiatives. The executive director of the Office of Teaching Initiatives may commence an appeal of the findings and recommendations of the panel of the professional practices subcommittee of the State Professional Standards and Practices Board for Teaching to the commissioner by filing the original appeal papers with the commissioner, with proof of service by first class mail upon the certificate holder. The certificate holder may file a written response with the commissioner within 30 days of the mailing of such appeal papers, with proof of service by first class mail on the executive director of the Office of Teaching Initiatives.

(c) In the event that both the certificate holder and the executive director of the Office of Teaching Initiatives commence an appeal to the commissioner within the time period prescribed in this subparagraph, such appeals shall be automatically consolidated and each party shall be permitted to file a written response with the commissioner within 30 days of the mailing of the other

party's appeal papers, with proof of service by first class mail upon the other party.

(ii) The commissioner shall review any appeal papers, or written responses filed, and the record of the hearing testimony and all evidence presented in the proceeding before the panel of the professional practices subcommittee of the State Professional Standards and Practices Board for Teaching, and within 30 days of receiving such record shall determine the matter. Based upon the record, the commissioner may adopt, reverse or modify the findings and recommendations of the panel of the professional practices subcommittee of the State Professional Standards and Practices Board for Teaching. If the commissioner determines to suspend the validity of a certificate(s), the commissioner shall execute an order to that effect, which shall be served upon the certificate holder by certified mail, return receipt requested, and for certified individuals employed by an applicable school in New York, the department shall notify such school that the validity of the individual's certificate(s) has been suspended until the professional development requirements of this section are met.

(i) Restoration of validity of certificate(s).

(1) To restore the validity of a certificate(s) whose validity has been suspended for failure to satisfy the professional development requirement set forth in this section, the candidate shall be required to demonstrate that he or she has:

(i) met the deficiency which caused the suspension in validity applicable to the five-year professional development period in which the deficiency occurred; and

(ii) completed at least one and one-half clock hours of additional acceptable professional development for each month beginning with the month succeeding the five-year professional development period in which the deficiency occurred and ending in the month prior to the date of application for the restoration of the certificate(s), up to a maximum of 75 clock hours. The professional development shall be completed during such computation period. In the case of a candidate required to complete 75 clock hours of professional development, 45 of such clock hours shall be completed within one year prior to the candidate's applying to the department for the restoration of the validity of the certificate(s).

(2) The certificate holder for whom the validity of a certificate(s) has been restored shall be required to complete one and one-half clock hours of acceptable professional development for each month beginning with the month of the date of application for the restoration of the validity of the certificate(s), and ending with the commencement of a new five-year professional development period, which shall begin on July 1st succeeding the date of application. With the commencement of the new professional development period, the professional certificate holder shall be required to complete the regular professional development requirement, as prescribed in this section.

Section 80-3.7. Satisfaction of education requirements for certification in the classroom teaching service through individual evaluation.

This section prescribes requirements for meeting the education requirements for classroom teaching certificates through individual evaluation. Except as otherwise provided in this section, this option for meeting education requirements shall only be available for candidates who apply for a certificate in childhood education by February 1, 2007 and for candidates who apply for any other certificate in the classroom teaching service by September 1, 2013, and who upon application qualify for such certificate. Candidates with a graduate degree in science, technology, engineering or mathematics who apply for an initial teaching certificate under subclause (a)(3)(ii)(c)(3) of this section may continue to meet the education requirements for classroom teaching certificates through individual evaluation after September 1, 2013. The candidate must have achieved a 2.5 cumulative grade point average or its equivalent in the program or programs leading to any degree used to meet the requirements for a certificate under this section. In addition, a candidate

must have achieved at least a C or its equivalent in any undergraduate level course and at least a B- or its equivalent in any graduate level course in order for the semester hours associated with that course to be credited toward meeting the content core or pedagogical core semester hour requirements for a certificate under this section. All other requirements for the certificate, including but not limited to, examination and/or experience requirements, as prescribed in this Part, must also be met.

(a) Satisfaction of education requirements through individual evaluation for initial certificates in all titles in classroom teaching service, except in specific career and technical subjects within the field of agriculture, business and marketing, family and consumer sciences, health, a technical area, or a trade (grades 7 through 12).

(1) A candidate seeking to fulfill the education requirement for an initial certificate through individual evaluation of education requirements shall meet the general requirements prescribed in paragraph (2) of this subdivision, and the additional requirements, if any, prescribed in paragraph (3) of this subdivision for the certificate title for which application is made. The following initial certificates have no additional requirements prescribed in paragraph (3) of this subdivision: dance (all grades), health education (all grades), music (all grades), physical education (all grades), theater (all grades), visual arts (all grades), educational technology specialist (all grades), agriculture (all grades), family and consumer sciences (all grades), business and marketing (all grades), and technology education (all grades).

(2) General requirements. All candidates seeking to fulfill the education requirement for the initial certificate through individual evaluation of education requirements shall meet the general requirements prescribed in this paragraph, or their substantial equivalent as determined by the commissioner, unless the additional requirements for the certificate title sought in paragraph (3) of this subdivision explicitly substitute a different requirement.

(i) Degree completion. The candidate shall possess a baccalaureate from a regionally or nationally accredited institution of higher education, a higher education institution that the commissioner deems substantially equivalent, or from an institution authorized by the Regents to confer degrees and whose programs are registered by the department.

(ii) The candidate shall complete study in child abuse identification and school violence prevention and intervention, as prescribed in section 80-1.4 of this Part.

(iii) General education core in the liberal arts and sciences. The candidate shall complete 30 semester hours of coursework that includes study in each of the following subjects: artistic expression, communication, information retrieval, concepts in history and social sciences, humanities, a language other than English, scientific and mathematical processes, and written analysis and expression, except as otherwise provided in this subparagraph. A candidate who holds one or more provisional certificates, permanent certificates, initial certificates, or professional certificates in a title in the classroom teaching service, other than a title in a specific career and technical subject (grades 7-12), shall not be required to demonstrate completion of the general education core in the liberal arts and sciences, as prescribed in this subparagraph, for an additional initial certificate in the classroom teaching service sought.

(iv) Content core. The candidate shall complete 30 semester hours of coursework in the subject area of the certificate title, which may include no more than six of the 30 semester hours in a cognate, meaning a related field as determined by the department.

(v) Pedagogical core. The candidate shall complete pedagogical coursework as prescribed in clause (a) of this subparagraph and teaching experience as prescribed in clause (b) of this subparagraph, provided that candidates identified in this subparagraph shall not be required to demonstrate completion of the pedagogical core requirements. A candidate who holds one or more provisional certificates, permanent certificates, initial certificates, or professional certificates in a title in the classroom teaching service, other than a title in a specific career and technical subject (grades 7-12), shall not be required to demonstrate completion of the pedagogical core requirements

for an additional initial certificate in the classroom teaching service sought, except for such candidates who are seeking an additional initial certificate in one or more of the following titles: early childhood education, childhood education, generalist in middle childhood education (grades 5-9), specialist in middle childhood education (grades 5-9), English to speakers of other languages (all grades), literacy (birth-grade 6) and literacy (grades 5-12), students with disabilities (birth-grade 2), students with disabilities (grades 1-6), students with disabilities (grades 5-9), students with disabilities (grades 7-12), deaf and hard of hearing (all grades), blind or visually impaired (all grades), and speech and language disabilities (all grades).

(a) Coursework. The candidate shall complete 18 semester hours of coursework that includes study in each of the following subjects:

(1) human development and learning, including but not limited to the impact of culture, heritage, socioeconomic level and factors in the home, school and community that may affect a student's readiness to learn;

(2) teaching students with disabilities and special health-care needs to develop the skills necessary to provide specially designed instruction to students with disabilities to participate and progress in the general education curriculum, three semester hours;

(3) teaching literacy skills, three semester hours;

(4) curriculum, instruction, and assessment, including instructional technology; and

(5) foundations of education (historical, philosophical, sociological and/or legal).

(b) Teaching experience. The candidate shall satisfactorily complete 40 school days in a college-supervised student teaching experience or as an employed teacher. For a candidate applying for a first certificate, such experience must be in a school at one or more of the grade levels within the range of grades covered by the certificate and must be in the subject area of the certificate title sought by the candidate. For other candidates, such experience must be in a school offering instruction in any grade, pre-kindergarten through grade 12. For experience as an employed teacher, the candidate shall submit a statement verifying the period of employment from the employing school district administrator in the case of a public school and the appropriate school administrator in the case of a nonpublic school.

(3) Additional requirements. A candidate seeking to fulfill the education requirement for the initial certificate through individual evaluation of education requirements shall meet the additional requirements in this paragraph or their substantial equivalent as determined by the commissioner, if so prescribed for that certificate title, in addition to the general requirements prescribed in paragraph (2) of this subdivision.

(i) Early childhood education, childhood education, and generalist in middle childhood education.

(a) Content core. The content core prescribed in subparagraph (2)(iv) of this subdivision shall consist of 30 semester hours of coursework in one or more of the liberal arts and sciences, in addition to the 30 semester hours of coursework prescribed in the general education core in the liberal arts and sciences if required. The candidate shall complete six semester hours in mathematics, six semester hours in science, and six semester hours in social studies within the content core and/or the general education core in the liberal arts and sciences.

(b) Pedagogical core. Within the pedagogical core prescribed in subparagraph (2)(v) of this subdivision, the candidate shall complete six semester hours of coursework that is appropriate to the student developmental level of the certificate title. The candidate shall also complete three additional semester hours in teaching literacy skills.

(ii) Specialist in middle childhood education (5-9) and adolescence education (7-12).

(a) Content core. The content core prescribed in subparagraph (2)(iv) of this subdivision shall consist of 30 semester hours of coursework in the subject area of the certificate title sought (English, a language other than English, biology, chemistry, earth science, physics, mathematics, or social studies) in addition to the 30 semester hours of coursework prescribed in the general

education core in the liberal arts and sciences. For social studies (5-9) and social studies (7-12), within the 30 semester hour content core, the candidate shall complete coursework in economics and government, and a total of 21 semester hours of coursework that includes study in United States history, world history and geography.

(b) Pedagogical core. Within the pedagogical core prescribed in subparagraph (2)(v) of this subdivision, the candidate shall complete six semester hours of coursework that is appropriate to the student developmental level of the certificate title. The candidate shall also complete three additional semester hours in teaching literacy skills.

(c) For candidates with a graduate degree in science, technology, engineering or mathematics and two years of post-secondary teaching experience in the certificate area to be taught or in a closely related subject area acceptable to the department, who apply for a certificate or license in (grades 7-12) on or after February 2, 2011 in earth science, biology, chemistry, physics, mathematics or a closely related field, the candidate shall not be required to meet the general requirements in subparagraph (a)(2)(iii), (iv) or (v) of this section. However, the candidate shall meet the following requirements:

(1) Degree completion. The candidate shall possess a graduate degree in science, technology, engineering or mathematics from a regionally or nationally accredited institution of higher education, a higher education institution that the commissioner deems substantially equivalent, or from an institution authorized by the Board of Regents to confer degrees and whose programs are registered by the department. The candidate shall have completed a graduate major in the subject of the certificate sought, or in a related field approved by the department for this purpose.

(2) Post-secondary teaching experience. The candidate must show evidence of at least two years of satisfactory teaching experience at the post-secondary level in the certificate area to be taught or in a closely related subject area acceptable to the department.

(3) Pedagogical study or two years of satisfactory teaching experience in a school district under a transitional G certificate. The candidate shall complete one of the following:

(i) at least six credits of undergraduate pedagogical core study or four credits of graduate pedagogical study for the initial certificate in the area of the candidate's certificate, as prescribed for the certificate title in this paragraph, which shall include study in the methods of teaching in the certificate area, teaching students with disabilities; curriculum and lesson planning aligned with the New York State learning standards; and classroom management and teaching at the developmental level of students to be taught; or

(ii) a least two years of satisfactory teaching experience in a school district while the candidate holds a transitional G certificate under this Part.

(iii) English to speakers of other languages.

(a) Content core. The content core prescribed in subparagraph (2)(iv) of this subdivision shall consist of 30 semester hours of coursework in one or more of the liberal arts and sciences and shall include study in linguistics and English grammar, in addition to the 30 semester hours of coursework prescribed in the general education core in the liberal arts and sciences if required. Study in the general education core and the content core shall include 12 semester hours in a language other than English.

(b) Pedagogical core. Within the pedagogical core prescribed in subparagraph (2)(v) of this subdivision, the candidate shall complete a total of six semester hours of coursework that includes study in methods of second-language teaching at the elementary and secondary levels. The candidate shall also complete three additional semester hours in teaching literacy skills.

(iv) Literacy (birth-grade 6) and literacy (grades 5-12).

(a) Content core. The content core prescribed in subparagraph (2)(iv) of this subdivision shall consist of at least 30 semester hours of coursework that meets the content core requirements for an initial certificate in any certificate title in the classroom teaching service, except titles in specific career and technical subjects.

(b) Pedagogical core. In lieu of meeting the pedagogical core requirements in subparagraph (2)(v) of this subdivision, the candidate shall complete pedagogical coursework prescribed in subclause (1) of this clause and the teaching experience prescribed in subclause (2) of this clause.

(1) Coursework. The candidate shall complete 24 semester hours of coursework, including at least 12 semester hours of graduate coursework, that includes study in each of the following subjects:

(i) human development and learning, including but not limited to the impact of culture, heritage, socioeconomic level and factors in the home and community that may affect a student's readiness to learn;

(ii) teaching students with disabilities and special health care needs within the general education classroom, including assistive technology;

(iii) foundations of education (historical, philosophical, sociological and/or legal);

(iv) literacy instruction and assessment, including instructional technology, six semester hours;

(v) literacy diagnosis and remediation;

(vi) literacy in content areas;

(vii) child or adolescent literature.

(2) Teaching experience. The candidate shall satisfactorily complete 40 school days in a college-supervised student teaching experience or as an employed teacher. In addition, the candidate shall satisfactorily complete a college-supervised practicum, as defined in section 52.21(b)(2) of this Title, of 50 clock hours in teaching literacy to students, at developmental levels appropriate to the certificate sought. For candidates who apply for both certificate titles, literacy (birth-grade 6) and literacy (grades 5-12), the 50-clock hour practicum shall include 25 clock hours of teaching students (birth- grade 6) and 25 clock hours of teaching students (grades 5-12). One year of paid, satisfactory, full-time experience as a literacy teacher on the elementary and/or secondary level may be accepted in lieu of the college-supervised practicum in literacy when such experience is verified by the employing school district administrator. To satisfy this requirement, any experience as a literary teacher in a New York State public school must be in accordance with the commissioner's regulations.

(v) Students with disabilities (birth-grade 2).

(a) Content core. The content core prescribed in subparagraph (2)(iv) of this subdivision shall consist of 30 semester hours of coursework in one or more of the liberal arts and sciences, in addition to the 30 semester hours of coursework prescribed in the general education core in the liberal arts and sciences if required. The candidate shall complete six semester hours in mathematics, six semester hours in science, and six semester hours in social studies within such content core and/or the general education core in the liberal arts and sciences.

(b) Pedagogical core. Within the pedagogical core prescribed in subparagraph (2)(v) of this subdivision, the candidate shall complete six semester hours of coursework appropriate to the student developmental level of the certificate. In addition to such prescribed pedagogical core, the candidate shall complete three semester hours in teaching literacy skills and 12 semester hours of coursework that includes study in each of the following subjects:

(1) foundations of special education;

(2) assessment, diagnosis, and evaluation of students with disabilities, including collaboration with caregivers and others, to promote academic achievement and independence; and

(3) curriculum, instruction and managing learning environments for students with disabilities, including instructional and assistive technology.

(c) For candidates applying for a certificate or license on or after September 2, 2009, the candidate shall complete study in autism, as prescribed in section 80-1.12 of this Part, or its equivalent as determined by the commissioner.

(vi) Students with disabilities (grades 1-6).

(a) Content core. The content core prescribed in subparagraph (2)(iv) of this subdivision shall consist of 30 semester hours of coursework in one or more of the liberal arts and sciences, in addition to the 30 semester hours of coursework prescribed in the general education core in the liberal arts and

sciences if required. The candidate shall complete six semester hours in mathematics, six semester hours in science, and six semester hours in social studies within such content core and/or the general education core in the liberal arts and sciences.

(b) Pedagogical core. Within the pedagogical core prescribed in subparagraph (2)(v) of this subdivision, the candidate shall complete six semester hours of coursework appropriate to the developmental level of the certificate. In addition to such prescribed pedagogical core, the candidate shall complete three semester hours in teaching literacy skills and 12 semester hours of coursework that includes study in each of the following subjects:

- (1) foundations of special education;
- (2) assessment, diagnosis and evaluation of students with disabilities, including collaboration with caregivers and others, to promote academic achievement and independence; and
- (3) curriculum, instruction and managing environments for students with disabilities, including instructional and assistive technology.

(c) For candidates applying for a certificate or license on or after September 2, 2009, the candidate shall complete study in autism, as prescribed in section 80-1.12 of this Part, or its equivalent as determined by the commissioner.

Section 80-5.18. Supplementary certificate.

(a) Purpose. The purpose of the supplementary certificate is to authorize a teacher who is currently certified in a title in the classroom teaching service to teach in a different title in the classroom teaching service for which there is a demonstrated shortage of certified teachers, while the teacher is engaged in study at an institution of higher education to complete requirements necessary to qualify for the new certificate.

(b) Limitations. The supplementary certificate shall be valid for three years from its effective date and shall not be renewable. The supplementary certificate shall be limited to employment with an employing entity.

(c) Requirements. To be eligible for a supplementary certificate, a candidate shall meet the requirements in each of the following paragraphs:

(1) Application. The candidate shall apply for the supplementary certificate, and upon application qualify for the certificate, in a certificate title in the classroom teacher service for which there is a demonstrated shortage of certified teachers as determined by the department.

(2) Certification. The candidate shall hold a valid provisional, initial, permanent, or professional certificate in a title in the classroom teaching service identified in Subpart 80-2 or 80-3 of this Part.

(3) The candidate shall agree to be enrolled in study at an institution of higher education leading to an initial or professional certificate in the certificate title sought.

(4) Education.

(i) The candidate shall hold the minimum degree required for an initial certificate in the certificate title sought.

(ii) The candidate shall have completed coursework as prescribed in this subparagraph. The candidate shall have achieved at least a C or its equivalent in any undergraduate level course and at least a B- or its equivalent in any graduate level course submitted to meet the coursework requirements of this subparagraph.

(a) For candidates seeking a certificate, other than one of the certificates for the instruction of students with disabilities, a certificate for the instruction of the deaf and hard of hearing, a certificate for the instruction of the blind or visually impaired, a certificate for the instruction of literacy, or a certificate for teaching English to speakers of other languages, the candidate shall have completed twelve semester hours of study in the content core required for the initial certificate in the certificate title sought, as prescribed in section 80-3.7 of this Part.

(b) For candidates seeking one of the certificates for the instruction of students with disabilities, the candidate shall have completed nine semester hours of study in the instruction of students with disabilities, as prescribed

in the pedagogical core required for the initial certificate in the certificate title sought, set forth in section 80-3.7 of this Part.

(c) For candidates seeking a certificate for the instruction of students who are deaf and hard of hearing, the candidate shall have completed nine semester hours in the instruction of the deaf and hard of hearing, as prescribed in the pedagogical core for the initial certificate in this certificate title, set forth in section 80-3.7 of this Part.

(d) For candidates seeking a certificate for the instruction of the blind or visually impaired, the candidate shall have completed nine semester hours in the instruction of the blind or visually impaired as prescribed in the pedagogical core for the initial certificate in this certificate title, set forth in section 80-3.7 of this Part.

(e) For candidates seeking one of the certificates for the instruction of literacy, the candidate shall have completed nine semester hours of study in literacy education, as prescribed in the pedagogical core required for the initial certificate in the certificate title sought, set forth in section 80-3.7 of this Part.

(f) For candidates seeking a certificate for teaching English to speakers of other languages, the candidate shall have completed six semester hours of coursework in methods of second language teaching in the elementary and secondary grades and six semester hours in teaching literacy skills, as prescribed in the pedagogical core for the initial certificate in this certificate title, set forth in section 80-3.7 of this Part.

(5) The candidate shall submit a statement by the Chancellor, in the case of employment with the City School District of the City of New York; or by the superintendent, in the case of other employing boards; or by the chief school officer, in the case of employment with another entity required by law to employ certified teachers certifying:

(i) the employing entity seeks to employ the candidate in a teaching position in a certificate title in the classroom teaching service with a demonstrated shortage of certified teachers as determined by the department for which the candidate would need the supplementary certificate to qualify;

(ii) the employing entity will require, as a condition of employment under the supplementary certificate, the candidate's enrollment in study at an institution of higher education leading to an initial or professional certificate in the certificate title sought; and

(iii) the employing entity will provide appropriate support to the candidate undertaking a teaching assignment under the supplementary certificate to ensure the maintenance of quality instruction for students.

(6) Examination. The candidate shall submit evidence of having achieved a satisfactory level of performance on the Content Specialty Test in the area of the certificate title sought, if available.

TITLE 8. EDUCATION DEPARTMENT
CHAPTER II. REGULATIONS OF THE COMMISSIONER
SUBCHAPTER P. HANDICAPPED CHILDREN
PART 200. CHILDREN WITH HANDICAPPING CONDITIONS

8 NYCRR §200.7(a)-(c):

Section 200.7. Program standards for education programs for students and preschool students with disabilities being educated in private schools and State-operated or State-supported schools.

(a) Approval of private schools for students with disabilities funded pursuant to article 89 of the Education Law.

(1) General.

(i) Private schools and special-act school districts for students with disabilities, including summer schools, shall be eligible for approval by the commissioner to receive public funds for the education of students with disabilities, provided such schools meet the criteria in this Part.

(ii) Facilities of educational programs located outside the continental United States shall not be eligible for approval.

(iii) Reimbursement rates shall be calculated according to New York State statutes and applicable regulations for all approved private schools, including out-of-state schools and for special-act school districts. However, the commissioner may accept reimbursement rates for out-of-state schools calculated by the state in which the school is located, provided those rates have been approved by the state in which the school is located.

(iv) Private schools seeking initial approval to be reimbursed with public funds shall have access to sufficient capital or other financial resources, other than revenues expected from New York State or local school districts, to cover all operating, property maintenance, leasing or purchase costs during the year of conditional approval.

(2) Approval of private schools for reimbursement with public funds.

(i) Conditional approval for private schools shall be limited to a period of one school year, or the period of time required to complete approval, and will be based on:

(a) submission of program information forms and after September 8, 1995, the submission of documentation of regional need and sufficient evidence to establish that the proposed program will serve only those students who, because of the nature or severity of their disability, would require a separate facility;

(b) submission of budget or financial statement information, including evidence that the school has enough capital or other financial resources, other than State or local sources of revenue, to be able to operate for at least one year;

(c) a fire safety check by the New York State Division of Fire Prevention and Control for in-state private schools, and a State or local fire safety check for out-of-state schools;

(d) for schools operating as corporate entities, evidence of the following:

(1) for in-state not-for-profit schools, a charter or application for a charter from the Board of Regents, incorporating a school authorized to provide special education services;

(2) for in-state for-profit schools, approval by the commissioner of the school's incorporation for the provision of special education; or

(3) for out-of-state schools, a license or charter from the state education agency of the state in which the school is located;

(e) at least one onsite program review visit by program or fiscal staff of the Education Department; and

(f) submission for approval of the school's procedures regarding behavioral interventions, including, if applicable, procedures for the use of aversive interventions.

(ii) Final approval of schools which have had conditional approval:

(a) will be based on at least two site visits by program or fiscal staff of the Education Department during the year of conditional approval; and

(b) will take effect as of the date a final approval letter is issued by the commissioner, or his designee.

(3) Denial or termination of private school approval. Private schools may be denied approval or removed from New York's list of private schools approved for reimbursement with public funds, or such approval may be terminated according to the following procedure:

(i) The commissioner or his/her designee will notify the school in writing of the reasons why denial or termination of approval is necessary, including a list of program or financial deficiencies and violations of State and Federal law or regulations which the commissioner believes to exist at the schools.

(ii) Schools may reply to the commissioner's notification within 30 days, addressing the commissioner's statement of reasons, indicating whether deficiencies or violations exist, what steps may be taken to correct conceded deficiencies or violations, and the time period in which deficiencies or violations will be corrected. If no reply is received, termination will be effective 30 days from the date of receipt of the commissioner's notification.

(iii) Requests for a hearing to review a proposed decision to deny or terminate approval may be made to the commissioner's designee. The request shall be made in writing to the commissioner's designee within 10 business days of receipt of a notice of removal from the list.

(iv) Schools may be removed from the approved list five business days after written notice by the commissioner indicating that there is a clear and present danger to the health or safety of students attending the school, and listing the dangerous conditions at the school, including, but not limited to, evidence that an approved private school is using aversive interventions to reduce or eliminate maladaptive behaviors of students without a child-specific exception provided pursuant to section 200.22(e) of this Part or that an approved private school is using aversive interventions in a manner inconsistent with the standards as established in section 200.22(f) of this Part.

(b) Operation and administration of private schools and State-operated and State-supported schools.

(1) Parents of students attending schools governed by this section shall not be asked to make any payments in lieu of, in advance of or in addition to, State, school district or county payments for allowable costs for students placed according to New York State procedures.

(2) The confidentiality of pupil records at schools governed by this Part shall be maintained, and parental access to such records shall be permitted, in a manner comparable to that required of school districts pursuant to section 200.2(b)(6) of this Part.

(3) Code of conduct. An approved private school, a State-operated school, and a State-supported school shall develop a code of conduct policy. The content of such policy shall be consistent with the provisions of section 100.2(1)(1)(i)(a)-(d), (f)-(g) of this Title. The discipline of students with disabilities attending any school governed by this section shall be consistent with Part 201 of this Title.

(4) The length of the school day shall be comparable to that required by section 175.5 of this Title. The school day shall include instructional services and related services, as required, but shall not include transportation.

(5) Instruction for not less than 180 days each year shall be provided for each student. Approved private schools and State-operated and State-supported schools shall submit calendars of such days in session to the commissioner for approval by July 1st of the preceding school year. All approved private schools shall comply with the Education Law regarding attendance. Attendance registers shall be available for inspection by appropriate personnel of the contracting school districts, the department, and the school district in which the school is located.

(6) Personnel qualifications and screening procedures. All professional instructional and supervisory personnel at schools governed by this section shall be appropriately certified in accordance with the provisions of Part 80 of this Title and section 200.6 of this Part. All noninstructional personnel at

residential schools governed by this section shall be appropriately qualified in accordance with the provisions of section 200.15 of this Part. All persons applying to be employees or volunteers at residential schools governed by this section shall be screened in accordance with the provisions of section 200.15 of this Part.

(7) An approved private school, a State-operated school, or a State-supported school shall conform to all applicable fire and safety regulations of the State and municipality in which it is located. Each such school shall cause an annual inspection to be made in the manner set forth in subdivision 3 of section 807-a of the Education Law. A report of such inspection shall be made upon forms supplied by the commissioner and shall be maintained on file at the school. For schools subject to provisions of section 807-a of the Education Law, the report prepared pursuant thereto shall be deemed equivalent.

(8) Aversive interventions prohibited.

(i) Except as provided in section 200.22(e) of this Part, an approved private school serving school age students with disabilities, a State-operated school, or a State-supported school is prohibited from using aversive interventions to reduce or eliminate maladaptive behaviors of students

(ii) An approved preschool program is prohibited from using aversive interventions with preschool students with disabilities without exception.

(c) Additional operational and administrative provisions related solely to private schools.

(1) Application. An application shall be made to the commissioner by the board of education for approval of the placement of a student with a disability in an approved private educational facility which has been determined to be the least restrictive environment for the student. An annual application for the continued placement of a student with a disability in such approved facility shall be submitted by the board of education to the department prior to June 1st preceding the school year for which such continued placement is sought.

(2) No student with a disability shall be removed or transferred from an approved in-state school without the approval of the school district contracting for education of such student pursuant to section 4402 of the Education Law. No student with a disability shall be removed or transferred from an approved out-of-state school without such recommendation by the committee on special education.

(3) Educational programs initially approved for reimbursement after September 1, 1981 shall provide instruction to a minimum of 16 students by September 1, 1982.

(4) An educational progress report on each student, which describes such student's progress toward meeting the annual goals, shall be provided by the approved school to the committee on special education of the referring district or the referring agency at least annually. Other required data and/or reports shall be made available by the private school to the referring district or agency on request.

(5) Residential schools may provide temporary care for persons over the age of 21 who are receiving transitional care pursuant to section 4402(1)(b)(4)(e) of the Education Law. When an individual receiving transitional care is about to be transferred from a residential school to an adult placement, a transfer plan shall be prepared by the residential school and forwarded to the receiving facility, the individual, and unless the individual objects, the parents, guardian or other family members prior to the transfer. The transfer plan shall include any information necessary to facilitate a safe transfer such as specific problems, a schedule for administering medications and behavior unique to the individual. In the event an individual receiving transitional care at a residential school is considered to adversely affect the health, safety and welfare of children residing in the facility, notification may be made by the residential school to the State Education Department to determine the need to discontinue the transitional placement.

(6) Policies and procedures relating to the use of aversive interventions. Not later than August 15, 2006, a private school that proposes to use or to continue to use aversive interventions in its program shall submit its written policies and procedures on behavioral interventions to the department. Only those private schools with policies and procedures that are approved pursuant

to section 200.22(f)(8) of this Part on or before June 30, 2007 shall be authorized to use such interventions with New York State students. Failure to comply with the provisions of this paragraph may result in revocation of approval to accept new admissions of New York State students or termination of private school approval pursuant to paragraph (a)(3) of this section.

8 NYCRR §200.20(a) and (b)

Section 200.20. Approval, operation, and administration of preschool programs funded pursuant to section 4410 of the Education Law.

(a) The approval and operation of preschool programs for preschool students with disabilities shall be conducted in a manner consistent with section 200.7(a)(1) through (3) and (b)(3), (5) and (6) of this Part, except that the following requirements shall apply:

(1) Except as provided in paragraph (3) of this subdivision, upon application and review by the commissioner, a preschool program which meets the requirements of section 200.7(a)(2)(i)(a) through (d) of this Part shall be granted conditional approval, provided that no such conditional approval shall be granted for new or expanded programs subject to the moratorium established by subparagraph (iii) of paragraph a of subdivision 9 of section 4410 of the Education Law, except as authorized by subparagraph.

(2) Each approved program shall apply to the commissioner for approval to provide special education itinerant services by February 3, 1997.

(3) Commencing July 1, 1996, a moratorium on the approval of any new or expanded programs in settings which include only preschool children with disabilities is established for three years. Exceptions may be made at the discretion of the commissioner for cases in which school districts document a critical need for a new or expanded program in a setting which includes only preschool children with disabilities, to meet the projected demand for services for preschool children in the least restrictive environment. Nothing shall prohibit the commissioner from approving the modification of a full-day program into half-day sessions.

(4) Notwithstanding the provisions of section 200.7(a)(2)(i)(d)(1) of this Part, an in-state not-for-profit school operating a preschool program as a corporate entity on the effective date of this section may satisfy the requirements of section 200.7(a)(2)(i)(d) of this Part by submitting evidence of approval by the commissioner of the school's incorporation for the provision of special education.

(5) Notwithstanding the provisions of section 200.7(a)(2)(ii) of this Part, final approval of preschool programs shall be based on at least one site visit by program or fiscal staff of the State Education Department during the period of conditional approval and will take effect as of the date that a final approval letter is issued by the commissioner, or the commissioner's designee. No such final approval shall be granted for new or expanded programs subject to the moratorium established by subparagraph (iii) of paragraph (a) of subdivision (9) of section 4410 of the Education Law, except as authorized by such subparagraph.

(6) Each preschool program shall be in operation for not less than 180 days each year.

(7) Approved preschool programs shall submit calendars of days of operation to the commissioner for approval by July 1st of the preceding school year.

(8) Approved preschool programs shall make attendance registers available for inspection by appropriate personnel of the department and the school district in which each preschool student resides.

(9) Each preschool student with a disability shall be provided with the extent and duration of services described in the student's individualized education program.

(10) Advertising.

(i) As used in this paragraph, false advertising shall mean advertising containing false, misleading, deceptive or fraudulent information or as defined in section 350-a of the General Business Law.

(ii) Approved programs and evaluators shall not issue, or cause to be issued, false advertising with respect to the services to be provided to preschool children and their families.

(iii) On or before July 1, 1997 and on or before July 1st of each subsequent school year, each approved program and approved evaluator shall submit to the commissioner for review copies of any advertising published, broadcast or disseminated by or on behalf of such approved program or evaluator during the preceding school year. Radio advertising may be submitted in the form of a written transcript or an audiotape. Television advertising shall be submitted in a standard videotape format. Where identical advertising is published, broadcast or otherwise disseminated on more than one occasion, a submission of a single copy shall be sufficient for purposes of this paragraph.

(iv) At any time, the commissioner, upon a finding that a program or evaluator may have engaged in false advertising, may provide such program or evaluator with written notice of such finding and of the commissioner's intention to revoke the approval of such program or evaluator on the basis of such conduct in accordance with section 200.7(a)(3) of this Part. In addition, the commissioner shall review advertising as part of the regular reapproval process pursuant to subdivision (c) of this section.

(v) In a proceeding to revoke the approval of an approved program or evaluator based on false advertising, such approved program or evaluator may submit to the commissioner a response containing information and evidence to show why the approval of such program or evaluator should not be revoked for engaging in false advertising. Such response may include, among other things, information and evidence to show that the advertisement is subject to and complies with the rules and regulations of, and the statutes administered by the Federal Trade Commission or any official department, division, commission or agency of the State.

(11) Business plan.

(i) By January 1, 1997, each approved provider of special services and programs for preschool children with disabilities, including local educational agencies, shall develop and submit to the department, in a format prescribed by the department, a business plan in accordance with subdivision 9-d of section 4410 of the Education Law and this paragraph.

(ii) The business plan shall include:

(a) a plan for the redirection of fiscal and personnel resources toward providing special education programs and services in settings with children who do not have disabilities rather than a program or setting which includes only preschool children with disabilities, by such means as:

(1) converting a full-day special education class to a half-day class; and/or

(2) replacing a full or half-day special education class with a program which serves preschool children with disabilities through special education itinerant (SEIT) services or a related services only model; and/or

(3) for those programs serving preschool children with disabilities whose disabilities are of such nature or severity that they need a special education class because they are unable to benefit from education in a less restrictive setting with supplemental aids and services, other means to assure that such children have regular contact with their nondisabled peers.

(i) Examples of redirection of fiscal and personnel resources may include operating a different approved program model which would replace existing programs so that there is a reduced reliance on programs and settings which include only preschool children with disabilities to include, but not limited to:

(1) converting a full-day special education class to a half-day class; or

(2) ceasing operation of a full or half-day special education class to serve children through special education itinerant teacher (SEIT) services or a related services model.

(ii) Steps that the agency will take to involve representatives of agencies external to the preschool program to accomplish the purpose of the plans.

(iii) Expected outcomes, including the impact on improving the provision of special education programs and services and how the proposed plan will lead to more cost-effective services than the current program structure.

(iv) A fiscal analysis of how agency resources will be redirected to support the provision of programs and placements in the least restrictive environment. The commissioner shall approve and monitor the business plans and require updates of plans as deemed necessary.

(b) Preschool programs funded pursuant to section 4410 of the Education Law shall also meet the following additional requirements:

(1) No preschool student with a disability shall be removed or transferred from an approved in-state preschool program without the approval of the school district contracting for education of such student pursuant to section 4410 of the Education Law.

(2) An educational progress report on each student shall be provided by the approved school to the committee on preschool special education of the referring district or the referring agency at least annually. Other required data and/or reports shall be made available by the preschool program to the referring district or agency on request.

8 NYCRR § 200.22

Section 200.22. Program standards for behavioral interventions.

Behavioral interventions for students with disabilities shall be provided in accordance with this section and those other applicable provisions of this Part and/or Part 201 that are not inconsistent with this section.

(a) Assessment of student behaviors. For purposes of this section, an assessment of student behaviors shall mean a functional behavioral assessment (FBA), as such term is defined in section 200.1(r) of this Part.

(1) A FBA shall be conducted as required in section 200.4 of this Part and section 201.3 of this Title.

(2) The FBA shall, as appropriate, be based on multiple sources of data including, but not limited to, information obtained from direct observation of the student, information from the student, the student's teacher(s) and/or related service provider(s), a review of available data and information from the student's record and other sources including any relevant information provided by the student's parent. The FBA shall not be based solely on the student's history of presenting problem behaviors.

(3) The FBA shall provide a baseline of the student's problem behaviors with regard to frequency, duration, intensity and/or latency across activities, settings, people and times of the day and include the information required in section 200.1(r) of this Part in sufficient detail to form the basis for a behavioral intervention plan for the student that addresses antecedent behaviors, reinforcing consequences of the behavior, recommendations for teaching alternative skills or behaviors and an assessment of student preferences for reinforcement.

(b) Behavioral intervention plan.

(1) The CSE or CPSE shall consider the development of a behavioral intervention plan, as such term is defined in section 200.1(mmm) of this Part, for a student with a disability when:

(i) the student exhibits persistent behaviors that impede his or her learning or that of others, despite consistently implemented general school-wide or classroom-wide interventions;

(ii) the student's behavior places the student or others at risk of harm or injury;

(iii) the CSE or CPSE is considering more restrictive programs or placements as a result of the student's behavior; and/or

(iv) as required pursuant to section 201.3 of this Title.

(2) In accordance with the requirements in section 200.4 of this Part, in the case of a student whose behavior impedes his or her learning or that of others, the CSE or CPSE shall consider strategies, including positive behavioral interventions and supports and other strategies to address that behavior. If a particular device or service, including an intervention, accommodation or other program modification is needed to address the student's behavior that impedes his or her learning or that of others, the IEP shall so indicate. A student's

need for a behavioral intervention plan shall be documented on the IEP and such plan shall be reviewed at least annually by the CSE or CPSE.

(3) Except as provided in subdivision (e) of this section, a behavioral intervention plan shall not include the use of aversive interventions.

(4) The behavioral intervention plan shall identify:

(i) the baseline measure of the problem behavior, including the frequency, duration, intensity and/or latency of the targeted behaviors. Such baseline shall, to the extent practicable, include data taken across activities, settings, people and times of the day. The baseline data shall be used as a standard to establish performance criteria and against which to evaluate intervention effectiveness;

(ii) the intervention strategies to be used to alter antecedent events to prevent the occurrence of the behavior, teach individual alternative and adaptive behaviors to the student, and provide consequences for the targeted inappropriate behavior(s) and alternative acceptable behavior(s); and

(iii) a schedule to measure the effectiveness of the interventions, including the frequency, duration and intensity of the targeted behaviors at scheduled intervals.

(5) Progress monitoring. The implementation of a student's behavioral intervention plan shall include regular progress monitoring of the frequency, duration and intensity of the behavioral interventions at scheduled intervals, as specified in the behavioral intervention plan and on the student's IEP. The results of the progress monitoring shall be documented and reported to the student's parents and to the CSE or CPSE and shall be considered in any determination to revise a student's behavioral intervention plan or IEP.

(c) Use of time out rooms. A time out room is an area for a student to safely deescalate, regain control and prepare to meet expectations to return to his or her education program. Time out rooms are to be used in conjunction with a behavioral intervention plan in which a student is removed to a supervised area in order to facilitate self-control or to remove a student from a potentially dangerous situation and as provided in paragraph (3) of this subdivision.

(1) Each school which uses a time out room as part of its behavior management approach shall ensure that the school's policy and procedures on the use of the time out room are developed and implemented consistent with this subdivision, including the physical and monitoring requirements, parental rights and IEP requirements for students with disabilities. The school's policy and procedures shall minimally include:

(i) prohibiting placing a student in a locked room or space or in a room where the student cannot be continuously observed and supervised;

(ii) factors which may precipitate the use of the time out room;

(iii) time limitations for the use of the time out room;

(iv) staff training on the policies and procedures related to the use of time out room;

(v) data collection to monitor the effectiveness of the use of time out rooms; and

(vi) information to be provided to parents.

(2) A student's IEP shall specify when a behavioral intervention plan includes the use of a time out room for a student with a disability, including the maximum amount of time a student will need to be in a time out room as a behavioral consequence as determined on an individual basis in consideration of the student's age and individual needs.

(3) Except for unanticipated situations that pose an immediate concern for the physical safety of a student or others, the use of a time out room shall be used only in conjunction with a behavioral intervention plan that is designed to teach and reinforce alternative appropriate behaviors.

(4) The school district shall inform the student's parents prior to the initiation of a behavioral intervention plan that will incorporate the use of a time out room for a student and shall give the parent the opportunity to see the physical space that will be used as a time out room and provide the parent with a copy of the school's policy on the use of time out rooms.

(5) The physical space used as a time out room shall provide a means for continuous visual and auditory monitoring of the student. The room shall be of adequate width, length and height to allow the student to move about and

recline comfortably. Wall and floor coverings should be designed to prevent injury to the student and there shall be adequate lighting and ventilation. The temperature of the room shall be within the normal comfort range and consistent with the rest of the building. The room shall be clean and free of objects and fixtures that could be potentially dangerous to a student and shall meet all local fire and safety codes.

(6) The time out room shall be unlocked and the door must be able to be opened from the inside. The use of locked rooms or spaces for purposes of time out is prohibited.

(7) Staff shall continuously monitor the student in a time out room. The staff must be able to see and hear the student at all times.

(8) The school shall establish and implement procedures to document the use of the time out room, including information to monitor the effectiveness of the use of the time out room to decrease specified behaviors.

(9) For an education program operated pursuant to section 112 of the Education Law and Part 116 of this Title, if a provision of this section relating to use of time out rooms conflicts with the rules of the respective State agency operating such program, the rules of such State agency shall prevail and the conflicting provisions of this section shall not apply.

(d) Emergency/interventions.

(1) For purposes of this subdivision, emergency means a situation in which immediate intervention involving the use of reasonable physical force pursuant to section 19.5(a)(3) of this Title is necessary.

(2) Use of emergency interventions

(i) Emergency interventions shall be used only in situations in which alternative procedures and methods not involving the use of physical force cannot reasonably be employed.

(ii) Emergency interventions shall not be used as a punishment or as a substitute for systematic behavioral interventions that are designed to change, replace, modify or eliminate a targeted behavior.

(3) Staff training. Staff who may be called upon to implement emergency interventions shall be provided with appropriate training in safe and effective restraint procedures in accordance with sections 100.2(1)(1)(i)(g) of this Title and 200.15(f)(1) of this Part as applicable.

(4) Documentation. The school must maintain documentation on the use of emergency interventions for each student, which shall include the name and date of birth of the student; the setting and the location of the incident; the name of the staff or other persons involved; a description of the incident and the emergency intervention used, including duration; a statement as to whether the student has a current behavioral intervention plan; and details of any injuries sustained by the student or others, including staff, as a result of the incident. The parent of the student shall be notified and documentation of emergency interventions shall be reviewed by school supervisory personnel and, as necessary, the school nurse or other medical personnel.

(5) Applicability. For an education program operated pursuant to section 112 of the Education Law and Part 116 of this Title, if a provision of this section relating to emergency interventions conflicts with the rules of the respective State agency operating such program, the rules of such State agency shall prevail and the conflicting provision of this section shall not apply.

(e) Child-specific exception to use aversive interventions to reduce or modify student behaviors. A child-specific exception to the prohibition of the use of aversive interventions set forth in section 19.5 of this Title may be granted for a school-age student, in accordance with the procedures outlined in this subdivision, only during the 2006-2007, 2007-2008 and 2008-2009 school years; provided that a student whose IEP includes the use of aversive interventions as of June 30, 2009 may be granted a child-specific exception in each subsequent school year, unless the IEP is revised to no longer include such exception. No child-specific exception shall be granted for a preschool student.

(1) Aversive interventions shall be considered only for students who are displaying self-injurious and/or aggressive behaviors that threaten the physical well being of the student or that of others, and only to address such behaviors.

(2) No child-specific exception shall be granted for interventions used as a consequence for behavior which are intended to induce pain or discomfort that include ice applications, hitting, slapping, pinching, deep muscle squeezes, use of an automated aversive conditioning device, the combined simultaneous use of physical or mechanical restraints and the application of an aversive intervention; withholding of sleep, shelter, bedding, bathroom facilities, denial or unreasonable delays in providing regular meals to the student that would result in a student not receiving adequate nutrition; the placement of a child unsupervised or unobserved in a room from which the student cannot exit without assistance or actions similar to these interventions at the discretion of the commissioner.

(3) Whenever a CSE is considering whether a child-specific exception is warranted, the school district shall submit an application to the commissioner in a form prescribed by the commissioner requesting a review of student specific information by an independent panel of experts.

(4) The commissioner shall refer the application to an independent panel of experts appointed by the commissioner or commissioner's designee for a recommendation to the CSE as to whether a child-specific exception is warranted. The panel shall be comprised of three professionals with appropriate clinical and behavioral expertise to make such determinations.

(5) The panel shall review the written application; the student's IEP; the student's diagnosis(es); the student's functional behavioral assessment; any proposed, current and/or prior behavioral intervention plans for the student, including documentation of the implementation and progress monitoring of the effectiveness of such plans; and other relevant individual evaluations and medical information that allow for an assessment of the student's cognitive and adaptive abilities and general health status, including any information provided by the student's parent.

(6) The panel's recommendation to the CSE that a child-specific exception is warranted shall be based on the professional judgment of the panel that:

(i) the student is displaying self-injurious or aggressive behaviors that threaten the physical well being of the student or that of others and a full range of evidence-based positive behavioral interventions have been consistently employed over an appropriate period of time and have failed to result in sufficient improvement of a student's behavior; or

(ii) the student's self-injurious or aggressive behaviors are of such severity as to pose significant health and safety concerns that warrant the use of aversive interventions to effect rapid suppression of the behavior and a range of nonaversive prevention strategies have been employed and have failed to provide a sufficient level of safety.

(7) The panel shall notify the school district and the commissioner of its recommendation as to whether a child-specific exception is warranted and the reasons therefor. For students whose current IEP does not include a child-specific exception, the panel shall provide such notice within 15 business days of receipt of an application.

(8) The CSE shall determine, based on its consideration of the recommendation of the panel, whether the student's IEP shall include a child-specific exception allowing the use of aversive interventions. The determination to provide a child-specific exception shall be made by the CSE and not by a subcommittee. The CSE shall request the participation of the school physician member in such determination. The school district shall notify and provide a copy of the student's IEP to the commissioner when a child-specific exception has been included in the student's IEP.

(9) Any IEP providing for a child-specific exception allowing the use of aversive interventions shall identify the specific:

(i) self-injurious and/or aggressive targeted behavior(s);
(ii) aversive intervention(s) to be used to address the behavior(s); and
(iii) aversive conditioning device(s) and/or mechanical restraint device(s)
where the aversive intervention(s) includes the use of such device(s).

(10) Nothing in this section shall authorize the use of aversive interventions without the informed written consent of the student's parent.

(11) Any such child-specific exception shall be in effect only during the time period the IEP providing such exception is in effect. If the continued use of

an aversive intervention for a student is being considered for subsequent IEP(s), the CSE shall submit an annual application to the commissioner for each such IEP(s). If the student's IEP is amended or a subsequent IEP is adopted to no longer include a child-specific exception, the school district need not notify the panel but shall submit a revised copy of the student's IEP to the commissioner.

(12) For an education program operated pursuant to section 112 of the Education Law and Part 116 of this Title, if a provision of this section relating to the use of aversive interventions conflicts with the rules of the respective State agency operating such program, the rules of such State agency shall prevail and the conflicting provision of this section shall not apply.

(13) Coordination with licensing agencies. Nothing in this section shall authorize a school or agency to provide aversive interventions that are otherwise prohibited by the State agency licensing such program.

(f) Program standards for the use of aversive interventions.

(1) Applicability.

(i) The requirements in this subdivision shall apply to any public school, BOCES, charter school, approved private school, State-operated or State-supported school in this State and an approved out-of-state day or residential school that proposes to use aversive interventions subject to the approval of the Department.

(ii) For an education program operated pursuant to section 112 of the Education Law and Part 116 of this Title, if a provision of this section relating to the use of aversive interventions conflicts with the rules of the respective State agency operating such program, the rules of such State agency shall prevail and the conflicting provision of this section shall not apply.

(2) General requirements. Any program that employs the use of aversive interventions to modify an individual student's behavior as authorized pursuant to subdivision (e) of this section shall comply with the following standards:

(i) The program shall provide for the humane and dignified treatment of the student. The program shall promote respect for the student's personal dignity and right to privacy and shall not employ the use of threats of harm, ridicule or humiliation, nor implement behavioral interventions in a manner that shows a lack of respect for basic human needs and rights.

(ii) Aversive intervention procedures may be used only if such interventions are recommended by the CSE consistent with the student's IEP and behavioral intervention plan as determined by the CSE.

(iii) Aversive intervention procedures shall not be the sole or primary intervention used with a student and shall be used in conjunction with other related services, as determined by the CSE, such as verbal or other counseling services, speech and language therapy and/or functional communication training.

(iv) Aversive interventions shall be combined with reinforcement procedures, as individually determined based on an assessment of the student's reinforcement preferences.

(v) Aversive interventions shall be implemented consistent with peer-reviewed research based practices and shall include individualized procedures for generalization and maintenance of behaviors and for the fading of the use of such aversive interventions.

(vi) The use of aversive interventions shall be limited to those self-injurious or aggressive behaviors identified for such interventions on the student's IEP.

(vii) Whenever possible, the use of aversive interventions shall apply the lowest intensity for the shortest duration and period of time that is effective to treat the problem behavior and employ strategies that increase the effectiveness of mild levels of aversive interventions. In the event the aversive intervention fails to result in a suppression or reduction of the behavior over time, alternative procedures shall be considered that do not include increasing the magnitude of the aversive intervention.

(viii) The use of any aversive conditioning device used to administer an electrical shock or other noxious stimuli to a student to modify undesirable behavioral characteristics shall be limited to devices tested for safety and efficacy and approved for such use by the United States Food and Drug Administration where such approval is required by Federal regulation. The

magnitude, frequency and duration of any administration of aversive stimulus from such a device must have been shown to be safe and effective in clinical peer-reviewed studies. The use of automated aversive conditioning devices is prohibited.

(ix) No program may combine the simultaneous use on a student of a physical or mechanical restraint device with another aversive intervention.

(3) Human Rights Committee.

(i) Each school that uses aversive interventions with students shall establish a Human Rights Committee to monitor the school's behavior intervention program for any student being considered for or receiving aversive interventions to ensure the protection of legal and human rights of individuals.

(ii) Each Human Rights Committee shall be comprised of individuals not employed by the school or agency, which shall include at least one licensed psychologist with appropriate credentials in applied behavior analysis; one licensed physician, physician's assistant or nurse practitioner; one registered dietician or nutritionist; one attorney, law student or paralegal; and one parent or parent advocate and may include not more than two additional individuals selected by the school agency. In addition, when the purpose of the Human Rights Committee meeting includes a review of an individual New York State student's program, a representative of the school district or agency placing the student in the program and a representative of the department shall be invited to participate.

(iii) The Human Rights Committee shall meet at least quarterly to review, monitor and investigate the implementation of students' behavioral intervention plans that include aversive interventions. A written report on the findings and recommendations of the Human Rights Committee regarding an individual student shall be provided to the CSE of the student and to the agency that placed the student in the program.

(4) Supervision and training requirements. Aversive interventions shall be administered by appropriately licensed professionals or certified special education teachers in accordance with Part 80 of this Title and sections 200.6 and 200.7 of this Part or under the direct supervision and direct observation of such staff. Training shall be provided on a regular, but at least annual basis, which shall include, but not be limited to, training on:

- (i) safe and therapeutic emergency physical restraint interventions;
- (ii) data collection of the frequency, duration and latency of behaviors;
- (iii) identification of antecedent behaviors and reinforcing consequences of the behavior;
- (iv) approaches to teach alternative skills or behaviors including functional communication training;
- (v) assessment of student preferences for reinforcement;
- (vi) assessing and responding to the collateral effects of the use of aversive interventions including, but not limited to, effects on a student's health, increases in aggression, increases in escape behaviors and/or emotional reactions;
- (vii) privacy rights of students; and
- (viii) documentation and reporting of incidents, including emergency restraints and injuries.

(5) Parent consent. Aversive interventions shall be provided only with the informed written consent of the parent and no parent shall be required by the program to remove the student from the program if he or she refuses consent for an aversive intervention. A parent shall be given a copy of the school's policies and procedures on the use of aversive interventions.

(6) Quality assurance reviews. The program providing aversive interventions shall conduct periodic reviews of all incident reports relating to such interventions to ensure that practices are clinically sound, supported by proper documentation and consistent with these program standards and the school's policies and procedures as approved by the department.

(7) Progress monitoring.

(i) The program shall provide for ongoing monitoring of student progress, including the collection and review of data and information. Such information shall include reports on the assessment of and strategies used to address any indirect or collateral effects the use of aversive interventions may be having

on the student, including, but not limited to, increases in aggressive or escape behaviors, health-related effects and/or emotional reactions. The program shall submit quarterly written progress reports on the implementation of the student's behavioral intervention program to the CSE and to the agency that placed the student in the program.

(ii) A school district that places a student in a program that uses aversive interventions with such student shall be responsible to ensure that the student's IEP and behavioral intervention plan are being implemented. The CSE shall convene at least every six months, or more frequently as needed, to review the student's educational program and placement for any student for whom the CSE has recommended the use of aversive interventions. Such review shall include the review of written progress monitoring and incident reports, documentation from observations of and, as appropriate, interviews with the student in the program and the concerns of the student's parent. A representative of the school district shall observe the student at least every six months and, as appropriate, interview the student in the program and communicate regularly with the student's parent and shall report the results thereof to the CSE.

(8) Policies and procedures. Each school that proposes to use aversive interventions pursuant to a child-specific exception shall submit its policies and procedures consistent with this subdivision to the department for approval prior to the use of such interventions. Only those schools with policies and procedures approved by the department on or before June 30, 2007 shall be authorized to use such interventions.

TITLE 8. EDUCATION DEPARTMENT
CHAPTER II. REGULATIONS OF THE COMMISSIONER
SUBCHAPTER A. HIGHER AND PROFESSIONAL EDUCATION
PART 52. REGISTRATION OF CURRICULA

8 NYCRR §52.21 (b) (3) :

8 NYCRR §52.21. Registration of curricula in teacher education.

§52.21(b)(3) Specific requirements. To be registered as a program leading to certification, the program shall meet the specific requirements of this paragraph for the particular certificate title. The general requirements prescribed in paragraph (2) of this subdivision shall also be applicable, unless such general requirements are explicitly stated to be inapplicable in paragraph (2) of this subdivision or by the specific requirements set forth in this paragraph.

(i) Programs leading to initial certificates valid for teaching early childhood education (birth through grade 2).

(a) Content core. In addition to meeting the general requirements for the content core prescribed in clause (2)(ii)(b) of this subdivision, the content core shall be a major, concentration, or the equivalent in one or more of the liberal arts and sciences, which, in combination with the general education core and pedagogical core, shall ensure that the candidate has a knowledge base for teaching to the State learning standards for students, as prescribed in Part 100 of this Title, in the following areas of the early childhood education curriculum: the arts; career development and occupational studies; English language arts; health, physical education, and family and consumer sciences; a language other than English; mathematics, science and technology; and social studies.

(b) Pedagogical core. In addition to meeting the general requirements for the pedagogical core prescribed in clause (2)(ii)(c) of this subdivision, the pedagogical core shall focus on early childhood education and include, but need not be limited to:

(1) study in the following:

(i) processes of social, emotional, cognitive, linguistic, physical, and aesthetic growth and development in early childhood within socio-cultural contexts and how to provide learning experiences and conduct assessments reflecting understanding of those processes;

(ii) early childhood curriculum development and the implications of environmental design for implementing curriculum; and

(iii) teaching the literacy skills of listening, speaking, reading, and writing to native English speakers and students who are English language learners, including methods of reading enrichment and remediation; and

(2) field experiences and student teaching experiences with children in each of the three early childhood groups, pre-kindergarten, kindergarten, and grades 1 through 2, through the combined field experiences and student teaching experience, and student teaching with at least two of these three groups. The time requirements for field experience, student teaching and practica of item (2)(ii)(c)(2)(i) of this subdivision shall not be applicable for candidates holding another classroom teaching certificate or for candidates who are simultaneously preparing for another classroom teaching certificate and completing the full field experience, student teaching and practica requirement for that other certificate. In such instances, the programs shall require such candidates to complete at least 50 clock hours of field experiences and at least 20 days of practica or student teaching with students in early childhood, including experiences with each of the three early childhood groups.

18 NYCRR 413.1

N.Y. Comp. Codes R. & Regs. tit. 18, § 413.1

Compilation of Codes, Rules and Regulations of the State of New York Currentness

Title 18. Department of Social Services

Chapter II. Regulations of the Department of Social Services

Subchapter C. Social Services

Article 2. Family and Children's Services

Part 413. Child Day Care Definitions, Enforcement and Hearings (Refs & Annos)

Section 413.1. Scope

The definitions of this Part apply to all references to day care programs included in this Title. The provisions in this Part governing enforcement and hearings apply to all child day care programs addressed in Parts 414, 416, 417 and 418 of this Title.

Sec. filed: Dec. 5, 2000 as emergency measure; March 5, 2001 as emergency measure, expired 90 days after filing; June 4, 2001 as emergency measure, expired 90 days after filing; Sept. 4, 2001 as emergency measure; Dec. 3, 2001 as emergency measure, expired 90 days after filing; March 4, 2002 as emergency measure, expired 90 days after filing; June 3, 2002 as emergency measure, expired 90 days after filing; Sept. 3, 2002 as emergency measure; Nov. 19, 2002 as emergency measure; Jan. 28, 2003 eff. Feb. 12, 2003.

18 NYCRR 413.1, 18 NY ADC 413.1

Current through amendments included in the New York State Register, Volume XXXII, Issue 41, dated October 12, 2011

18 NYCRR 413.2

N.Y. Comp. Codes R. & Regs. tit. 18, § 413.2

Compilation of Codes, Rules and Regulations of the State of New York Currentness

Title 18. Department of Social Services

Chapter II. Regulations of the Department of Social Services

Subchapter C. Social Services

Article 2. Family and Children's Services

Part 413. Child Day Care Definitions, Enforcement and Hearings (Refs & Annos)

Section 413.2. Definitions

(a)

(1) *Child day care* means care for a child on a regular basis provided away from the child's residence for less than 24 hours per day by someone other than the parent, step-parent, guardian or relative within the third degree of consanguinity of the parents or step-parents of such child. A relative within the third degree of consanguinity of the parent or step-parent includes: the grandparents of the child; the great-grandparents of the child; the great-great-grandparents of the child; the aunts and uncles of the child, including the spouses of the aunts and uncles; the great-aunts and great-uncles of the child, including the spouses of the great-aunts and great-uncles; the siblings of the child; and the first cousins of the child, including the spouses of the first cousins.

(2) *Child day care* does not refer to care provided in:

(i) a summer day camp, traveling summer day camp or children's overnight camp as defined in the State Sanitary Code;

(ii) a program for school-age children operated solely for the purpose of religious education, sports, classes, lessons or recreation;

(iii) a facility providing day services under an operating certificate issued by the office;

(iv) a facility providing day treatment under an operating certificate issued by the Office of Mental Health or by the Office of Mental Retardation and Developmental Disabilities; or

(v) a kindergarten, pre-kindergarten or nursery school for children three years of age or older, or a program for school-age children conducted during nonschool hours, operated by a public school district or by a private school or academy which is providing elementary or secondary education or both in accordance with the compulsory education requirements of the Education Law, provided that such kindergarten, pre-kindergarten, nursery school or program is located on the premises or campus where the elementary or secondary education is provided.

(b) *Child day care provider* means any individual, association, corporation, partnership, institution, organization or agency whose activities include providing child day care or operating a facility where child day care is provided.

(c) *Provider* means a child day care provider or the operator of a child day care center or small day care center, school-age child care program, group family day care home, or family day care home.

(d) *Operator* means:

(1) the individual who owns a child day care center or small day care center, school-age child care program, group family day care home, or family day care home; or

(2) where a child day care center or small day care center, school-age child care program, group family day care home, or family day care home is not owned by an individual, the person with responsibility for oversight and direction of the center, program or home.

(e) *Office* means the New York State Office of Children and Family Services.

(f) *Enforcement* means the action(s) undertaken or initiated by the office to assure that child day care facilities are operated in compliance with all applicable provisions of law and regulation.

(g) *Child day care center* means a program or facility which is not a residence in which child day care is provided on a regular basis to more than six children for more than three hours per day per child for compensation or otherwise, except those programs providing care as a school-age child care program as defined in this section. The name, description or form of the entity which operates a child day care center does not affect its status as a child day care center.

(1) *Age of children*: A child day care center may provide care for children six weeks through 12 years of age; for children 13 years of age or older who are under court supervision; for children 13 years of age or older who are incapable of caring for themselves when such inability is documented by a physician, psychiatrist or psychologist; and, in extenuating circumstances, for children under six weeks of age when prior approval has been obtained from the office. Children who attain the maximum age allowed during the school year may continue to receive child day care through the following September 1st or until they enter school for the following school year.

(2) *Maximum capacity* means the maximum number of children authorized to be present at any one time as specified on the child day care center license.

(h) *Small day care center* means a program or facility which is not a residence in which child day care is provided to three through six children for more than three hours per day per child for compensation or otherwise. The name, description or form of the entity which operates a small day care center does not affect its status as a small day care center.

(1) *Age of children*: A small day care center may provide care for children six weeks through 12 years of age; for children 13 years of age or older who are under court supervision; for children 13 years of age or older who are incapable of caring for themselves when such inability is documented by a physician, psychiatrist or psychologist; and, in extenuating circumstances, for children under six weeks of age when prior approval has been obtained from the office. Children who attain the maximum age allowed during the school year may continue to receive child day care through the following September 1st or until they enter school for the following school year.

(2) *Maximum capacity* means the maximum number of children authorized to be present at any one time as specified on the small day care center registration.

(i) No more than two children under the age of two may be cared for at any one time.

(ii) When any child who is less than two years of age is present, the maximum capacity is five.

(iii) When all children present are at least two years of age, maximum capacity is six.

(i) *Family day care home* means a residence in which child day care is provided on a regular basis for more than three hours per day per child for three to six children for compensation or otherwise, except as provided in this subdivision. The name, description or form of the entity which operates a family day care home does not affect its status as a family day care home.

(1) *Age of children*: A family day care home may provide care for children six weeks through 12 years of age; for children 13 years of age or older who are under court supervision; for children 13 years of age or older who are incapable of caring for themselves when such inability is documented by a physician, psychiatrist or psychologist; and, in extenuating circumstances, for

children under six weeks of age when prior approval has been obtained from the office. Children who attain the maximum age allowed during the school year may continue to receive child day care through the following September 1st or until they enter school for the following school year.

(2) *Maximum capacity* means the maximum number of children authorized to be present at any one time as specified on the family day care registration.

(i) Except for children in the legal custody of or boarded out with the provider who attend school in kindergarten or a grade level higher than kindergarten, all children present must be counted in determining maximum capacity even if they are relatives or are present three hours per day or less.

(ii) No more than two children under the age of two may be cared for at any one time.

(iii) When any child who is less than two years of age is present, the maximum capacity is five, except as provided in subparagraph (v) of this paragraph.

(iv) When all children present are at least two years of age, maximum capacity is six, except as provided in subparagraph (v) of this paragraph.

(v) An additional two children who are of school-age may be provided care if: the additional school-age children attend kindergarten or a school grade level higher than kindergarten; and the school-age children receive the care primarily before or after the period such children are ordinarily in school, during school lunch periods, on school holidays, or during those periods of the year in which school is not in session. The registration for such capacity for additional school-age children may not be issued until the office inspects the home to determine whether the provider can care adequately for seven or eight children.

(j) *Group family day care home* means a residence in which child day care is provided on a regular basis for more than three hours per day per child for seven to 12 children for compensation or otherwise, except as provided in this subdivision. Such home must be operated by a provider and have at least one assistant present during the hours that care is provided. The name, description or form of the entity which operates a group-family day care home does not affect its status as a group family day care home.

(1) Age of children: A group family day care home may provide care for children six weeks through 12 years of age; for children 13 years of age or older who are under court supervision; for children 13 years of age or older who are incapable of caring for themselves when such inability is documented by a physician, psychiatrist or psychologist; and, in extenuating circumstances, for children under six weeks of age when prior approval has been obtained from the office. Children who attain the maximum age allowed during the school year may continue to receive child day care through the following September 1st or until they enter school for the following school year.

(2) *Maximum capacity* means the maximum number of children authorized to be present at any one time as specified on the group family day care license.

(i) Except for children in the legal custody of or boarded out with the provider who attend school in kindergarten or a grade level higher than kindergarten, all children present must be counted in determining maximum capacity even if they are relatives or are present three hours per day or less.

(ii) There must be one caregiver for every two children under the age of two years in attendance at the group family day care home. Any such caregivers who are not providers or assistants must meet the qualifications of an assistant.

(iii) When any child who is less than two years of age is present, the maximum capacity is 10, except as provided in subparagraph (v) of this paragraph.

(iv) When all children present are at least two years of age, maximum capacity is 12, except as provided in subparagraph (v) of this paragraph.

(v) An additional two children who are of school-age may be provided care if: the additional school-age children attend kindergarten or a school grade level higher than kindergarten; and the school-age children receive the care primarily before or after the period such children are ordinarily in school, during school lunch periods, on school holidays, or during those periods of the year in which school is not in session.

(k) *School-age child care program* means a program or facility which is not a residence in which child day care is provided to an enrolled group of seven or more children under 13 years of age during the school year before and/or after the period such children are ordinarily in school or during school lunch periods. School-age child care programs also may provide care during school holidays and those periods of the year in which school is not in session, including summer vacation. Such programs must operate consistent with the local school calendar. The name, description or form of the entity which operates a school-age child care program does not affect its status as a school-age child care program.

(1) *Age of children*: A school-age child care program may provide care for school-age children of any age. If the program provides care for children over 13 years of age, the program must meet all regulatory standards in regard to such children just as if the children were under 13 years of age. No child may be admitted unless the child is enrolled in kindergarten or a higher grade or is at least six years of age. Children may receive care through the conclusion of high school.

(2) *Maximum capacity* means the maximum number of children authorized to be present at any one time as specified on the school-age child care registration.

(l) *License* means a document issued by the office authorizing a provider to operate a child day care center in accordance with Subpart 418-1 of this Title or a group family day care home in accordance with Part 416 of this Title. A valid license must be obtained from the office prior to the operation of any child day care center or group family day care home.

(m) *Registration* means a document issued by the office authorizing a provider to operate a school-age child care program in accordance with Part 414 of this Title, a family day care home in accordance with Part 417 of this Title or a small day care center in accordance with Subpart 418-2 of this Title. A valid registration must be obtained from the office prior to the operation of any family day care home or school-age child care program.

(n) *Applicant* means any individual submitting an application for a license or registration or the director or other individual designated by any association, corporation, partnership, institution, organization or agency submitting an application for a license or registration to represent such entity in the application process.

(o) *Staff* means all personnel, including temporary staff or substitutes, para-professionals, volunteers and any other person(s) employed by a child day care center or school-age child care program.

(p) *Director* means the person or persons who have responsibility for the development and supervision of the daily activity programs for children and the administrative authority and responsibility for the daily operations of a child day care center or school-age child care program.

(q) *Health care provider* means a licensed physician, physician's assistant, nurse practitioner, or registered nurse.

(r) *Health professional* means a licensed physician trained in pediatrics or family health, or a registered nurse, nurse practitioner or physician's assistant with at least one year of pediatric or public health experience.

(s) *Infant* means a child up to 18 months of age.

(t) *Toddler* means a child 18 months to 36 months of age.

(u) *Preschooler* means a child who is at least three years of age and who is not yet enrolled in kindergarten or a higher grade.

(v) *School-aged child* means a child under 13 years of age who is enrolled in kindergarten or a higher grade.

(w) *Parent* means custodial parent(s), legal guardian(s), other persons having legal custody of a child or any other person with whom a child lives who has assumed responsibility for the day-to-day care and custody of the child.

(x) *Mildly ill child* means a child who has symptoms of a minor childhood illness which does not represent a serious risk to other children and who is able to participate in the routine program activities with minor accommodations. The office's health care plan guidelines discuss the symptoms and illnesses which commonly constitute minor illness.

(y) *Moderately ill child* means a child whose health status requires a level of care and attention that cannot be accommodated in a child day care setting without the specialized services of a health professional. The office's health care plan guidelines discuss the symptoms and illnesses which commonly constitute moderate illness.

(z) *Night care* means care provided during the hours when children have begun or will be continuing their night's sleep.

(aa) *Evening care* means care provided from late afternoon or evening until children begin their night's sleep.

(ab) *Nap* means a short sleep during the day.

(ac) *Shift* means an 8- to 10-hour period during which care is provided to a group of enrolled children.

(ad) *Substitute* means any person who has been selected by the provider to provide child day care to children in a family or group family day care home or small day care center during short-term, nonrecurring absences of the day care provider or assistant.

(ae) *Assistant* means any person who has been selected by the provider to help the provider provide child day care to children in a group family day care home.

(af) *Alternate assistant* means any person who has been selected by the provider to provide child day care or help the provider provide child day care to children in a group family day care home in the absence of either the provider or assistant. The alternate assistant must meet the same qualifications as the assistant.

(ag) *Alternate provider* means an individual who provides child day care in a family day care home or small day care center in the absence of the provider. The alternate provider must meet the same qualifications as the provider.

(ah) *Caregiver* means all persons who are providers, alternate providers, assistants, alternate assistants, substitutes or volunteers with child care responsibilities in a family or group family day care home or a small day care center.

(ai) *Personal residence* means a one- or two-family dwelling or a single dwelling unit in a multiple dwelling classified for permanent occupancy under the New York State Uniform Fire Prevention and

Building Code, except that a community residence shall not be considered a residence for purposes of the child day care regulations. A one-family residence shall be considered to have one dwelling unit and a two-family residence shall be considered to have two dwelling units. A dwelling unit must be occupied or used as living space to be used for family or group family day care and considered a residence for purposes of the child day care regulations, except as follows:

(1) when a one dwelling unit of a two-family dwelling is occupied and is used for family or group family day care, the second dwelling unit may not be used for family day care or group family day care unless the second dwelling unit is also occupied;

(2) when one dwelling unit of a two-family dwelling is occupied and is not used for family day care or group family day care, the second dwelling unit need not be occupied to be used for family day care or group family day care by an occupant of the first dwelling unit;

(3) where a property includes a dwelling unit which is occupied and is used for family day care or group family day care and there is a separate building on the property under the control of the occupant of the dwelling unit which contains an additional dwelling unit, the additional dwelling unit may not be used for family day care or group family day care unless the second dwelling unit is also occupied;

(4) where a property includes a dwelling unit which is occupied and is not used for family day care or group family day care and there is a separate building on the property under the control of the occupant of the dwelling unit which contains an additional dwelling unit, the additional dwelling unit need not be occupied to be used for family day care or group family day care by an occupant of the first dwelling unit;

(5) where a property includes a dwelling unit which is occupied and is used for family day care or group family day care and there is a separate building on the property under the control of the occupant of the dwelling unit which does not contain a dwelling unit, neither the separate building nor any portion thereof may be used for family day care or group family day care; and

(6) where a property includes a dwelling unit which is occupied and is not used for family day care or group family day care and there is a separate building on the property under the control of the occupant of the dwelling unit which does not contain a dwelling unit, upon inspection and approval by the office, the separate building or a portion thereof may be used by the occupant for family day care or group family day care by an occupant of the dwelling unit.

(aj) *Plan of study* means a written plan which sets forth reasonable timeframes and shows continuous progress towards completion of the requirements for a degree or credential. If the plan is for a director of a program, the plan must be signed by the director and the office, and be overseen and monitored by the office. For all other individuals, the plan must be signed by the participant and the director of the program, and be overseen and monitored by the director.

(ak) *Health care consultant* means a physician, physician assistant, nurse practitioner or registered nurse who possesses a valid New York State license in his or her field. Such consultant may include a health care professional who is an employee of a local Department of Health.

(al) *Licensed authorized prescriber* means a person licensed, currently registered and authorized under the Education Law to issue prescriptions for medication or medical treatment.

(am) *Children with special health care needs* means children who have chronic physical, developmental, behavioral or emotional conditions expected to last 12 months or more and who require health and related services of a type or amount beyond that required by children generally.

Sec. filed: Dec. 5, 2000 as emergency measure; March 5, 2001 as emergency measure, expired 90 days after filing; June 4, 2001 as emergency measure, expired 90 days after filing; Sept. 4, 2001 as emergency measure; Dec. 3, 2001 as emergency measure, expired 90 days after filing; March 4, 2002 as emergency measure, expired 90 days after filing; June 3, 2002 as emergency measure,

expired 90 days after filing; Sept. 3, 2002 as emergency measure; Nov. 19, 2002 as emergency measure; Jan. 28, 2003; amds. filed: April 1, 2003 as emergency measure, expired 90 days after filing; June 8, 2004 eff. Jan. 31, 2005. Amended (q); added (ak)-(am).

18 NYCRR 413.2, 18 NY ADC 413.2

Current through amendments included in the New York State Register, Volume XXXII, Issue 41, dated October 12, 2011.

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18 NYCRR 413.3

N.Y. Comp. Codes R. & Regs. tit. 18, § 413.3

Compilation of Codes, Rules and Regulations of the State of New York Currentness

Title 18. Department of Social Services

Chapter II. Regulations of the Department of Social Services

Subchapter C. Social Services

Article 2. Family and Children's Services

Part 413. Child Day Care Definitions, Enforcement and Hearings (Refs & Annos)

Section 413.3. Enforcement of regulations

(a) *Types of enforcement actions.* Enforcement actions which may be undertaken by the office include, but are not limited to:

(1) issuance of written inspection reports which include corrective action plans and notices of intention to initiate enforcement through the imposition of a fine or the limitation, suspension, termination or revocation of a license or registration;

(2) meetings or telephone conversations between a provider and the office to discuss corrective action plans;

(3) the holding of hearings to determine if a provider has failed to comply with applicable law and regulation;

(4) determinations, after hearings, that civil penalties should be imposed;

(5) determinations to deny, reject, revoke, terminate, suspend or limit a license or registration;

(6) issuance of orders to cease and desist operation of day care services, commissioner's orders, or orders approved by a justice of the Supreme Court, requiring a provider to immediately remedy conditions dangerous to children receiving child day care;

(7) temporary suspension or limitation of a license or registration upon finding that the public health or child's safety or welfare are in imminent danger;

(8) requests to the Attorney General to seek injunctive relief against providers for violations or threatened violations of law or regulation;

(9) requests to the Attorney General to take such action as is necessary to collect civil penalties, seek criminal prosecution, or to bring about compliance with any outstanding hearing decision or order; or

(10) publication in local newspapers of the names and addresses of child day care providers whose licenses, registrations or applications for licensure or registration have been rejected, denied, limited, suspended, terminated or revoked, or against whom a fine has been assessed after an administrative hearing.

(b) Current records of visits and findings relative to the issuance, denial, rejection, revocation, termination, suspension or limitation of licenses or registrations, including documentation submitted by applicants or holders of licenses or registrations, must be maintained by the office as well as all criminal history records obtained by the office through criminal history record checks.

(c)

(1) Any violation of applicable statutes or regulations will be a basis to deny, reject, limit, suspend, revoke or terminate a license or registration.

(2) Consistent with article 23-A of the Correction Law and office guidelines referenced in subdivision two of section 425 of the Social Services Law, if the office is made aware of the existence of a criminal conviction or pending criminal charge concerning the operator of a family day care home, group family day care home, school-age child care program, or child day care center; or concerning any employee, assistant or volunteer in such homes, programs, or centers; or any person age 18 or over who resides in such a home; such conviction or charge may be a basis to deny, reject, limit, suspend, revoke or terminate the provider's license or registration. When the office is made aware of a conviction or charge through a criminal history record check, the office shall act in accordance with the provisions of section 413.4 of this Part.

(3) Before a license or registration is revoked or terminated, or when an application for a license or registration is denied or rejected, the applicant for or holder of such license or registration is entitled to a hearing before the office.

(4) The request for such hearing must be made in writing within 30 days of the receipt of written notice of the revocation, termination, denial or rejection.

(5) The revocation, termination, denial or rejection will become final if the applicant or holder fails to request a hearing within the 30-day period.

(6) The holder or applicant may reapply as described in Parts 414, 416, 417 and 418 of this Title, as applicable.

(7) The office may require the provider to post the revocation or termination of licensure or registration on the premises of the facility.

(d) *Suspensions or limitations of licenses or registrations.*

(1) A license or registration will be temporarily suspended or limited in its terms without a hearing upon written notification to the holder of the license or registration by the office of a finding that the public health or a child's safety or welfare is in imminent danger.

(2) The holder of the license or registration has 10 days from the date of the written notice of the suspension or limitation of the license or registration to request a hearing before the office. Such a request must be in writing.

(3) Failure to make such a request will be *prima facie* evidence that the finding of imminent danger is valid, and the temporary suspension or limitation will continue in effect until the office has determined that the condition requiring such suspension or limitation is corrected or the license or registration is permanently revoked or terminated pursuant to subdivision (c) of this section.

(4) If the holder requests a hearing, the temporary suspension or limitation will continue in effect until the office has determined that the condition requiring such suspension or limitation is corrected, the license or registration is permanently revoked or terminated pursuant to subdivision (c) of this section, or a hearing decision orders the lifting of the suspension or limitation.

(5) The office may require the provider to post the notice of suspension or limitation of licensure or registration on the premises of the facility.

(e) *Fines.* Operating without a license or registration.

(1) A fine of up to \$500 per day may be assessed against any child day care provider for the provision of child day care without a license or registration.

(2) Such a fine will not be imposed until a hearing has been conducted and a decision has been issued. It is the office's responsibility to request and schedule such hearings.

(3) Rectification of operation without a license or registration, either by becoming licensed or registered or by ceasing operation, will not preclude the assessment of a fine for the period of operation without a license or registration.

(f) *Fines*. Regulatory violations.

(1) In addition to any other civil or criminal penalty provided by law including but not limited to the denial, rejection, termination, revocation, limitation or suspension of a license or registration, a fine of up to \$500 per day may be assessed against any child day care provider for any violation of office regulations.

(2) Such a fine will not be imposed until a hearing has been conducted and a decision has been issued. It is the office's responsibility to request and schedule such hearings.

(3) Fines will be determined according to the following classifications:

(i) Class I violations are subject to a maximum fine of \$500 a day. A *class I violation* is defined as:

(a) any violation of a regulatory requirement which harms a child or places a child at risk of death, serious or protracted disfigurement, or protracted impairment of physical or emotional health, including but not limited to:

(1) the existence of any condition which constitutes or creates a serious fire, safety or health risk, including but not limited to a substantial failure of the facility's fire detection or prevention system or conditions which would prevent or impede emergency evacuation procedures;

(2) the use of corporal punishment or of frightening or humiliating methods of control or discipline;

(3) inadequate or incompetent supervision;

(4) inadequate light, ventilation, sanitation, food, water or heating; or

(5) repeated findings that the facility has exceeded its maximum permitted capacity. The term *repeated* as used in this subdivision includes any violation noted in more than one written inspection report prepared by the office and sent to the child day care provider so that corrective action could be taken;

(b) the abuse of a child, as defined in section 1012(e) of the Family Court Act, who is receiving care at the facility by the owner, operator, director or any staff member of the facility;

(c) the intentional failure to report instances of alleged child abuse or maltreatment to the Statewide Central Register of Child Abuse and Maltreatment and/or to take appropriate action to protect children when an allegation of such abuse or maltreatment is reported to the day care provider; or

(d) the refusal or failure to provide access to the day care facility to a representative from the office for the purpose of inspecting the facility for compliance with the requirements of office regulations.

(ii) Class II violations are subject to a maximum fine of \$200 a day. A *class II violation* is defined as any violation of a regulatory requirement which places a child at risk of physical, mental or emotional harm, including but not limited to:

(a) the use of corporal punishment or of frightening or humiliating methods of control or discipline;

(b) inadequate or incompetent supervision;

(c) inadequate light, ventilation, sanitation, food, water or heating; or

(d) providing care for more than the maximum number of children permitted by the facility's license or registration.

(iii) Class III violations are subject to a maximum fine of \$50 a day. A *class III violation* is defined as any violation of a regulatory requirement other than those included under class I or II violations.

(4) Where a child day care provider demonstrates that corrective action has been taken within 30 days of notification of the imposition of the penalty, a fine will not be imposed, except in cases where:

(i) the office determines, after a hearing, that:

(a) there has been a total or substantial failure of the facility's fire detection or prevention systems or emergency evacuation procedures prescribed by office regulation;

(b) the provider has failed to provide adequate and competent supervision as prescribed by office regulation;

(c) the provider has failed to provide adequate sanitation as required by office regulation and by State and local departments of health;

(d) the child day care provider or an assistant, employee or volunteer has abused or maltreated a child in care; or

(e) the child day care provider has violated the same statutory or regulatory standard more than once within a six-month period; or

(ii) the office determines, after a hearing, that a provider has refused to obtain a license or registration or continued to operate a child day care facility after denial of an application, revocation of a license or termination of a registration.

(g) *Complaint procedures.*

(1) The office, through duly authorized representatives or agents of the office, may make announced or unannounced inspections of the records and premises of any child day care provider, whether or not such provider is licensed by or registered with the office. To the maximum extent possible, the office will make unannounced inspections of the records and premises of any child day care provider after the office receives a complaint that, if true, would indicate such provider does not comply with the regulations of the office or with statutory requirements.

(2) Child day care providers must admit inspectors and other representatives of the office onto the grounds and premises at any time during their hours of operation or while children are in care for the purpose of conducting inspections. Such inspectors and representatives must be given free access to the building or buildings used by the provider, staff and children, and to any records of the provider.

(3) The office may require the child day care provider to post in a prominent place at the program a copy of any written inspection reports issued to the program by the office.

Sec. filed: Dec. 5, 2000 as emergency measure; March 5, 2001 as emergency measure, expired 90 days after filing; June 4, 2001 as emergency measure, expired 90 days after filing; Sept. 4, 2001 as emergency measure; Dec. 3, 2001 as emergency measure, expired 90 days after filing; March 4, 2002 as emergency measure, expired 90 days after filing; June 3, 2002 as emergency measure, expired 90 days after filing; Sept. 3, 2002 as emergency measure; Nov. 19, 2002 as emergency measure; Jan. 28, 2003 eff. Feb. 12, 2003.

18 NYCRR 413.3, 18 NY ADC 413.3

Current through amendments included in the New York State Register, Volume XXXII, Issue 41, dated October 12, 2011.

18 NYCRR 413.4

N.Y. Comp. Codes R. & Regs. tit. 18, § 413.4

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Title 18. Department of Social Services

Chapter II. Regulations of the Department of Social Services

Subchapter C. Social Services

Article 2. Family and Children's Services

Part 413. Child Day Care Definitions, Enforcement and Hearings (Refs & Annos)

Section 413.4. Criminal history review of child day care providers

(a) The office shall perform a criminal history record check regarding any operator, employee, volunteer or assistant of a child day care center, small day care center, school-age child care program, group family day care home, or family day care home, as defined in section 413.2 of this Part, and any person age 18 or over residing on the premises of a group family day care home or family day care home which is to be licensed or registered.

(b) Operators of a child day care center, small day care center, school-age child care program, group family day care home or family day care home; any employees, assistants or volunteers in such center, home or program in operation on the effective date of this section; and any person age 18 or over residing on the premises of a group family day care home or family day care home who previously did not have a criminal history record check performed in accordance with this section shall have such a criminal history record check performed when the program or facility applies for a renewal of its license or registration.

(c) The provisions of this section shall apply to a volunteer only where the volunteer has the potential for regular and substantial contact with children enrolled in the program.

(d) *Process.*

(1) As part of the provider's initial application for any child day care license or registration, the operator or provider shall furnish the office with fingerprint cards of any operator, employee, volunteer or assistant of the child day care program, and any person age 18 or older who resides on the premises of a group family or family day care home.

(2) As part of the provider's application for, or renewal of, any child day care license or registration, the operator or provider shall furnish the office with fingerprint cards of any operator, employee, volunteer or assistant of the child day care program, and any person age 18 or over who resides on the premises of a group family or family day care home, who previously did not have a criminal history record check performed.

(3) Every child day care provider shall obtain a set of fingerprints for each prospective employee, volunteer or assistant of the child day care program and any person age 18 or over who will be residing on the premises of the group family day care home or family day care home.

(4) The provider shall furnish to the applicant, blank fingerprint cards and a description of how the completed fingerprint cards will be used. The provider shall promptly transmit such completed fingerprint cards to the office.

(e) A licensed or registered child day care provider may temporarily approve an applicant to be an employee, assistant or volunteer for such provider while the results of the criminal history record check are pending, but shall not allow such person to have unsupervised contact with children during such time. A registered family day care home or licensed group family day care home may not permit a person age 18 or over who resides or will reside on the premises of the family day care home or group family day care home and for whom a criminal history record check has not been completed to have any contact with children receiving day care in the home while the results of the criminal history

record check are pending.

(f) After reviewing a criminal history record of an individual who is subject to a criminal history record check pursuant to this section, the office and the provider shall take the following actions:

(1) Applicant to be an operator.

(i) Where the criminal history record of an applicant to be an operator of a child day care facility or program reveals a conviction for a crime set forth in section 390-b(a)(i) of the Social Services Law, the office shall deny the application unless the office determines, in its discretion, that approval of the application will not in any way jeopardize the health, safety or welfare of the children in the facility or program.

(ii) Where the criminal history record of an applicant to be an operator of a child day care facility or program reveals a conviction for a crime other than one set forth in section 390-b(a)(i) of the Social Services Law, the office may, consistent with article 23-A of the Correction Law, deny the application.

(iii) Where the criminal history record of an applicant to be an operator of a child day care facility or program reveals a charge for any crime, the office shall hold the application in abeyance until the charge is finally resolved.

(2) Applicant to be an employee, assistant or volunteer.

(i) Where the criminal history record of an applicant to be an employee, assistant or volunteer for any child day care provider, facility or program reveals a conviction for a crime set forth in section 390-b(a)(i) of the Social Services Law, the office shall direct the provider to deny the application unless the office determines, in its discretion, that approval of the application will not in any way jeopardize the health, safety or welfare of the children in the facility or program.

(ii) Where the criminal history record of an applicant to be an employee, assistant or volunteer for any child day care provider, facility or program reveals a conviction for a crime other than one set forth in section 390-b(a)(i) of the Social Services Law, the office may, consistent with article 23-A of the Correction Law, direct the provider to deny the application.

(iii) Where the criminal history record of an applicant to be an employee, assistant or volunteer for any child day care provider, facility or program reveals a charge for any crime, the office shall hold the application in abeyance until the charge is finally resolved.

(3) Adults in family and group family day care homes. For applications for registration of a family day care home or licensure of a group family day care home:

(i) Where the criminal history record of any person age 18 or over residing in the family or group family day care home reveals a conviction for a crime set forth in section 390-b(a)(i) of the Social Services Law, the office shall deny the application unless the office determines, in its discretion, that approval of the application will not in any way jeopardize the health, safety or welfare of the children in the home or program. If the office so determines, the office shall direct the provider that the person not be permitted to have any contact with children receiving day care or impose any other reasonable condition necessary to protect the health, safety or welfare of the children in care.

(ii) Where the criminal history record of any person age 18 or over residing in a family or group family day care home reveals a conviction for a crime other than one set forth in section 390-b(a)(i) of the Social Services Law, the office may, consistent with article 23-A of the Correction Law, deny the application or direct the provider that the person not be permitted to have any contact with children receiving day care or impose any other reasonable condition necessary to protect the health, safety or welfare of the children in care.

(iii) Where the criminal history record of any person age 18 or over residing in the family or group family day care home reveals a charge for any crime, the office shall hold the application in abeyance until the charge is finally resolved.

(4) Current operators.

(i) Where the criminal history record of a current operator of a child day care facility or program reveals a conviction for a crime set forth in section 390-b(a)(i) of the Social Services Law, the office shall conduct a safety assessment of the program, and take all appropriate steps to protect the health and safety of the children in the program. The office shall deny, limit, suspend, revoke, reject or terminate the license or registration based on such a conviction unless the office determines, in its discretion, that the continued operation of the center, home or program will not in any way jeopardize the health, safety or welfare of the children in care.

(ii) Where the criminal history record of a current operator of a child day care facility or program reveals a conviction for a crime other than one set forth in section 390-b(a)(i) of the Social Services Law, the office shall conduct a safety assessment of the program and take all appropriate steps to protect the health and safety of the children in the program. The office may deny, limit, suspend, revoke, reject or terminate the license or registration based on such a conviction consistent with article 23-A of the Correction Law.

(iii) Where the criminal history record of a current operator of a child day care facility or program reveals a charge for any crime, the office shall conduct a safety assessment of the program and take all appropriate steps to protect the health and safety of the children in the program. The office may suspend the license or registration based on such a charge where necessary to protect the health and safety of children in the facility or program. The provider must cooperate with the office and comply with the direction or directions of the office to protect the health and safety of the children in care.

(5) Current employees, assistants or volunteers.

(i) Where the criminal history record of a current employee, assistant or volunteer for any child day care provider, facility or program, or any person age 18 or over residing in a family or group family day care home, reveals a conviction for a crime set forth in section 390-b(a)(i) of the Social Services Law, the office shall conduct a safety assessment of the program and take all appropriate steps to protect the health and safety of the children in the program. The office shall direct the provider to terminate the employee, assistant or volunteer based on such a conviction, and the provider shall comply with such direction, unless the office determines, in its discretion, that the continued presence of the employee, assistant or volunteer in the center or program will not in any way jeopardize the health, safety or welfare of the children in the facility or program. If the office determines, in its discretion, that the continued presence of a person age 18 or over residing in a family or group family day care home will not in any way jeopardize the health, safety or welfare of the children in the home, the office either shall direct the provider not to permit the person to have any contact with children receiving child day care, or impose any other reasonable condition necessary to protect the health, safety or welfare of the children in care.

(ii) Where the criminal history record of a current employee, assistant or volunteer for any child day care provider, facility or program, or any person age 18 or over residing in a family or group family day care home, reveals a conviction for a crime other than one set forth in section 390-b(a)(i) of the Social Services Law, the office shall conduct a safety assessment of the program and take all appropriate steps to protect the health and safety of the children in the program. The office may direct the provider to terminate the employee, assistant or volunteer based on such a conviction, and the provider shall comply with such direction, consistent with article 23-A of the Correction Law. The office may direct the provider that a person age 18 or over residing in a family or group family day care home not be permitted to

have any contact with children receiving day care or impose any other reasonable condition necessary to protect the health, safety or welfare of children.

(iii) Where the criminal history record of a current employee, assistant or volunteer for any child day care provider, facility or program, or any person age 18 or over residing in a family or group family day care home, reveals a charge for any crime, the office shall conduct a safety assessment of the program and take all appropriate steps to protect the health and safety of the children in the program. The provider must cooperate with the office, and comply with the direction or directions of the office to protect the health and safety of the children in care.

(6) Safety assessment. A safety assessment performed in accordance with this section shall include, but not be limited to:

(i) a review of the duties of the individual with the criminal conviction or charge;

(ii) the extent to which such individual may have contact with children in the day care facility or program; and

(iii) the status and nature of the criminal conviction or charge.

(g) Prior to making a determination to deny an application pursuant to subdivision (f) of this section, the office shall afford the applicant an opportunity to explain, in writing, why the application should not be denied.

(1) For operators and group family day care home assistants, this opportunity may, at the discretion of the office, be afforded in the application materials for such operators and assistants required to be submitted to the office.

(2) The office may direct providers to include with the application materials used by providers for employees, assistants and volunteers the opportunity for applicants for such positions to explain, in writing, why the application should not be denied. Where the office so directs, providers must send to the office a copy of such explanations, to be transmitted in a form and manner to be established by the office.

(h) *Notifications.* Where the office directs a child day care provider to deny an application, terminate an employee, assistant or volunteer, or not permit a person age 18 or over residing in a family or group family day care home to have contact with the children in care based on the criminal history record, the provider must notify the applicant, employee, assistant or volunteer, or person age 18 or over, that such criminal history record is the basis of the denial. Such notification must advise the applicant, employee, assistant or volunteer, or person age 18 or over that a copy of the summary of the criminal history record provided by the office to the provider is available from the provider upon written request by the applicant, employee, assistant, volunteer or person age 18 or over.

(i) A child day care provider must inform the office when:

(1) any applicant who is subject to criminal history record review in accordance with this section has withdrawn the application or is no longer being considered for the position for which the person applied;

(2) any employee, assistant or volunteer who is subject to criminal history record review is no longer employed by or volunteering at the day care facility or program; and

(3) any person age 18 or over residing in a family or group family day care home who is subject to criminal history record review is no longer residing in the home.

Sec. filed: Dec. 5, 2000 as emergency measure; March 5, 2001 as emergency measure, expired 90 days after filing; June 4, 2001 as emergency measure, expired 90 days after filing; Sept. 4, 2001 as

emergency measure; Dec. 3, 2001 as emergency measure, expired 90 days after filing; March 4, 2002 as emergency measure, expired 90 days after filing; June 3, 2002 as emergency measure, expired 90 days after filing; Sept. 3, 2002 as emergency measure; Nov. 19, 2002 as emergency measure; Jan. 28, 2003 eff. Feb. 12, 2003.

18 NYCRR 413.4, 18 NY ADC 413.4

Current through amendments included in the New York State Register, Volume XXXII, Issue 41, dated October 12, 2011.

18 NYCRR 413.5

N.Y. Comp. Codes R. & Regs. tit. 18, § 413.5

Compilation of Codes, Rules and Regulations of the State of New York Currentness

Title 18. Department of Social Services

Chapter II. Regulations of the Department of Social Services

Subchapter C. Social Services

Article 2. Family and Children's Services

Part 413. Child Day Care Definitions, Enforcement and Hearings (Refs & Annos)

Section 413.5. Hearings

(a) *Revocation, termination.*

(1) For a hearing held to review the revocation, termination, suspension, limitation, rejection or denial of a license or registration, the notice must specify the date, time and place of the hearing, the manner in which the hearing will be conducted, the proposed action and the charges which are the basis for the proposed action. The charges must specify the statutes, rules and regulations with which the provider failed to comply and must include a brief statement of the facts pertaining to each violation.

(2) Any provider who is directed to cease and desist operations pursuant to section 390(3)(b) of the Social Services Law shall be entitled to a hearing before the office. Upon request, a hearing must be scheduled to commence as soon as possible but in no event later than 30 days after receipt of the request by the office. A provider shall not operate a day care program after being directed to cease and desist operations, regardless of whether a hearing is requested. If the provider does not cease operations, the office may impose a civil penalty pursuant to section 390(11) of the Social Services Law, seek an injunction pursuant to section 391 of the Social Services Law, or both.

(b) *Fines.* For a hearing held to assess a fine against a provider, the notice of hearing must specify the date, time and place of the hearing, and the manner in which the hearing will be conducted, and must include a statement of charges.

(1) The statement of charges must specify:

(i) the existence of a violation or violations and the statute(s) or regulation(s) with which the provider failed to comply;

(ii) the maximum daily fine which may be imposed and the date upon which initial notice of potential liability for payment of such a fine was given;

(iii) the corrective action which must be taken to rectify the violation; and

(iv) if applicable, a statement that the office will seek imposition of a fine regardless of rectification.

(2) The notice of hearing sent pursuant to this paragraph must be delivered in person or by certified mail at least 30 days prior to the date of the hearing. The notice must be sent to:

(i) the child day care facility; and

(ii) the provider, who includes any person known to the office who, by reason of direct or indirect ownership of the child day care facility, has the ability to direct the facility to take corrective action.

(c) *Notice of hearing.* The notice of hearing sent pursuant to subdivision (a) or (b) of this section also

must inform the applicant or provider:

- (1) of his or her opportunity to present evidence and arguments on issues of fact and law at the hearing;
- (2) of his or her right to be represented by an attorney or other representative of his or her choice;
- (3) of his or her right to cross-examine witnesses and to examine any document or item offered into evidence;
- (4) that all witnesses will be sworn; and
- (5) that the hearing will be recorded verbatim.

(d) *Answer.*

- (1) The holder of the license or registration or the applicant for initial licensure or registration who has requested a hearing regarding the denial, rejection, termination, revocation, limitation or suspension of a license or registration may file an answer to the allegations contained in a notice of the hearing. The answer must be in writing and must be filed with the office not less than 10 business days prior to the date of hearing.
- (2) Any child day care provider who is advised of the imposition of a potential fine pursuant to this Part must respond in writing to the charges set forth in the notice of hearing. Such response must include a description of any corrective action taken by the provider and copies of all written information in the possession of the provider or maintained by the provider which is relevant to the charges and may be unknown to the office. Such response must be filed with the office not less than 10 business days prior to the date of hearing.

(e) *Pleadings, depositions and discovery.*

- (1) The pleadings in an enforcement action will consist of the notice of hearing and answer.
- (2) Neither formal discovery procedures nor formal procedures for bills of particulars will apply. However, upon application by the applicant or provider operating or seeking to operate the child day care program, a more definite and detailed statement will be furnished whenever the hearing officer finds that the statement of charges does not adequately describe such charges. Any statement furnished will be deemed, in all respects, to be part of the original notice of hearing. The hearing officer may grant additional time to respond to the notice of hearing when a motion for a more definite and detailed statement has been granted.
- (3) Disclosure of evidence by deposition of a party to the hearing or any officer, director, member, agent or employee of a party prior to the hearing will not be permitted, except where the hearing officer determines that special circumstances, as set forth in section 3101(a)(3) of the Civil Practice Law and Rules, require the taking of testimony by deposition.

(f) *Who may be present at hearing; authorization of representative.*

- (1) The applicant or provider, his or her representative or representatives, counsel or other representatives of the office, witnesses of both parties, and any person who may be called by the hearing officer may be present at the hearing, together with such other persons as may be admitted by the hearing officer in his or her discretion. Upon his or her own motion, or upon the motion of either party, the hearing officer may exclude potential witnesses and those who have given prior testimony from the hearing during the testimony of other witnesses.
- (2) An individual, other than an attorney, representing the applicant or provider must have an appropriate written authorization for representation signed by the applicant or provider or by an

officer, member or director of the corporation, partnership or other organization applying or operating the program when the applicant or provider is not a natural person.

(g) *Hearing officer.* The hearing will be conducted by a hearing officer who is an attorney employed by the office for that purpose and who has not been involved in any way with the matter. He or she will have all the powers conferred by law and regulations of the office to administer oaths, issue subpoenas, require the production of records and the attendance of witnesses, rule upon requests for adjournment, rule upon objections to the introduction of evidence, and to otherwise regulate the hearing, preserve requirements of due process and effectuate the purpose and provisions of applicable law and regulations.

(h) *Conduct of hearing; rights of parties.*

(1) The hearing officer will preside and will make all procedural rulings. He or she will make an opening statement describing the nature of the proceedings, the issues and the manner in which the hearing will be conducted.

(2) The rules of evidence as applied in a court of law will not apply, except that privileges recognized by law will be given effect. The hearing officer may exclude testimony or other evidence which is irrelevant or unduly repetitious. The burden of proof at such hearings shall be on the office to show that the charges are supported by a preponderance of the evidence.

(3) All testimony will be given under oath or affirmation.

(4) The provider will be entitled to be represented by an attorney or other representative of the provider's choice, to have witnesses give testimony, and to otherwise present relevant and material evidence on the provider's behalf, to cross-examine witnesses, and to examine any document or item offered into evidence.

(5) At the discretion of the hearing officer, the provider may be permitted to attempt to prove by a preponderance of the evidence any matter not included in the provider's answer.

(i) *Adjournment.*

(1) The hearing may be adjourned only for good cause by the hearing officer on his or her own motion or at the request of either party.

(j) *Hearing record.*

(1) The hearing will be recorded verbatim by either the office or a private contractor. Where the hearing is recorded by other than a private contractor, on request made upon the office by any party to a hearing, the office will prepare the record, together with any transcript of the proceedings, and will furnish a copy of the record and transcript or any part thereof to any party as requested. The office is authorized to charge not more than its cost for the preparation of the transcript. Where a private contractor records the hearing, the party requesting a transcript must make all arrangements for the obtainment thereof directly with the private contractor.

(2) The record. The record will include:

(i) all notices, pleadings and intermediate rulings;

(ii) the transcript or recording of the hearing;

(iii) exhibits received into evidence;

(iv) matters officially noticed;

(v) questions and offers of proof, objections thereto and rulings thereon;

(vi) any proposed findings and exceptions;

(vii) any report rendered by the hearing officer; and

(viii) any request for disqualification of a hearing officer.

(k) *Hearing report.*

(1) After the hearing has been concluded, the hearing officer will submit a report to the commissioner of the office or his or her designee containing findings of fact, conclusions of law and a recommended decision. Findings of fact will be based exclusively on the record of the hearing.

(l) *Examination of the record after a hearing.* Upon reasonable notice to the office, the record of the hearing may be examined by any party to the hearing at the office's offices during regular business hours.

(m) *Decision after a hearing.* The hearing decision will be made and issued by the commissioner or by a member of his or her staff designated by him or her to consider and make such decisions and must be based exclusively on the record of the hearing.

(1) The decision will be in writing and will describe the issues, recite the relevant facts and pertinent provisions of law and regulations, make appropriate findings, determine the issues, state reasons for the determination and, when appropriate, direct specific action.

(2) A copy of such decision will be mailed to the applicant or provider and to the applicant's or provider's attorney or other designated hearing representative, together with a notice of the right to judicial review in accordance with article 78 of the Civil Practice Law and Rules.

(3) If the hearing before the office determines that an application for renewal of a license or registration should have been granted, the renewed license or registration will be dated retroactively to the date of the expiration of the prior license or registration.

(4) In the event the decision is adverse to the applicant or provider, the applicant or provider must forthwith comply with the specific action ordered in the decision.

Sec. filed: Dec. 5, 2000 as emergency measure; March 5, 2001 as emergency measure, expired 90 days after filing; June 4, 2001 as emergency measure, expired 90 days after filing; Sept. 4, 2001 as emergency measure; Dec. 3, 2001 as emergency measure, expired 90 days after filing; March 4, 2002 as emergency measure, expired 90 days after filing; June 3, 2002 as emergency measure, expired 90 days after filing; Sept. 3, 2002 as emergency measure; Nov. 19, 2002 as emergency measure; Jan. 28, 2003 eff. Feb. 12, 2003.

18 NYCRR 413.5, 18 NY ADC 413.5

Current through amendments included in the New York State Register, Volume XXXII, Issue 41, dated October 12, 2011.

18 NYCRR 413.6

N.Y. Comp. Codes R. & Regs. tit. 18, § 413.6

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Title 18. Department of Social Services

Chapter II. Regulations of the Department of Social Services

Subchapter C. Social Services

Article 2. Family and Children's Services

Part 413. Child Day Care Definitions, Enforcement and Hearings (Refs & Annos)

➔Section 413.6. Waivers

(a) A written waiver of one or more nonstatutory requirements of this Part or of Part 414, 416, 417 or 418 of this Title may be issued by the office to an applicant or a provider at the time of application or subsequent to the issuance of a license or registration. Providers who have been issued a license or registration must operate in full compliance with the regulations at all times prior to the issuance of a written waiver.

(b) An applicant or provider must submit to the office a written request for a waiver on forms provided by the office, or approved equivalents. This written application must include:

(1) the specific regulation for which a waiver is sought;

(2) the reason the waiver is necessary; and

(3) a description of what will be done to achieve or maintain the intended purpose of the regulation and to protect the health, safety and well-being of children.

(c) The office may require the provider to make physical plant modifications or adopt special methods or procedures to protect the health, safety and well-being of children before a waiver is granted pursuant to this subdivision.

(d) Written approval for a waiver will be granted only upon a determination by the office that the proposed waiver will not adversely affect the health, safety or well-being of children, and that the purpose of the regulation which is waived will be met. Waivers may be time limited, at the discretion of the office.

(e) Failure to adhere to the terms of the waiver will result in rescission of the waiver and may constitute sufficient cause for the office to deny, revoke, suspend or limit a license or registration.

Sec. filed Dec. 5, 2000 as emergency measure; March 5, 2001 as emergency measure, expired 90 days after filing; June 4, 2001 as emergency measure, expired 90 days after filing; Sept. 4, 2001 as emergency measure; Dec. 3, 2001 as emergency measure, expired 90 days after filing; March 4, 2002 as emergency measure, expired 90 days after filing; June 3, 2002 as emergency measure, expired 90 days after filing; Sept. 3, 2002 as emergency measure; Nov. 19, 2002 as emergency measure; Jan. 28, 2003 eff. Feb. 12, 2003.

18 NYCRR 413.6, 18 NY ADC 413.6

Current through amendments included in the New York State Register, Volume XXXII, Issue 41, dated October 12, 2011.



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*** This section is current through 2011 released chapters ***
*** 1-54, 57-495 ***

PUBLIC HEALTH LAW
ARTICLE 25. MATERNAL AND CHILD HEALTH
TITLE I-A. CHILD HEALTH INSURANCE PLAN

Go to the New York Code Archive Directory

NY CLS Pub Health § 2510 (2011)

§ 2510. Definitions

For the purpose of this title, unless the context clearly requires otherwise:

1. "Applicant" means an eligible organization which submits a proposal under subdivision six of section two thousand five hundred eleven of this title.

1-a. "Applicant for insurance" means the person or persons applying for insurance coverage for a child pursuant to this title.

2. "Approved organization" means an eligible organization approved by the commissioner under subdivision seven of section two thousand five hundred eleven of this title to underwrite a child health insurance plan and an organization approved by the commissioner under subdivision seven-a of section two thousand five hundred eleven of this title.

3. "Eligible organization" means:

- (a) a commercial insurer;
- (b) a corporation or health maintenance organization licensed under article forty-three of the insurance law;
- (c) a health maintenance organization certified under article forty-four of this chapter; or
- (d) a comprehensive health services plan operating pursuant to regulations of the department of social services or the department of health.

4. "Eligible child" or "eligible children" means a person or persons under the age of thirteen years for the period January first, nineteen hundred ninety-one through December thirty-first, nineteen hundred ninety-three; born on or after June first, nineteen hundred eighty and under the age of sixteen for a period commencing on or after January first, nineteen hundred ninety-four through December thirty-first, nineteen hundred ninety-six; and for a person or persons enrolled in the program on the day before they are sixteen years of age, under the age of seventeen for a period commencing on or after June first, nineteen hundred ninety-five through December thirty-first, nineteen hundred ninety-six; and under the age of nineteen for periods commencing on or after January first, nineteen hundred ninety-seven, who meets or meet the criteria in section two thousand five hundred eleven of this title.

5. [Until July 1, 2014] "Child health insurance plan" means the written undertaking of an approved organization to provide coverage for covered health care services to eligible children under this title.

5. [Eff July 1, 2014] "Child health insurance plan" means the written undertaking of an approved organization to provide coverage for primary and preventive health care services, and on and after January first, nineteen hundred ninety-seven inpatient health care services, to eligible children under this title.

6. "Period of eligibility" means that period commencing on the first day of the month during which a child is an eligible child [fig 1] and enrolled or recertified for enrollment on an annual basis based on all required information and documentation and ending on the last day of the twelfth month [fig 2] following such date, provided, however:

(a) the period of eligibility for a child who ceases to be eligible because he or she no longer resides in New York state or has access to or obtained other health insurance coverage, as defined by the commissioner in consultation with the superintendent pursuant to paragraph (c) of subdivision two of section twenty-five hundred eleven of this article, shall end the last day of the month in which the child ceases to be an eligible child; and

(b) the period of eligibility for a child who becomes eligible for medical assistance shall end the last day of the third month after the child becomes eligible for medical assistance; and

(c) the period of eligibility for a child for whom an applicable premium payment has not been paid shall end in accordance with time frames and procedures determined by the commissioner.

7. [Until July 1, 2014] "Covered health care services" means: the services of physicians, optometrists, nurses, nurse practitioners, midwives and other related professional personnel which are provided on an outpatient basis, including routine well-child visits; diagnosis and treatment of illness and injury; inpatient health care services; laboratory tests; diagnostic x-rays; prescription and non-prescription drugs and durable medical equipment; radiation therapy; chemotherapy; hemodialysis; emergency room services; hospice services; emergency, preventive and routine dental care, [fig 1] including medically necessary orthodontia but excluding cosmetic surgery; emergency, preventive and routine vision care, including eyeglasses; speech and hearing services; and, inpatient and outpatient mental health, alcohol and substance abuse services as defined by the commissioner in consultation with the superintendent. "Covered health care services" shall not include drugs, procedures and supplies for the treatment of erectile dysfunction when provided to, or prescribed for use by, a person who is required to register as a sex offender pursuant to article six-C of the correction law, provided that any denial of coverage of such drugs, procedures or supplies shall provide the patient with the means of obtaining additional information concerning both the denial and the means of challenging such denial.

7. [Eff July 1, 2014]

a. "Primary and preventive health care services" means: the services of physicians, optometrists, nurses, nurse practitioners, midwives and other related professional personnel which are provided on an outpatient basis, including routine well-child visits; diagnosis and treatment of illness and injury; laboratory tests; diagnostic x-rays; prescription drugs; radiation therapy; chemotherapy; hemodialysis; emergency room services; hospice services; and, outpatient alcohol and substance abuse services as defined by the commissioner in consultation with the superintendent.

b. "Optional primary and preventive health care services" means: dental, vision, speech and hearing services as defined by the commissioner in consultation with the superintendent.

8. [Until July 1, 2014] "Subsidy payment" means a payment made to an approved organization for the cost of covered health care services coverage to an eligible child or children.

8. [Eff July 1, 2014] "Subsidy payment" means a payment made to an approved organization for the cost of primary and preventive health care services coverage and inpatient health care services coverage to an eligible child or children.

9. "Premium payment" means: a payment made on behalf of an eligible child for enrollment in the child health insurance plan equal to:

(a) for periods prior to October first, nineteen hundred ninety-seven, twenty-five dollars per year for each child, but no more than one hundred dollars per year per family; and

(b) for periods on or after October first, nineteen hundred ninety-seven, amounts as follows:

(i) no payments are required for eligible children whose family net household income is less than one hundred twenty-six percent of the non-farm federal poverty level or the gross equivalent of such net income;

(ii) nine dollars per month for each eligible child whose family net household income is between one hundred twenty-six percent and one hundred thirty-two percent of the non-farm federal poverty level or the gross equivalent of such net income, but no more than thirty-six dollars per month per family; and

(iii) thirteen dollars per month for each eligible child whose family net household income is between one hundred thirty-three percent and one hundred eighty-five percent of the non-farm federal poverty level or the gross equivalent of such net income, but no more than fifty-two dollars per month per family.

(c) for periods on or after January first, nineteen hundred ninety-nine, amounts as follows:

(i) no payments are required for eligible children whose family net household income is less than one hundred thirty-three percent of the non-farm federal poverty level or the gross equivalent of such net income and, effective Au-

gust first, two thousand, no payments are required for eligible children who are American Indians or Alaskan Natives, as defined by the U.S. Department of Health and Human Services; and

(ii) nine dollars per month for each eligible child whose family net household income is between one hundred thirty-three percent and one hundred eighty-five percent of the non-farm federal poverty level or the gross equivalent of such net income, but no more than twenty-seven dollars per month per family; and

(iii) [Expires July 1, 2014] fifteen dollars per month for each eligible child whose family net household income is between one hundred eighty-six percent and one hundred ninety-two percent of the non-farm federal poverty level or the gross equivalent of such net income, but no more than forty-five dollars per month per family, and, effective July first, two thousand, fifteen dollars per month for each eligible child whose family net household income is between one hundred eighty-six percent and two hundred eight percent of the non-farm federal poverty level or the gross equivalent of such net income, but no more than forty-five dollars per month per family [fig 1] ; and

(iv) effective September first, two thousand [fig 1] eight, twenty dollars per month for each eligible child whose family gross household income is between two hundred fifty-one percent and three hundred percent of the non-farm federal poverty level, but no more than sixty dollars per month per family;

(v) effective September first, two thousand [fig 1] eight, thirty dollars per month for each eligible child whose family gross household income is between three hundred one percent and three hundred fifty percent of the non-farm federal poverty level, but no more than ninety dollars per month per family; and

(vi) effective September first, two thousand [fig 1] eight, forty dollars per month for each eligible child whose family gross household income is between three hundred fifty-one percent and four hundred percent of the non-farm federal poverty level, but no more than one hundred twenty dollars per month per family.

(d) for periods on or after July first, two thousand nine, amounts as follows:

(i) no payments are required for eligible children whose family gross household income is less than one hundred sixty percent of the non-farm federal poverty level and for eligible children who are American Indians or Alaskan Natives, as defined by the U.S. Department of Health and Human Services, whose family gross household income is less than two hundred fifty-one percent of the non-farm federal poverty level; and

(ii) nine dollars per month for each eligible child whose family gross household income is between one hundred sixty percent and two hundred twenty-two percent of the non-farm federal poverty level, but no more than twenty-seven dollars per month per family; and

(iii) fifteen dollars per month for each eligible child whose family gross household income is between two hundred twenty-three percent and two hundred fifty percent of the non-farm federal poverty level, but no more than forty-five dollars per month per family; and

(iv) thirty dollars per month for each eligible child whose family gross household income is between two hundred fifty-one percent and three hundred percent of the non-farm federal poverty level, but no more than ninety dollars per month per family;

(v) forty-five dollars per month for each eligible child whose family gross household income is between three hundred one percent and three hundred fifty percent of the non-farm federal poverty level, but no more than one hundred thirty-five dollars per month per family; and

(vi) sixty dollars per month for each eligible child whose family gross household income is between three hundred fifty-one percent and four hundred percent of the non-farm federal poverty level, but no more than one hundred eighty dollars per month per family.

10. "Superintendent" means the superintendent of insurance.

11. [Until July 1, 2014] "Inpatient health care services" means: inpatient hospital services provided by a general hospital, as defined in article twenty-eight of this chapter, a facility operated by the office of mental health under *section 7.17 of the mental hygiene law*, a facility issued an operating certificate pursuant to the provisions of article twenty-three or thirty-one of the mental hygiene law and services provided by physicians and other professional personnel on an inpatient basis for covered inpatient services; as defined by the commissioner in consultation with the superintendent.

11. [Eff July 1, 2014] "Inpatient health care services" means: inpatient hospital services provided by a general hospital, as defined in article twenty-eight of this chapter, excluding mental health services, substance abuse services, and alcohol treatment services; and services provided by physicians and other professional personnel on an inpatient basis for covered inpatient services; as defined by the commissioner in consultation with the superintendent.

12. "Group health plan" or "health insurance coverage" shall have the same meanings as set forth in section twenty-one hundred ten of the federal social security act.

HISTORY:

Add, L 1990, ch 922, § 33, eff Jan 1, 1991 (see 1990 and 1996 notes below); amd, L 1990, ch 923, § 10, eff Jan 1, 1991, L 1994, ch 170, § 430 (see 1994 note below), L 1994, ch 731, § 1 (see 1994 note below), L 1995, ch 81, § 40 (see 1995 note below), L 1996, ch 253, § 1, L 1996, ch 639, §§ 84-86, 87, 88-a, eff Sept 12, 1996, deemed eff on and after July 1, 1996 (see 1996 note below), L 1998, ch 2, § 1, eff Sept 24, 1998, deemed eff on and after Oct 1, 1997 (see 1998 note below), L 1998, ch 2, §§ 2-4, 6, 7, eff Jan 1, 1999, expires July 1, 2014 (see 1998 note below), L 1998, ch 2, § 5, eff Sept 24, 1998, deemed eff on and after Oct 1, 1997 (see 1998 note below), L 2000, ch 419, § 61, eff Aug 1, 2000 (see 2000 note below), L 2002, ch 526, § 2, eff Sept 17, 2002 (see 2002 note below), L 2002, ch 526, § 3, eff July 1, 2003 (see 2002 note below), L 2005, ch 58, § 69 (Part B), eff April 12, 2005 (see 2005 note below), L 2005, ch 645, § 5, eff Aug 30, 2005 (see 2005 note below), L 2007, ch 58, § 26 (Part A), eff April 9, 2007, deemed eff on and after April 1, 2007 (see 2007 note below), L 2007, ch 58, §§ 26, 27 (Part A), eff April 9, 2007, deemed eff on and after April 1, 2007 (see 2007 note below), L 2008, ch 58, § 31 (Part B), eff April 23, 2008, deemed eff on and after April 1, 2008 (see 2008 note below), L 2009, ch 59, § 72-a (Part C), eff April 7, 2009, deemed eff on and after April 1, 2009 (see 2009 note below), L 2010, ch 109, § 21 (Part B), eff July 1, 2010 (see 2010 note below).

NOTES:

Editor's Notes

Laws 1990, ch 922, § 34(e) and (f), eff July 31, 1990, provides as follows:

§ 34. This act shall take effect immediately, provided that:

(e) the state departments of health, social services and insurance are authorized to adopt such regulations and to take such steps prior to January 1, 1991 as may be appropriate to enable this act to become fully effective and implemented on January 1, 1991; and (Amd, L 1990, ch 923, § 11-a, eff July 31, 1990, L 1993, ch 731, § 47, eff Dec 27, 1993.).

(f) this act shall not be construed to alter, change, affect, impair or defeat any rights, obligations, duties or interests accrued, incurred or conferred prior to the enactment of this act. (Add, L 1993, ch 731, § 47; amd, L 1995, ch 81, § 50, L 1996, ch 253, § 3, L 1996, ch 639, § 152-b, eff Sept 12, 1996, deemed eff July 1, 1996.).

Laws 1994, ch 170, § 564, sub 54, eff June 9, 1994, provides as follows:

§ 564. This act shall take effect immediately provided, however, that:

54. The provisions of sections four hundred thirty through four hundred forty-one of this act shall take effect immediately; provided, however, that nothing contained herein shall be deemed to affect the application, qualification, expiration or repeal of any provision of law amended by any of such sections of this act and such provisions shall be applied or qualified or shall expire or be deemed repealed in the same manner, to the extent and on the same date as the case may be as otherwise provided by law; and provided, further, that the information and responses required of the department of taxation and finance by subdivision 2-a of *section 2511 of the public health law*, as added by section four hundred thirty-two of this act, shall not be required earlier than 120 days after this act shall have become a law.

Laws 1994, ch 731, § 2, eff Aug 2, 1994, provides as follows:

§ 2. This act shall take effect immediately provided however that the amendment to subdivision 4 of *section 2510 of the public health law* made by this act shall not affect the expiration of such section and shall be deemed to expire therewith.

Laws 1995, ch 81, § 246, subs 17 and 17-a, eff June 20, 1995, provides as follows:

§ 246. This act shall take effect immediately, provided that:

17. The commissioners of social services, taxation and finance, health, labor and motor vehicles and any appropriate council shall be authorized to promulgate regulations on an emergency basis to ensure the implementation of this act and may take any steps necessary to implement this act prior to its effective date;

17-a. The provisions of this act shall become effective notwithstanding the failure of the commissioner of health, or the commissioner of social services, or any council to adopt or amend or promulgate regulations implementing this act;

Laws 1996, ch 253, § 3, eff June 30, 1996, amended L 1990, ch 922, § 34, subs (a) and (f) (amd, L 1993, ch 731, § 47, L 1995, ch 81, § 50), so as to delete an expiration provision of June 30, 1996 previously applicable to the addition of this section.

Laws 1996, ch 253, § 9, eff June 30, 1996, provides as follows:

§ 9. Notwithstanding any inconsistent provision of law to the contrary, *sections 2510 and 2511 of the public health law* and sections 1 and 2 of chapter 703 of the laws of 1988, relating to enacting the expanded health care coverage act of 1988 and amending the insurance law and other laws relating to expanded health care and catastrophic health care expense coverage, as amended, shall remain in effect only to the extent that funds are available therefor.

Laws 1996, ch 639, §§ 2, 168, subs 6-10, eff Sept 12, 1996, deemed eff on and after July 1, 1996, provide as follows:

§ 2. This act shall be known and may be cited as the "New York Health Care Reform Act of 1996".

§ 168. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after July 1, 1996; provided that:

6. this act shall not be construed to alter, change, affect, impair or defeat any rights, obligations, duties or interests accrued, incurred or conferred prior to the enactment of this act;

7. the commissioner of health and the superintendent of insurance and any appropriate council may take any steps necessary to implement this act prior to its effective date;

8. notwithstanding any inconsistent provision of the state administrative procedure act or any other provision of law, the commissioner of health and the superintendent of insurance and any appropriate council is authorized to adopt or amend or promulgate on an emergency basis any regulation he or she or such council determines necessary to implement any provision of this act on its effective date;

9. the provisions of this act shall become effective notwithstanding the failure of the commissioner of health or the superintendent of insurance or any council to adopt or amend or promulgate regulations implementing this act; and.

10. nothing contained herein shall be deemed to affect the application, qualification, expiration, reversion or repeal of any provision of law amended by any section of this act and the provisions of this act shall be applied or qualified or shall expire or revert or be deemed repealed in the same manner, to the same extent and on the same date as the case may be as otherwise provided by law.

Laws 1998, ch 2, §§ 28, 47 subs 8-12, eff Sept 24, 1998, provide as follows:

§ 28. Notwithstanding any other law, rule or regulation to the contrary, the commissioner of health shall take any action necessary pursuant to subdivision 11 of section 2807-j and subdivision 8 of *section 2807-s of the public health law* and section 64 of chapter 639 of the laws of 1996 to ensure federal financial participation in the state children's health insurance program authorized pursuant to title XXI of the federal social security act and title 1-A of article 25 of the public health law. If the secretary of the United States department of health and human services determines the allowances set forth in *sections 2807-j and 2807-s of the public health law* are impermissible, notwithstanding actions taken by the commissioner of health pursuant to subdivision 11 of 2807-j and subdivision 8 of *section 2807-s of the public health law*, and revenue received by the state from such allowances is applied by the secretary of the United States department of health and human services to reduce the amount expended by the state under the state children's health insurance program or title XIX of the federal social security act, the provisions of sections two, three, four, seven, eight, nine, fourteen, fifteen, sixteen, eighteen, eighteen-a, twenty-three, twenty-four, twenty-four-a, twenty-five, twenty-six,

twenty-six-a and twenty-nine of this act and subparagraph (iii) of paragraph (c) of subdivision 9 of section 2510 and paragraph (g) of subdivision 2 of *section 2511 of the public health law* shall be deemed repealed 90 days after the date of such determination by the secretary of the United States department of health and human services.

§ 47. This act shall take effect immediately; provided, however, that:

8. provided that any person receiving home and community-based services on such date pursuant to a model waiver authorized in accordance with chapter 906 of the laws of 1984, as last amended by chapter 221 of the laws of 1997, may continue to receive such services in accordance with such chapter laws pending the approval and implementation of the waiver program authorized by section one of this act;

9. the commissioner of health and the superintendent of insurance and any appropriate council may take any steps necessary to implement this act prior to its effective date;

10. notwithstanding any inconsistent provision of the state administrative procedure act or any other provision of law, the commissioner of health and the superintendent of insurance is authorized to adopt or amend or promulgate on an emergency basis any regulation he or she determines necessary to implement any provision of this act on its effective date;

11. the provisions of this act shall become effective notwithstanding the failure of the commissioner of health or the superintendent of insurance to adopt or amend or promulgate regulations implementing this act; and.

12. nothing contained herein shall be deemed to affect the application, qualification, expiration, reversion or repeal of any provision of law amended by any section of this act and the provisions of this act shall be applied or qualified or shall expire or revert or be deemed repealed in the same manner, to the same extent and on the same date as the case may be as otherwise provided by law.

Laws 1998, ch 2, § 47 subs 3 and 4, eff Sept 24, 1998, provide as follows:

§ 47. This act shall take effect immediately; provided, however, that:

3. section six of this act shall take effect January 1, 1999; provided, however, that subparagraph (iii) of paragraph (c) of subdivision 9 of *section 2510 of the public health law*, as added by this article, shall expire on July 1, 2014; (Amd, L 2000, ch 20, § 1 (Part C), L 2001, ch 63, § 1 (Part C), L 2001, ch 150, § 1 (Part B), L 2001, ch 383, § 1 (Part O), L 2002, ch 1, § 55 (Part A), L 2003, ch 62, § 21 (Part A3), eff May 15, 2003, L 2005, ch 58, § 15 (Part B), eff April 12, 2005, L 2007, ch 58, § 24 (Part A), eff April 9, 2007, deemed eff on and after April 1, 2007, L 2011, ch 59, § 19 (Part D), eff March 31, 2011, deemed eff on and after April 1, 2011.).

4. sections two, three, four, seven, eight, nine, fourteen, fifteen, sixteen, eighteen, eighteen-a, twenty-three, twenty-four, and twenty-nine of this act shall take effect January 1, 1999 and shall expire on July 1, 2014; section twenty-five of this act shall take effect on January 1, 1999 and shall expire on April 1, 2005; (Amd, L 2000, ch 20, § 1 (Part C), L 2001, ch 63, § 1 (Part C), L 2001, ch 150, § 1 (Part B), L 2001, ch 383, § 1 (Part O), L 2002, ch 1, § 55 (Part A), L 2003, ch 62, § 21 (Part A3), eff May 15, 2003, L 2004, ch 58, § 5 (Part B), eff Aug 20, 2004, L 2005, ch 12, § 1, eff March 15, 2005, L 2005, ch 58, § 15 (Part B), eff April 12, 2005, L 2007, ch 58, § 24 (Part A), eff April 9, 2007, deemed eff on and after April 1, 2007, L 2011, ch 59, § 19 (Part D), eff March 31, 2011, deemed eff on and after April 1, 2011.).

Laws 2000, ch 419, §§ 68 and 70, subs 8-12, eff Sept 13, 2000, deemed eff on and after Jan 1, 2000, provide as follows:

§ 68. Notwithstanding any inconsistent provision of law, rule or regulation, for purposes of implementing the provisions of title 1-A of article 25 and article 28 of the public health law, references to titles XIX and XXI of the federal social security act in title 1-A of article 25 and article 28 of the public health law shall be deemed to include and also mean any successor titles thereto under the federal social security act.

§ 70. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after January 1, 2000; provided that:

8. this act shall not be construed to alter, change, affect, impair or defeat any rights, obligations, duties or interests accrued, incurred or conferred prior to the enactment of this act;

9. the commissioner of health and the superintendent of insurance and any appropriate council may take any steps necessary to implement this act prior to its effective date;

10. notwithstanding any inconsistent provision of the state administrative procedure act or any other provision of law, rule or regulation, the commissioner of health and the superintendent of insurance and any appropriate council is author-

ized to adopt or amend or promulgate on an emergency basis any regulation he or she or such council determines necessary to implement any provision of this act on its effective date;

11. the provisions of this act shall become effective notwithstanding the failure of the commissioner of health or the superintendent of insurance or any council to adopt or amend or promulgate regulations implementing this act; and.

12. nothing contained herein shall be deemed to affect the application, qualification, expiration, reversion or repeal of any provision of law amended by any section of this act and the provisions of this act shall be applied or qualified or shall expire or revert or be deemed repealed in the same manner, to the same extent and on the same date as the case may be as otherwise provided by law.

Laws 2002, ch 526, § 4, eff Sept 17, 2002, provides as follows:

§ 4. This act shall take effect immediately; provided that the amendment to subdivision 7 of *section 2510 of the public health law*, made by section two of this act, shall be subject to the expiration and reversion of such subdivision pursuant to section 47 of the laws of 1998, when upon such date the provisions of section three of this act shall take effect.

Laws 2005, ch 58, § 105, subs 4-8 (Part B), eff April 12, 2005, provides as follows:

§ 105. This act shall take effect immediately provided, however, that:

4. Any rules or regulations necessary to implement the provisions of this act may be promulgated and any procedures, forms, or instructions necessary for such implementation may be adopted and issued on or after the date this act shall have become a law;

5. This act shall not be construed to alter, change, affect, impair or defeat any rights, obligations, duties or interests accrued, incurred or conferred prior to the enactment of this act;

6. The commissioner of health and the superintendent of insurance and any appropriate council may take any steps necessary to implement provisions of this act prior to its effective date;

7. Notwithstanding any inconsistent provision of the state administrative procedure act or any other provision of law, rule or regulation, the commissioner of health and the superintendent of insurance and any appropriate council is authorized to adopt or amend or promulgate on an emergency basis any regulation he or she or such council determines necessary to implement any provision of this act on its effective date;

8. The provisions of this act shall become effective notwithstanding the failure of the commissioner of health or the superintendent of insurance or any council to adopt or amend or promulgate regulations implementing this act;

Laws 2005, ch 645, § 10, eff Aug 30, 2005, provides as follows:

§ 10. This act shall take effect immediately, provided that: (i) the amendments to subdivision 1 of *section 241 of the elder law* made by section three of this act shall be subject to the expiration and reversion of such subdivision pursuant to section 79 of part C of chapter 58 of the laws of 2005, as amended, when upon such date the provisions of section four of this act shall take effect; and.

(ii) the amendments to subdivision 7 of *section 2510 of the public health law* made by section five of this act shall not affect the expiration of such subdivision and shall be deemed to expire therewith.

Laws 2007, ch 58, § 69, subs 1-5, eff April 9, 2007, deemed eff on and after April 1, 2007, provides as follows:

§ 69. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2007; provided, however, that:

1. Any rules or regulations necessary to implement the provisions of this act may be promulgated and any procedures, forms, or instructions necessary for such implementation may be adopted and issued on or after the date this act shall have become a law;

2. This act shall not be construed to alter, change, affect, impair or defeat any rights, obligations, duties or interests accrued, incurred or conferred prior to the enactment of this act;

3. The commissioner of health and the superintendent of insurance and any appropriate council may take any steps necessary to implement this act prior to its effective date;

4. Notwithstanding any inconsistent provision of the state administrative procedure act or any other provision of law, rule or regulation, the commissioner of health and the superintendent of insurance and any appropriate council is authorized to adopt or amend or promulgate on an emergency basis any regulation he or she or such council determines necessary to implement any provision of this act on its effective date;

5. The provisions of this act shall become effective notwithstanding the failure of the commissioner of health or the superintendent of insurance or any council to adopt or amend or promulgate regulations implementing this act;

Laws 2008, ch 58, § 47, subs 1-b-6 and 11 (Part B), eff April 23, 2008, deemed eff April 1, 2008, provides as follows:

§ 47. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2008; provided, however, that:

1-b. Any rules or regulations necessary to implement the provisions of this act may be promulgated and any procedures, forms, or instructions necessary for such implementation may be adopted and issued on or after the date this act shall have become a law;

2. This act shall not be construed to alter, change, affect, impair or defeat any rights, obligations, duties or interests accrued, incurred or conferred prior to the enactment of this act;

3. The commissioner of health and the superintendent of insurance and any appropriate council may take any steps necessary to implement this act prior to its effective date;

4. Notwithstanding any inconsistent provision of the state administrative procedure act or any other provision of law, rule or regulation, the commissioner of health and the superintendent of insurance and any appropriate council is authorized to adopt or amend or promulgate on an emergency basis any regulation he or she or such council determines necessary to implement any provision of this act on its effective date;

5. The provisions of this act shall become effective notwithstanding the failure of the commissioner of health or the superintendent of insurance or any council to adopt or amend or promulgate regulations implementing this act;

6. The amendments to subparagraph (iii) of paragraph (c) of subdivision 9 of section 2510 and subparagraph (iii) of paragraph (a) of subdivision 2 of *section 2511 of the public health law* made by sections thirty-one and thirty-two of this act, respectively, shall not affect the expiration of such provisions and shall be deemed to expire therewith;

11. Nothing contained in this act shall be deemed to affect the application, qualification, expiration, reversion or repeal of any provision of law amended by any section of this act and the provisions of this act shall be applied or qualified or shall expire or revert or be deemed repealed in the same manner, to the same extent and on the same date as the case may be as otherwise provided by law.

Laws 2009, ch 58, §§ 1, 1-a, 129, subs (i)-(m) (Part C), eff April 7, 2009, deemed eff on and April 1, 2009, provide as follows:

Section 1. Legislative intent. The legislature finds that New York leads the nation in Medicaid spending per capita and ranks third highest in overall health care spending per capita. Despite this extraordinary level of spending, 2.3 million New Yorkers are uninsured and New York's health care system is ranked average among states and below average on hospitalizations that could have been avoided if patients had timely access to quality outpatient care. It is the intent of this legislation to ensure that New Yorkers have access to a high-performing health system and that New York Medicaid buys quality, cost-effective care by: implementing a transparent and accurate inpatient reimbursement system that rewards quality and efficiency; investing in ambulatory care services and supporting the development of health care homes; supporting providers that serve uninsured patients; increasing affordable coverage in partnership with the federal government; investing in health information technology; and more effectively and efficiently managing pharmaceutical benefits.

§ 1-a. Short title. This act shall be known and may be cited as the "health care improvement act".

§ 129. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2009; provided that:

(i) any rules or regulations necessary to implement the provisions of this act may be promulgated and any procedures, forms, or instructions necessary for such implementation may be adopted and issued on or after the date this act shall have become a law;

(j) this act shall not be construed to alter, change, affect, impair or defeat any rights, obligations, duties or interests accrued, incurred or conferred prior to the effective date of this act;

(k) the commissioner of health and the superintendent of insurance and any appropriate council may take any steps necessary to implement this act prior to its effective date;

(l) notwithstanding any inconsistent provision of the state administrative procedure act or any other provision of law, rule or regulation, the commissioner of health and the superintendent of insurance and any appropriate council is authorized to adopt or amend or promulgate on an emergency basis any regulation he or she or such council determines necessary to implement any provision of this act on its effective date;

(m) the provisions of this act shall become effective notwithstanding the failure of the commissioner of health or the superintendent of insurance or any council to adopt or amend or promulgate regulations implementing this act;

Laws 2010, ch 109, § 40, subs (b)-(f) and (i) (Part B), eff June 8, 2010, deemed eff on and after April 1, 2010, provides as follows:

§ 40. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2010, provided that:

(b) any rules or regulations necessary to implement the provisions of this act may be promulgated and any procedures, forms, or instructions necessary for such implementation may be adopted and issued on or after the date this act shall have become a law;

(c) this act shall not be construed to alter, change, affect, impair or defeat any rights, obligations, duties or interests accrued, incurred or conferred prior to the effective date of this act;

(d) the commissioner of health and the superintendent of insurance and any appropriate council may take any steps necessary to implement this act prior to its effective date;

(e) notwithstanding any inconsistent provision of the state administrative procedure act or any other provision of law, rule or regulation, the commissioner of health and the superintendent of insurance and any appropriate council is authorized to adopt or amend or promulgate on an emergency basis any regulation he or she or such council determines necessary to implement any provision of this act on its effective date;

(f) the provisions of this act shall become effective notwithstanding the failure of the commissioner of health or the superintendent of insurance or any council to adopt or amend or promulgate regulations implementing this act;

(i) the amendments to subdivision 7 of *section 2510 of the public health law* made by section twenty-one of this act shall not affect the expiration of such subdivision and shall be deemed to expire therewith; and.

Amendment Notes

2010. Chapter 109, § 20 (Part B) amended:

Sub 7 by deleting at fig 1 "except orthodontia and" and adding the matter in italics.

2009. Chapter 59, § 72-a (Part C) amended:

By adding sub 9, par (d).

2008. Chapter 58, § 31 (Part B) amended:

Sub 9, par (c), subpar (iv) by deleting at fig 1 "seven, contingent upon the availability of federal financial participation for the income expansion set forth in subparagraph (iii) of paragraph (a) of subdivision two of section twenty-five hundred eleven of this article" and adding the matter in italics.

Sub 9, par (c), subpar (v) by deleting at fig 1 "seven, contingent upon the availability of federal financial participation for the income expansion set forth in subparagraph (iii) of paragraph (a) of subdivision two of section twenty-five hundred eleven of this article" and adding the matter in italics.

Sub 9, par (c), subpar (vi) by deleting at fig 1 "seven, contingent upon the availability of federal financial participation for the income expansion set forth in subparagraph (iii) of paragraph (a) of subdivision two of section twenty-five hundred eleven of this article" and adding the matter in italics.

2007. Chapter 58, § 26 (Part A) amended:

Sub 9, par (c), subpar (iii) by deleting at fig 1 a period and adding the matter in italics.

2007. Chapter 58, § 27 (Part A).

By adding sub 12.

2005. Chapter 58, § 69 (Part B) amended:

NY CLS Pub Health § 2510

By redesignating entire sub 6 as sub 6, opening par and deleting at fig 1 "or on the first day of the month of application, whichever is later.", at fig 2 "in which a child ceases to be an eligible child, or up to the last day of the third month after an eligible child becomes eligible for medical assistance, whichever is earlier." and adding the matter in italics.

By adding sub 6, par (a).

By adding sub 6, par (b).

By adding sub 6, par (c).

Research References & Practice Aids:

64 NY Jur 2d Health and Sanitation § 139

70 NY Jur 2d Insurance § 1416.1

Case Notes:

Insurance Department was not in error in holding in its April 27, 2001 letter that CHP contracts are "commercial" contracts, rather than government programs. Insurance Department, Privacy Opinions of General Counsel, Opinion Number 01-06-11.



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*** This section is current through 2011 released chapters ***
*** 1-54, 57-495 ***

PUBLIC HEALTH LAW
ARTICLE 25. MATERNAL AND CHILD HEALTH
TITLE I-A. CHILD HEALTH INSURANCE PLAN

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NY CLS Pub Health § 2511 (2011)

§ 2511. Child health insurance plan

1. [Expires July 1, 2014]

(a) The commissioner, in consultation with the superintendent, shall establish a program to the extent of funds available therefor through contractual arrangements with approved organizations to provide covered health care services coverage for eligible children. The availability of coverage for primary and preventive health care services and inpatient health care services coverage shall be continued pending approval of contractual arrangements that include covered health care services coverage and implementation of such coverage to the extent of funds available therefor.

(b) Coverage for covered health care services shall not be effective until such time as contractual arrangements are executed pursuant to this section for such purposes and an eligible child is enrolled in the program.

1. [Eff July 1, 2014]

(a) The commissioner, in consultation with the superintendent, shall establish a program to the extent of funds available therefor through contractual arrangements with approved organizations to provide primary and preventive health care services coverage and inpatient health care services coverage for eligible children. The availability of coverage for primary and preventive health care services shall be continued pending approval of contractual arrangements that include inpatient health care services coverage and implementation of such coverage to the extent of funds available therefor.

(b) Coverage for inpatient health care services shall not be effective until such time as contractual arrangements are executed pursuant to this section for such purposes and an eligible child is enrolled in the program.

2. In order to be eligible for a subsidy payment pursuant to subdivision three of this section, a child shall meet the following criteria:

(a) [Expires July 1, 2014]

(i) effective January first, nineteen hundred ninety-nine, resides in a household having a net household income at or below one hundred ninety-two percent of the non-farm federal poverty level (as defined and updated by the United States department of health and human services) or the gross equivalent of such net income; and

(ii) effective July first, two thousand, resides in a household having a [fig 1] gross household income at or below two hundred [fig 2] fifty percent of the non-farm federal poverty level (as defined and updated by the United States department of health and human services) [fig 3] ; and

(iii) effective September first, two thousand [fig 1] eight, resides in a household having a gross household income at or below four hundred percent of the non-farm federal poverty level (as defined and updated by the United States department of health and human services);

(a) [Eff July 1, 2014] resides in a household having a net household income at or below one hundred eighty-five percent of the non-farm federal poverty level (as defined and annually revised by the federal office of management and budget) or the gross equivalent of such net income;

(b) is not eligible for medical assistance, except that a child who becomes eligible for medical assistance after becoming an eligible child under this title, may be eligible for a subsidy payment pursuant to subdivision three of this section as medical assistance for a period up to three months after becoming eligible for medical assistance; and

(c) does not have health care coverage under insurance, as defined by the commissioner, in consultation with the superintendent. The applicant for insurance shall attest to the source and nature of the child's health care coverage under this paragraph, if any; and

(d) (i) was not covered by a group health plan based upon a family member's employment, as defined by the commissioner in consultation with the superintendent of insurance, during the six month period prior to the date of the application under this title; except in the case of:

(A) loss of employment due to factors other than voluntary separation;

(B) death of the family member which results in termination of coverage under a group health plan under which the child is covered;

(C) change to a new employer that does not provide an option for comprehensive health benefits coverage;

(D) change of residence so that no employer-based comprehensive health benefits coverage is available;

(E) discontinuation of comprehensive health benefits coverage to all employees of the applicant's employer;

(F) expiration of the coverage periods established by COBRA or the provisions of subsection (m) of section three thousand two hundred twenty-one, subsection (k) of section four thousand three hundred four and subsection (e) of section four thousand three hundred five of the insurance law; [fig 1]

(G) termination of comprehensive health benefits coverage due to longterm disability [fig 1] ;

(H) cost of employment-based health insurance is more than five percent of the family's income;

(I) a child applying for coverage under this title is pregnant; or

(J) a child applying for coverage under this title is at or below the age of five. Implementation of this exception is subject to federal approval of the state's child health plan setting forth such exception and submitted in accordance with Title XXI of the federal social security act. If federal approval is not granted to implement this exception for children at or below the age of five, such exception shall be implemented at an alternate age specified by the federal government and included in the state's Title XXI child health plan.

(ii) (A) The implementation of this paragraph for a child residing in a household having a gross household income at or below two hundred fifty percent of the non-farm federal poverty level (as defined and updated by the United States department of health and human services) shall take effect only upon the commissioner's finding that insurance provided under this title is substituting for coverage under group health plans in excess of a percentage specified by the secretary of the federal department of health and human services. The commissioner shall notify the legislature prior to implementation of this paragraph.

(B) The implementation of clauses (A), (B), (C), (D), (E), (F), (G) and (I) of subparagraph (i) of this paragraph for a child residing in a household having a gross household income between two hundred fifty-one and four hundred percent of the non-farm federal poverty level (as defined and updated by the United States department of health and human services) shall take effect September first, two thousand eight; provided however, the entirety of subparagraph (i) of this paragraph shall take effect and be applied to such children on the date federal financial participation becomes available for such population in accordance with the state's Title XXI child health plan. The commissioner shall monitor the number of children who are subject to the waiting period established pursuant to this clause.

(e) is a resident of New York state. Such residency shall be demonstrated by adequate proof, as determined by the commissioner, of a New York state street address. If the child has no street address, such proof may include, but not be limited to, school records or other documentation determined by the commissioner.

(f)

(i) In order to establish income eligibility under this subdivision at initial application, a household shall provide such documentation specified in subparagraph (iii) of this paragraph, as necessary and sufficient to determine a child's financial eligibility for a subsidy payment under this title. The commissioner may verify the accuracy of such income infor-

mation provided by the household by matching it against income information contained in databases to which the commissioner has access, including the state's wage reporting system pursuant to subdivision five of section one hundred seventy-one-a of the tax law and by means of an income verification performed [fig 1] pursuant to a cooperative agreement with the department of taxation and finance pursuant to subdivision four of section one hundred seventy-one-b of the tax law.

(ii) In order to establish income eligibility under this subdivision at recertification, a household shall attest to all information regarding the household's income that is necessary and sufficient to determine a child's financial eligibility for a subsidy payment under this title and shall provide the social security numbers for each parent and legally responsible adult who is a member of the household and whose income is available to the child, subject to subparagraph (v) of this paragraph. The commissioner may verify the accuracy of such income information provided by the household by matching it against income information contained in databases to which the commissioner has access, including the state's wage reporting system and by means of an income verification performed [fig 1] pursuant to a cooperative agreement with the department of taxation and finance pursuant to subdivision four of section one hundred seventy-one-b of the tax law. In the event that there is an inconsistency between the income information attested to by the household and any information obtained by the commissioner from other sources pursuant to this subparagraph, and such inconsistency is material to the household's eligibility for a subsidy payment under this title, the commissioner shall require the approved organization to obtain income documentation from the household as specified in subparagraph (iii) of this paragraph.

(iii) Income documentation shall include, but not be limited to, one or more of the following for each parent and legally responsible adult who is a member of the household and whose income is available to the child;

(A) current annual income tax returns;

(B) paycheck stubs;

(C) written documentation of income from all employers; or

(D) written documentation of income eligibility of a child for free or reduced breakfast or lunch through the school meal program certified by the child's school, provided that:

(I) the commissioner may verify the accuracy of the information provided in the same manner and way as provided for in subparagraph (ii) of this paragraph; and

(II) such documentation may not be suitable proof of income in the event of a material inconsistency in income after the commissioner has performed verification pursuant to subparagraph (ii) of this paragraph; or

(E) other documentation of income (earned or unearned) as determined by the commissioner, provided, however, such documentation shall set forth the source of such income.

(iv) In the event a household does not provide income documentation required by subparagraph (iii) of this paragraph within two months of the approved organization's request, the approved organization shall disenroll the child at the end of such two month period. Except as provided in paragraph (c) of subdivision five-a of this section, approved organizations shall not be obligated to repay subsidy payments made by the state on behalf of children enrolled during this two month period.

(v) In the event a household chooses not to provide the social security numbers required by subparagraph (ii) of this paragraph, such household shall provide income documentation specified in subparagraph (iii) of this paragraph as a condition of the child's enrollment. Nothing in this paragraph shall be construed as obligating a household to provide social security numbers of parents or legally responsible adults as a condition of a child's enrollment or eligibility for a subsidy payment under this title.

(vi) Any income verification response by the department of taxation and finance pursuant to subparagraphs (i) and (ii) of this paragraph shall not be a public record and shall not be released by the commissioner, the department of taxation and finance or an approved organization except pursuant to this paragraph. Information disclosed pursuant to this paragraph shall be limited to information necessary for verification. Information so disclosed shall be kept confidential by the party receiving such information. Such information shall be expunged within a reasonable time to be determined by the commissioner and the department of taxation and finance.

(g) [Expires July 1, 2014]

(i) Notwithstanding any inconsistent provision of law to the contrary and subject to the availability of federal financial participation under title XIX of the federal social security act, a child under the age of nineteen shall be presumed to be eligible for subsidy payments and temporarily enrolled for coverage under this title, once during a twelve month period, beginning on the first day of the enrollment period following the date that an approved organization determines, on the basis of preliminary information, that a [fig 1] child's net household income does not exceed [fig 2] the income level specified in title eleven of article five of the social services law for children eligible for medical assistance based on such child's age. The [fig 3] temporary enrollment period shall continue until the earlier of the date an eligibility deter-

mination is made pursuant to this title or title eleven of article five of the social services law, or two months after the date [fig 4] temporary enrollment begins; provided however, a [fig 5] temporary enrollment period may be extended in the event an eligibility determination under this title or title eleven of article five of the social services law is not made within such two month period through no fault of the applicant for insurance for medical assistance. The commissioner shall assure that children who are enrolled pursuant to this paragraph receive the appropriate follow-up for a determination of eligibility for benefits under this title or title eleven of article five of the social services law prior to the termination of the [fig 6] temporary enrollment period. The commissioner shall assure that children and their families are informed of all available enrollment sites in accordance with subdivision nine of this section.

(ii) Effective September first, two thousand seven, temporary enrollment pursuant to subparagraph (i) of this paragraph shall be provided only to children who apply for recertification of coverage under this title who appear to be eligible for medical assistance under title eleven of article five of the social services law.

(h) [Expires July 1, 2014] The commissioner may, in consultation with the superintendent, promulgate rules and regulations necessary to prevent fraud and abuse in eligibility determinations made by approved organizations pursuant to this subdivision.

(i) [None]

(j) Where an application for recertification of coverage under this title contains insufficient information for a final determination of eligibility for continued coverage, a child shall be presumed eligible for a period not to exceed the earlier of two months beyond the preceding period of eligibility or the date upon which a final determination of eligibility is made based on the submission of additional data. In the event such additional information is not submitted within two months of the approved organization's request, the approved organization shall disenroll the child following the expiration of such two month period. Except as provided in paragraph (c) of subdivision five-a of this section, approved organizations shall not be obligated to repay subsidy payments received on behalf of children enrolled during this two month period.

2-a. (a) An approved organization that has reasonable cause to believe that an applicant for insurance, parent or legally responsible adult has provided false income information may submit tax returns and any other available income information, including, if not prohibited by federal law for purposes of income verification, social security account numbers, to the department as may be necessary to determine income eligibility. The department shall promptly furnish to the department of taxation and finance, pursuant to the agreements authorized by subdivision five of section one hundred seventy-one-a and subdivision four of section one hundred seventy-one-b of the tax law, the names, address and social security account numbers, if available, of the parents and legally responsible adults who are members of the household, together with a request that the department of taxation and finance, pursuant to those agreements, promptly ascertain insofar as is possible, and from the most recent available data, whether the collective income reported by those individuals exceeds the income eligibility level for that household, as determined by the department in compliance with paragraph (a) of subdivision two of this section. The department, in consultation with the department of taxation and finance, shall establish a methodology for comparing numerical equivalents. In ascertaining whether a household's income exceeds the income eligibility threshold transmitted by the department, the department of taxation and finance shall also examine information available pursuant to section one hundred seventy-one-a of the tax law where any of the named individuals have failed to file a New York state income tax return for the most recent filing year or where there is an indication, from the department or otherwise, that the individual's income may have changed. Reliance on such section one hundred seventy-one-a information shall be specially indicated in the department of taxation and finance's response. This provision shall not be construed to authorize the department of taxation and finance to disclose any figure on any personal income tax return. The department shall promptly inform the approved organization of the response from the department of taxation and finance. Submission of income information for verification shall not delay the application of any other provision of this section to an applicant for insurance or an enrolled child.

(b) Before an approved organization submits income information to the department for verification with the department of taxation and finance, it shall:

(i) provide the applicant for insurance with notification of its intent to seek such verification;

(ii) notify the applicant for insurance of the confidentiality and expungement provisions contained in paragraph (c) of this subdivision; and

(iii) provide the applicant for insurance with the opportunity to review and modify the income information.

(c) Such income information and verification response by the department of taxation and finance shall not be a public record and shall not be released by the department, the department of taxation and finance or the approved organiza-

tion except pursuant to this subdivision. Information disclosed pursuant to this section shall be limited to information necessary for verification. Information so disclosed shall be kept confidential by the party receiving such information. Such income information shall be expunged within a reasonable time to be determined by the department and the department of taxation and finance.

2-b. (a) Effective October first, two thousand ten, for purposes of claiming federal financial participation under paragraph nine of subsection (c) of section twenty-one hundred five of the federal social security act, for individuals declaring to be citizens at initial application, a household shall provide:

(i) the social security number for the applicant to be verified by the commissioner in accordance with a process established by the social security administration pursuant to federal law, or

(ii) documentation of citizenship and identity of the applicant consistent with requirements under the medical assistance program, as specified by the commissioner on the initial application.

(b) Pending receipt of the information required by subparagraph (i) of paragraph (a) of this subdivision, an initial application shall continue to be processed by an approved organization or enrollment facilitator and a child shall be presumptively enrolled in the program in accordance with procedures and timeframes currently specified in contracts.

2-c. Express lane eligibility.

(a) Notwithstanding any inconsistent provision of law, rule or regulation, the commissioner is authorized to (i) establish standards and procedures for express lane enrollment and renewal implemented in accordance with section 2107(e)(1)(B) of the federal social security act, including but not limited to reliance on a finding made by an express lane agency, as defined in section 1902(e)(13)(F) of the federal social security act, to determine whether a child meets one or more of the eligibility criteria set forth in subdivision two of this section; (ii) specify such standards and procedures in the state child health plan established under title XXI of the federal social security act and applicable contracts with approved organizations and enrollment facilitators; and (iii) waive any information and documentation requirements set forth in this section necessary to implement express lane eligibility pursuant to standards and procedures established under subparagraphs (i) and (ii) of this paragraph; provided, however, that information and documentation required pursuant to subdivision two-b of this section may not be waived.

(b) Subject to federal approval, such standards and procedures shall specify that information and documentation regarding citizenship and immigration status collected by an express lane agency and provided to the commissioner for the purpose of express lane eligibility may be used to satisfy the requirements of subdivision two-b of this section.

(c) Such standards and procedures shall also include a process for determining enrollment error rates and implementing corrective actions as required by section 1902(e)(13)(E) of the federal social security act.

3. Subsidy payments shall be made, pursuant to subdivision eight of this section, to approved organizations for the purposes of subsidizing the entire cost of coverage for eligible children meeting the criteria of subdivision two of this section. Notwithstanding any inconsistent provision of this subdivision, the total annual aggregate cost-sharing with respect to all eligible children in a family under this section shall not exceed amounts provided pursuant to applicable federal law. In order to be eligible for a subsidy payment pursuant to this subdivision a premium payment shall be paid for an eligible child in accordance with the provisions of subdivision nine of section twenty-five hundred ten of this title. Nothing herein shall preclude payment of the premium on behalf of an eligible child on a monthly, quarterly, semi-annual or annual basis.

4. [Expires July 1, 2014] Households shall report to the approved organization, within thirty days, any changes in New York state residency or health care coverage under insurance that may make a child ineligible for subsidy payments pursuant to this section. Any individual who, with the intent to obtain benefits, willfully misstates income or residence to establish eligibility pursuant to subdivision two of this section or willfully fails to notify an approved organization of [fig 1] a change in residence or health care coverage pursuant to this subdivision [fig 2] shall repay such subsidy to the commissioner. Individuals seeking to enroll children for coverage shall be informed that such willful misstatement or failure to notify shall result in such liability.

4. [Eff July 1, 2014] Subsidy payments shall be made, pursuant to subdivision eight of this section, to approved organizations for the purposes of subsidizing a portion of the cost of coverage for optional primary and preventive health services for eligible children meeting the criteria of subdivision two of this section. The commissioner pursuant to regula-

tion shall determine the costs to be borne by those individuals enrolled in optional primary and preventive health care services and shall take into account the household size and gross annual income.

4-a. [Eff July 1, 2014] Any individual who, with the intent to obtain benefits, willfully misstates income or residence to establish eligibility pursuant to subdivision two of this section or willfully fails to notify an approved organization of an increase in income or change in residence pursuant to subdivision two of this section shall repay such subsidy to the commissioner. Individuals seeking to enroll children for coverage shall be informed that such willful misstatement or failure to notify shall result in such liability.

5. [Expires July 1, 2014] Notwithstanding any inconsistent provisions of subdivision two of this section, an individual who meets the criteria of paragraphs [fig 1] (b) and (c) of subdivision two of this section but not the criteria of paragraph (a) of such subdivision may be enrolled for covered health care services, provided however, that an approved organization shall not be eligible to receive a subsidy payment for providing coverage to such individuals. The cost of coverage shall be determined by the commissioner, in consultation with the superintendent and shall be no more than the cost of providing such coverage.

5. [Eff July 1, 2014] Notwithstanding any inconsistent provisions of subdivision two of this section, an individual who meets the criteria of paragraphs (b) and (c) but not the criteria of paragraph (a) of such subdivision may be enrolled for primary and preventive health care services, or optional primary and preventive health care services, and inpatient health care services, provided however, that an approved organization shall not be eligible to receive a subsidy payment for providing coverage to such individuals. The cost of coverage shall be determined by the commissioner, in consultation with the superintendent and shall be no more than the cost of providing such coverage.

5-a. Obligations of approved organizations.

(a) An approved organization shall have the obligation to review all information provided pursuant to subdivision two of this section and shall not certify or recertify a child as eligible for a subsidy payment unless the child meets the eligibility criteria.

(b) An approved organization shall promptly review all information relating to a potential change in eligibility [fig 1] based on information provided pursuant to subdivision four of this section. Within at least thirty days after receipt of such information, the approved organization shall make a determination whether the child is still eligible for a subsidy payment and shall notify the household and the commissioner if it determines the child is not eligible for a subsidy payment.

(c) Any approved organization which engages in a pattern and practice of enrolling or recertifying children who are ineligible pursuant to subdivision two of this section, as determined by the commissioner, in consultation with the superintendent, shall be required to repay all subsidy payments received on account of ineligible children. Improper enrollment based upon a good faith reliance on documentation which appears accurate on its face shall not constitute a pattern or practice. Any such approved organization may also be removed as an approved organization, provided however, that eligible children shall continue to receive services until such time as the orderly transition to other approved organizations can be effected.

6. [Expires July 1, 2014] The commissioner shall, in consultation with the superintendent, establish guidelines for the submission of proposals by eligible organizations for the purposes of providing covered health care services coverage to eligible children including, but not limited to, the following components:

6. [Eff July 1, 2014] The commissioner shall, in consultation with the superintendent, establish guidelines for the submission of proposals by eligible organizations for the purposes of providing primary and preventive health care services coverage and inpatient health care services coverage to eligible children including, but not limited to, the following components:

(a) standards for individual enrollment including mechanisms for presumptive eligibility and annual recertification;

(b) standards for provider enrollment;

(c) [Expires July 1, 2014] standards for scope of covered health care service benefits;

(c) [Eff July 1, 2014] standards for scope of primary and preventive health care service benefits and inpatient health care services benefits;

(d) standards for health care provider payment methodologies, provided however, that levels and methods of payment shall be consistent with those provided under similar insurance plans;

(e) standards for appropriate utilization review, quality assurance and case management mechanisms; and

(f) such other criteria which may be deemed necessary.

6-a. The commissioner, in consultation with the superintendent, may establish a program for cards issued to eligible children which can store or access information electronically, including the identity of the child and such other medical data and information as the commissioner, in consultation with the superintendent, may prescribe.

7. (a) A proposal submitted by an eligible organization shall meet the following criteria:

(i) designate the geographic area to be served by the program, and estimate the number of eligible participants and actual participants in such designated area;

(ii) [Expires July 1, 2014] assure access to and delivery of high quality, appropriate covered health care services and, when applicable, include a network of health care providers in sufficient numbers and geographically accessible to service program participants;

(ii) [Eff July 1, 2014] assure access to and delivery of high quality, appropriate primary and preventive health care services and inpatient health care services and, when applicable, include a network of health care providers in sufficient numbers and geographically accessible to service program participants;

(iii) describe the procedures for marketing and determining eligibility for the health care coverage plan in the program location, including the designation of other entities which may perform such functions under contract with the organization;

(iv) describe proposed health care provider payment methodologies;

(v) describe in detail the estimated expenses, including personnel costs and other types of administrative expenses which will be incurred in the development and implementation of the program;

(vi) describe the quality assurance, utilization review and case management mechanisms to be implemented;

(vii) demonstrate the applicant's ability to meet the data analysis and reporting requirements of the program;

(viii) [Expires July 1, 2014] describe the benefit package to be offered by the program and the cost of such benefit package;

(viii) [Eff July 1, 2014] describe the benefit package including, optional primary and preventive health care services, to be offered by the program and the cost of such benefit package;

(ix) describe the provisions for arranging for or offering conversion coverage in the event of termination of coverage under this title;

(x) demonstrate financial feasibility of the program;

(xi) describe the premium, copayments and deductibles to be paid by program participants who are ineligible for subsidy payments; and

(xii) include such other information as the commissioner and the superintendent may deem appropriate.

(b) The commissioner, in consultation with the superintendent, shall make a determination whether to approve, disapprove or recommend modification of the proposal. In order for a proposal to be approved by the commissioner, the proposal must also be approved by the superintendent with respect to the provisions of subparagraphs (viii) through (xii) of paragraph (a) of this subdivision.

(c) The commissioner, in consultation with the superintendent, shall ensure, to the extent possible, that child health insurance plan coverage is available in all geographic areas. The commissioner may approve more than one approved organization to serve all or part of a geographic area.

7-a. (a) Notwithstanding any inconsistent provisions of subdivisions one and three of section two thousand five hundred ten of this title, subdivisions six and seven of this section, subject to paragraph (b) of this subdivision, and section one hundred sixty-three of the state finance law, the commissioner may contract with organizations approved under section three hundred sixty-four-j of the social services law, without a competitive bid or request for proposal process, to provide covered health care services coverage for eligible children pursuant to this title.

(b) In order to be approved pursuant to this subdivision, an organization shall meet the criteria set forth in subdivision seven of this section and shall comply with standards established by the commissioner, in consultation with the superintendent, pursuant to subdivision six of this section.

(c) Organizations approved pursuant to this subdivision shall comply with the requirements of this title and contractual provisions established thereunder, title XXI of the federal social security act and any implementing federal regulations, and requirements set forth in the state child health plan established pursuant to title XXI of the federal social security act.

(d) Notwithstanding any inconsistent provision of section one hundred twelve or one hundred sixty-three of the state finance law, at the discretion of the commissioner, without a competitive bid or request for proposal process, contractual arrangements with approved organizations, as defined in subdivision two of section twenty-five hundred ten of this article, in effect in two thousand seven may be extended to any period on and after July first, two thousand seven to provide an uninterrupted continuation of services and may be amended as deemed necessary.

8. The commissioner shall determine the amount of funds to be allocated to an approved organization for the purposes described in subdivision one of this section within such funds which may be available for the purposes of this article. (a) Subsidy payments made to approved organizations on and after April first, two thousand five through March thirty-first, two thousand six, shall be at amounts approved prior to April first, two thousand five. Applications for increases to subsidy payments submitted by approved organizations to the superintendent on or after January first, two thousand five, shall not be considered for approval until after March thirty-first, two thousand six. (b) Further, subsidy payments made to approved organizations on and after April first, two thousand seven through March thirty-first, two thousand eight, shall be at amounts approved prior to April first, two thousand seven. Applications for increases to subsidy payments submitted by approved organizations to the superintendent on or after January first, two thousand seven, shall not be considered for approval until after March thirty-first, two thousand eight. (c) Nothing in this subdivision shall prohibit decreases in subsidy payments in accordance with relevant contract provisions.

(d)

(i) Effective April first, two thousand nine, payment for marketing and facilitated enrollment activities set forth in subdivision nine of this section and included in subsidy payments made to approved organizations providing such services pursuant to a contract with the state shall be limited to an amount determined annually by the commissioner.

(ii) Such subsidy payments shall be adjusted by the commissioner to remove any costs of approved organizations in excess of the amount determined in accordance with subparagraph (i) of this paragraph based on cost reports submitted to the department by approved organizations.

(e) The commissioner shall adjust subsidy payments to approved organizations made on and after April first, two thousand ten, so that the amount of each such payment, as otherwise calculated pursuant to this subdivision, is reduced by twenty-eight percent of the amount by which such calculated payment exceeds the statewide average subsidy payment for all approved organizations in effect on April first, two thousand ten. Such statewide average subsidy payment shall be calculated by the commissioner and shall not reflect adjustments made pursuant to this paragraph.

(f) The commissioner shall adjust subsidy payments made to approved organizations on and after April first, two thousand eleven through March thirty-first, two thousand twelve, so that the amount of each such payment is reduced by one and seven-tenths percent.

(g) The commissioner may increase subsidy payments made to approved organizations that voluntarily participate in the multi-payor patient centered medical home program to reflect additional costs associated with enhanced payments made to certified medical homes by approved organizations as required by article twenty-nine-AA of this chapter.

9. [Expires July 1, 2014]

(a) The commissioner shall develop and implement locally-tailored public education, outreach and facilitated enrollment strategies targeted to children who may be eligible for benefits under this title or title eleven of article five of the social services law, and may contract with community based organizations including but not limited to, child advocacy organizations, providers, school-based health centers and local government. In awarding contracts, the commissioner shall consider the extent to which such organizations, or coalitions of organizations, are able to target efforts effectively in geographic regions of the state where the proportion of children enrolled under this title and title eleven of article five of the social services law is lower than other geographic regions of the state. In approving entities to undertake activities pursuant to this subdivision, within a defined geographic region, the commissioner shall make a good

faith effort to assure that a coalition is broadly inclusive of organizations able to target effectively children who may be eligible under this title and title eleven of article five of the social services law.

(b) Outreach strategies shall include, but are not limited to:

(i) public education;

(ii) dissemination of outreach materials regarding the availability of benefits available under this title and title eleven of article five of the social services law, so long as such materials have been approved by the commissioner prior to distribution;

(iii) recruitment of children who may be eligible under this title or title eleven of article five of the social services law, including the distribution of a common application form for services under such titles;

(iv) outstationing of persons who are authorized to provide assistance to families in completing the enrollment application process under this title and title eleven of article five of the social services law, including the conduct of personal interviews pursuant to section three hundred sixty-six-a of the social services law and personal interviews required upon recertification under such section of the social services law, in locations, such as community settings, which are geographically accessible to large numbers of children who may be eligible for benefits under such titles, and at times, including evenings and weekends, when large numbers of children who may be eligible for benefits under such titles are likely to be encountered. Persons outstationed in accordance with this subparagraph shall be authorized to make determinations of presumptive eligibility in accordance with paragraph (g) of subdivision two of section two thousand five hundred and eleven of this title; and

(v) notice by local social services districts to medical assistance applicants of the availability of benefits under paragraph (g) of subdivision two of section two thousand five hundred and eleven of this title.

(c) The commissioner shall assure that persons authorized to determine eligibility under title eleven of article five of the social services law are placed in selected community settings.

(d) Subject to the availability of funds therefor, training shall be provided for outstationed persons and employees of approved organizations to enable them to disseminate information, facilitate the completion of the application process under this subdivision, and conduct personal interviews required by section three hundred sixty-six-a of the social services law and personal interviews required upon recertification under such section of the social services law.

(e) The commissioner shall assure that outreach activities are coordinated with all approved organizations, enrollment brokers and other relevant entities under this title and title eleven of article five of the social services law. The commissioner shall periodically monitor activities of these entities to facilitate the completion of applications for services and other activities under this subdivision. Such monitoring may include, but not be limited to, unannounced site visits. As part of the commissioner's assurance of coordinated outreach activities, contracts with outreach organizations under this subdivision shall include enrollment procedures for inquiring into existing relationships with health care providers and procedures for providing information about how such relationships may be maintained with respect to health care coverage under this title and under title eleven of article five of the social services law.

(f) Prior to entering into a contract under this subdivision, the commissioner shall require that potential outreach organizations disclose the nature of any contractual, financial, fiduciary or advisory relationships they have with any approved organizations providing covered health care services, and with the department. Applications submitted by organizations which fail to disclose any such relationships shall be eliminated from consideration for this program.

(g) The commissioner is authorized to submit one or more amendments to the appropriate cost allocation plan to enable the state to receive federal financial participation under title XIX and title XXI of the federal social security act, and is authorized to modify the administration of this program in order to obtain the maximum amount of federal financial participation for its components.

(h) Regardless of the availability of funding for contractual arrangements, upon application the commissioner may permit additional community-based organizations and qualified health care providers to perform education, outreach and facilitated enrollment services in accordance with this subdivision.

(i) The provisions of this subdivision shall be implemented only to the extent such provisions are not inconsistent with federal law, regulation and administrative guidance.

9. [Eff July 1, 2014] The commissioner shall, within amounts available therefor, contract with community-based and other marketing organizations for purposes of public education, outreach, and recruitment of eligible children, including the distribution of applications and information regarding enrollment. In awarding such contracts, the commissioner

shall consider the marketing, outreach and recruitment efforts of approved organizations, and the extent to which such organizations are able to effectively target efforts in geographic regions where the proportion of eligible children enrolled under this title are lower than in other geographic regions of the state. Community-based organizations shall include, but not be limited to: day care centers, schools, community-based diagnostic and treatment centers, and hospitals.

10. Notwithstanding any other law or agreement to the contrary, and except in the case of a child or children who also becomes eligible for medical assistance, benefits under this title shall be considered secondary to any other plan of insurance or benefit program, except the physically handicapped children's program and the early intervention program, under which an eligible child may have coverage.

11. (a) An approved organization shall submit required reports and information to the commissioner in such form and at times, at least annually, as may be required by the commissioner and specified in contracts and official department of health administrative guidance, in order to evaluate the operations and results of the program and quality of care being provided by such organizations. Such reports and information shall include, but not be limited to, enrollee demographics, program utilization and expense, [fig 1] patient care outcomes and patient specific medical information, including encounter data maintained by an approved organization for purposes of quality assurance and oversight. Any information or data collected pursuant to this paragraph shall be kept confidential in accordance with Title XXI of the federal social security act or any other applicable state or federal law.

(b) In the event an approved organization fails to submit any required report and information, as specified in contracts and official department of health administrative guidance, on or before the due date specified by the commissioner, the commissioner may reduce the approved organization's subsidy payments by up to a total of two percent each month for a period beginning on the first day of the calendar month following the original due date of the required report and information and continuing until the last day of the calendar month in which the required report and information are submitted; provided however, an approved organization shall not be subject to the percentage reduction under the following conditions: [fig 1] (i) for any new report for which such organization did not have reasonable notice which shall be at least sixty days notice of its requirement, data and submission specifications, and due date by certified mail to the approved organization's chief financial officer; or [fig 2] (ii) for any report, upon a finding by the commissioner that such report was not submitted on a timely basis for good cause, which may include, but not be limited to, additional time required to modify or add to computer data systems.

12. The commissioner shall, in consultation with the superintendent, establish procedures to coordinate the child health insurance plan with the medical assistance program, including but not limited to, procedures to maximize enrollment of eligible children under those programs by identification and transfer of children who are eligible or who become eligible to receive medical assistance and procedures to facilitate changes in enrollment status for children who are ineligible for subsidies under this section and for children who are no longer eligible for medical assistance in order to facilitate and ensure continuity of coverage. The commissioner shall review, on an annual basis, the eligibility verification and recertification procedures of approved organizations under this title to insure the appropriate enrollment of children. Such review shall include, but not be limited to, an audit of a statistically representative sample of cases from among all approved organizations. In the event such review and audit reveals cases which do not meet the eligibility criteria for coverage set forth in this section, that information shall be forwarded to the approved organization and the commissioner for appropriate action.

12-a. The commissioner shall establish procedures to audit approved organizations for compliance with the requirements of this title, including the requirements of subdivision twelve of this section, contractual provisions established thereunder and advisory memoranda issued by the commissioner, title XXI of the federal social security act and any implementing federal regulations, and requirements set forth in the state child health plan established pursuant to title XXI of the federal social security act. Approved organizations shall comply with such procedures and make available any data necessary to perform such audits. Audit procedures shall include, but not be limited to, the following:

(a) standards and procedures for a preliminary audit to be conducted on no more than an annual basis;

(b) standards and procedures for the submission of a plan of correction by an approved organization, including time periods allowed to implement such plan of correction;

(c) standards and procedures for a second audit, including an exit conference which provides an approved organization the opportunity to rebut the composition of the audit sample as representative prior to recovery of subsidy payments and the imposition of penalties;

(d) standards and procedures for recovery of subsidy payments made for ineligible children, which, notwithstanding any inconsistent provisions of this title, may include recoveries based on extrapolated findings from a statistically representative sample of cases which shall be actuarially based and consistent with accepted auditing standards; and

(e) standards and procedures for the imposition of penalties for substantial noncompliance, which may include, but not be limited to, financial penalties in addition to penalties set forth in section twelve of this chapter and consistent with applicable federal standards, as specified in contracts, and contract termination.

13. On or before January first, nineteen hundred ninety-two, the commissioner shall report to the governor and the legislature on the implementation of the program of primary and preventive health care services coverage established pursuant to subdivision one of this section. Such report shall include, but not be limited to: a status report on implementation of the program including the number of individuals enrolled profiled by age and geographic location and the number and location of contractual arrangements entered into; the impact of such program on access to primary and preventive health care services; the effect, expenditures and activities of the community-based outreach program; the number of children for whom an application for insurance coverage has been made and enrollees who were determined to be ineligible and the reasons therefor; and, such other matters as the commissioner deems appropriate. The commissioner shall report annually thereafter on the status of such program, and on and after January first, nineteen hundred ninety-seven including inpatient health care services, including any recommendations for change or other modification in such program.

14. The commissioner, in consultation with the superintendent, shall enter into agreements with one or more persons, not-for-profit corporations, or other organizations, other than a state employee, official or agency, for the performance of a comprehensive evaluation of the implementation and effectiveness of the child health insurance program. Notwithstanding any inconsistent provision of law, the commissioner may allocate and distribute from funds otherwise available for distribution for purposes of this title an amount not to exceed five hundred thousand dollars for the costs of such evaluation. The evaluation shall include, but not be limited to:

(a) the overall effect of the child health insurance program on access to, utilization and quality of primary and preventive health care services, including, but not limited to, patterns of service utilization, geographic availability of service providers, possible reductions in uncompensated care as a result of the program, and enrollee satisfaction with program administration, services and quality;

(b) the impact of the child health insurance program on the health status of program participants, including the comparative impact on families that have a child enrolled in the program and other children that are not eligible and do not have coverage;

(c) the effect of the child health insurance program on emergency room utilization, including the effectiveness of preventing inappropriate utilization;

(d) the geographic accessibility of the child health insurance program, including the availability and accessibility of service providers, premium levels and premium increases;

(e) the effect of community-based and statewide outreach education efforts;

(f) the results of a statistically valid sampling of cases verifying certification and recertification of eligibility for subsidy payments under this title including but not limited to data on failure by approved organizations to adequately verify enrollee eligibility;

(g) any recommendations for programmatic changes to improve the child health insurance program based on program evaluation and enrollee satisfaction data; and

(h) a cost and patient outcome comparison of indemnity plans and managed care plans offered under this program.

A preliminary evaluation shall be submitted to the governor and the legislature by April first, nineteen hundred ninety-five and a further evaluation shall be submitted by January first, nineteen hundred ninety-six.

14-a. The commissioner shall enter into an agreement with one or more persons, not-for-profit corporations, or other organizations, other than a state employee, official or agency, for comprehensive research concerning the health care coverage of children in New York state. The organization conducting the research shall, at least annually, issue a report of its findings to the governor and the legislature. The research shall include, but not be limited to:

(a) a survey of the uninsured in the state;

(b) on-going comprehensive studies of the characteristics of uninsured children and their families, including demographic characteristics, and reasons such children and families are uninsured;

(c) the collection and dissemination of data and other relevant information relating to the health care coverage of children and their families; and

(d) a review of such factors relating to the uninsured in New York state as the commissioner, in consultation with the superintendent, shall require.

15. Notwithstanding any inconsistent provision of section one hundred twelve or one hundred sixty-three of the state finance law or any other law, at the discretion of the commissioner without a competitive bid or request for proposal process:

(a) contractual arrangements with approved organizations to provide primary and preventive health care services coverage for eligible children, or with organizations for purposes of public education, outreach and recruitment of eligible children, in effect in nineteen hundred ninety-three may be extended to provide for primary and preventive health care services coverage for eligible children or public education, outreach and recruitment of eligible children in nineteen hundred ninety-four and nineteen hundred ninety-five and those contractual arrangements with approved organizations to provide primary and preventive health care services coverage for eligible children in effect for nineteen hundred ninety-five may be extended through June thirtieth, nineteen hundred ninety-six to provide an uninterrupted continuation of services and additional time for program evaluation and may be amended as may be necessary, provided, however, that the commissioner shall periodically review the process of ensuring adequate participation of approved organizations under this section; and

(b) contractual arrangements with approved organizations to provide primary and preventive health care services coverage for eligible children, or with organizations for purposes of public education, outreach and recruitment of eligible children in effect in the period January first, nineteen hundred ninety-six through June thirtieth, nineteen hundred ninety-six may be extended for public education, outreach and recruitment of eligible children through December thirty-first, nineteen hundred ninety-six and to provide for primary and preventive health care services coverage for eligible children through such periods for which such coverage continues to apply prior to the addition of coverage for inpatient health care services to provide an uninterrupted continuation of services and may be amended as may be necessary.

16. [Expires July 1, 2014] The commissioner and the commissioner of social services shall jointly develop a simplified application form for coverage under this title, the medical assistance program and the federal women, infants and children program, and shall also develop appropriate verification and sampling procedures for the child health insurance plan in order to facilitate the appropriate enrollment of eligible children into the child health insurance plan, the medical assistance program, and the women, infants and children program. Nothing in this subdivision shall be construed to require that eligibility documentation requirements for the services under this title shall apply to the medical assistance program, nor shall this subdivision be construed to preclude eligibility for any person pending the development of that application. Such application shall be available for use by local social services districts and approved organizations under this title by June thirtieth, nineteen hundred ninety-four.

16-a. The commissioner shall develop a simplified recertification form for use by approved organizations in renewing coverage for eligible children under this title. The form shall include requests only for such information that is: (i) reasonably necessary to determine continued eligibility for coverage under this title; and (ii) subject to change since the date of the household's initial application.

17. The commissioner, in consultation with the superintendent, is authorized to establish and operate a child health information service which shall utilize advanced telecommunications technologies to meet the health information and support needs of children, parents and medical professionals, which shall include, but not be limited to, treatment guidelines for children, treatment protocols, research articles and standards for the care of children from birth through eight-

een years of age. Such information shall not constitute the practice of medicine, as defined in article one hundred thirty-one of the education law.

18. Premium Assistance Program.

(a) The commissioner shall establish a premium assistance program for the purchase of family coverage under a group health plan or health insurance coverage that includes coverage of an eligible child, as defined in subdivision four of section twenty-five hundred ten of this article, contingent upon:

(i) a determination by the commissioner that the purchase of family coverage under this subdivision is cost effective relative to the amount the state would pay to obtain coverage under this title solely for the eligible child or children; and

(ii) the availability of federal financial participation in accordance with a waiver application submitted by the commissioner and approved by the secretary of the department of health and human services.

(b) The commissioner shall establish and specify standards for the implementation of the premium assistance program in the federal waiver application, including, but not limited to, the following:

(i) standards for eligibility of children and families for and enrollment in the premium assistance program which shall include, at a minimum, the eligibility criteria set forth in subdivision two of this section; provided that:

(A) participation in the program for a child who resides in a household having a gross household income at or below two hundred fifty percent of the non-farm federal poverty level (as defined and updated by the United States department of health and human services) shall be voluntary and an eligible child may disenroll from the premium assistance program at any time and enroll in individual coverage under this title; and

(B) participation in the program for a child who resides in a household having a gross household income between two hundred fifty-one and four hundred percent of the non-farm federal poverty level (as defined and updated by the United States department of health and human services) and meets certain eligibility criteria shall be mandatory. A child in this income group who meets the criteria for enrollment in the premium assistance program shall not be eligible for individual coverage under this title;

(ii) standards for required levels of employer contributions toward the cost of premiums for family coverage;

(iii) standards for the level of state payment toward the cost of premiums for family coverage;

(iv) standards for the scope and level of benefits to be provided in the premium assistance program;

(v) standards for data collection including, but not limited to, data regarding the substitution of health insurance coverage that would be provided to eligible children in the absence of family coverage purchased pursuant to this subdivision; and

(vi) any other standards deemed necessary by the commissioner to implement the premium assistance program.

(c) The state share of the cost of the premium assistance program, if implemented, shall be funded within amounts appropriated for the purpose of providing healthcare coverage for uninsured and underinsured children pursuant to this title.

19. Claims submitted to an approved organization for payment for medical care, services, or supplies furnished by an out-of-network health care provider must be submitted within fifteen months of the date the medical care, services, or supplies were furnished to an eligible person to be valid and enforceable against the approved organization. If a claim by an out-of-network health care provider is not submitted within fifteen months of the date that the medical care, services or supplies were furnished and the claim is subsequently denied by the approved organization for that reason, such out-of-network health care provider shall not seek payment for such medical care, services or supplies from the enrollee. This deadline for claims submission shall not apply where the claims submission is warranted to address findings or recommendations identified in a state or federal audit except where such audit also indicates that an inappropriate provider payment was solely the fault of the out-of-network health care provider.

20. For approved organizations with negotiated rates of payment for inpatient hospital services under contracts in effect on April first, two thousand eight, that have a payment rate methodology for such inpatient hospital services that utilizes rates calculated by the department of health pursuant to paragraph (a) or (a-2) of subdivision one of section twenty-eight hundred seven-c of the public health law for patients under the medical assistance program, such rate shall not include adjustments pursuant to subdivision thirty-three of section twenty-eight hundred seven-c of this chapter for contract periods prior to January first, two thousand ten. [fig 1]

TITLE 8. EDUCATION DEPARTMENT
CHAPTER II. REGULATIONS OF THE COMMISSIONER
SUBCHAPTER F. PRIVATE SCHOOLS
PART 125. VOLUNTARY REGISTRATION OF NONPUBLIC NURSERY SCHOOLS AND KINDERGARTENS

Section 125.1. General.

(a) As used in this Part, school means a nonpublic nursery school or kindergarten organized for the purpose of educating a group or groups of six or more children less than seven years of age, under the supervision of qualified teachers, providing an adequate program of learning activities and maintaining good standards of health and safety.

(b) A school shall be registered by the department upon the submission of satisfactory evidence that it meets the standards set forth in this Part and receives approval after onsite visitation. Registration shall be valid for a period of five years, subject to revocation for cause.

(c) Department staff shall conduct annual visits to schools within the following categories:

- (1) schools with registration certificates that will expire during the year;
- (2) schools operated by new applicants, including schools operated by new owners pursuant to section 125.10(a)(3) of this Part;
- (3) schools located in newly constructed or renovated sites; and
- (4) schools that require onsite technical assistance to alleviate regulatory non-compliance issues.

Section 125.2. Building and facilities.

(a) Classrooms.

(1) Classrooms shall be on the first or second floor of a building or be directly accessible by elevator.

(2) No classroom floor shall be more than four feet below ground level.

(3) Classrooms shall have a minimum of 35 square feet of floor space per child (exclusive of cloakroom, isolation room, toilets, kitchens, halls, porches and storage space).

(4) A minimum temperature of 68 degrees, measured three feet above the floor, shall be maintained in each room used by children.

(5) The building and rooms occupied by the school shall be clean, sanitary and dry.

(6) All concrete floors used by children shall be covered with an appropriate material.

(7) Classrooms shall be well ventilated.

(8) There shall be a minimum of 30 foot-candles of light in all parts of a classroom.

(9) To prevent glare, electric light bulbs shall be shielded in a method acceptable to the department.

(b) Eating and rest facilities.

(1) Space used for eating shall be clean.

(2) There shall be no more than eight children at one table at one time during lunch.

(3) A sanitary cot shall be provided for each child who spends more than four hours per day at the school. Sanitary, individual bed covering sufficient to maintain adequate warmth shall be provided.

(4) There shall be at least two feet between cots at resting time.

(c) Sanitary facilities.

(1) There shall be at least one flush toilet (open seat), stationary washbowl and a low mirror for each group of 15 children. If these facilities are not child-size, low platforms or steps shall be available.

(2) Separate toilet facilities shall be provided for staff and employees in schools that provide a lunch program for children.

(3) A sink with running water shall be in or readily available to every classroom.

(4) Individual drinking cups, disposable paper cups or bubbler fountains of the angle jet type shall be provided.

(5) Provision shall be made for the proper washing of dishes and cooking utensils.

(6) Adequate accessories, including paper towels, soap and wastepaper containers, shall be provided to promote health and personal cleanliness.

(7) Garbage receptacles shall be of adequate size, covered, emptied daily and cleansed after emptying. Trash or garbage shall not be stored in rooms ordinarily occupied by children, in outdoor play areas or in accesses thereto.

(8) A constant supply of hot water shall be available.

(9) The use of common washcloths, towels, combs and hairbrushes is prohibited.

(10) Sufficient and suitable clothing shall be available so that children may receive a change if needed. All such clothing shall be thoroughly washed after each use.

(d) Outdoor play area.

(1) There shall be at least 200 square feet of outdoor play area per child. Less than 200 square feet per child may be permitted upon submission of evidence of careful spacing of equipment and limitation of use to small groups at one time.

(2) Outdoor play area shall be easily accessible to the classroom and toilet facilities. It shall be free of hazards, well drained and enclosed by perpendicular wooden or wire fencing, a low wall or dense shrubbery.

(e) Plans. Sketches with dimensions of floor plans, including an indication of exits, lavatory facilities and outdoor space shall be sent to the office of the chief school officer of the school district in which the school is located.

(f) Approval of plans to change facilities. There shall be no construction, addition, substantial modification or change in occupancy of buildings or parts of buildings used or to be used in the operation of a school unless plans and designs of changes have been approved in writing by the department.

Section 125.3. Fire and safety regulations.

(a) Inspections. Registered schools shall be subject to inspections and recommendations of the New York State Division of Fire Safety, Office of Local Government, 155 Washington Avenue, Albany, New York 12210.

(b) Heating equipment.

(1) Furnaces shall be enclosed in rooms of fire resistant construction, including walls, ceiling, door frames and self-closing door of at least one hour rating. No flammable materials shall be stored in the furnace room.

(2) Direct-fired or electric space heaters shall not be used in rooms used by children.

(3) All flammable materials and any items that may be harmful to children shall be kept in locked cabinets.

(c) Exits and stairs.

(1) Each floor used by children shall have two means of exit remote from each other, immediately accessible from all rooms.

(2) In schools with three or more classrooms, all outside exit doors shall open outward and shall be lockable from the outside only.

(3) All stairs used by children shall be constructed of fire-resistive material or finished with fire retardant materials or coatings, shall be in good repair, and equipped with hand rails of suitable height and circumference for young children.

(4) There shall be no storage of flammable materials under stairs.

(5) Fire escapes shall be of stair-step construction and approaches to them shall be in good repair, readily accessible and free of obstructions.

(d) Fire equipment.

(1) Fire detection, fire alarm and fire fighting equipment, including an adequate number of fire extinguishers, appropriate to the type of building and occupancy, shall be provided. Fire protection equipment throughout unsupervised spaces within the building, including storerooms, boiler rooms and exit ways shall include an automatic fire detection alarm system of the heat or smoke sensing type or automatic sprinkler system.

(2) All fire detection, fire alarm and fire fighting equipment shall be tested once a month and maintained in good working condition. Staff shall be instructed in their functioning and operation.

(e) Evacuation.

(1) A written plan shall be developed for immediate evacuation of all children from premises in case of fire and for a subsequent roll call. All staff shall be trained as to their responsibilities in an emergency.

(2) Fire drills shall be held in accordance with the provisions of section 807 of the Education Law and in no event less than once each month. A record of these drills shall be maintained.

(3) The school shall be equipped with a telephone for use in an emergency. The telephone number of the fire department affording protection shall be conspicuously posted at the telephone.

(f) Reports.

(1) The school shall maintain up-to-date copies or photostats of fire and health permits, certificate of occupancy and a zoning permit when required by a zoning ordinance of the community in which the school is located. If the school is located in New York City, a current copy of its day care permit shall be maintained on file at the school in lieu of the other reports required by this paragraph.

(2) Registered schools shall file copies of an annual fire inspection report to the New York State Division of Fire Safety, Office of Local Government, 155 Washington Avenue, Albany, New York 12210, by December 1 on forms provided by that office, as required by Education Law, section 807-a. Each registered school shall maintain on file at the school a copy of its annual fire inspection report.

(3) Schools in cities where the population is 125,000 or more according to the last census shall also file reports as indicated in subdivision (f) (2) above.

(g) Other safety standards.

(1) Safeguards shall be provided to protect children against injury on account of low windows, exposed pipes, hatchways and window wells.

(2) Peeling or damaged paint or plaster shall be repaired.

(3) Paint containing lead shall not be used on walls, window sills, beds, toys or any equipment accessible to children.

(4) A first-aid kit shall be provided. It shall be kept in a clean container, out of reach of young children.

(5) Adequate protection against insects shall be maintained.

(6) Windows and doors shall be openable and equipped with safety devices. Effective means of eliminating insects shall be provided.

(7) Appropriate telephone numbers and instructions for obtaining police and medical assistance shall be posted near the telephone.

(8) Any pet or animal on the premises indoors and outdoors shall be in good health, properly cared for and suitable for young children.

(h) Transportation.

(1) All vehicles used for the transportation of children to and from school must conform to the Public Service Law, section 61, subdivision 14.

(2) Safety procedures concerning the arrival and departure of children must be acceptable to the department.

Section 125.4. Education equipment.

(a) Indoors. Learning centers in a classroom shall include areas for block building, housekeeping, water play, creative arts, painting and clay and collage, science and nature study, cooking and music. There shall be adequate books and pictures, puzzles, games and small manipulative materials.

(b) Outdoors. Outdoor equipment shall include permanent, well-anchored structures for climbing and dramatic play. There shall be movable equipment, wheel toys, tricycles, wagons, trucks, building equipment, ladders, sawhorses and a shed or area to store this equipment.

Section 125.5. Health.

(a) Sanitation. Schools shall comply with all sanitation requirements of local and State departments of health.

(b) Physical examinations.

(1) At least thirty days prior to admission to school, each child shall have a completed physical examination by a physician, including an appropriate vision screening, audio testing, laboratory tests as indicated and a dental examination. A written statement signed by the examining physician shall be furnished to the school.

(2) All children shall have a yearly physical examination by a physician and a dental examination by a dentist.

(3) A detailed cumulative medical record shall be kept of all examinations, illnesses, accidents and any treatment given to a child.

(4) A daily health check of each child shall be made by the teacher or another responsible person who is familiar with the child and is trained to recognize symptoms of illness and communicable disease.

(5) No medication shall be administered to children except by order of a physician.

(c) Arrangements for emergency care. In preparation for illness or accident the school shall:

(1) have parents' telephone number easily accessible;

(2) have a doctor on call;

(3) have an automobile available to take child to a hospital;

(4) have first aid materials easily available;

(5) have a room available for isolation of child until parent arrives;

(6) allow no child to return until the school has the doctor's assurance that the child is free of a communicable disease and is ready to resume activities.

(d) Permission to provide emergency treatment. Schools shall have on file written permission from the parents or guardians for the care of any child who has or develops symptoms of illness or is injured. Such statements shall include notification of the child's parents, guardian or other person having legal custody, and provision for emergency medical care or first aid. If a child should have or develops symptoms of illness, he shall be isolated from the other children until he is seen by a physician or removed from the school. In the event of an accident or illness requiring immediate medical care, the director of the school or other person in charge shall be responsible for securing such care and notifying the parents, guardian or person having legal custody of the child. There shall be an understanding with such person or persons that an ill child shall be removed as soon as possible upon the request of the school and shall not be readmitted until it is determined upon physician's assurance that he is free from communicable or contagious disease.

(e) Nutrition.

(1) Schools that operate a program of less than three hours shall provide snacks.

(2) Schools with programs of more than three hours shall provide snacks and lunch.

(3) Schools that provide lunch shall consult with a dietitian to insure adequate and nutritional food.

(4) When lunches are served, menus shall be prepared in advance, dated and posted in a conspicuous place for parents and visitors to see.

(f) Balanced activities. A registered school shall include balanced activities with quiet and vigorous pursuits, indoor and outdoor play, acceptable to the department.

(g) Staff. All staff shall have a regular physical examination by a physician. All staff shall have a chest x-ray biennially.

Section 125.6. Staff requirements.

(a) Educational director.

(1) The educational director shall hold a New York State certificate or its equivalent in (i) early childhood education (nursery, Kindergarten and primary grades), or (ii) nursery-kindergarten, or (iii) elementary education N-6 or K-6 with specialized preparation for teaching in early childhood grades, or (iv) shall present evidence of substantially equivalent instruction and experience,

(2) The educational director shall, in addition to the above qualifications, give evidence of instruction and/or experience in supervision and administration.

(b) Group teacher.

(1) Except as indicated below a group teacher in nursery schools and/or kindergartens shall be certified as indicated in subdivision (a) (1) above.

(2) A graduate of a community college who has majored in nursery education and has had three years experience as a nursery school group assistant may serve as a group teacher in the nursery school, provided that prior to employment each year he shall send to the office of the chief school officer of the school district in which the school is located each of the following:

(i) An original or copy of a record of a college or university indicating current matriculation as a part-time student specializing in early childhood education in a program leading to a bachelor's degree and/or certification.

(ii) An original or copy of a program or record of a college or university providing detailed information regarding courses necessary for completion of the program leading to a degree and/or certification as indicated in subdivision (a) (1) above.

(iii) Annually a study plan on a form provided by the bureau of child development and parent education showing the titles of courses to be taken in the ensuing year, periods of time of such study, and the institution or institutions offering the courses.

(iv) Official college transcripts yearly indicating courses completed.

(3) Individuals who do not qualify under subdivision (a) (1) above but have had a minimum of 10 years experience as a nursery school teacher and a minimum of 20 hours of credit in early childhood education in an approved teacher education institution may serve as a group teacher in the nursery school provided that he shall send to the office of the chief school officer of the school district in which the school is located a study plan each year on a form provided by the bureau of child development and parent education.

(c) Group assistant. A group assistant shall be a graduate of a two year program in a community college with a major in nursery education or shall have had substantially equivalent instruction and experience.

(d) Group aide. A group aide shall have at least a high school diploma or the equivalent.

(e) Consultants. Schools shall have available professional consultants for help with children and families who have special needs.

(f) Official college transcripts. Educational directors, group teachers, group assistants or group aides who do not hold one of the certificates described above, shall have institutions on the college level send official transcripts directly to the office of the chief school officer of the school district in which the school is located.

(g) Study plans. Those educational directors, group teachers, group assistants or group aides not fully certified shall give evidence in writing yearly of plans for professional improvement, including course titles, sponsors and proposed dates, on forms to be provided by the bureau of child development and parent education. These plans shall be approved by the executive officer of the school, and sent to the office of the chief school officer of the school district in which the school is located.

Section 125.7. Teacher-pupil ratio.

(a) Supervision. In a school there shall be more than one adult available to any group at all times.

(b) Class size. There shall be an enrollment of not less than six pupils in a group in any one session of either nursery school or kindergarten.

(c) Staffing.

(1) Nursery school.

(i) There shall be no more than 20 children in one group in one room.

(ii) For three-year-olds, the ratio of children to adults shall not be greater than 8:1, with a qualified teacher in attendance at all times.

(iii) For four-year-olds, the ratio of children to adults shall not be greater than 10:1, with a qualified teacher in attendance at all times.

(2) Kindergarten.

(i) There shall be no more than 22 children in one group in one room.

(ii) For five-year-olds, the ratio of children to teachers shall not be more than 15:1, with a qualified teacher in attendance at all times.

(3) Day care center. If a school is in session more than six hours a day, the rules and regulations of the Department of Social Services regarding ratio of children to child care staff shall be followed (18 NYCRR 451.8).

Section 125.8. Educational program.

(a) Curriculum and school year.

(1) Each school shall submit evidence that it will maintain a curriculum and an educational program based on and adapted to the ages, interests and needs of the children.

(2) The term and hours of each kindergarten shall be substantially equivalent to those established by the school district in which it is located; kindergarten groups

shall meet not less than five half-days a week. Nursery school groups shall meet at least two half-days a week.

(b) Activities. Children shall have opportunity to choose and become involved in learning activities. These activities shall include:

- (1) manipulation of different materials, objects and textures;
- (2) dramatic play activities;
- (3) creative arts activities;
- (4) large muscle activities;
- (5) participation in discussions and simple games;
- (6) exposure to literature;
- (7) participation in music;
- (8) science experiences; and
- (9) short trips to the neighborhood.

(c) Each school shall provide evidence of positive parent collaboration in the education of their children.

Section 125.9. Admission to kindergarten.

A kindergarten shall not admit a child who is younger than the age of entrance into the public schools established by the school district in which that child resides.

Section 125.10. Registration and reports.

(a) Registration.

(1) A school may be registered as a nursery school and/or kindergarten. A school which includes both a nursery school and kindergarten, if it seeks registration, must apply for registration to include both nursery school and kindergarten. A registered school which initiates instruction on either level for which it is not registered shall, within 10 days thereof, make application for extension of its registration to such other level. Registration of such school at the original level shall be terminated at the end of the school year in which application for such extension is made, unless a school qualifies for such extension.

(2) Formal application for registration shall be made on forms provided by the department. The department reserves the right to ask for any additional information necessary to determine the eligibility of the school for registration. Application blanks shall be sent to the Chief, Bureau of Child Development and Parent Education, State Education Department, Albany, NY 12234.

(3) Change of ownership of a school nullifies its registration and, if the school is to be registered, the new owner must make formal application.

(4) Each school shall obtain written approval before increasing the enrollment of any group or of the school at any time beyond the maximum number stipulated by the department.

(5) Prior written approval shall be obtained concerning changes in the educational director and group teachers of a school.

(b) Reports.

(1) Registered schools shall file an annual report with the department at a time determined by the department. Failure to file the completed annual report within 30 days of the date requested will terminate registration for the school.

(2) Advertising.

(i) Copies of all advertising, literature, catalogs, brochures, pamphlets and circulars shall be maintained by the school in its files.

(ii) Any advertising or soliciting which misleads or tends to mislead the public shall be grounds for forfeiture of registration.

(3) Within 10 days after any changes in its location, ownership or policies, a registered school shall report such changes to the department.

18 NYCRR 418-2.1

N.Y. Comp. Codes R. & Regs. tit. 18, § 418-2.1

Compilation of Codes, Rules and Regulations of the State of New York Currentness

Title 18. Department of Social Services

Chapter II. Regulations of the Department of Social Services

Subchapter C. Social Services

Article 2. Family and Children's Services

Part 418. Day Care Centers

Subpart 418-2. Small Day Care Centers (Refs & Annos)

⇒Section 418-2.1. Definitions, enforcement and hearings

The provisions of Part 413 of this Title apply to this Subpart.

Sec. filed: Dec. 5, 2000 as emergency measure; March 5, 2001 as emergency measure, expired 90 days after filing; June 4, 2001 as emergency measure, expired 90 days after filing; Sept. 4, 2001 as emergency measure; Dec. 3, 2001 as emergency measure, expired 90 days after filing; March 4, 2002 as emergency measure, expired 90 days after filing; June 3, 2002 as emergency measure, expired 90 days after filing; Sept. 3, 2002 as emergency measure; Nov. 19, 2002 as emergency measure; Jan. 28, 2003 eff. Feb. 12, 2003.

18 NYCRR 418-2.1, 18 NY ADC 418-2.1

Current through amendments included in the New York State Register, Volume XXXII, Issue 41, dated October 12, 2011.

18 NYCRR 418-2.2

N.Y. Comp. Codes R. & Regs. tit. 18, § 418-2.2

Compilation of Codes, Rules and Regulations of the State of New York Currentness

Title 18. Department of Social Services

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Part 418. Day Care Centers

Subpart 418-2. Small Day Care Centers (Refs & Annos)

⇒Section 418-2.2. Procedures for applying for and renewing a registration

(a) Applicants for a registration must submit to the office:

(1) a completed application, including required affectations, on forms furnished by the office or approved equivalents. Such application and attestations must include an agreement by the applicant to operate the small day care center in conformity with applicable laws and regulations;

(2) certificate of occupancy or other documentation from the local government authority having jurisdiction for determining compliance with the New York State Uniform Fire Prevention and Building Code showing that the facility has been inspected and approved within the 12 months preceding the date of application for use as a small day care center, in accordance with the appropriate provisions of such code;

(3) documentation from local zoning authorities or officials, where such authorities or officials exist, that a small day care center is a permitted use under any zoning code applicable to the area in which the small day care center is located;

(4) documentation from the local health office or the New York State Department of Health showing that the facility has been inspected and approved within the 12 months preceding the date of application;

(5) where a provider uses a private water supply, a report from a State licensed laboratory or individual, based on tests performed within the 12 months preceding the date of application, showing that the water meets standards for drinking water established by the New York State Department of Health;

(6) certification, on forms provided by the office, that the building, its property and premises, and the surrounding neighborhood and environment are free from environmental hazards. Such hazards include but are not limited to dry cleaners, gas stations, nuclear laboratories or power plants, property designated as a Federal superfund clean-up site, and any property with known contaminated ground or water supplies. Where the historical or current use of the building, its property and premises, or the surrounding neighborhood indicate that an environmental hazard may be present, inspection or testing must be completed by the appropriate local official or authority to determine if such hazard exists. Documentation of the inspection or testing must be appended to the statement required by this paragraph and include a statement from the appropriate local official or authority following this inspection and/or testing that the building, its property and premises, and the surrounding neighborhood meet applicable standards for sanitation and safety;

(7) documentation from service personnel licensed by the New York State Department of State to perform fire alarm systems maintenance, repair and testing which shows that fire alarm and detection systems have been inspected, tested and maintained in accordance with the applicable requirements of the New York State Uniform Fire Prevention and Building Code for use of the building as a small day care center;

- (8) documentation from service personnel qualified to perform fire suppression systems testing showing that fire suppression equipment and systems have been tested and maintained in accordance with the applicable requirements of the New York State Uniform Fire Prevention and Building Code for use of the building as a small day care center;
- (9) documentation from an inspector from the New York State Department of Labor, or an insurance company licensed to write boiler insurance in New York State, showing that all steam or hot water boilers have been inspected and approved in accordance with the requirements of the New York State Department of Labor. For all other fuel burning heating systems and equipment, and boilers not subject to the New York State Department of Labor requirements, documentation of service by a heating contractor performed within the 12 months preceding the date of application;
- (10) a diagram of the portion of the building to be occupied by the small day care center and all adjacent areas of such building, as required in section 418-2.3 of this Subpart;
- (11) a description of program activities offered to meet the needs of children, as described in section 418-2.7 of this Subpart;
- (12) a copy of the evacuation plan, as required in section 418-2.5 of this Subpart, specifying alternate means of egress;
- (13) a health care plan developed in accordance with the requirements of section 418-2.11 of this Subpart;
- (14) health statements for the provider and any alternate provider completed within the 12 months preceding the date of application, as required in section 418-2.11 of this Subpart;
- (15) a summary of the training and experience of the provider and any alternate provider, as described in section 418-2.13 of this Subpart;
- (16) the names, addresses and day time telephone numbers of at least three references each for the provider and any alternate provider, as specified in section 418-2.13 of this Subpart;
- (17) sworn statements by the provider and any alternate provider indicating whether, to the best of their knowledge, they have ever been convicted of a misdemeanor or a felony in New York State or any other jurisdiction, and fingerprint cards as required to comply with the requirements of section 413.4 of this Title;
- (18) certification, on forms provided by the office, of the status of the individual applicant's child support obligations or payments, in accordance with the requirements of section 3-503 of the General Obligations Law;
- (19) certification, on forms provided by the office, that the small day care center is providing workers' compensation in accordance with the requirements of New York State law;
- (20) the Statewide Central Register clearance form necessary to complete required screening by the Statewide Central Register of Child Abuse and Maltreatment to determine if the provider or any alternate provider is the subject of an indicated report of child abuse or maltreatment;
- (21) when the small day care center is incorporated, a copy of the certificate of incorporation or an amendment thereto showing that the corporation has the authority to establish and operate day care centers and verification of the filing of such certificate. When a small day care center is operated by a corporation, such corporation shall immediately notify the office upon any transfer or reapportionment of corporate stock or any change in ownership of the corporation;
- (22) when the small day care center is owned by an individual, corporation, partnership or other entity using a business or assumed name, a copy of the certificate of doing business under an

assumed name obtained from the county clerk;

(23) completed fingerprint cards necessary to conduct a criminal history record check pursuant to section 413.4 of this Title; and

(24) a statement signed by the provider or authorized representative of the provider that the center is in compliance with all applicable statutes and regulations.

(b) Small day care centers located in public school buildings currently used for elementary, middle or secondary education programs approved by the New York State Education Department are exempt from the requirements set forth in paragraphs (a)(2)-(9) of this section. Each such program must submit a copy of the current certificate of occupancy issued by the State Education Department as part of the application. For those programs not issued such certificates of occupancy, the appropriate local equivalent, acceptable to the State Education Department, must be submitted.

(c) Applicants for a registration must submit all the documentation required in subdivision (a) of this section within 90 days after the submission of the first piece of such documentation to the office. An applicant who fails to submit all documentation within the 90 days will be deemed to have withdrawn such application.

(d) Applicants for a registration may not be issued a registration until an inspection of the small day care center has been conducted showing compliance with the requirements of this Subpart and the relevant provisions of the Social Services Law.

(e) Applicants for renewal of a registration must submit to the office at least 60 days in advance of the expiration date of the registration the following:

(1) a completed application for renewal, including required attestations, on forms furnished by the office, or approved equivalents. Such application and attestations must include an agreement by the applicant to operate the small day care center in conformity with applicable laws and regulations;

(2) proof of compliance with the training requirements of section 418-2.14 of this Subpart;

(3) certification, on forms provided by the office, of the status of the individual applicant's child support obligations or payments, in accordance with the requirements of section 3-503 of the General Obligations Law;

(4) certification, on forms provided by the office, that the building, its property and premises, and the surrounding neighborhood and environment are free from environmental hazards. Such hazards include but are not limited to dry cleaners, gas stations, nuclear laboratories or power plants, property designated as a Federal superfund clean-up site, and any property with known contaminated ground or water supplies. Where the historical or current use of the building, its property and premises, or the surrounding neighborhood indicate that an environmental hazard may be present, inspection or testing must be completed by the appropriate local official or authority to determine if such hazard exists. Documentation of the inspection or testing must be appended to the statement required by this paragraph and include a statement from the appropriate local official or authority following this inspection and/or testing that the building, its property and premises, and the surrounding neighborhood meet applicable standards for sanitation and safety;

(5) certification, on forms provided by the office, that the small day care center is providing workers' compensation in accordance with the requirements of New York State law;

(6) health statements for the provider and any alternate provider completed within the 12 months preceding the date of the application for renewal, as required in section 418-2.11 of this Subpart;

(7) where a provider uses a private water supply, a report from a State licensed laboratory or

individual, based on tests performed within the 12 months preceding the date of the application for renewal, showing that the water meets the standards for drinking water established by the New York State Department of Health;

(8) documentation from service personnel licensed by the New York State Department of State to perform fire alarm systems maintenance, repair and testing which shows that fire alarm and detection systems have been inspected, tested and maintained in accordance with the applicable requirements of the New York State Uniform Fire Prevention and Building Code;

(9) documentation from service personnel qualified to perform fire suppression systems testing showing that fire suppression equipment and systems have been tested and maintained in accordance with the applicable requirements of the New York State Uniform Fire Prevention and Building Code; and

(10) documentation from an inspector for the New York State Department of Labor, or an insurance company licensed to write boiler insurance in New York State, showing that all steam or hot water boilers have been inspected and approved in accordance with the requirements of the New York State Department of Labor. For all other fuel burning heating systems and equipment and boilers not subject to the New York State Department of Labor requirements, documentation of service by a heating contractor performed within the 12 months preceding the date of the application for renewal.

(f) The office may grant an application for renewal of a registration without conducting an inspection of the small day care center. If the office determines within its discretion that an inspection is necessary, a renewal of the registration may not be issued until an inspection has been conducted showing compliance with the requirements of this Part and the relevant provisions of the Social Services Law.

(g) Small day care centers located in public school buildings currently used for elementary, middle or secondary education programs approved by the New York State Education Department are exempt from the requirements set forth in paragraphs (d)(6)-(10) of this section. Each such program must submit a copy of the current certificate of occupancy issued by the State Education Department as part of the application. For those programs not issued such certificates of occupancy, the appropriate local equivalent, acceptable to the State Education Department, must be submitted.

Sec. filed: Dec. 5, 2000 as emergency measure; March 5, 2001 as emergency measure, expired 90 days after filing; June 4, 2001 as emergency measure, expired 90 days after filing; Sept. 4, 2001 as emergency measure; Dec. 3, 2001 as emergency measure, expired 90 days after filing; March 4, 2002 as emergency measure, expired 90 days after filing; June 3, 2002 as emergency measure, expired 90 days after filing; Sept. 3, 2002 as emergency measure; Nov. 19, 2002 as emergency measure; Jan. 28, 2003 eff. Feb. 12, 2003.

18 NYCRR 418-2.2, 18 NY ADC 418-2.2

Current through amendments included in the New York State Register, Volume XXXII, Issue 41, dated October 12, 2011.

18 NYCRR 418-2.3

N.Y. Comp. Codes R. & Regs. tit. 18, § 418-2.3

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Part 418. Day Care Centers

Subpart 418-2. Small Day Care Centers (Refs & Annos)

⇒Section 418-2.3. Building and equipment

(a)

(1) Each applicant must submit to the office at the time of application for registration a diagram of the proposed small day care center showing the planned occupancy or use of all areas of the building and all adjacent outside areas. For the areas to be used for day care, the diagram must specify: the purposes for which space will be used; the number and locations of exits and alternate means of egress; and the outdoor play areas available to the children in care.

(2) Whenever change(s), addition(s) or expansion(s) are proposed which will affect, or reasonably may be expected to affect, those portions of the building designated for the care of children or for their egress in case of an emergency, the provider must receive written approval from the office prior to initiating such change(s), addition(s), or expansion(s).

(b) Areas that will be used by the children must be well-lighted and well-ventilated. Heating, ventilation and lighting equipment must be adequate for the protection of the health of the children. A temperature of at least 68°F must be maintained in all rooms to be occupied by children.

(c) A firm sanitary crib, cot, bed or washable padded mat of adequate size must be provided for all children requiring a rest period. The resting/napping places must be located in safe areas of the center where there is no draft and where children will not be stepped on or block safe egress. Individual sanitary bed coverings must be available, as needed, for each child requiring a rest period. When night care is provided, a child four years of age or older shall not sleep in a room shared with another child of the opposite sex. No crib, cot, bed or mat may be occupied by more than one child, nor by a child and any adult. No child three years of age or older shall sleep in the same room with an adult of the opposite sex.

(d) Stackable cribs are prohibited.

(e) Toxic paints or finishes must not be used on room surfaces, furniture or any other equipment, materials or furnishings which may be used by children or are within their reach.

(f) Peeling or damaged paint or plaster must be repaired promptly. Concrete floors used by the children must be covered with appropriate material.

(g) Each small day care center must have adequate indoor space for the comfort of the children and to accommodate a variety of activities for the number of children in care.

(h) Readily accessible outdoor play space which is adequate for active play must be provided.

(i) Convenient, adequate and sanitary toilet facilities must be provided for the children in a separate, properly ventilated room readily accessible to children.

(j) A functioning, sanitary shower or tub must be available when night care is provided.

(k) Adequate and safe water supply and sewage facilities must be provided and must comply with State and local laws. Hot and cold running water must be available and accessible at all times.

(l) Space must be provided so that children's personal items may be stored separately. Coat hooks must be spaced so that coats and other outer garments do not touch each other.

(m) All buildings used for small day care centers must remain in compliance with the applicable provisions of the New York State Uniform Fire Prevention and Building Code. Any part of any building used as a small day care center shall meet the requirements applicable under the New York State Uniform Fire Prevention and Building Code to a C6.1 or C6.2 occupancy classification, as appropriate to the ages of the children in care.

Sec. filed: Dec. 5, 2000 as emergency measure; March 5, 2001 as emergency measure, expired 90 days after filing; June 4, 2001 as emergency measure, expired 90 days after filing; Sept. 4, 2001 as emergency measure; Dec. 3, 2001 as emergency measure, expired 90 days after filing; March 4, 2002 as emergency measure, expired 90 days after filing; June 3, 2002 as emergency measure, expired 90 days after filing; Sept. 3, 2002 as emergency measure; Nov. 19, 2002 as emergency measure; Jan. 28, 2003 eff. Feb. 12, 2003.

18 NYCRR 418-2.3, 18 NY ADC 418-2.3

Current through amendments included in the New York State Register, Volume XXXII, Issue 41, dated October 12, 2011.

amended

amended

18 NYCRR 418-2.4

N.Y. Comp. Codes R. & Regs. tit. 18, § 418-2.4

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 Subpart 418-2. Small Day Care Centers (Refs & Annos)

 **Section 418-2.4. Fire protection**

- (a) Suitable precautions must be taken to eliminate all conditions which may contribute to or create a fire hazard.
- (b) Evacuation drills must be conducted at least monthly during various hours of operation of the small day care center in accordance with the recommendations of the local fire marshal or fire department. If evening and/or night care is provided, such drills must be conducted monthly during each shift of care. A record of these drills must be kept on file using forms furnished by the office or approved equivalents.
- (c) Fire detection, alarm and fire fighting equipment appropriate to the type of building construction, size, height and occupancy must be provided.
- (1) All fire alarm and detection systems must be inspected, tested and maintained in accordance with the applicable requirements of the New York State Uniform Fire Prevention and Building Code. All such inspections, testing and maintenance must be conducted by service personnel licensed by the New York State Department of State to perform fire alarm systems maintenance, repair and testing. The caregivers must be instructed in the function and operation of fire alarm and detection systems used in the small day care center.
- (2) All fire suppression equipment and systems must be tested and maintained in accordance with the applicable requirements of the New York State Uniform Fire Prevention and Building Code. All such inspections, testing and maintenance must be conducted by service personnel qualified to perform fire suppression systems maintenance, repair and testing. The caregivers must be instructed in the function and operation of fire suppression equipment and systems used in the small day care center.
- (d) Adequate means of egress must be provided. Children may be cared for only on such floors as are provided with readily accessible alternate means of egress to other floors, in the case of fire-resistant buildings, and to the outside in the case of non-fire-resistant buildings. Such means of egress must be remote from each other.
- (e) All corridors, aisles, and approaches to exits must be kept unobstructed at all times.
- (f) Steam or hot water boilers must be inspected and approved in accordance with the requirements of the New York State Department of Labor by an inspector from the New York State Department of Labor, or by an insurance company which is licensed to write boiler insurance in the State. All other fuel burning heating systems and equipment and boilers not subject to the New York State Department of Labor requirements must be serviced by a heating contractor once every 24 months.
- (g) Rooms containing boilers, fuel burning furnaces or other fuel burning heating equipment must be constructed using a minimum of one-hour fire resistant materials or materials of a greater fire resistance when required by the New York State Uniform Fire Prevention and Building Code. Unless it is determined by the office or local fire safety officials that the current heating equipment poses an imminent danger to the health and safety of children in care, those facilities which were licensed and

operating on June 1, 2001 which are not in compliance with the requirement for one-hour fire resistant construction must make necessary changes in order to comply with the requirement no later than January 1, 2004. Upon a determination by the office or local fire safety official that an imminent danger exists, such changes must be made immediately.

(h) Trash, garbage and combustible materials must not be stored in the furnace room or in rooms or outdoor areas adjacent to the facility that are ordinarily occupied by or accessible to children.

(i) The provider must conduct monthly inspections of the premises to observe possible fire or safety hazards. Any such hazard must be corrected immediately. A record of all inspections and all corrections must be maintained at the program.

Sec. filed: Dec. 5, 2000 as emergency measure; March 5, 2001 as emergency measure, expired 90 days after filing; June 4, 2001 as emergency measure, expired 90 days after filing; Sept. 4, 2001 as emergency measure; Dec. 3, 2001 as emergency measure, expired 90 days after filing; March 4, 2002 as emergency measure, expired 90 days after filing; June 3, 2002 as emergency measure, expired 90 days after filing; Sept. 3, 2002 as emergency measure; Nov. 19, 2002 as emergency measure; Jan. 28, 2003 eff. Feb. 12, 2003.

18 NYCRR 418-2.4, 18 NY ADC 418-2.4

Current through amendments included in the New York State Register, Volume XXXII, Issue 41, dated October 12, 2011.

18 NYCRR 418-2.5

N.Y. Comp. Codes R. & Regs. tit. 18, § 418-2.5

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 Subpart 418-2. Small Day Care Centers (Refs & Annos)

⇒ **Section 418-2.5. Safety**

(a) Suitable precautions must be taken to eliminate all conditions in areas accessible to children which pose a safety or health hazard.

(b) The provider must submit a written plan for the emergency evacuation of children from the premises for each shift of care provided (day, evening, night), using a form furnished by the office, or an approved equivalent form. Primary emphasis must be placed on the immediate evacuation of children. The plan, as approved by the office, must be posted in a conspicuous place in the center. The approved emergency evacuation plan must describe the following:

(1) how children and caregivers will be made aware of an emergency;

(2) primary and secondary evacuation routes;

(3) methods of evacuation, including where children and caregivers will meet after evacuating the building, and how attendance will be taken; and

(4) notification of authorities and the children's parents.

(c) Portable electric heaters or other portable heating devices, regardless of the type of fuel used, may not be used in small day care centers.

(d) Radiators and pipes located in rooms occupied by children must be covered to protect the children from injury.

(e) Porches, decks and stairs must have railings with a barrier extending to the floor or ground to prevent children from falling. Acceptable types of barriers include, but are not limited to, banisters, intermediate rails, and heavy screening.

(f) Small day care centers must provide and use barriers to restrict children from unsafe areas. Such areas include, but are not limited to, swimming pools, open drainage ditches, wells, holes, wood and coal burning stoves, fireplaces and permanently installed gas space heaters.

(g) The use of nonpublic swimming pools, spa pools and all fill-and-drain wading pools is prohibited.

(h) Public swimming pools and adjacent areas used by the children must be constructed, maintained, staffed and used in accordance with chapter 1, subpart 6-1, of the New York State Sanitary Code, and in such a manner as will safeguard the lives and health of children.

(i) Protective caps, covers or permanently installed obstructive devices must be used on all electrical outlets that are accessible to children.

(j) All matches, lighters, medicines, drugs, cleaning materials, detergents, aerosol cans and other poisonous or toxic materials must be stored in their original containers. Such materials must be used in such a way that they will not contaminate play surfaces, food or food preparation areas, or

constitute a hazard to children. Such materials must be kept in a place inaccessible to children.

(k) Indoor and outdoor plants which are hazardous to children must not be accessible to the children.

(l) Any pet or animal kept indoors or outdoors at the small day care center must be in good health, show no evidence of carrying disease, and pose no threat to children. This provision also applies to those pets or animals present at the center which do not belong to a caregivers.

(m) The small day care center must have immediate access to a minimum of one stationary single-line telephone for general use and emergencies. Emergency telephone numbers for the fire department, local or State Police or sheriff's department, poison control center, and ambulance service must be posted conspicuously on or next to each telephone with the capacity to make outside calls. Devices used for purposes of caller identification or call blocking shall not be used to block incoming calls from parents or legal guardians of children in care, representatives of the office or agents of the State or local government during the hours of operation of the child day care program.

(n) Materials and play equipment used by the children must be sturdy and free from rough edges and sharp corners.

(o) Outdoor equipment such as swings, slides and climbing apparatus must be installed and used in accordance with the manufacturer's specifications and instructions, be in good repair, and be placed in a safe location. Such equipment and apparatus may be used only by the children for whom it is developmentally appropriate.

(p) Clear glass panels must be marked clearly to avoid accidental impact. Glass in outside windows less than 32 inches above the floor level must be of safety grade or otherwise protected by use of barriers to avoid accidental impact.

(q) Where child care is provided above the first floor, windows on such floors must be protected by barriers or locking devices to prevent children from falling out of the windows.

(r) An operable flashlight or battery powered lantern must be kept in the child care area. Such equipment must be properly maintained for use in the event of a power failure.

(s) Every closet door latch must be constructed to enable children to open the door from inside the closet. Every bathroom door lock must be designed to permit opening of the locked door from the outside in an emergency. The opening device must be readily accessible to the caregivers.

(t) The following items must be used and stored in such a manner that they are not accessible to children: handbags, backpacks or briefcases belonging to adults; plastic bags; and toys and objects small enough for children to swallow.

(u) High chairs, when used, must have a wide base and be used only for children who are able to sit up independently. A safety strap must be fastened around children who are seated in high chairs.

Sec. filed: Dec. 5, 2000 as emergency measure; March 5, 2001 as emergency measure, expired 90 days after filing; June 4, 2001 as emergency measure, expired 90 days after filing; Sept. 4, 2001 as emergency measure; Dec. 3, 2001 as emergency measure, expired 90 days after filing; March 4, 2002 as emergency measure, expired 90 days after filing; June 3, 2002 as emergency measure, expired 90 days after filing; Sept. 3, 2002 as emergency measure; Nov. 19, 2002 as emergency measure; Jan. 28, 2003 eff. Feb. 12, 2003.

18 NYCRR 418-2.5, 18 NY ADC 418-2.5

Current through amendments included in the New York State Register, Volume XXXII, Issue 41, dated October 12, 2011.

18 NYCRR 418-2.6

N.Y. Comp. Codes R. & Regs. tit. 18, § 418-2.6

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Section 418-2.6. Transportation

(a) The provider must obtain written consent from the parent of the child for any transportation provided to children in care at the small day care center provided or arranged for by a caregiver.

(b) A caregiver must never leave a child unattended in any motor vehicle or other form of transportation.

(c) Each child must board or leave a vehicle from the curb side of the street.

(d) All children must be secured in safety seats or by safety belts as appropriate for the age of the child in accordance with the requirements of the Vehicle and Traffic Law before any child may be transported in a motor vehicle where such transportation is provided or arranged for by the provider.

(e) Any motor vehicle, other than a public form of transportation, used to transport children in care at the small day care center must have a current registration and inspection sticker and must be operated by a person who is at least 18 years of age and possesses a valid driver's license.

Sec. filed: Dec. 5, 2000 as emergency measure; March 5, 2001 as emergency measure, expired 90 days after filing; June 4, 2001 as emergency measure, expired 90 days after filing; Sept. 4, 2001 as emergency measure; Dec. 3, 2001 as emergency measure, expired 90 days after filing; March 4, 2002 as emergency measure, expired 90 days after filing; June 3, 2002 as emergency measure, expired 90 days after filing; Sept. 3, 2002 as emergency measure; Nov. 19, 2002 as emergency measure; Jan. 28, 2003 eff. Feb. 12, 2003.

18 NYCRR 418-2.6, 18 NY ADC 418-2.6

Current through amendments included in the New York State Register, Volume XXXII, Issue 41, dated October 12, 2011.

measure;

18 NYCRR 418-2.7

N.Y. Comp. Codes R. & Regs. tit. 18, § 418-2.7

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Section 418-2.7. Program requirements

- (a) The small day care center must establish a written daily schedule of program activities which offers reasonable regularity in routines, including snack and meal periods, nap and rest periods, indoor activities and outdoor play time. When night care is provided, this schedule must include a routine of good personal hygiene practices, including changing into night clothes, brushing teeth, and washing before bed in the manner to be agreed between the parent and the provider.
- (b) Children must receive instruction, consistent with their age, needs and circumstances, in techniques and procedures which will enable them to protect themselves from abuse and maltreatment.
- (c) Each small day care center must provide a sufficient quantity and variety of materials and play equipment appropriate to the ages of the children and their developmental levels and interests, including children with developmental delays and disabilities, that promote the children's cognitive, educational, social, cultural, physical, emotional, language and recreational development.
- (d) As age and development permit, children must be allowed freedom of movement and must be provided with an environment designed to develop such skills as crawling, standing, walking and running.
- (e) Children must be provided an opportunity to choose between quiet activities and active play.
- (f) Daily supervised outdoor play is required for all children in care, except during inclement or extreme weather or unless otherwise ordered by a health care provider.
- (g) Except while sleeping, awaking or going to sleep, an infant must not be left in a crib, playpen or other confined space for more than 30 minutes at any one time. Other than at meals or snack time, a child must not be left in a high chair for longer than 15 minutes.
- (h) For day and evening care, appropriate rest and quiet periods which are responsive to individual and group needs must be provided so that children can sit quietly or lie down to rest.
- (i) Sleeping and napping arrangements must be made in writing between the parent and the provider. Such arrangements include: the area of the center where the child will nap; whether the child will nap on a cot, mat, bed or a crib; and how the napping child will be supervised. Sleeping arrangements for infants require that the infant be placed on his or her back to sleep, unless medical information is presented to the provider by the parent that shows that arrangement is inappropriate for that child.
- (j) For children unable to sleep, time and space must be provided for quiet play. During day and evening care, children must not be forced to rest for long periods of time.

Sec. filed: Dec. 5, 2000 as emergency measure; March 5, 2001 as emergency measure, expired 90 days after filing; June 4, 2001 as emergency measure, expired 90 days after filing; Sept. 4, 2001 as emergency measure; Dec. 3, 2001 as emergency measure, expired 90 days after filing; March 4, 2002 as emergency measure, expired 90 days after filing; June 3, 2002 as emergency measure,

expired 90 days after filing; Sept. 3, 2002 as emergency measure; Nov. 19, 2002 as emergency measure; Jan. 28, 2003 eff. Feb. 12, 2003.

18 NYCRR 418-2.7, 18 NY ADC 418-2.7

Current through amendments included in the New York State Register, Volume XXXII, Issue 41, dated October 12, 2011.

18 NYCRR 418-2.8

N.Y. Comp. Codes R. & Regs. tit. 18, § 418-2.8

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Section 418-2.8. Supervision of children

(a) Children cannot be left without competent direct supervision at any time.

(1) Children who are able to toilet independently, including fastening and unfastening clothing, wiping themselves, flushing the toilet, and washing their hands, may use a bathroom on another floor for a short period of time without direct adult supervision.

(2) With the written permission of the parents, providers may allow school-aged children to participate in activities outside the direct supervision of a caregiver. Such activities must occur on the premises of the small day care center. The caregiver must physically check such children every 15 minutes.

(b) No person under 18 years of age can be left in sole charge of the children at any time.

(c) The provider must be the primary caregiver of children in a small day care center.

(1) For short-term, nonrecurring absences, a substitute or alternate provider may care for children in place of the provider. If no substitute or alternate provider is available, care may not be provided and parents must be notified that care at the small day care center will not be available. Parents must be notified when a substitute or alternate provider will be caring for the children.

(2) For other than short-term, nonrecurring absences, only an alternate provider may care for the children in place of the provider.

(d) No child can be released from the small day care center to any person other than his or her parent, person currently designated in writing by such parent to receive the child, or other person authorized by law to take custody of a child. No child can be released from the small day care center unsupervised except upon written instruction of the child's parent. Such instruction must be acceptable to the small day care center and should take into consideration such factors as the child's age and maturity, proximity to his or her home, and safety of the neighborhood.

(e) *Visitor control procedures.*

(1) Each small day care center shall require any and all visitors to the facility to:

(i) sign in upon entry to the premises;

(ii) indicate in writing the date of the visit and the time of entry to the facility;

(iii) clearly state in writing the purpose of the visit; and

(iv) sign out upon departure from the facility indicating in writing the time of departure.

(2) Each small day care center shall establish such other rules and policies as are necessary to

provide for monitoring and control of visitors to protect the health, safety and welfare of children in care. As part of such rules and policies, each small day care center shall determine who shall be considered a visitor to the facility for purposes of this subdivision.

(f) Surveillance cameras may not be used as a substitute for competent direct supervision of children.

Sec. filed: Dec. 5, 2000 as emergency measure; March 5, 2001 as emergency measure, expired 90 days after filing; June 4, 2001 as emergency measure, expired 90 days after filing; Sept. 4, 2001 as emergency measure; Dec. 3, 2001 as emergency measure, expired 90 days after filing; March 4, 2002 as emergency measure, expired 90 days after filing; June 3, 2002 as emergency measure, expired 90 days after filing; Sept. 3, 2002 as emergency measure; Nov. 19, 2002 as emergency measure; Jan. 28, 2003 eff. Feb. 12, 2003.

18 NYCRR 418-2.8, 18 NY ADC 418-2.8

Current through amendments included in the New York State Register, Volume XXXII, Issue 41, dated October 12, 2011.

18 NYCRR 418-2.9

N.Y. Comp. Codes R. & Regs. tit. 18, § 418-2.9

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Subpart 418-2. Small Day Care Centers (Refs & Annos)

Section 418-2.9. Discipline

(a) The small day care center must establish written disciplinary guidelines and provide copies of these guidelines to all caregivers and parents of children in care at the center. These guidelines must include acceptable methods of guiding the behavior of children. Discipline must be administered in such a way as to help each child develop self-control and assume responsibility for his or her actions through clear and consistent rules and limits appropriate to the ages and development of the children in care. The caregivers must use acceptable techniques and approaches to help children solve problems.

(b) Any discipline used must relate to the child's action and be handled without prolonged delay on the part of the caregiver so that the child is aware of the relationship between his or her actions and the consequences of those actions.

(c) Isolating a child in a closet, darkened area, or any area where the child cannot be seen and supervised by a caregiver is prohibited.

(d) Where a child's behavior harms or is likely to result in harm to the child, others or property, or seriously disrupts or is likely to seriously disrupt group interaction, the child may be separated briefly from the group, but only for as long as is necessary for the child to regain enough self-control to rejoin the group. The child must be placed in an area where he or she is in the view of, and can be supervised and supported by, a caregiver. Interaction between a caregiver and the child must take place immediately following the separation to guide the child toward appropriate group behavior. Separation of a child from the group in a manner other than that provided for in this subdivision is prohibited.

(e) Corporal punishment is prohibited. For the purposes of this Subpart, the term *corporal punishment* means punishment inflicted directly on the body including, but not limited to, 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, foods, hot spices or other substances.

(f) Withholding or using food, rest or sleep as a punishment is prohibited.

(g) Discipline may be administered only by the caregiver.

(h) Methods of discipline, interaction or toilet training which frighten, demean or humiliate a child are prohibited.

Sec. filed: Dec. 5, 2000 as emergency measure; March 5, 2001 as emergency measure, expired 90 days after filing; June 4, 2001 as emergency measure, expired 90 days after filing; Sept. 4, 2001 as emergency measure; Dec. 3, 2001 as emergency measure, expired 90 days after filing; March 4, 2002 as emergency measure, expired 90 days after filing; June 3, 2002 as emergency measure, expired 90 days after filing; Sept. 3, 2002 as emergency measure; Nov. 19, 2002 as emergency measure; Jan. 28, 2003 eff. Feb. 12, 2003.

18 NYCRR 418-2.9, 18 NY ADC 418-2.9

Current through amendments included in the New York State Register, Volume XXXII, Issue 41, dated October 12, 2011.

18 NYCRR 418-2.10

N.Y. Comp. Codes R. & Regs. tit. 18, § 418-2.10

Compilation of Codes, Rules and Regulations of the State of New York Currentness

Title 18. Department of Social Services

Chapter II. Regulations of the Department of Social Services

Subchapter C. Social Services

Article 2. Family and Children's Services

Part 418. Day Care Centers

 Subpart 418-2. Small Day Care Centers (Refs & Annos)

➤ **Section 418-2.10. Child abuse and maltreatment**

(a) Any abuse or maltreatment of a child, either as an incident of discipline or otherwise, is prohibited. A small day care center must prohibit and may not tolerate or in any manner condone an act of abuse or maltreatment by an employee, volunteer or any other person under the provider's control. An *abused child* or *maltreated child* means a child defined as an abused child or maltreated child pursuant to section 412 of the Social Services Law.

(b) In accordance with the provisions of sections 413 and 415 of the Social Services Law, the small day care center provider, alternate provider, or substitute must report any suspected incidents of child abuse or maltreatment concerning a child receiving child day care to the Statewide Central Register of Child Abuse and Maltreatment or cause such a report to be made when the provider has reasonable cause to suspect that a child coming before them in their capacity as a small day care center provider is an abused or maltreated child. Such report must be followed by a written report within 48 hours, in the form and manner prescribed by the office, to the child protective service of the social services district in the county in which the child resides.

Sec. filed: Dec. 5, 2000 as emergency measure; March 5, 2001 as emergency measure, expired 90 days after filing; June 4, 2001 as emergency measure, expired 90 days after filing; Sept. 4, 2001 as emergency measure; Dec. 3, 2001 as emergency measure, expired 90 days after filing; March 4, 2002 as emergency measure, expired 90 days after filing; June 3, 2002 as emergency measure, expired 90 days after filing; Sept. 3, 2002 as emergency measure; Nov. 19, 2002 as emergency measure; Jan. 28, 2003 eff. Feb. 12, 2003.

18 NYCRR 418-2.10, 18 NY ADC 418-2.10

Current through amendments included in the New York State Register, Volume XXXII, Issue 41, dated October 12, 2011.

18 NYCRR 418-2.11

N.Y. Comp. Codes R. & Regs. tit. 18, § 418-2.11

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Part 418. Day Care Centers

Subpart 418-2. Small Day Care Centers (Refs & Annos)

Section 418-2.11. Health and infection control

(a) The provider must prepare a health care plan on forms furnished by the office, or approved equivalents. Such plan must protect and promote the health of children in a manner consistent with the health care plan guidelines issued by the office. The guidelines describe practices to promote the health of children and for centers that provide care for such children special considerations for the care of mildly ill children. The health care plan must be on site and available upon demand by a parent or guardian or the office. The health care plan must be followed by the caregivers and, for programs offering the administration of medications, must be approved by the program's health care consultant. Should the health care consultant determine after a visit to the day care program that the approved health care plan is not being reasonably followed by the provider, the health care consultant may revoke his or her approval of the plan. If the health care consultant revokes his or her approval of the health care plan, the health care consultant must immediately notify the provider and the provider must immediately notify the office. In that instance, the health care consultant may also notify the office directly if he or she so desires. The health care plan must describe the following:

- (1) how a daily health check of each child for any indication of illness, injury, abuse or maltreatment will be conducted;
- (2) how a record of each child's illnesses, injuries and signs of abuse or maltreatment will be maintained;
- (3) how professional assistance will be obtained in emergencies;
- (4) the advance arrangements for the care of any child who has or develops symptoms of illness or is injured, including notifying the child's parent;
- (5) when mildly ill children will be accommodated, how the provider will achieve consistency with those sections of the office's health care plan guidelines which apply to mildly ill children;
- (6) which staff members are certified to administer medications. The plan must state that only a trained, designated staff person may administer medications to children, except in those programs where the only administration of medications offered will be the administration of over-the-counter topical ointments including sunscreen lotion and topically applied insect repellent pursuant to paragraph (i)(12) of this section. The designated staff person may only administer medications to children if the designated staff person is at least 18 years of age, possesses a current certification in first aid and cardiopulmonary resuscitation (CPR), and has completed the administration of medication training pursuant to paragraph (i)(14) of this section;
- (7) the designation of the health care consultant of record for programs offering the administration of medications, except in those programs where the only administration of medications offered will be the administration of over-the-counter topical ointments, including sunscreen lotion and topically applied insect repellent pursuant to paragraph (i)(12) of this section; and
- (8) the scheduling of visits by a health care consultant to programs offering the administration of

medications, except in those programs where the only administration of medications offered will be the administration of over-the-counter topical ointments, including sunscreen lotion and topically applied insect repellent sunscreen lotion pursuant to paragraph (i)(12) of this section.

(b) The provider and alternate provider must each submit a statement from a health care provider at the time of application for registration and renewal of registration. Such statement must give satisfactory evidence that the individual is physically fit to provide child day care, has no diagnosed psychiatric or emotional disorder which would preclude such individual from providing child day care, and is free from communicable disease. The medical statement also must include the results of a Mantoux tuberculin test on the applicant or alternate provider which has been performed within the 12 months preceding the date of the application.

(c) Consumption of, or being under the influence of, alcohol or controlled substances by staff of the child day care center is prohibited. Smoking in indoor areas, in outdoor areas in use by children and in vehicles while children are being transported is prohibited.

(d) Other than children who are enrolled in kindergarten or a higher grade, no child may be accepted for care in a small day care center unless the provider has been furnished with a written statement signed by a health care provider stating that the child is able to participate in child day care, currently appears to be free from contagious or communicable diseases and is receiving health care, including appropriate health examinations, in accordance with the American Academy of Pediatrics schedule of such care and examinations. The written statement from the health care provider must also state whether the child is a child with special health care needs and, if so, what special provisions, if any, will be necessary in order for the child to participate in day care. Where the written statement from the health care provider advises the day care provider that the child being enrolled is a child with special health care needs, the day care provider must work together with the parent and the child's health care provider to develop a reasonable health care plan for the child while the child is in the child day care program. The health care plan for the child must also address how the day care provider will obtain or develop any additional competencies that the day care provider will need to have in order to carry out the health care plan for the child. The provider must also be furnished with documentation stating that the child has received age-appropriate immunizations in accordance with New York State Public Health Law.

(1) Any child not yet immunized may be admitted provided the child's immunizations are in process, in accordance with the requirements of the New York State Department of Health, and the parent gives the provider specific appointment dates for subsequent immunizations.

(2) Any child who is not immunized because of the parent's genuine and sincere religious beliefs may be admitted if the parent furnishes the provider with a written statement to this effect.

(3) Any child who is missing one or more of the required immunizations may be admitted if a physician licensed to practice medicine in New York State furnishes the provider with a written statement that such immunizations may be detrimental to the child's health.

(4) With the exception of children meeting the criteria of paragraph (2) or (3) of this subdivision, children enrolled in the small day care center must remain current with their immunizations in accordance with the current schedule for immunizations established by the New York State Department of Health.

(e)

(1) The caregiver must obtain emergency health care for children who require such care and also must:

(i) obtain written consent at the time of admission from the parent or guardian which authorizes the provider or other caregiver to obtain emergency health care for the child;

(ii) arrange for the transportation of any child in need of emergency health care, and for the

supervision of the children remaining in the small day care center; and

(iii) in the event of an accident or illness requiring immediate health care, secure such care and notify the parent or guardian.

(2) Where a provider or caregiver has been certified to administer medications in a day care setting in accordance with the requirements of paragraph (i)(14) of this section, such caregiver may administer emergency care through the use of epinephrine auto-injector devices when necessary to prevent anaphylaxis for an individual child but only when the parent or guardian and the child's healthcare provider have indicated such treatment is appropriate.

(f) The center must be equipped with a portable first aid kit which is accessible for emergency treatment. The first aid kit must be stocked to treat a broad range of injuries and situations and must be restocked as necessary. The first aid kit and any other first aid supplies must be kept in a clean container or cabinet not accessible to children.

(g) When a child has or develops a level of illness that is not accommodated in the provider's approved health care plan, the child must be provided with a place to rest quietly that is in view of, and under the supervision of, the caregiver until the child is seen by a health care provider or is removed from the small day care center. In the event that a child has or develops any symptoms of illness, the caregiver is responsible for immediately notifying the parent.

(h) The provider must try to obtain a copy of a lead screening certificate for each child under the age of six years. If the parent does not have one, the provider may not exclude the child from the small day care center, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.

(i) The small day care centers' caregivers may administer medication or treatment only in accordance with the following:

(1) Policies regarding the administration of medications must be explained to the parent or guardian at the time of enrollment of the child in care. Parents or guardians must be made familiar with the policies of the day care provider relevant to the administration of medications.

(2) Nothing in this section shall be deemed to require any caregiver to administer any medication, treatment, or other remedy except to the extent that such medication, treatment or remedy is required under the provisions of the Americans with Disabilities Act.

(3) Nothing in this section shall be deemed to prevent a parent, guardian or relative within the third degree of consanguinity of the parents or step-parents of a child, even if such a person is an employee of the program, from administering medications to a child while the child is attending the program even if the provider has chosen to not administer medications or if the staff person(s) designated to administer medications is not present when the child receives the medication. If the provider elects not to administer medications, the day care provider or an employee must still document the dosages and time that the medications were given to the child by the child's parent, guardian or relative within the third degree of consanguinity of the parents or step-parents of the child. If the only administration of medication in a day care program is done by a parent(s), guardian(s) or relative(s) within the third degree of consanguinity of the parents or step-parents of a child, the provider and employee(s) of the program do not have to complete the administration of medication training requirements pursuant to paragraph (14) of this subdivision.

(4) All providers who choose to administer medications to children must have a health care consultant of record and must address the administration of medications in the health care plan in accordance with the requirements of subdivision (a) of this section. The provider must confer with a health care consultant regarding the program's policies and procedures related to the administration of medications. This consultation must include a review of the

documentation that all staff authorized to administer medications have the necessary professional license or have completed the necessary training.

(5) Caregivers may administer prescription and nonprescription (over-the-counter) medications for eyes or ears, oral medications, topical ointments and medications and medications, and inhaled medications in accordance with the provisions of this subdivision. Caregivers may not administer medications by injection, vaginally or rectally except as follows:

- (i) in accordance with the provisions of paragraph (e)(2) of this section;
- (ii) for a child with special health care needs, where the parent, day care provider and the child's health care provider have agreed on a plan pursuant to which the caregiver may administer medications by injection, vaginally or rectally; or
- (iii) where the caregiver has a valid New York State license as a physician, physician's assistant, registered nurse, nurse practitioner, licensed practical nurse or advanced emergency medical technician.

(6) A day care provider who agrees that the day care provider or another caregiver in the small day care center will administer medications to a child must do so, unless they observe the circumstances specified by the health care provider, if any, under which the medication must not be administered. In such instances, the day care provider or caregiver must contact the parent or guardian immediately.

(7)

(i) Except as described in paragraphs (11), (12) and (13) of this subdivision, medication may be administered only upon written permission of a parent or guardian and written instructions from a health care provider in a language in which the day care provider or caregiver who will administer the medications is literate stating that the child day care provider or caregiver may administer such medication or prescription and specifying the circumstances, if any, under which the medication or prescription must not be administered. Medication must be returned to the parent or guardian when it is no longer required by the child, with the permission of the parent or guardian, be properly disposed of by the provider.

(ii) Where the day care provider has received written permission of the parent or guardian and written instructions from the health care provider authorizing administration of a specified medication if the day care provider observes some specified condition or change of condition in the child while the child is in care, the day care provider may administer the specified medication without obtaining additional authorization from the parent or guardian or health care provider.

(8) To the extent that such information is not included on the medication label pursuant to paragraph (9) of this subdivision, written instructions by the licensed authorized prescriber on the form provided by the office or an equivalent form, must include the:

- (i) child's name;
- (ii) licensed authorized prescriber's name, telephone number, and signature;
- (iii) date authorized;
- (iv) name of medication and dosage;
- (v) frequency the medication is to be administered;
- (vi) method of administration;

(vii) date the medication shall be discontinued or length of time, in days, the medication is to be given;

(viii) reason for medication (unless this information must remain confidential pursuant to law);

(ix) most common side effects or reactions; and

(x) special instructions or considerations, including but not limited to possible interactions with other medications the child is receiving or concerns regarding the use of the medication as it relates to a child's age, allergies, or any pre-existing conditions.

(9) Medications must be kept in the original labeled bottle or container. Over-the-counter medication must be kept in the originally labeled container and be labeled with the child's first and last name. Prescription medications must contain the original pharmacy label that lists:

(i) child's name;

(ii) authorized prescriber's name;

(iii) pharmacy name and telephone number;

(iv) date prescription was filled;

(v) name of the medication;

(vi) dosage;

(vii) how often to give the medication; and

(viii) date the medication shall be discontinued or length of time, in days, the medication is to be given.

(10) In the case of medication that needs to be given on an ongoing, long-term basis, the authorization and consent forms must be reauthorized at least once every six months. Any changes in the original medication authorization shall require a provider to obtain new instructions written by the licensed authorized prescriber and a change in the prescription.

(11) If a parent or guardian requests that the day care provider or caregiver administer a prescription or orally administered over-the-counter medication but does not furnish the day care provider or caregiver with written instructions from a health care provider or licensed authorized prescriber, the day care provider or caregiver may administer such medication or prescription with the oral approval of the parent or guardian and upon obtaining verbal instructions directly from the health care provider or licensed authorized prescriber for that day only. The day care provider or caregiver must document that the health care provider or licensed authorized prescriber gave verbal instructions and that the health care provider or licensed authorized prescriber was asked to send written instructions to the day care provider or caregiver. If the medication is to be administered on subsequent days, written instructions must have been provided to the day care provider or caregiver from the health care provider.

(12) The day care provider or caregiver may administer over-the-counter topical ointments including sunscreen lotion and topically applied insect repellent upon the written instructions of the parent or guardian. Such administration must be consistent with any directions for use noted on the original container, including but not limited to precautions related to age and special health conditions. With such written instructions, day care providers and caregivers may administer over-the-counter topical ointments and sunscreen lotion without receiving the training in administration of medications otherwise required pursuant to paragraph (14) of this subdivision.

(13)

(i) If an infant develops symptoms which indicate a need for over-the-counter topical ointment, while in care at the program, such ointment may be given under verbal instructions from the parent or guardian for that day only if the instructions received from the parent or guardian are consistent with any directions for use of the medication or ointment noted on the original container, including but not limited to precautions related to age and special health conditions.

(ii) If a child other than an infant develops symptoms which indicate a need for over-the-counter medication, including topical ointments, while in care at the program, such medication or ointment may be given under verbal instructions from the parent or guardian for that day only if the instructions received from the parent or guardian are consistent with any directions for use of the medication or ointment noted on the original container, including but not limited to precautions related to age and special health conditions.

(iii) For all children for whom the day care provider or caregiver administers over-the-counter medications pursuant to this paragraph, the day care provider or caregiver must document that the parent or guardian gave verbal instructions and approval. If the medication is to be administered on subsequent days, written instructions from the parent or guardian and, in the case of orally administered medications, a health care provider or licensed authorized prescriber, must be obtained.

(14) All day care providers and caregivers, except those excluded in subparagraph (iii) of this paragraph and except as provided in paragraphs (3) and (12) of this subdivision, who have agreed to administer medication, must complete the office-approved medication administration training or an office-approved equivalent before administering medications to children in day care. The certification of training in the administration of medications to children in day care shall be effective for a period of three years from the date of issuance. The provider or caregiver must complete a recertification training approved by the office in order to extend the certification for each additional three-year period. If, however, the provider or caregiver ceases to work in a day care program for a continuous period of one year, the certification shall automatically lapse. Where a certification lapses, the provider or caregiver may not be recertified unless the provider or caregiver completes the initial medication administration training or the recertification training, as required by the office. Where enforcement action has been taken against the provider based on a failure by the provider or caregiver to comply with requirements for the administration of medications set forth in this section, the office may require retraining or may prohibit the provider or caregiver from being involved in the administration of medications.

(i) Providers or caregivers who will be responsible for administering medications must receive training in the methods of administering medications prior to administering any medications in a day care setting. In order to be trained in the administration of medications in a day care setting, a provider or caregiver must be literate in the language or languages in which health care instructions from parents and health care providers will be received. Upon completion of the training, the provider or caregiver must receive a written certificate from the trainer that indicates that the trainee has successfully completed this training program, as required, and demonstrated competency in the administration of medications in a day care setting. Persons who receive training in the administration of medications in day care settings pursuant to this section may not otherwise administer medications or represent themselves as being able to administer medications except to the extent such persons may be able to do so in accordance with the relevant provisions of the Education Law.

(ii) The training in the administration of medications must be provided by a health care provider who has been certified by the office to administer the office-approved curriculum. The training must be documented and must include, but need not be limited to, the following:

(a) training objectives;

(b) a description of the methods of administration including principles and techniques of application and dispensation of oral, topical, and inhalant medication, including the use of nebulizers, and the use of epinephrine auto-injector devices when necessary to prevent anaphylaxis in emergency situations with respect to the various age groups of children;

(c) administering medication to an uncooperative child;

(d) an evaluation of whether the trainee demonstrates competency in:

(1) understanding orders from the health care professional or licensed authorized prescriber;

(2) the ability to correctly carry out the orders given by the health care provider or licensed authorized prescriber;

(3) recognition of common side effects of medications and ability to follow written directions regarding appropriate follow-up action;

(4) avoidance of medication errors and what action to take if an error occurs;

(5) understanding relevant commonly used abbreviations;

(6) maintaining required documentation including the parent or guardian's permission, written orders from health care professionals and licensed authorized prescribers, and the record of administration of medications;

(7) safe handling of medications, including receiving medications from a parent or guardian;

(8) proper storage of medications, including controlled substances; and

(9) safe disposal of medications.

(iii) A person who can produce a valid New York State license as a physician, physician's assistant, registered nurse, nurse practitioner, licensed practical nurse or advanced emergency medical technician will not be required to attend the training required by this paragraph in order to administer medications in a day care program. Documentation establishing the person's credentials in one of the above fields will be required and a copy of the documentation must be provided to the office.

(15) Medications must be kept in a clean area that is inaccessible to children. If refrigeration is required, the medication must be stored in either a separate refrigerator or a leak-proof container in a designated area of a food storage refrigerator, separated from food and inaccessible to children. Day care programs must comply with all Federal and State requirements for the storage and disposal of all types of medications, including controlled substances.

(16) At the time of administration, the day care provider or caregiver must document the dosages and time that the medications are given to the child. All observable side effects must be documented and shared with the parent, guardian and, when appropriate, the child's health care provider. Documentation must be made if the medication was not given and the reason for such a decision. The parent or guardian must be notified immediately and the office must be notified by the close of the following business day of any medication administration errors. Notification to the office must be reported on a form provided by the office or on an approved equivalent.

(17) No child under the care of a small day care center will be allowed to independently administer medications without the assistance and direct supervision of staff that are certified to administer medications pursuant to this section. Any program that elects to offer the administration of medications to children where children who attend the program independently administer medications or where children assist in the administration of their own medications must comply with all the provisions of this section.

(j) Caregivers must thoroughly wash their hands with soap and running water at the beginning of each day, before and after the administration of medications, when they are dirty, after toileting or assisting children with toileting, after changing a diaper, before and after food handling or eating, after handling pets or other animals, after contact with any bodily secretion or fluid, and after coming in from outdoors.

(k) Caregivers must ensure that children thoroughly wash their hands or assist children with thoroughly washing their hands with soap and running water when they are dirty, after toileting, before and after food handling or eating, after handling pets or other animals, after contact with any bodily secretion or fluid, after coming in from outdoors. For diapered children, caregivers must ensure that adequate steps are taken to clean the child after each change of diaper. Caregivers must assist children in keeping clean and comfortable, and in learning appropriate personal hygiene practices.

(l) Safety precautions relating to blood must be observed by all staff coming into contact with blood, as follows:

(1) Disposable gloves must be immediately available and worn whenever there is a possibility for contact with blood, including but not limited to:

(i) changing diapers where there is blood in the stool;

(ii) touching blood or blood-contaminated body fluids;

(iii) treating cuts that bleed; and

(iv) wiping surfaces stained with blood.

(2) In an emergency, a child's well-being must take priority. A bleeding child must not be denied care because gloves are not immediately available.

(3) Disposable gloves must be discarded after each use.

(4) If blood is touched accidentally, the exposed skin must be thoroughly washed with soap and running water.

(5) Clothes contaminated with blood must be placed in a securely tied plastic bag and returned to the parent at the end of the day.

(6) Surfaces that have been blood stained must be cleaned and then disinfected with a germicidal solution.

(m) Sufficient and suitable clothing must be available so that children who dirty or soil their clothing may be changed. All such clothing must be returned to parents for washing.

(n) Infants must be kept clean and comfortable at all times. Diapers must be changed whenever wet or soiled. The diaper changing area must be as close as possible to a sink that is used exclusively by staff for diaper changing. This area or sink must not be used for food preparation. Soap and hot and cold running water must be available. The diaper changing area must be washed and disinfected with a germicidal solution after each use.

(o) The provider must use disposable diapers or arrange with the parent(s) or a commercial diaper service to provide an adequate supply of cloth diapers.

(1) When disposable diapers are used, soiled diapers must be disposed of immediately into an outside trash disposal, or placed in a tightly covered plastic-lined trash can in an area inaccessible to children until outdoor disposal is possible.

(2) Nondisposable diapers must not be laundered in the small day care center, and must be stored in a securely covered receptacle until returned to the diaper service. When parents provide nondisposable diapers, soiled diapers must be placed in a securely tied plastic bag and returned to the parent at the end of the day.

(p) Toilet facilities must be kept clean at all times, and must be supplied with toilet paper, soap and disposable towels accessible to the children.

(1) Toileting equipment, such as potty chairs, appropriate to the toilet training level of the children in the group must be provided. When more than one child in the center is being toilet trained, potty chairs must be emptied and sanitized with a germicidal solution after each use. If only one child in the center is being toilet trained, potty chairs must be emptied and rinsed after each use and sanitized with a germicidal solution daily. Potty chairs must not be washed out in a handwashing sink, unless that sink is washed and disinfected after such use.

(2) Either disposable towels or individual cloth towels for each child must be used. If individual cloth towels are used, they must be laundered daily. Sharing personal hygiene items, such as washcloths, towels, toothbrushes, combs and hairbrushes, is prohibited.

(q) All rooms, equipment, surfaces, supplies and furnishings accessible to children must be cleaned and disinfected as needed to protect the health of children, and in a manner consistent with the health care plan guidelines issued by the office. The premises must be kept free from dampness, odors, vermin, and the accumulation of trash.

(1) Equipment that is frequently used or touched by children on a daily basis must be cleaned and disinfected when soiled and at least once weekly.

(2) Carpets contaminated with body fluids must be spot cleaned.

(3) Extensive cleaning, such as shampooing carpets or washing windows and walls, must occur when children are not present.

(4)

(i) Any application of pesticides (as the term pesticide is defined in section 33-0101 of the Environmental Conservation Law) shall be completed in accordance with the requirements of section 390-c of the Social Services Law and sections 33-1004 and 33-1005 of the Environmental Conservation Law.

(ii) In addition to the requirements of section 390-c of the Social Services Law, each day care facility must send a notice home with each child or otherwise provide notification to the parent of each child not less than 48 hours prior to the application of pesticides. Such notice must include:

(a) the location and specific date of the application of pesticides and may include two alternate dates in the event that an outdoor application cannot be made due to weather conditions;

(b) the pesticide product name and pesticide registration number assigned by the United States Environmental Protection Agency;

(c) the following statement: "This notice is to inform you of a pending pesticide application at this facility. You may wish to discuss with a representative of the day care facility what precautions are being taken to protect your child from exposure to these pesticides. Further information about the product or products being applied, including any warnings that appear on the label of the pesticide or pesticides that are pertinent to the protection of humans, animals or the environment, can be obtained by calling the National Pesticide Telecommunications Network Information line at 1-800-858-7378 or the New York State

Department of Health Center for Environmental Health Info Line at 1-800-458-1158"; and

(d) the name of a representative of the day care facility and contact number for additional information.

(iii) Any day care provider that fails to send the appropriate notice of pesticide application as set forth in subparagraph (ii) of this paragraph shall, for a first such violation of this subdivision, be issued a written warning in lieu of penalty. For a second violation, such provider shall be subject to a penalty not to exceed \$100. For any subsequent violation, such provider shall be subject to a penalty not to exceed \$250 for each violation. No penalty may be assessed by the commissioner without affording the provider with notice and an opportunity for a hearing pursuant to section 413.5 of this Title.

(iv) Any finding by the Department of Environmental Conservation of a violation by the provider of the requirements set forth in section 33-1004 or 33-1005 of the Environmental Conservation Law shall be deemed a safety hazard to children in care and a violation of this subdivision.

(5) Garbage receptacles must be covered, and cleaned as needed after emptying.

(6) Thermometers and toys mouthed by children must be washed and disinfected before use by another child.

(7) Individual drinking cups, disposable paper cups or bubbler drinking fountains of the angle jet type must be provided. The use of shared drinking cups is prohibited.

(8) Linens, blankets and bedding must be cleaned at least weekly and before use by another child. Cribs, cots, beds, mats and mattresses must be cleaned thoroughly between uses by different children and at least monthly.

(9) After use, dishes and all utensils must be washed with soap and hot water, and rinsed in hot running water.

Sec. filed: Dec. 5, 2000 as emergency measure; March 5, 2001 as emergency measure, expired 90 days after filing; June 4, 2001 as emergency measure, expired 90 days after filing; Sept. 4, 2001 as emergency measure; Dec. 3, 2001 as emergency measure, expired 90 days after filing; March 4, 2002 as emergency measure, expired 90 days after filing; June 3, 2002 as emergency measure, expired 90 days after filing; Sept. 3, 2002 as emergency measure; Nov. 19, 2002 as emergency measure; Jan. 28, 2003; amds. filed: April 1, 2003 as emergency measure, expired 90 days after filing; June 8, 2004 eff. Jan. 31, 2005. Amended (a), (d)-(e), (i)-(j).

18 NYCRR 418-2.11, 18 NY ADC 418-2.11

Current through amendments included in the New York State Register, Volume XXXII, Issue 41, dated October 12, 2011.

18 NYCRR 418-2.12

N.Y. Comp. Codes R. & Regs. tit. 18, § 418-2.12

Compilation of Codes, Rules and Regulations of the State of New York Currentness

Title 18. Department of Social Services

Chapter II. Regulations of the Department of Social Services

Subchapter C. Social Services

Article 2. Family and Children's Services

Part 418. Day Care Centers

Subpart 418-2. Small Day Care Centers (Refs & Annos)

Section 418-2.12. Nutrition

(a) The small day care center must provide plentiful and nutritious snacks to children. The center must ensure that each child in care for more than four hours a day receives a nutritious meal. Each child in care for more than 10 hours a day must receive a minimum of two nutritious meals. Food must be prepared and stored in a safe and sanitary manner and served at appropriate intervals.

(1) If the small day care center does not furnish meals, there must be adequate supplemental food available in the event that no meal is provided by the parent or if the meal provided by the parent is of inadequate nutritional value.

(2) Centers changing their meal policy must provide adequate notice to parents.

(b) Where meals are furnished by the small day care center, food preferences for personal, religious or medical reasons may be accommodated. If resultant meal patterns or serving sizes will not meet the child's nutritional needs, a medical statement must be obtained documenting the appropriateness of the variation.

(c) Where meals are furnished by the small day care center, the servings must be in portions suitable for the size and age of the children in care. There must be a sufficient amount of food available to children to permit second helpings.

(d) Children must be helped to gain independence in feeding themselves and should be encouraged to learn acceptable table manners appropriate to their developmental levels.

(e) Sufficient time, based on age and individual needs, must be allowed for meals so that children will not be hurried.

(f) Perishable food, milk and formula must be kept refrigerated.

(g) Safe drinking water must be available to children at all times and must be offered at intervals that are responsive to the needs of the individual children.

(h) Disposable cups and plates may be used if discarded after use. Plastic eating utensils may be used if such utensils are not easily broken by young children and are discarded after use. Styrofoam cups may not be used for infants or toddlers.

(i) Providers must obtain a written statement from the parent of each infant in care setting forth the formula and feeding schedule instructions for the infant.

(j) Where formula is required, such formula may be prepared and provided by the parent, or by the provider when agreed to in writing by the parent.

(k) If more than one child in the small day care center is receiving formula, breast milk or other individualized food items, all containers or bottles must be clearly marked with the child's complete name.

(1) Unused portions of bottles or containers from which children have been spoon-fed must be discarded after each feeding or placed in a securely tied plastic bag and returned to the parent at the end of the day.

(2) Heating formula, breast milk or other food items for infants in a microwave oven is prohibited.

(l) Every effort must be made to accommodate the needs of a child who is being breast-fed.

(m) Infants six months of age or younger must be held while being bottle-fed. Other infants must be held while being bottle fed until the infant consistently demonstrates the capability of holding the bottle and ingesting an adequate portion of the contents thereof. The propping of bottles is prohibited.

(n) Each infant and toddler must be removed from the crib, playpen or cot and held or placed in an appropriate chair for feeding.

Sec. filed: Dec. 5, 2000 as emergency measure; March 5, 2001 as emergency measure, expired 90 days after filing; June 4, 2001 as emergency measure, expired 90 days after filing; Sept. 4, 2001 as emergency measure; Dec. 3, 2001 as emergency measure, expired 90 days after filing; March 4, 2002 as emergency measure, expired 90 days after filing; June 3, 2002 as emergency measure, expired 90 days after filing; Sept. 3, 2002 as emergency measure; Nov. 19, 2002 as emergency measure; Jan. 28, 2003 eff. Feb. 12, 2003.

18 NYCRR 418-2.12, 18 NY ADC 418-2.12

Current through amendments included in the New York State Register, Volume XXXII, Issue 41, dated October 12, 2011.

18 NYCRR 418-2.13

N.Y. Comp. Codes R. & Regs. tit. 18, § 418-2.13

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Article 2. Family and Children's Services
Part 418. Day Care Centers
Subpart 418-2. Small Day Care Centers (Refs & Annos)
➔Section 418-2.13. Staff qualifications

(a) The provider and alternate provider must each meet the following qualifications:

(1) be at least 18 years old;

(2) have a minimum of two years experience caring for children under six years of age, or one year of experience caring for children under six years of age plus six hours of training or education in early childhood development. The phrase *experience caring for children* can mean child-rearing as well as paid and unpaid experience caring for children. The term *training* can mean educational workshops and courses in caring for pre-school-age children;

(3) be capable of providing, and agree to provide, safe and suitable care to children which is supportive of the children's physical, intellectual, emotional and social well-being; and

(4) provide to the office the names, addresses and day time telephone numbers of at least three references, other than relatives. At least one of the references must be able to attest to the provider's or alternate provider's employment history, work record and qualifications, if the provider or alternate provider has ever been employed outside the home. At least one of the references must be able to attest to the provider's or alternate provider's character, habits and personal qualifications to be a small day care center provider or alternate provider.

(b) Alternate providers are required to comply with the criminal history review provisions of this Part and Part 413 of this Title.

Sec. filed: Dec. 5, 2000 as emergency measure; March 5, 2001 as emergency measure, expired 90 days after filing; June 4, 2001 as emergency measure, expired 90 days after filing; Sept. 4, 2001 as emergency measure; Dec. 3, 2001 as emergency measure, expired 90 days after filing; March 4, 2002 as emergency measure, expired 90 days after filing; June 3, 2002 as emergency measure, expired 90 days after filing; Sept. 3, 2002 as emergency measure; Nov. 19, 2002 as emergency measure; Jan. 28, 2003 eff. Feb. 12, 2003.

18 NYCRR 418-2.13, 18 NY ADC 418-2.13

Current through amendments included in the New York State Register, Volume XXXII, Issue 41, dated October 12, 2011.

personnel

18 NYCRR 418-2.14

N.Y. Comp. Codes R. & Regs. tit. 18, § 418-2.14

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Title 18. Department of Social Services

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Article 2. Family and Children's Services

Part 418. Day Care Centers

Subpart 418-2. Small Day Care Centers (Refs & Annos)

Section 418-2.14. Training

(a) Each provider and alternate provider must complete a minimum of 30 hours of training every two years. Fifteen hours of such training must be completed during the first six months of the program's first year of registration. Any person who becomes an alternate provider after the initial registration of the center must complete a minimum of 15 hours of training during the first six months after becoming an alternate provider. In either case, this initial 15 hours applies toward the total 30 hour minimum requirement for each registration period. Such training requirements shall also apply to any volunteer in a small day care center program who has the potential for regular and substantial contact with children. Training must address the following topics:

- (1) principles of early childhood development, including the appropriate supervision of children, meeting the needs of children enrolled in the program with physical or emotional challenges and behavior management and discipline;
- (2) nutrition and health needs of children;
- (3) child day care program development;
- (4) safety and security procedures, including communication between parents and staff;
- (5) business record maintenance and management;
- (6) child abuse and maltreatment identification and prevention;
- (7) statutes and regulations pertaining to child day care; and
- (8) statutes and regulations pertaining to child abuse and maltreatment.

(b) Training received after the application has been submitted but before the application has been approved and the registration granted may be counted towards the initial 15 hours required in subdivision (a) of this section.

(c) For the 30 hours of training that must be received every two years after the first year of registration, any provider or alternate provider who can demonstrate basic competency in a particular topic to the office may determine in which of the specified topics he or she needs further study. The office also may exempt any provider or alternate provider from participating in training on a particular topic upon demonstration of substantially equivalent knowledge or experience related to that topic. All providers with such exemptions must still complete 30 hours of training during each registration period.

(d) Each provider and alternate provider must submit verification of completion of the training requirements to their program's designated registration office on forms provided by the office.

(e) At the time of admission, the provider or alternate provider must furnish parents with appropriate instructional materials that will assist them in evaluating the facility and caregivers. Such material

must include information concerning child abuse and maltreatment, and guidance on the steps they may take if they suspect their child has been abused or maltreated.

Sec. filed: Dec. 5, 2000 as emergency measure; March 5, 2001 as emergency measure, expired 90 days after filing; June 4, 2001 as emergency measure, expired 90 days after filing; Sept. 4, 2001 as emergency measure; Dec. 3, 2001 as emergency measure, expired 90 days after filing; March 4, 2002 as emergency measure, expired 90 days after filing; June 3, 2002 as emergency measure, expired 90 days after filing; Sept. 3, 2002 as emergency measure; Nov. 19, 2002 as emergency measure; Jan. 28, 2003 eff. Feb. 12, 2003.

18 NYCRR 418-2.14, 18 NY ADC 418-2.14

Current through amendments included in the New York State Register, Volume XXXII, Issue 41, dated October 12, 2011.

18 NYCRR 418-2.15

N.Y. Comp. Codes R. & Regs. tit. 18, § 418-2.15

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Article 2. Family and Children's Services

Part 418. Day Care Centers

Subpart 418-2. Small Day Care Centers (Refs & Annos)

Section 418-2.15. Management and administration

(a) Small day care centers must comply with the following standards:

(1) Each small day care center must register with the office and must operate in compliance with the regulations of the office and all other applicable laws and regulations. No person or entity may operate a small day care center unless registered with the office.

(2) Providers who have registered with the office must provide proof of registration and information concerning any waivers that have been approved by the office upon request.

(3) A new application for registration must be submitted to the office when there is a change in the name, address or operator; when the operator will be providing an additional shift of care, when reinstatement of a withdrawn application is sought; or when a registration is sought following the office's revocation of, or denial of an application to renew, a registration.

(4) The provisions specified on the registration are binding and the small day care center must operate in compliance with the terms of the registration. The number and age range of children specified thereon are the maximum number and age range of children who may be in the care of the small day care center at any one time.

(5) If a small day care center will provide care 24 hours a day, there must be more than one provider. Individual children must be cared for less than 24 hours a day. No caregiver may work more than two consecutive shifts.

(6) The caregivers must be in good health and be of good character and habits.

(7) Information relating to an individual child is confidential and cannot be disclosed without written parental permission to anyone other than the office, its designees or other persons authorized by law. Information relating to an individual child may be disclosed to a social services district where the child receives a day care subsidy from the district, where the child has been named in a report of alleged child abuse or maltreatment, or as otherwise authorized by law. Redislosure of confidential HIV-related information, as defined in section 360-8.1 of this Title, concerning a child receiving child day care is not permitted except in a manner consistent with article 27-F of the Public Health Law.

(8) A small day care center may not refuse to admit a child to the program solely because the child is a child with a developmental delay or disability or has been diagnosed as having human immunodeficiency virus (HIV), HIV-related illness or acquired immune deficiency syndrome (AIDS). Each such child must be evaluated by the provider to determine whether the child could be accommodated in the program if reasonable modifications are made to the premises and/or program. Nothing contained in this paragraph shall be deemed to require the provider to incur significant additional expenses to modify the premises and/or program to accommodate such a child.

(9)

(i) The parent of a child receiving care must have: unlimited and on demand access to such child; the right to inspect all parts of the building used for child day care or which could present a hazard to the health or safety of the child whenever the parent requests at any time during the hours of operation of the small day care center; unlimited and on demand access to the caregivers whenever such child is in care or during the normal hours of operation; and unlimited and on demand access to written records concerning such child except where access to such records is otherwise restricted by law.

(ii)

(a) The parents of all children receiving care in a small day care center equipped with video surveillance cameras installed for the purpose of allowing parents to view their children in the day care setting by means of the internet must be informed that cameras will be used for this purpose. All alternate providers and employees of the small day care center must also be informed if video surveillance cameras will be used for this purpose.

(b) All parents of children enrolled in the small day care center and all alternate providers and employees of the small day care center must be made aware of the locations of all video surveillance cameras used at the small day care center.

(c) Small day care centers opting to install and use video surveillance equipment must comply with all State and Federal laws applicable to the use of such equipment.

(d) Video surveillance cameras may not be used as a substitute for competent direct supervision of children.

(e) Small day care centers opting to allow parents to view their children in the day care setting by means of the internet must use and maintain adequate internet security measures at all times. Such measures include but are not limited to: frequent changes of passwords; filtering measures that prohibit public access to or viewing of day care activities via the internet; and immediate corrective action in response to any report of abuse of the system or inappropriate access. Such centers must also advise the parents having access to views of the day care center through the internet of the importance of security in regard to such viewing and of the importance of the privacy rights of other children who may be viewed.

(f) Video surveillance cameras are permitted to transmit images of children in common rooms, hallways and play areas only. Bathrooms and changing areas must remain private and free of all video surveillance equipment.

(g) Small day care centers that use video surveillance equipment must allow inspectors and other representatives of the office to have access to such equipment and to have viewing privileges as required by the office.

(10) Small day care centers must admit inspectors and other representatives of the office onto the grounds and premises at any time during the hours of operation of the center. Such inspectors and representatives must be given free access to the building or buildings used by the center, staff and children and any records of the center. A small day care center must cooperate with inspectors and other representatives of the office in regard to any inspections or investigations that are conducted by the office or its' representatives. A small day care center also must cooperate with local child protective services' staff conducting any investigation of alleged child abuse or maltreatment.

(11) In selecting alternate providers subsequent to issuance of a registration, a provider:

(i) must notify the office immediately in writing when there is any change of alternate providers;

(ii) must submit to the office within 15 days of the written notification, an application for any new alternate provider and the supporting documentation for the alternate provider. Each such applicant must also complete and submit with the application the forms necessary for the office to inquire whether the applicant is the subject of an indicated report of child abuse or maltreatment on file with the Statewide Central Register of Child Abuse and Maltreatment, a completed fingerprint card necessary for the office to conduct a criminal history review, and a sworn statement indicating whether, to the best of the applicant's knowledge, he or she has ever been convicted of a misdemeanor or felony in New York State or any other jurisdiction;

(iii) may, during the office's review of all documentation for any new alternate provider, continue to operate the small day care center with any individual who is identified on the list required by paragraph (c)(16) of this section; and

(iv) may not leave the new alternate provider in sole charge of children until such time as the office's review of all documentation for such alternate provider is completed.

(12) The small day care center must report to the office: any change affecting, or which reasonably might be expected to affect, those portions of the building in which the program is located or which are used for the children's egress in the case of an emergency; and any other change that would place the center out of compliance with applicable regulations.

(13) The caregivers must be familiar with the regulations governing such programs. Such regulations must be readily accessible to the caregivers for reference purposes and must be made available for review to a parent of a child in care upon request by a parent.

(14) The caregiver must immediately notify the office upon learning of the death, serious injury or infectious illness of an enrolled child which occurred while the child was in care at the center or was being transported by a caregiver.

(15) Parents must be given the opportunity to discuss issues related to their children and care of their children with the provider or alternate provider. Such opportunities must occur at the time of enrollment and as frequently as needed thereafter, but at least annually.

(16) The indoor and outdoor areas of the small day care center where the children are being cared for must not be used for any other business or social purpose when children are present such that the attention of the caregiver is diverted from the care of the children. When a small day care center is located in a multi-use building, those portions of the building designated for the care of children must be used exclusively for child day-care during the hours that children are present.

(17) When a provider proposes to care for a child under the age of six weeks, prior approval must be obtained from the office. In seeking such approval, the provider must furnish, either verbally or in writing, the following:

(i) identifying information related to the specific child who would receive care, including the parent's name and address, and the child's name, sex and age;

(ii) the extenuating circumstance necessitating the care; and

(iii) a description of what the provider will do to achieve consistency with the office's guidelines for the care of children under the age of six weeks.

(18)

(i) Within five days after receiving the initial registration and before actually commencing operation, the provider must, using a form specified by the office for that purpose, notify the local police and fire departments of the municipality within which the small day care center is located of the following:

- (a) the address of the small day care center;
- (b) the maximum capacity of the small day care center;
- (c) the age range of children that will be in care; and
- (d) the hours during which children will be in care.

(ii) If the local municipality does not have a police or fire department, the sheriff of the county within which the small day care center is located must be notified instead. The provider must notify the local police and fire departments or the county sheriff, as appropriate, if there is any change in any of the information required to be provided pursuant to subparagraph (i) of this paragraph.

(19) All small day care centers that accept direct and indirect payments from a social services district, or a payment from a parent or caretaker, for providing subsidized child care must comply with all relevant requirements of the child care subsidy program and section 415.4(h) of this Title.

(b) Conditions which apply to small day care center registration are as follows:

(1) No registration will be issued unless the provider is in full compliance with the regulations of the office and all other applicable laws and regulations except where a waiver of one or more requirements of this Subpart has been approved in writing by the office in accordance with section 413.5 of this Title.

(2) The effective period of the initial registration for a small day care center and any subsequent registration will be up to two years so long as the provider remains in compliance with applicable laws and regulations during such periods.

(i) If a provider or alternate provider has not met the training requirement specified in section 418-2.14 of this Subpart, a subsequent registration may be issued for a period of up to one year following the completion of an acceptable inspection of the small day care center.

(ii) No more than one such limited renewal may be issued in succession.

(3) A registration is not transferable to any other provider or location.

(4) Small day care centers required to be registered with the office will not be exempt from this requirement through registration with another State agency or certification, registration or licensure by any local governmental agency or authorized agency.

(5) Before denial of an application for registration or renewal of license, the provider is entitled to a hearing before the office pursuant to Part 413 of this Title.

(c) The provider must maintain on file at the small day care center, available for inspection by the office or its designees at any time, the following records in a current and accurate manner:

(1) a copy of the evacuation plan, as required in section 418-2.5 of this Subpart, specifying alternate means of egress;

(2) an approved health care plan on forms furnished by the office or approved equivalents, as required in section 418-2.11 of this Subpart;

(3) the name, address, gender, and date of birth of each child and each child's parents' names, addresses, telephone numbers and place(s) at which the parents or other persons responsible for the child can be reached in case of an emergency;

(4) the names and addresses of persons authorized to take the child(ren) from the small day care center;

(5) daily attendance records;

(6) children's health records, including parental consents for emergency medical treatment; evidence of health examinations and immunizations; any available results of lead screening; the name and dosage of any medications used by a child, the frequency of administration of such medications and a record of their administration by child day care center staff; and a record of illnesses, injuries and any indicators of child abuse or maltreatment;

(7) health statements for the provider and alternate provider completed within the 12 months preceding the date of the application for registration or renewal, as required in section 418-2.11 of this Subpart;

(8) a description of program activities offered to meet the needs of children, as required in section 418-2.7 of this Subpart;

(9) when the small day care center is incorporated, the following additional documentation:

(i) a copy of the certificate of incorporation and any amendments thereto;

(ii) verification of filing of the certificate of incorporation and any amendments thereto with the Secretary of State; and

(iii) a current list of the names of the board of directors and their addresses, telephone numbers of the current principal officers and members, and the business and civic qualifications of all such individuals;

(10) when the small day care center is owned by an individual, corporation, partnership or other entity using a business or assumed name, a copy of the certificate of doing business under an assumed name obtained from the county clerk;

(11) documentation from service personnel licensed by the New York State Department of State to perform fire alarm systems maintenance, repair and testing which shows that the fire alarm and detection systems have been inspected, tested and maintained in accordance with the applicable requirements of the New York State Uniform Fire Prevention and Building Code;

(12) documentation from service personnel qualified to perform fire suppression systems maintenance, repair and testing showing that fire suppression equipment and systems have been tested and maintained during the current registration period in accordance with the applicable requirements of the New York State Uniform Fire Prevention and Building Code;

(13) documentation from the local government authority having jurisdiction for determining compliance with the New York State Uniform Fire Prevention and Building Code showing that the facility has been inspected and approved once every 12 months for compliance with the applicable fire safety provisions of the New York State Uniform Fire Prevention and Building Code;

(14) documentation showing inspection and approval of any steam or hot water boilers performed in accordance with the requirements of the New York State Department of Labor and service performed once every 24 months on any other fuel burning heating system and equipment and boilers not subject to the New York State Department of Labor requirements;

(15) where a provider uses a private water supply, a report from a State licensed laboratory or individual, based on tests performed within the 12 months preceding the date of application for registration or renewal, showing that the water meets standards for drinking water established by the New York State Department of Health;

(16) a list of alternate providers and substitutes who are available to care for the children in the small day care center when the provider must be absent;

(17) documentation of training sessions attended in accordance with section 418-2.14 of this Subpart;

(18) a copy of the notification form provided to the local police and fire departments or the county sheriff as required in paragraph (a)(18) of this section; and

(19) a copy of the certification that the building, its property and premises, and the surrounding neighborhood and environment are free from environmental hazards, as required in section 418-2.2(a)(6) and (e)(4) of this Subpart.

(d) Small day care centers located in public school buildings currently used for an elementary, middle or secondary education program approved or inspected by the State Education Department are exempt from the requirements set forth in paragraphs (c)(11)-(15) of this section. Such small day centers must maintain on file copies of the current certificates of occupancy issued by the State Education Department. For those centers not issued such certificates of occupancy, the appropriate local equivalent, acceptable to the State Education Department, must be maintained on file.

(e) Where multiple sites are operated by one organization or provider, records, other than those of children currently enrolled in the small day care center, may be retained at a central administrative location. The operators of these centers must make all such records available on site upon request by the office or its designees.

Sec. filed: Dec. 5, 2000 as emergency measure; March 5, 2001 as emergency measure, expired 90 days after filing; June 4, 2001 as emergency measure, expired 90 days after filing; Sept. 4, 2001 as emergency measure; Dec. 3, 2001 as emergency measure, expired 90 days after filing; March 4, 2002 as emergency measure, expired 90 days after filing; June 3, 2002 as emergency measure, expired 90 days after filing; Sept. 3, 2002 as emergency measure; Nov. 19, 2002 as emergency measure; Jan. 28, 2003 eff. Feb. 12, 2003; amd. filed Sept. 16, 2011 eff. Oct. 5, 2011.

18 NYCRR 418-2.15, 18 NY ADC 418-2.15

Current through amendments included in the New York State Register, Volume XXXII, Issue 41, dated October 12, 2011.

NEW YORK CITY CHARTER, CODE, AMENDMENTS & RULES
NEW YORK CITY RULES & REGULATIONS
NEW YORK CITY HEALTH CODE

TITLE III. MATERNAL, INFANT, CHILD AND SCHOOL HEALTH SERVICES.

ARTICLE 43. SCHOOL-BASED PROGRAMS FOR CHILDREN AGES THREE THROUGH FIVE.

(As of 12/31/10)

§ 43.01. Definitions.

When used in this article:

- (a) School shall mean a public, non-public, chartered or other school or school facility recognized under the State Education Law and/or that has been determined by the State Education Department or the New York City Department of Education, or successor agency, as providing a compulsory education for children in grades one through twelve, and where more than six children ages three through five are provided instruction, but shall not include a child care service defined in Article 47 of this Code.
- (b) Elementary school shall mean any school approved by the State Education Department to provide programs of instruction that meet State requirements for a compulsory education in the elementary grades, but does not include secondary school grades, as defined in this Article.
- (c) Kindergarten and pre-kindergarten shall mean school-based programs of instruction for children ages five years and younger.
- (d) Secondary school shall mean a school providing instruction in the sixth through twelfth grades, and shall include, but not be limited to, schools designated as junior high schools, intermediate schools, middle schools and high schools.
- (e) Person in charge of a school shall mean a principal, headmaster, director or other person designated by the governing body of a school or school system to manage school operations, programs and implementation of the governing body's policies, and who is responsible for the health and safety of staff and children attending such school.
- (f) Three years of age. A child attending an elementary school where the school year starts in September shall be deemed to be three years of age if the child's third birthday occurs or will occur on or before December 31st of the school year. In a school where the school year starts during any other month, all children in a class of three year olds shall have their third birthday within four months of the start of the school year.

§ 43.03. Scope and applicability.

The provisions of this Article shall apply to pre-kindergarten and kindergarten programs of instruction provided for children ages three through five that are located within a school, or that are part of a school, and shall be in addition to requirements of other provisions of this Code applicable to schools. For the purposes of this Article, being “part of a school” shall mean that there is identical ownership, operation, management and control of kindergarten and pre-kindergarten classes for children ages three through five and all other classes provided by the school. All educational or other programs, regardless of whether they are located within, or are part of an elementary or other school, that are intended for and attended by children younger than three years of age shall be deemed child care services and the person in charge of a school shall not provide care for such children unless such programs have been issued a permit by the Commissioner pursuant to Article 47 of this Code.

§ 43.05. Notice to the Department.

On or before the effective date of this Article, the person in charge of a school that provides classes for children ages three through five shall file a notice with the Department, on a form provided or approved by the Department. The notice shall provide the names, addresses and contact information for the person or entity that owns and operates the school. Any person or entity that operates more than one school may submit one notice that lists the required contact information for each school. Notices shall be filed whenever there has been a change in the location of, or contact information for, a school providing classes for children ages three through five, and whenever a new school providing such classes is established.

§ 43.07. Written safety plan.

(a) Safety plan required. Except where a school has established a written safety plan in compliance with applicable State or federal law, every school subject to this Article shall develop, review annually and update, in accordance with changed circumstances, conditions or activities, a written safety plan. The safety plan shall be implemented by the person in charge of a school, used in training staff and volunteers, provided to parents on request, and kept in an accessible location at the school where it may be used by staff for reference, and reviewed by Department inspectors.

(b) Scope and content. The written safety plan shall establish policies and procedures for safe operation, including teaching and other staff duties, facility operation and maintenance, fire safety, general and activity-specific safety, emergency management, staff and child health and medical requirements, staff training and parent/child orientation. The written safety plan shall consist of, at a minimum, a table of contents and the following components:

(1) Staff: organization chart, job descriptions, responsibilities and supervisory responsibilities.

(2) Program operation and maintenance: including, but not limited to, schedules and designated staff for facility inspection, cleaning and maintenance, schedule for boiler/furnace and HVAC system maintenance, maintenance of adequate water pressure, protection of the potable water supply from submerged inlets and cross-connections in the plumbing system, schedule for the annual lead paint survey, inspection of window guards, indoor and outdoor equipment inspection and replacement schedule, evaluation of injury prevention procedures, equipment and structures, identification of procedures for transportation vehicle maintenance, food protection procedures during receipt, storage and preparation, identity of individuals certified in food protection, schedule for sanitization procedures of food prep areas and identification of approved food sources.

(3) Fire safety: evacuation of buildings and property, assembly, supervision, and accounting for children and staff; fire prevention; coordination with local fire officials; fire alarm and detection systems and their operation, maintenance, and routine testing; type, location and maintenance of fire extinguishers; inspection and maintenance of exits; required fire drills and log; and electrical safety.

(4) Health care plan: statement of policies and procedures to show how the health and medical requirements of this Code shall be implemented for maintaining children's medical histories; addressing individual children's restrictions on activities, policies for medication administration and special needs, if any; initial health screening for children and staff; daily health surveillance of children; procedures for providing basic first aid, handling and reporting medical emergencies and outbreaks; procedures for response to allegations of child abuse; identification of and provisions for medical, nursing and emergency medical services addressing special individual needs; names, qualifications and duties of staff certified in first aid and CPR; description of separation facilities, supervision and other procedures for ill children to be provided by the school until a parent arrives; storage of medications; location and use of first aid and CPR supplies; maintenance of a medical log; description of universal precautions for blood borne pathogens; reporting of child and staff illness and injuries; and sanitary practices.

(5) Corrective action plans: actions to be taken to protect children on receipt of reports of alleged and confirmed teaching and other staff criminal justice or child abuse histories.

(6) General and activity specific safety: description of child supervision, including arrangements for general supervision; supervision during and between on-site activities; recreational and trip supervision for specific outdoor and off-site activities; supervision during sleeping and rest hours; transportation; and in emergencies.

(7) Staff training: new employee orientation; training curricula; procedures for child supervision

and discipline; child abuse recognition and reporting; provision of first aid and emergency medical assistance; reporting of child injury and illness; fire safety and fire drills; child and staff evacuation procedures; activity specific training for assigned activities; and process to document attendance at staff training.

(8) Emergency evacuation: age-specific plans for removal of children from the premises for each shift and program where care is provided. Primary emphasis shall be placed on the immediate evacuation of children in premises which are not fireproof. Emergency evacuation procedures, implementing Fire Department recommendations, shall be posted in conspicuous places throughout the facility. The emergency evacuation plan shall include the following:

(A) how children and staff will be made aware of the emergency;

(B) primary and secondary routes of egress;

(C) methods of evacuation, including where children and staff will meet after evacuating the building, and how attendance will be taken;

(D) roles of the staff and chain of command;

(E) notification of authorities and the children's parents.

(9) Parent/child orientation: orientation curriculum outline; tour of premises; reporting and management of illnesses, injuries and other incidents; evacuation plan; lost child plan; lightning plan; fire safety and fire drills; evacuation procedures; activity specific training for assigned activities; trips (if provided).

§ 43.09. Staff supervision.

(a) Direct supervision. Line of sight supervision by adult teaching staff shall be maintained for all children, and no child or group of children shall be left unsupervised at any time.

(b) Minimum staff to children ratios. The minimum ratios of staff to children shall be as follows:

Age of Children	Staff/Child Ratio
3 years to under 5	1:20 for classroom academic activities
3 years to under 4	
1:10 for all other activities	
4 years to under 5	1:12 for all other

	activities
5 years to under 6	1:25 for all activities

(c) Staff. Parents, aides, other adult staff and volunteers may be counted as staff with respect to the above ratios.

§ 43.11. Health; staff.

(a) Staff to be excluded. The person in charge of a school shall exclude any staff person from work in accordance with Article 11 of this Code, if such staff person reports having an illness or symptoms of a communicable disease reportable pursuant to Article 11 of this Code. Such staff person shall not be permitted to return to the school without a written statement of recovery from a health care provider if the staff person was a case of measles, mumps, rubella, pertussis (whooping cough), scarlet fever, meningitis (all types), or poliomyelitis, or if the staff person was a case of any other communicable disease reportable pursuant to Article 11.

(b) Physical examination certificates. No educational director, teacher, substitute, volunteer worker, office worker, kitchen worker, maintenance worker or other staff member who regularly associates with children shall be permitted to work in a school unless such person is healthy and capable of carrying out the responsibilities of the job. Prior to commencing work, all such staff and volunteers shall present a certificate from a licensed health care provider certifying that, on the basis of medical history and physical examination, such staff member or volunteer is physically and mentally able to perform assigned duties. Such certificate shall be submitted every two (2) years thereafter as a condition of employment. Certificates of required physical examinations and other medical or personal health information about staff shall be kept on file at the place of employment, shall be confidential, and shall be kept separate from all other personnel or employment records.

(c) Staff immunizations. Health care providers shall certify that each staff member or volunteer has been immunized against measles; mumps; rubella; varicella (chicken pox); and tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap) in accordance with recommendations of the CDC Advisory Committee on Immunization Practices. Persons born on or before December 31, 1956 who have a history of measles or mumps disease shall not require such vaccines. A history of having health care provider documented varicella, measles or mumps disease shall be accepted in lieu of varicella, measles or mumps vaccines. A history of having rubella disease shall not be substituted for the rubella vaccine. A laboratory test demonstrating detectable varicella, measles, mumps, or rubella antibodies shall also be accepted in lieu of varicella, measles, mumps and rubella vaccine. An employee may be exempted from this immunization requirement for medical contraindications upon submission of appropriate documentation from a licensed physician.

(d) Test for tuberculosis infection. The Department may require testing for tuberculosis at any time of any persons in a school when such testing is deemed necessary for epidemiological investigation.

§ 43.13. Criminal justice and child abuse screening of current and prospective personnel.

(a) Applicability. These requirements for child abuse and criminal justice screening shall apply to any person who has, will have, or has the potential for unsupervised contact with children and shall include, but not be limited to: individual owners, persons in charge of a school, partners, members and shareholders of small or membership corporations who are the owners or operators of the school; educational, administrative and maintenance employees; school bus drivers; volunteers, including parent volunteers and student teachers, trainees or observers; and consultants and other persons employed by persons, corporations, partnerships, associations or other entities providing services to the school. Employees of independent contractors providing maintenance, construction, food or other services to a school shall be screened in accordance with this section, or shall be prohibited from working in any area or facility occupied by the school unless such person is working under the direct supervision and within the line of sight of a screened employee of the school. Schools that are currently required by State or federal law to screen employees for criminal justice and child abuse and maltreatment records shall not be required to comply with the provisions of this section and § 43.15 of this Article.

(b) Pre-employment verification. A person in charge of a school shall obtain and verify credentials, including certificates and educational transcripts, as applicable, and references prior to employment of all persons listed in subdivision (a) of this section.

(c) Screening. A person in charge of a school shall arrange for (1) fingerprinting, (2) review of records of criminal convictions and pending criminal actions, and (3) inquiry of the Statewide Central Register of Child Abuse and Maltreatment (hereinafter "SCR") for all prospective employees, and other persons listed in subdivision (a), and for current employees shall repeat the inquiry to the SCR every two years.

(d) Individual consent. A person in charge of a school shall obtain written consent from each such person for fingerprinting and criminal record review, and shall provide written notice to such persons that there will be an inquiry submitted to the SCR, pursuant to Social Services Law § 424-a (1), or successor law, and that copies of the reports received by the person in charge of a school as a result of such review and screening may be provided to the Department.

(e) Refusal to consent. A person in charge of a school shall not hire or retain as an employee, or otherwise allow on its premises any person who is required to have, but refuses to consent to, fingerprinting and criminal record review. The person in charge of a school shall not hire or retain any person who has a criminal conviction record, subject to and consistent with Article 23-A of the New York State Correction Law, except as provided in subdivision (g) of this section.

(f) Employee to notify person in charge of a school. Employees required to have criminal justice and child abuse screening shall notify the person in charge of a school within 24 hours when such employees are arrested, or when such employees receive a notice that an allegation of child abuse or maltreatment has been filed concerning such employees.

(g) Actions required. Consistent with Article 23-A of the New York State Correction Law, and except where the person in charge of a school has prepared and implemented a corrective action plan in accordance with § 43.15 of this Code:

(1) A person in charge of a school shall not hire, retain, utilize or contract for the services of a person who:

(A) Has been convicted of a felony at any time, or who has been convicted of a misdemeanor within the preceding ten years; or

(B) Has been arrested and charged with any felony or misdemeanor, and where there has been no disposition of the criminal matter; or

(C) Is the subject of a reported incident of child abuse or maltreatment which has been indicated or which is under investigation.

(2) A person in charge of a school shall not dismiss or permanently deny employment to current and prospective staff solely because they are defendants in pending criminal actions, but may suspend current employees or defer employment decisions on prospective employees until disposition of the pending criminal action.

(3) A person in charge of a school shall prohibit unsupervised contact with children by any person who has not received screening clearance for criminal convictions or by the SCR, or is listed in paragraph (1) of this subdivision.

(i) References. For all prospective staff, the person in charge of a school shall make a written inquiry to an applicant's three most recent employers and shall obtain three references prior to hiring. If prospective staff have not had three prior employers, references may be accepted from persons who are not family members and who state, in writing, that the applicant is well-known to them as a student, volunteer, or other stated capacity, and that the applicant is suited by character, fitness, and ability to work with children.

§ 43.15. Corrective action plan.

(a) Corrective action plan required. A corrective action plan shall be prepared by the person in charge of a school that is subject to this Article in the following instances:

(1) Prior to the person in charge of a school hiring, retaining or utilizing the services of persons listed in subdivision (a) of § 43.13 of this Article when such persons are reported as having:

(A) A criminal conviction, as specified in § 43.13(g); or

(B) Pending criminal charges, as specified in § 43.13(g); or

(C) SCR reported incidents of child abuse or maltreatment which have been indicated or which are under investigation.

(2) When a death or serious injury of a child has occurred while in the care of a person in charge of a school, or in the care of any owner, director, employee, or volunteer of the person in charge of a school or while in the care of any agent of the person in charge of a school, or if a related criminal or civil action has already been adjudicated or adjudication is pending in any jurisdiction with respect to such death or serious injury.

(3) When required by the Department, if the person in charge of a school has been cited for violations or conditions deemed imminent health hazards, to demonstrate that the person in charge of a school is able and willing to correct such violations or conditions.

(b) Contents of corrective action plan. A corrective action plan shall assess the risk to children in the school, and shall clearly and convincingly demonstrate that such person presents no danger to any child, or other persons. The plan shall include, but not be limited to, consideration of the following factors:

(1) Seriousness of the incident(s) or crimes cited in the report(s);

(2) Seriousness and extent of injuries, if any, sustained by the child(ren) named or referred to in the indicated report(s) or disclosed upon investigation of the criminal charge;

(3) Any detrimental or harmful effect on child(ren) as a result of the person's actions or inactions and relevant events and circumstances surrounding these actions and inactions as these relate to any report(s);

(4) The age of the person and child at the time of the incident(s);

(5) Time elapsed since the most recent incident(s);

(6) Number of indicated incident(s) or crimes; where more than one incident or crime, an evaluation of each separately, and an assessment of the total effect of all indicated incidents on risks to children currently under care;

(7) Duties of the person under consideration; degree of supervision, interaction, opportunity to be with children on a regular, substantial basis and whether the position may involve being alone with children or will always involve the presence of other adults;

(8) Information provided by the person, re: rehabilitation, i.e., showing positive, successful efforts to correct the problems resulting in the indicated child abuse or criminal report so that children in care will not be in danger, demonstrated by no repeated incidents or showing that the person has undergone successful professional treatment;

(9) Employment or practice in a child care field without incident involving injuries to children;

(10) Extra weight and scrutiny shall be accorded child abuse and maltreatment reports involving fatality, sexual abuse, subdural hematoma, internal injuries, extensive lacerations, bruises, welts, burns, scalding, malnutrition or failure to thrive; and crimes involving homicides, sexual offenses (misconduct, rape, sodomy, abuse); kidnapping; felony possession or sale of a controlled substance; felony promotion of prostitution; obscenity offenses; disseminating indecent material involving, or to, minors; incest; abandonment of a child; endangering welfare of a child; promoting sexual performance by a child; felony weapon possession; assault; reckless endangerment; coercion; burglary; arson and robbery; driving while intoxicated or under the influence of alcohol if the person will have responsibilities for unsupervised contact or driving motor vehicles at the school.

(c) Available for Department inspection. Corrective action plans shall be maintained by the person in charge of a school and made available to the Department for inspection upon request.

§ 43.17. Health; child admission criteria.

(a) Admission requirements.

(1) Physical examinations and screening. Prior to initial admission to a school, all children shall receive a complete age appropriate medical examination, including but not limited to a history, physical examination, developmental assessment, nutritional evaluation, lead poisoning screening, and, if indicated, screening tests for dental health, tuberculosis, vision, and anemia.

(2) Immunizations. All children shall be immunized against diphtheria, tetanus, pertussis, polio-

myelitis, measles, mumps, rubella, varicella, hepatitis B and haemophilus influenzae type b (Hib), in accordance with New York Public Health Law § 2164, or successor law, and shall have such additional immunizations as the Department may require. Exemption from specific immunizations may be permitted for medical contraindications or on religious grounds, in accordance with Public Health Law § 2164.

(b) Form with results of examination. Health care providers examining children pursuant to this section shall furnish the person in charge of a school with a signed statement, in a form provided or approved by the Department, containing a summary of the results of the examination, past medical history, and, if a disease or condition which affects the child's ability to participate in program activities is found, a summary of the evaluation and findings associated with that condition. The examination form shall include the health care provider's recommendations for exclusion or treatment of the child, modifications of activities, and plans for any necessary health supervision.

(c) Periodic examinations. Each child shall have periodic medical examinations at 3, 4 and 5 years of age.

(d) Medical records to be maintained. A person in charge of a school shall maintain an individual medical record file for each child. This file shall include:

(1) A cumulative record consisting of a form provided or approved by the Department, including: child's name, address, date of admission and date of birth; parents' names, home and business addresses and telephone numbers; names and telephone contact information of person(s) to contact in case of emergency, including name, address and telephone number of the child's primary health care provider; pertinent family medical history, and child's history of allergies, medical illnesses, special health problems and medications; immunization records; and parental consent for emergency treatment.

(2) Copies of all individual health records required by this Code, including new admission and periodic medical examination forms, parents' and health care provider notes regarding episodic illnesses, and a history of all illnesses, accidents, and other health data.

(e) Records to be confidential. All records required by this section shall be maintained as confidential records and shall not be made available for inspection or copying by any persons other than parents, other persons who present a written authorization from a parent, or authorized staff of the Department. When a child transfers from one school to another, a copy of the child's student health record shall be forwarded to the person charged with maintaining student health records at the child's new school.

(f) Department property. If the Department assigns a health care provider to a school, all child

health related records shall be deemed the property of the Department.

§ 43.19. Health; daily requirements; communicable diseases.

(a) Daily attendance record. A daily attendance record shall be kept in a form provided or approved by the Department.

(b) Daily health inspections. A health inspection of each child shall be made daily by teachers who are familiar with such child and trained to recognize signs or symptoms of illnesses in accordance with guidelines or training provided or approved by the Department.

(c) Management of ill children and reporting.

(1) An area shall be provided for separating ill children under direct adult supervision until parents remove children from the school.

(2) All health care provider diagnoses pursuant to Article 11 of this Code shall be reported to the Department by the person in charge of a school.

(3) The Department shall be notified by the person in charge of a school within 24 hours of the occurrence of a death or serious injury to a child while in the care of the school.

(4) When any child is unexpectedly absent from the school for three consecutive days, the person in charge of a school shall telephone the child's parent to determine the cause of absence and shall maintain a record of the telephone call and the information obtained in the log required by § 43.21(d) of this Code.

(d) Parent reports of absences. At the beginning of each school year, the person in charge of a school shall notify parents that they are required to report absences in accordance with this subdivision. Parents shall report to the person in charge of a school within 24 hours any absence for: chicken pox, conjunctivitis, diarrhea, diphtheria, food poisoning, hepatitis, haemophilus influenza type b infection, impetigo, measles, meningitis (all types), meningococcal disease, mumps, Methicillin resistant staphylococcus aureus (MRSA), pertussis (whooping cough), poliomyelitis, rubella (German measles), salmonella, scarlet fever, tuberculosis, or any other disease or condition which may be a danger to the health of other children. Such disease or condition shall not include acquired immune deficiency syndrome (AIDS) or human immunodeficiency virus (HIV) infection.

(e) Reports of vaccine preventable illnesses. The person in charge of a school shall report to the Department by telephone, within 24 hours, any child who has any vaccine preventable illness, or meningitis or tuberculosis, or if there is any outbreak or unusual occurrence of any disease or

condition at the facility.

(f) Exclusions pursuant to Article 11 of this Code. The person in charge of a school shall exclude a child who is a case, contact, or carrier of a communicable disease if the child is required to be isolated or excluded by Article 11 of this Code. Such child shall not be permitted to return to the school without a written statement of recovery from a health care provider if the child was a case of measles, mumps, rubella, pertussis (whooping cough), scarlet fever, meningitis (all types), or poliomyelitis, or if the child was a case, carrier, or contact of any other communicable disease reportable pursuant to Article 11 of this Code. The statement shall indicate that the child is free from such disease in communicable form and that the period of isolation or exclusion required by Article 11 of this Code has ended.

§ 43.21. Health; emergencies.

(a) Emergency procedures and notices. Written policies and procedures for managing health and other emergencies shall be included in the written health and safety plan. Persons in charge of a school shall provide notice of the location and contact telephone numbers of the school to local hospitals, police precincts, fire houses and emergency transport services and information about emergency policies and procedures shall be provided to parents. Emergency procedures and emergency telephone contact numbers (for Police, Fire Department, Poison Control Center, Child Abuse Hotline, and the Department of Health and Mental Hygiene) shall be conspicuously posted in each classroom or area used by children.

(b) Necessary emergency medical care. When a child is injured, or becomes ill under such circumstances that immediate care is needed, the person in charge of a school or designee shall obtain necessary medical care and immediately notify the child's parent.

(c) First aid supplies. A first aid kit, completely stocked for emergency treatment of cuts and burns, shall be provided by the person in charge of a school and shall be easily accessible for use. The first aid kit shall be kept out of reach of children and inspected periodically.

(d) Log of children's illnesses and accidents. The person in charge of a school shall maintain a log of illnesses, accidents, and injuries sustained by children in the school, in a form provided or approved by the Department. The person in charge of a school shall provide a child's parent with information concerning such incidents pertaining to the child, and shall report serious injuries to the Department. Logged entries shall include the name and date of birth of the child, the place, date and time of the accident or injury, names and positions of staff and other adults present, a brief statement as to how the accident or injury occurred, emergency treatment obtained, if any, and parental notification made or attempted.

§ 43.23. Lead-based paint restricted.

(a) Applicability. This section shall apply to all rooms and areas in a school facility that are occupied by children under six years of age, or to which such children have access.

(b) Peeling lead-based paint prohibited.

(1) There shall be no peeling lead-based paint or peeling paint of unknown lead content on any surface.

(2) Peeling lead-based paint or peeling paint of unknown lead content shall be immediately abated or remediated upon discovery, in accordance with § 173.14 of this Code.

(3) Children shall not be present and shall not have access to any room or area undergoing abatement, remediation or other work which disturbs lead-based paint or paint of unknown lead content until after completion of final clean-up and clearance dust testing.

(4) The work practices of § 173.14 of this Code shall not apply to repair and maintenance work which disturbs surfaces of less than two (2) square feet of peeling lead-based paint per room or ten (10) percent of the total surface area of peeling paint on a type of component with a small surface area, such as a window sill or door frame.

(c) Equipment and furnishings. Equipment and furnishings shall be painted with lead-free paint.

(d) Soil. Soil in exterior areas used by children under six years of age shall be tested for lead, shall be remediated if test results exceed clearance limits in § 173.14 of this Code, and shall not be used until cleared in accordance with § 173.14.

(e) Annual survey. Each year the owner or person in charge of a school shall conduct a survey of the condition of surfaces in classrooms, where the surfaces of such classrooms or other areas used by children under six years of age are covered with lead-based paint or paint of unknown lead content. Survey results shall be recorded on a form provided by or satisfactory to the Department, and copies of survey results shall be provided to the Department upon request.

(f) Definitions. All terms used in this section shall have the same meanings as the terms defined in § 173.14 of this Code.

§ 43.25. Modification of provisions.

When the strict application of any provision of this article presents practical difficulties, or unusual or unreasonable hardships, the Commissioner in a specific instance may modify the appli-

cation of such provision consistent with the general purpose and intent of these articles and upon such conditions as in his opinion are necessary to protect the health of the children. The denial by the Commissioner of a request for modification may be appealed to the Board in the manner provided by § 5.21.

NEW YORK CITY HEALTH CODE
TITLE III. MATERNAL, INFANT, CHILD AND SCHOOL HEALTH SERVICES.
ARTICLE 47. DAY CARE SERVICES.
(As of 12/3/10)

§ 47.01. Definitions.

(a) Abuse shall mean any act or failure to act, performed intentionally, knowingly or recklessly, which causes or is likely to cause harm to a child, including, but not limited to:

(1) inappropriate use of a physical restraint, isolation, medication or other means that harms or is likely to harm a child; and

(2) an unlawful act, a threat or menacing conduct directed toward a child that results and/or might be expected to result in fear or emotional or mental distress to a child.

(b) Assistant teacher shall mean a person who is part of the teaching staff, works under the supervision of an educational director, group teacher or infant/toddler teacher, and whose assignment to a group of children may be considered in calculating compliance with required staff to child ratios.

(c) Child care service.

(1) Child care service means any program providing child care for five (5) or more hours per week, for more than 30 days in a 12-month period, to three (3) or more children under six (6) years of age.

(2) Child care service shall not mean:

(A) Any State-regulated informal child care program, a group family or family day care home, or school age child care program, or a foster care program;

(B) A kindergarten or pre-kindergarten class operated as part of or located within any elementary school; except that school programs that provide care to children younger than three years of age shall be deemed child care services subject to this Code. "Operated as part of an elementary school" shall mean that there is identical ownership, operation, management and control of kindergarten or pre-kindergarten classes and elementary school classes.

(C) "Mommy and me" or equivalent programs where each child is accompanied by a parent or another adult escorting the child, who is not employed by the child care program; or

(D) Children's camps operating seasonally at any time between June and September that are required to have a permit pursuant to Article 48 of this Code; or

(E) Adult physical fitness, spa or other recreational facilities, or retail establishments, or other businesses providing supervision for children of patrons or employees of the facility, establishment or business while parents are on the premises, unless children are registered or enrolled and individual children are spending more than eight hours/week in care.

(F) Churches or religious organizations where congregants' children are supervised by employees or members of the congregation while parents attend services.

(d) Corrective action plan shall mean a written safety assessment required to be prepared pursuant to § 47.21 of this Article, that shall be submitted to and approved by the Department when a permittee hires, plans to hire, or plans to

utilize the services of, certain persons, or in such circumstances as are specified in this Article, or as may otherwise be required by the Department to show that a particular person at, or the continuing operation of, a child care service shall not pose a danger to children.

(e) Educational director shall mean a person whose responsibilities shall include, but not be limited to, coordination and development of an age appropriate curriculum and program, teaching and other staff training, and supervision of teachers.

(f) Facility shall mean interiors and exteriors of buildings, structures and areas of premises under the control of a child care permittee where child care services are provided and that are subject to the permit.

(g) Fill and draw pool shall mean a pool that is not equipped with a recirculation system, but is cleaned by complete removal and disposal of used water and replacement with water at periodic intervals, whose use at any facility regulated by this Article is prohibited.

(h) Group size shall mean the maximum number of children that may be cared for as a unit. Group size shall be used to determine the minimum staff/child ratio based upon the age of the children in the group.

(i) Group teacher shall mean a person who, under the supervision of an educational director, is responsible for planning and supervising age appropriate activities for a given group of children.

(j) Health care provider shall mean a New York State licensed physician, physician's assistant, nurse practitioner or registered nurse, as defined in the State Education Law.

(k) Imminent health hazard shall mean any violation, combination of violations, conditions or combination of conditions occurring in a child care service making it probable that illness, physical injury or death could occur or the continued operation of the child care service could result in injury or be otherwise detrimental to the health and safety of a child. Any of the following shall be imminent health hazards which require the Commissioner or designee to order its immediate correction or to order the child care service to cease operations immediately and institute such corrective action as may be required by the Department or provided by this Code. Imminent health hazards shall include, but not be limited to:

(1) Supervision of children that is not in accordance with the supervisory ratios required by this Article;

(2) Use of corporal punishments or of frightening or humiliating methods of discipline;

(3) Failure to report instances of alleged child abuse or maltreatment to the Department and the Statewide Central Register of Child Abuse and Maltreatment and to take appropriate corrective action to protect children when allegations of such abuse or maltreatment have been reported to or observed by the permittee;

(4) Refusal or failure to provide access to the child care facility to an authorized employee or agent of the Department;

(5) Uncontained sewage in any part of the child care facility;

(6) Transporting children in the bed of a truck or trailer or in any other part of any motor vehicle that is not designed for passenger occupancy; or transporting children without adequate supervision; or failing to use appropriate child restraints in vehicles;

(7) Failure to provide two approved means of egress or obstructing any means of egress or a required fire exit;

- (8) Failure to properly store flammable liquids or other toxic substances;
 - (9) Failure to maintain firefighting or fire detection equipment in working order;
 - (10) Allowing pillows to be used for children who are not disabled or when not recommended by a health care provider;
 - (11) Contamination of the potable water supply by cross connection or other faults in the water distribution or plumbing systems;
 - (12) Serving food to children from an unknown or unapproved source; serving food that is adulterated, contaminated or otherwise unfit for human consumption, or re-serving food that was previously served;
 - (13) Holding potentially hazardous foods for periods longer than that necessary for preparation or service at temperatures greater than 41 degreeF or less than 140 degreeF;
 - (14) Failing to exclude from work at the child care service a person with a communicable disease who is required to be excluded pursuant to Article 11 of this Code;
 - (15) Failure to implement the child care service's written safety plan resulting in a child not being protected from any unreasonable risk to his or her safety;
 - (16) Conducting construction, demolition, painting, scraping, or any repairs other than emergency repairs while children are present in the child care service; failing to remove children from areas and rooms while such activities are in progress;
 - (17) Failure to screen any person who has, or will have the potential for, unsupervised contact with children in accordance with § 47.19 of this Article; or
 - (18) Any other condition(s), violations, or combination of conditions or violations, deemed to be an imminent health hazard by the Commissioner or his or her designee.
- (l) Infant means a child younger than 12 months of age.
- (m) Infant/toddler care service shall mean a program of child care that, during all or part of the day or night, provides care to children younger than 24 months of age.
- (n) Infant-toddler teacher shall mean a person who, under the supervision of an educational director or group teacher, is responsible for a group of children younger than 24 months.
- (o) Night care service shall mean any child care service, as defined in this section, that accepts children for care starting at 5 P.M., provides child care between the hours of 5 PM and 8 AM, and operates more than one (1) night per week, for more than 30 days in a 12 month period.
- (p) Parent shall mean a natural or adoptive parent, guardian or other person lawfully charged with a minor child's care or custody.
- (q) Permittee or other person in control of a child care service shall mean a person, organization or other entity that has been issued a permit to operate a child care service pursuant to this Article.

(r) Semester hour shall mean a credit, point, or other unit granted for the satisfactory completion of a college or university course which requires at least 15 clock hours (of 50 minutes each) of instruction and at least 30 hours of supplementary assignments, as defined in 8 NYCRR § 50.1. This basic measure shall be adjusted proportionately to translate the value of other academic calendars and formats of study in relation to the credits granted for study during the two semesters that comprise an academic year.

(s) Serious injury shall mean a serious impairment of physical condition, including, but not limited to, the following: loss of consciousness; concussion; bone fracture; protracted loss or impairment of function of any bodily member or organ; a wound requiring extensive suturing; and serious disfigurement.

(t) Spa pool, "hydrotherapy pool," "whirlpool," "hot spa," or "hot tub." shall mean a pool primarily designed for therapeutic use or relaxation that is generally not drained, cleaned or refilled for individual use. It may include, but is not limited to, hydrojet circulation, hot water, cold water, mineral bath, air induction, bubbles or any combination thereof. Spa pools shall have a maximum water depth of 4 feet at any point and may be equipped with aquatic seats within the perimeter of the pool. Spa pools shall not be used for swimming, wading or diving activities at any facility regulated by this Article.

(u) Staff/child ratio shall mean the maximum number of children in a group authorized pursuant to this Article to be supervised by individual group and assistant teachers and teacher aides.

(v) Supervision shall mean the presence of qualified teaching staff, within line of sight and hearing of children at all times so that such staff can act to protect the health and safety of such children. Supervision shall not mean mechanical audio or video devices.

(w) Toddler shall mean a child between 12 and 24 months of age.

(x) Volunteer shall mean a person who is an unpaid member of the staff or who otherwise donates any services to a facility regulated by this Article.

§ 47.03. Permit required.

(a) Permit required. No person shall operate a child care service as defined in this Article without a permit issued by the Commissioner, provided, however, that a pre-kindergarten or kindergarten program that is part of or located in and operated by an elementary school may voluntarily apply for and hold a permit as a child care service.

(b) Term of permit. The term of a permit shall be determined by the Department, but in no case shall exceed two (2) years.

(c) Permits not transferable. A permit shall be issued to a person, as defined in § 1.03 of this Code, to conduct a child care service at a specific facility and location. Permits shall specify the number of children that may be cared for in each type of child care service operated at the facility by the permittee. Permits shall not be transferable or assignable by a permittee to any other person or entity; and shall not be applicable to any other facility or location. Separate permits shall be required for services providing infant/toddler care, services providing care for children aged two through five, and night care services. Any change in building address or location, capacity or permittee not authorized or approved by the Department shall void a permit, and may result in the closure of the service.

§ 47.05. Program capacity.

(a) Maximum number of children on premises. Each permit shall specify the maximum number of children to be allowed in each specific type of child care service at any time. The Department shall determine the maximum number of children allowed based upon the number of children for which adequate facilities and teachers are provided,

in accordance with the supervision and space requirements of this Code. The total number of children under six (6) years of age receiving care pursuant to each permit shall be counted for all purposes, including calculating qualified staff to child ratios, and shall include children or foster children of the individual permittee or other staff or volunteers.

(b) Capacity not to be exceeded. A child care service shall not have children in attendance in excess of the number(s) prescribed in each permit issued for each type of child care service provided.

§ 47.07. Permit: required approvals and clearances.

No permit shall be issued unless the permit applicant has obtained and submitted to the Department:

(a) Certificate of Occupancy. A Certificate of Occupancy, or a statement of approval from the Department of Buildings that the premises comply with all applicable building laws and codes and may be used as a child care facility. Where a Certificate of Occupancy is not required by law, the permit applicant shall submit a current inspection report from the Department of Buildings showing that there are no outstanding uncorrected violations of the City's Building Code.

(b) Fire safety statement. A statement or report from the Fire Department that the premises have been inspected and currently comply with all applicable laws and regulations pertaining to fire control and prevention. A permit shall not be issued or renewed, unless a statement or report is submitted demonstrating compliance with such laws, based upon the Fire Department's determination on an inspection made within 12 months of the date of submitting the permit renewal application.

(c) Criminal justice and child abuse screening. Documentation satisfactory to the Department that the permit applicant has submitted all necessary forms and requests for all persons requiring criminal justice and State Registry of Child Abuse and Maltreatment screening in accordance with § 47.19 of this Code.

§ 47.09. Applications for permits.

A person or entity that has never held a permit issued by the Commissioner to operate a child care service and that proposes to operate a child care service subject to such permit, shall attend a pre-permit orientation session held by the Department and shall thereafter submit an application for a permit to the Department.

(a) New application. An application for a new permit shall be submitted on forms approved or provided by the Department and shall include:

(1) Facility pre-permit technical plan. Each plan, consisting of blueprints, architectural or engineering drawings, shall be drawn to scale, and labeled to show floor layout, all indoor rooms and outdoor areas to be occupied or used by the child care service, dimensions of such rooms and areas, and intended use of each area; outdoor spaces location in relation to actual distance and location from indoor spaces; and all toilets, sinks and kitchen(s) to be used by children and staff.

(2) A copy of a current certificate of occupancy issued by the Department of Buildings, or if no certificate of occupancy is required by applicable law, a statement from the Department of Buildings that the premises and facility to be used for child care comply with all applicable building laws and codes.

(3) A report of an inspection or a statement issued by the Fire Department finding that the premises comply with all laws and regulations pertaining to fire prevention and control in a child care service.

(4) Written safety plan required by this Code.

(5) Certifications and other documentation required by this Code for teaching staff health training; qualifications, health examinations.

(6) Permit fee set forth in Article 5 of this Code.

(7) Proof of workers' compensation and disability benefits insurance covering all employees.

(8) Proof of the service's ability to receive electronic communications. An e-mail address shall be provided for the educational director and for one or more other persons designated by the permittee or other person in control of a child care service as persons to receive electronic communications from the Department. The Department shall be notified of changes in e-mail addresses for the educational director or other designees when such changes become effective.

(b) Notifications of deaths, serious injuries and civil and criminal actions. Permittees and applicants for new permits shall submit, on forms provided by the Department, such information as may be required by the Department concerning all staff misdemeanor or felony arrests, deaths or serious injuries of children that have occurred, or are alleged to have occurred while such children were in the care of the applicant or permittee, or in the care of any owner, director, employee, or volunteer of the applicant or permittee, or while in the care of any agent of the permittee or applicant; and shall identify, in such detail as may be required by the Department, any related civil or criminal action already adjudicated or currently pending in any jurisdiction related to such serious injuries, deaths, or felony or misdemeanor arrests.

(c) Renewal application. An application for renewal of a permit shall be submitted on forms provided by the Department no later than 90 days before the expiration date of the current permit, and shall include the permit fee, and a full description of any changes in teaching staff, written safety plan, written health plan, e-mail communication information, physical facilities, required staff training or program which occurred after submission of the previous permit application.

(d) Pre-renewal inspection. A renewal permit shall not be issued unless the Department has conducted an inspection of the service while it is in operation and has found the service to be in substantial compliance with this Code and other applicable law.

(e) Renovations and modifications. A permittee shall submit for approval to the Department a request for modification of an existing permit prior to undertaking renovations affecting the size, configuration, or location of rooms or areas used by children.

(f) Applications to be complete. No permit shall be issued until the Department has received and has approved all documentation, records, reports, or other information required by this Code.

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§ 47.11. Written safety plan.

(a) Safety plan required. Every current permittee and every applicant for a new permit shall develop, review annually and update, in accordance with changed circumstances, conditions or activities, or as required by the Department, a written safety plan. The written safety plan shall be approved by the Department if it includes all the information required in this Article. Upon permit renewal, if no changed circumstances require changes to a previously approved written safety plan, the permittee shall state in writing that no changes were needed or made to the plan. The safety plan shall be implemented by the permittee, used in training staff and volunteers, provided to parents on request, kept in an accessible location at the child care service where it may be used by staff for reference and be available for Department inspection.

(b) Scope and content. The written safety plan shall establish policies and procedures for safe operation, including teaching and other staff duties, facility operation and maintenance, fire safety, general and activity-specific safety, emergency management, staff and child health and medical requirements, staff training and parent/child orientation. The written safety plan shall consist of, at a minimum, a table of contents and the following components:

(1) Staff: organization chart, job descriptions, responsibilities and supervisory responsibilities.

(2) Program operation and maintenance: including, but not limited to, schedules and designated staff for facility inspection, cleaning and maintenance, schedule for boiler/furnace and HVAC system maintenance, maintenance of adequate water pressure, protection of the potable water supply from submerged inlets and cross-connections in the plumbing system, schedule for the annual lead paint survey, inspection of window guards, indoor and outdoor equipment inspection and replacement schedule, evaluation of injury prevention procedures, equipment and structures, identification of procedures for transportation vehicle maintenance, food protection procedures during receipt, storage and preparation, identity of individuals certified in food protection, schedule for sanitization procedures of food prep areas and identification of approved food sources.

(3) Fire safety: evacuation of buildings and property, assembly, supervision, and accounting for children and staff; fire prevention; coordination with local fire officials; fire alarm and detection systems and their operation, maintenance, and routine testing; type, location and maintenance of fire extinguishers; inspection and maintenance of exits; required fire drills and log; electrical safety; and reporting to the Department within 24 hours fires which destroy or damage any facilities, or which result in notification of the fire department, or are life or health threatening.

(4) Health care plan: statement of policies and procedures to show how the health and medical requirements of this Code shall be implemented for maintaining children's medical histories; addressing individual children's restrictions on activities, policies for medication administration and special needs, if any; initial health screening for children and staff; daily health surveillance of children; procedures for providing basic first aid, handling and reporting medical emergencies and outbreaks; procedures for response to allegations of child abuse; identification of and provisions for medical, nursing and emergency medical services addressing special individual needs; names, qualifications and duties of staff certified in first aid and CPR; description of separation facilities, supervision and other procedures for ill children to be provided by the child care service until parent arrives; storage of medications; location and use of first aid and CPR supplies; maintenance of a medical log; description of universal precautions for blood borne pathogens; reporting of child and staff illness and injuries; and sanitary practices. When the permittee has a medication administration policy, the permittee shall immediately notify the Department of any changes in designated exempt or certified staff.

(5) Corrective action plans: actions to be taken to protect children on receipt of reports of alleged and confirmed teaching and other staff criminal justice or child abuse histories.

(6) General and activity specific safety: description of child supervision and staff schedules, including arrangements for general supervision; supervision during and between on-site activities; recreational and trip supervision for specific outdoor and off-site activities; supervision during sleeping and rest hours; transportation; and in emergencies.

(7) Staff training: new employee orientation; training curricula; procedures for child supervision and discipline; child abuse recognition and reporting; provision of first aid and emergency medical assistance; reporting of child injury and illness; fire safety and fire drills; child and staff evacuation procedures; activity specific training for assigned activities; and process to document attendance at staff training.

(8) Emergency evacuation: age-specific plans for removal of children from the premises for each shift and program where care is provided. Primary emphasis shall be placed on the immediate evacuation of children in premises which are not fireproof. Emergency evacuation procedures, implementing Fire Department recommendations, shall be posted in conspicuous places throughout the facility. The emergency evacuation plan shall include the following:

- (A) how children and staff will be made aware of the emergency;
 - (B) primary and secondary routes of egress;
 - (C) methods of evacuation, including where children and staff will meet after evacuating the building, and how attendance will be taken;
 - (D) roles of the staff and chain of command;
 - (E) notification of authorities and the children's parents.
- (9) Parent/child orientation: orientation curriculum outline; tour of premises; reporting and management of illnesses, injuries and other incidents; evacuation plan; lost child plan; lightning plan; fire safety and fire drills; evacuation procedures; activity specific training for assigned activities; trips (if provided).

§ 47.13. Teaching staff qualifications in child care services for children ages two to six.

(a) Accreditation. In determining teacher and educational director qualifications, the Department may accept documentation from schools, colleges and universities approved by the State Education Department or other teacher accreditation organizations acceptable to the Department certifying that such persons have met the specific Code requirements.

(b) Pending certifications. A permittee may temporarily employ an educational director or individual group teachers pending certification by the State Education Department or other accreditation organization or while a teacher's study plan for obtaining certification is pending approval by the Department, provided that the permittee has complied with criminal justice and State Registry of Child Abuse and Maltreatment screening requirements for staff set forth in this Article.

(c) Educational director. Every child care service shall designate a qualified teacher as the educational director who shall be in charge of staff training, educational and child development programs and shall supervise all teaching staff at each permitted child care service.

(1) Coverage for educational director. When an educational director is not present to supervise a child care service, the permittee shall designate a group teacher to act as educational director.

(2) Teaching duties. The educational director shall have no teaching duties when more than 40 children are enrolled in the child care service. If the child care service holding a permit is part of an elementary school offering classes from grades one through six, and has either child care programs for children under three years of age or has voluntarily applied for a permit pursuant to this Article, and such school also has a principal with no teaching duties, the educational director shall not have any teaching duties when more than 60 children are enrolled in the child care service.

(3) Qualifications. The education director shall have:

(A) A baccalaureate degree in early childhood education or related field of study and State Education Department teacher certification in early childhood education or equivalent certification pursuant to paragraph (2) of subdivision (d) of this section, and

(B) At least two years of experience as a group teacher in a program for children under six years of age.

(d) Group teacher. No person shall be placed in charge of a group of children in a child care service unless s/he is certified or qualified pursuant to paragraph (1), (2), (3) or (4) of this subdivision.

(1) Baccalaureate degree and State certification. A baccalaureate degree in early childhood education or related field of study and current valid certification issued by the State Education Department pursuant to 8 NYCRR § 80 or successor rule or equivalent certification from another jurisdiction, as a teacher in the field of early childhood education; or

(2) Equivalent certification. Certification from a public or private certifying or teacher accrediting organization or agency granted reciprocity by the New York State Department of Education; or

(3) Baccalaureate degree. A baccalaureate degree in early childhood education or related field and five years of supervised experience in a pre-school program if currently employed in a permitted child care service; or

(4) Study plan eligibility. The person has proposed a plan for meeting the requirements of paragraph (1), (2) or (3) of this subdivision within seven years, and has obtained approval of this plan by an accredited college. A person who is study plan eligible shall submit documentation to the Department indicating proof of enrollment in such college and specifying the time required for completion of training.

(A) The course of study may include the following study areas:

(i) Sociological, Historical, Philosophical Foundations of Education or

(ii) Sociology of Education or History of Education or Philosophy of Education

(iii) Child Development or Child Psychology

(iv) Educational Developmental Psychology or Psychological Foundations of Education

(v) Instructional Materials and Methods Courses - three (3) courses required, including one on the pre-kindergarten or kindergarten level including, but not limited to, such courses as:

(aa) Teaching of Reading, Teaching of Math, Teaching Science to Young Children

(bb) Teaching of Music, Teaching of Art, Methods of Teaching of Language Arts

(cc) Teaching of Computer Technology to Young Children

(vi) Parent Education and Community Relations or Urban Education or Sociology of the Family or Parent, Child, School.

(B) To be study plan eligible, a person shall have:

(i) Associate's (AA or AS) degree in early children education, practicum included; or

(ii) Ninety or more undergraduate college credits and one year classroom experience teaching children in pre-kindergarten, kindergarten or grades 1-2; or

(iii) Baccalaureate in any other academic subject and one year classroom experience teaching children up to third

grade.

(e) Group teacher for children with special needs. A group teacher for children with special needs shall be certified in special education, or early childhood education, with additional appropriate training in working with special needs children, in accordance with applicable law.

(f) Assistant teacher. An assistant teacher shall be at least 18 years of age and have a high school diploma or equivalent (GED).

§ 47.15. Teaching staff qualifications for infant-toddler child care services.

A child care service authorized to provide care for children under 24 months of age may employ staff with either the qualifications listed in § 47.13 of this Code for each title or the following alternative qualifications:

(a) Educational director. Every infant-toddler child care service shall have an educational director who shall be in charge of staff training, educational and child development programs and shall supervise all teaching staff at each permitted infant-toddler child care service.

(1) Qualifications:

(A) Baccalaureate degree in early childhood education or related field of study, and

(B) At least one year of experience as a group teacher or child care provider in a child care service for children under 24 months of age, or six college credits in infant-toddler coursework, or a study plan leading to six college credits in infant-toddler coursework

(b) Infant/Toddler teacher. A teacher for an infant-toddler program shall be at least 21 years of age and have the following qualifications:

(1) Associate's (AA or AS) degree in early childhood education; or

(2) Child Development Associate (CDA) certification and a study plan leading to an associate's degree in early childhood education within 7 years; or

(3) High school diploma or equivalent (GED); nine college credits in early childhood education or child development; two years experience caring for children, and a study plan leading to an associate's degree in early childhood education within seven years; or

(4) High school diploma or equivalent (GED) and five years of supervised experience in an infant-toddler classroom if currently employed in a permitted child care service; or

(5) High school diploma or equivalent (GED); and a study plan that is acceptable to the Department leading to nine credits in early childhood education or childhood development within two years; and a study plan leading to an associate's degree in early childhood education within seven years, if currently employed in a permitted child care service.

§ 47.17. Teaching staff qualifications for night child care services.

(a) Permittees offering night care services shall comply with all requirements of this Article except when such requirements are inconsistent with the provisions of this section, in which case the provisions of this section shall control.

(b) Educational director. The educational director shall be qualified in accordance with § 47.13 of this Code; or hold a baccalaureate degree, including 12 college credits in early childhood education, and have two years experience in a licensed program with children younger than six years of age. When the educational director is not present to supervise the teachers in a night care service, the permittee shall designate a group teacher qualified pursuant to § 47.13 (d) of this Article to act as educational director.

(c) Assistant teacher. An assistant teacher in a night care service shall be at least 18 years of age and have the following qualifications:

(1) High school diploma or equivalent (GED); nine college credits in early childhood education or child development; and two years experience caring for children; or

(2) High school diploma or equivalent (GED) and five years of supervised experience in a permitted child care service; or

(3) High school diploma or equivalent (GED); and a study plan that is acceptable to the Department leading to completion of nine credits in early childhood education or childhood development within two years.

§ 47.19. Criminal justice and child abuse screening of current and prospective personnel.

(a) Applicability. These requirements for child abuse and criminal justice screening shall apply to any person who has, will have, or has the potential for unsupervised contact with children in a child care service, and shall include, but not be limited to: individual owners, permittees, partners, members and shareholders of small or membership corporations who are the owners or operators of the service; educational, administrative and maintenance employees; school bus drivers; volunteers, including parent volunteers and student teachers, trainees or observers; and consultants and other persons employed by persons, corporations, partnerships, associations or other entities providing services to the child care service. Employees of independent contractors providing maintenance, construction, food or other services to a child care service shall be screened in accordance with this section, or shall be prohibited from working in any area or facility occupied by the child care service unless such person is working under the direct supervision and within the line of sight of a screened employee of the child care service.

(b) Pre-employment verification. A permittee shall obtain and verify credentials, including certificates and educational transcripts, as applicable, and references prior to employment of all persons listed in subdivision (a) of this section.

(c) Screening. A permittee shall arrange for (1) fingerprinting, (2) review of records of criminal convictions and pending criminal actions, and (3) inquiry of the Statewide Central Register of Child Abuse and Maltreatment (hereinafter "SCR") for all prospective employees, and other persons listed in subdivision (a), and for current employees shall repeat the inquiry to the SCR every two years.

(d) Individual consent. A permittee shall obtain written consent from each such person for fingerprinting and criminal record review, and shall provide written notice to such persons that there will be an inquiry submitted to the SCR, pursuant to Social Services Law § 424-a (1), or successor law, and that copies of the reports received by the permittee as a result of such review and screening shall be provided to the Department.

(e) Refusal to consent. A permittee shall not hire or retain as an employee, or otherwise allow on its premises any person who is required to have, but refuses to consent to, fingerprinting and criminal record review. The permittee shall not hire or retain any person who has a record of criminal convictions or arrests, subject to and consistent with Article 23-A of the New York State Correction Law, except as provided in subdivision (h) of this section.

(f) Employee to notify permittee. Employees required to have criminal justice and child abuse screening shall notify the permittee within 24 hours when such employees are arrested, or when such employees receive a notice that an allegation of child abuse or maltreatment has been filed concerning such employees.

(g) Reports to the Department. Permittees shall notify the Department within 24 hours when they have received an indicated report from the SCR; an employee report that an allegation has been filed against the employee; and a record or report of criminal conviction(s), pending criminal action, or arrest or criminal charge for any misdemeanor or felony for any person required to have a criminal record review or SCR screening.

(h) Actions required. Consistent with Article 23-A of the New York State Correction Law, and except where the permittee has submitted and obtained Department approval of a corrective action plan in accordance with § 47.21 of this Code:

(1) A permittee shall not hire, retain, utilize or contract for the services of a person who:

(A) Has been convicted of a felony at any time, or who has been convicted of a misdemeanor within the preceding ten years; or

(B) Has been arrested and charged with any felony or misdemeanor, and where there has been no disposition of the criminal matter; or

(C) Is the subject of an indicated child abuse and maltreatment report, in accordance with a determination made after a fair hearing pursuant to § 422(8) of the Social Services Law .

(2) A permittee shall not dismiss or permanently deny employment to current and prospective staff solely because they are defendants in pending criminal actions, but may suspend current employees or defer employment decisions on prospective employees until disposition of the pending criminal action.

(3) A permittee shall prohibit unsupervised contact with children by any person who has not received screening clearance for criminal convictions or by the SCR, or as specified in paragraph (1) of this subdivision.

(i) References. For all prospective staff, the permittee shall make a written inquiry to an applicant's three most recent employers and shall obtain three references prior to hiring. If prospective staff have not had three prior employers, references may be accepted from persons who are not family members and who state, in writing, that the applicant is well-known to them as a student, volunteer, or other stated capacity, and that the applicant is suited by character, fitness, and ability to work with children.

§ 47.21. Corrective action plan.

(a) Approved corrective action plan required. A corrective action plan shall be submitted by the permittee and approved by the Department

(1) Prior to the permittee hiring, retaining or utilizing the services of persons listed in subdivision (a) of § 47.19 of this Code when such persons are reported as having:

(A) A criminal conviction as specified in § 47.19 (h); or

(B) Pending criminal charges as specified in § 47.19(h); or

(C) SCR reported incidents of child abuse or maltreatment which have been indicated or which are under investigation.

(2) When a death or serious injury of a child has occurred while in the care of an applicant for a permit or permittee, or in the care of any owner, director, employee, or volunteer of the applicant or permittee or while in the care of any agent of the permittee, or if a related criminal or civil action has already been adjudicated or adjudication is pending in any jurisdiction with respect to such death or serious injury.

(3) When required by the Department, after the permittee has been cited for violations or conditions deemed imminent health hazards, to demonstrate the permittee's willingness and ability to continue in operation in accordance with applicable law.

(b) Contents of corrective action plan. A corrective action plan shall assess the risk to children in the child care service, and shall clearly and convincingly demonstrate that such person presents no danger to any child, or other persons. The plan shall include, but not be limited to, consideration of the following factors:

(1) Seriousness of the incident(s) or crimes cited in the report(s);

(2) Seriousness and extent of injuries, if any, sustained by the child(ren) named or referred to in the indicated report(s) or disclosed upon investigation of the criminal charge;

(3) Any detrimental or harmful effect on child(ren) as a result of the person's actions or inactions and relevant events and circumstances surrounding these actions and inactions as these relate to any report(s);

(4) The age of the person and child at the time of the incident(s);

(5) Time elapsed since the most recent incident(s);

(6) Number of indicated incident(s) or crimes; where more than one incident or crime, an evaluation of each separately, and an assessment of the total effect of all indicated incidents on risks to children currently under care;

(7) Duties of the person under consideration; degree of supervision, interaction, opportunity to be with children on regular, substantial basis and if position may involve being alone with children or will always involve presence of other adults;

(8) Information provided by person, re: rehabilitation, i.e., showing positive, successful efforts to correct the problems resulting in the indicated child abuse or criminal report so that children in care will not be in danger, demonstrated by no repeated incidents or showing that the person has undergone successful professional treatment;

(9) Employment or practice in a child care field without incident involving injuries to children;

(10) Extra weight and scrutiny shall be accorded child abuse and maltreatment reports involving fatality, sexual abuse, subdural hematoma, internal injuries, extensive lacerations, bruises, welts, burns, scalding, malnutrition or failure to thrive; and crimes involving homicides, sexual offenses (misconduct, rape, sodomy, abuse); kidnapping; felony possession or sale of a controlled substance; felony promotion of prostitution; obscenity offenses; disseminating indecent material involving, or to, minors; incest; abandonment of a child; endangering welfare of a child; promoting sexual performance by a child; felony weapon possession; assault; reckless endangerment; coercion; burglary; arson and robbery; driving while intoxicated or under the influence of alcohol if the person will have responsibilities for unsupervised contact or driving motor vehicles at the child care service.

(c) Implementing the plan. If the Department determines that such plan adequately safeguards the health and safety of children, the permittee shall be responsible for implementation of the plan, subject to periodic monitoring by the Department.

(d) Rejection of plan. If the Department determines that such plan fails to provide adequate safeguards, a permittee that intends to hire or retain the employee shall resubmit the plan until it is acceptable to Department and shall not allow such employee to have unsupervised contact with any children until the plan is approved by the Department.

(e) Remedies. Any person aggrieved by the action of the Department in enforcing this section may request that the Department provide him or her with an opportunity to be heard in accordance with § 7-02 (a)(1) of the Rules of the Department (24 RCNY Chapter 7). The decision of the Department after such opportunity to be heard shall be a final agency determination.

§ 47.23. Supervision; staff to child ratios and group size.

(a) Constant supervision required. Staff included in the staff/child ratios set forth below shall maintain direct line of sight, visual supervision of children at all times. Children shall be supervised by qualified staff at all times in each type of child care service for which a permit is issued. In the event of breaks, lunch periods, and short term absence, no more than three (3) days, the required staff to child ratio may be maintained with assistant teaching staff.

(1) When any child care service is in operation, the number of qualified staff required by this Code shall be assigned and on duty to protect the health and safety of the children in care.

(2) No child or group of children shall be unsupervised at any time.

(b) Group teacher. Except in night care, a group teacher shall be in charge of each group of children ages two to six years.

(c) Infant/toddler service supervision. An educational director or a group teacher with equivalent qualifications shall be present at all times of operation to supervise an infant/toddler service.

(d) Infant/Toddler teacher. An infant/toddler teacher, under the supervision of the educational director, may be in charge of individual groups of infants and toddlers, or children in night care.

(e) CPR and first aid certifications. At least one staff member certified in cardiopulmonary resuscitation and first aid shall be on the premises of a child care service during all hours when children are present.

(f) Minimum staff to children ratios. The minimum ratios of staff to children shall be as follows:

AGE OF CHILDREN	STAFF/CHILD RATIO	MAXIMUM GROUP SIZE
under 12 months	1:4 or 1:3	8 per
12 to 24 months	1:5	10
2 years to under 3	1:6	12
3 years to under 4	1:10	15
4 years to under 5	1:12	20
5 years to under 6	1:15	25

(1) When children 12 months of age and older are in a group of mixed but contiguous ages, the minimum staff/child ratios and group size shall be based on

- the predominant age of the children in the group.
- (2) Programs that maintain a ratio of teachers to children of 1:4 for children under 12 months of age shall demonstrate through their Written Safety Plan that they have sufficient staff in the program at all times to provide a staff to child ratio of 1:3 for the safe evacuation of children younger than 12 months of age during emergency situations.
 - (g) Mixed groups. Infants shall not be placed in older age groups.
 - (h) Night care services supervision.
 - (1) Staff included in the staff/child ratios set forth above shall be awake at all times, and shall maintain direct line of sight, visual supervision of children.
 - (2) An educational director or a staff teacher with equivalent qualifications shall be present at all times to supervise the night care service and may not have a specific classroom assignment if more than 40 children are receiving night care.

§ 47.25. Health; child admission criteria.

(a) Admission requirements.

(1) Physical examinations and screening. All children shall receive a complete age appropriate medical examination, including but not limited to a history, physical examination, developmental assessment, nutritional evaluation, lead poisoning screening, and, if indicated, screening tests for dental health, tuberculosis, vision, and anemia.

(2) Immunizations. All children shall be immunized against diphtheria, tetanus, pertussis, poliomyelitis, measles, mumps, rubella, varicella, hepatitis B and haemophilus influenzae type b (Hib), in accordance with New York Public Health Law § 2164, or successor law, and shall have such additional immunizations as the Department may require. Exemption from specific immunizations may be permitted for medical contraindications or on religious grounds, in accordance with Public Health Law § 2164.

(b) Form with results of examination. Health care providers examining children pursuant to this section shall furnish permittees with a signed statement, in a form provided or approved by the Department, containing a summary of the results of examination, past medical history, and, if a disease or condition which affects the child's ability to participate in program activities is found, a summary of the evaluation and findings associated with that condition. The examination form shall include the health care provider's recommendations for exclusion or treatment of the child, modifications of activities, and plans for any necessary health supervision.

(c) Periodic examinations. Each child shall have periodic medical examinations at 2, 4, 6, 9, 12, 15, 18 and 24 months and 3, 4, 5 and 6 years of age.

(d) Medical records to be maintained. A permittee shall maintain an individual medical record file for each child. This file shall include:

(1) A cumulative record consisting of a form provided or approved by the department, including: child's name, address, date of admission and date of birth; parents' names, home and business addresses and telephone numbers; names and telephone contact information of person(s) to contact in case of emergency, including name, address and telephone number of the child's primary health care provider; pertinent family medical history, and child's history of

allergies, medical illnesses, special health problems and medications, immunization records; and parental consent for emergency treatment.

(2) Copies of all individual health records required by this Code, including new admission and periodic medical examination forms, parents' and health care provider notes regarding episodic illnesses, and a history of all illnesses, accidents, and other health data.

(e) Records to be confidential. All records required by this section shall be maintained as confidential records and shall not be made available for inspection or copying by any persons other than parents, other persons who present a written authorization from a parent, or authorized staff of the Department.

§ 47.27. Health; daily requirements; communicable diseases.

(a) Daily attendance record. A daily attendance record shall be kept in a form provided or approved by the Department.

(b) Daily health inspections. A health inspection of each child shall be made daily by the educational director or designated teachers who are familiar with such child and trained to recognize signs or symptoms of illnesses in accordance with guidelines or training provided or approved by the Department.

(c) Management of ill children and reporting.

(1) An area shall be provided for separating ill children under direct adult supervision until parents remove children from the child care service.

(2) All health care provider diagnoses pursuant to Article 11 of this Code shall be reported to the Department by the permittee.

(3) The Department shall be notified by the permittee within 24 hours of the occurrence of a death or serious injury to a child while in the care of the child care service.

(4) When any child is unexpectedly absent from the child care service for three consecutive days, the permittee shall telephone the child's parent to determine the cause of absence and shall maintain a record of the telephone call and the information obtained in the log required by § 47.29 (d) of this Code.

(d) Parent reports of absences. At the beginning of each school year, the permittee shall notify parents that they are required to report absences in accordance with this subdivision. Parents shall report to the permittee within 24 hours any absence for: chicken pox, conjunctivitis, diarrhea, diphtheria, food poisoning, hepatitis, haemophilus influenza type b infection, impetigo, measles, meningitis (all types), meningococcal disease, Methicillin resistant staphylococcus aureus (MRSA), mumps, pertussis (whooping cough), poliomyelitis, rubella (German measles), salmonella, scarlet fever, tuberculosis, or any other disease or condition which may be a danger to the health of other children. Such disease or condition shall not include acquired immune deficiency syndrome (AIDS) or human immunodeficiency virus (HIV) infection.

(e) Reports of vaccine preventable illnesses. The permittee shall report to the Department by telephone, within 24 hours, any child who has any vaccine preventable illness, or meningitis or tuberculosis, or if there is any outbreak or unusual occurrence of any disease or condition at the facility.

(f) Exclusions pursuant to Article 11 of this Code. The permittee shall exclude a child who is a case, contact, or carrier of a communicable disease if the child is required to be isolated or excluded by Article 11 of this Code. Such child shall not be permitted to return to the child care service without a written statement of recovery from a health

care provider if the child was a case of measles, mumps, rubella, pertussis (whooping cough), scarlet fever, meningitis (all types), or poliomyelitis, or if the child was a case, carrier, or contact of any other communicable disease reportable pursuant to Article 11 of this Code. The statement shall indicate that the child is free from such disease in communicable form and that the period of isolation or exclusion required by Article 11 of this Code has ended.

§ 47.29. Health; emergencies.

(a) Emergency procedures and notices. Written policies and procedures for managing health and other emergencies shall be included in the written health and safety plans and approved by the Department prior to the issuance of a permit. Permittees shall provide notice of the location and contact telephone numbers of the child care service to local hospitals, police precincts, fire houses and emergency transport services and information about emergency policies and procedures shall be provided to parents. Emergency procedures and emergency telephone contact numbers (for Police, Fire Department, Poison Control Center, Child Abuse Hotline, and the Department of Health and Mental Hygiene) shall be conspicuously posted in each classroom or area used by children.

(b) Necessary emergency medical care. When a child is injured, or becomes ill under such circumstances that immediate care is needed, the permittee or designee shall obtain necessary medical care and immediately notify the child's parent.

(c) First aid supplies. A first aid kit, completely stocked for emergency treatment of cuts and burns, shall be provided by the permittee and shall be easily accessible for use. The first aid kit shall be kept out of reach of children and inspected periodically.

(d) Log of children's illnesses and accidents. The permittee shall maintain a log of illnesses, accidents, and injuries sustained by children in the service, in a form provided or approved by the Department. The permittee shall provide a child's parent with information concerning such incidents pertaining to the child, and shall report serious injuries to the Department. Logged entries shall include the name and date of birth of the child, the place, date and time of the accident or injury, names and positions of staff and other adults present, a brief statement as to how the accident or injury occurred, emergency treatment obtained, if any, and parental notification made or attempted.

§ 47.31. Health; medication administration.

(a) Medication policy required. Each permittee shall establish a policy as to whether the permittee will or will not administer medication, and incorporate such policy in the service's health care plan component of the written safety plan required by § 47.11 of this Article. Notwithstanding any child care service's general policy not to administer medication, such policy shall indicate that the child care service may be required to administer medication to a child with a disability pursuant to the Americans with Disabilities Act.

(b) Exempt staff. A service that employs staff who are also currently State licensed physicians, physicians assistants, registered nurses, nurse practitioners, licensed practical nurses, or emergency medical technicians may administer medications without such staff obtaining additional qualifications or certification.

(c) Health care consultant and duties. All permittees that choose to administer medications to children shall designate a health care consultant of record, who shall be a health care provider as defined in this Article. The permittee shall confer with the health care consultant and shall obtain approval of the consultant for the portion of the health care plan regarding policies and procedures related to the administration of medications. The consultant shall review documentation of all staff authorized to administer medications and determine if staff have required professional licenses or certificates of completion of required training. A health care plan shall be valid for two years and shall be updated when designated staff has changed. The health care consultant shall visit the child care service at least once every two years and shall review the permittee's health care policies, procedures, documentation, practice and compliance with its health care plan for administering medications. If the consultant determines that the approved health care plan is not being reasonably followed by the permittee, the consultant may revoke his or her approval of the

plan. If the consultant revokes his or her approval of the health care plan, the health care consultant shall immediately notify the permittee and the Department.

(d) Staff members certified to administer medications. Only a trained, designated staff person may administer medications to children, except where the only administration of medications will be over-the-counter topical ointments, including sunscreen lotion and topically applied insect repellent. The staff person administering medications to children shall be at least 18 years of age, possess current certifications in first aid, cardio-pulmonary resuscitation (CPR), and medication administration training (MAT) in a course approved or administered by the Department or the State Office of Children and Family Services. MAT certificates shall be made available for inspection by the Department on request.

MAT certifications shall be effective for a period of three years from the date of issuance. Recertification training shall extend certification for additional three-year periods. If a designated staff person ceases to work in a child care service for a continuous period of one year, certification shall automatically lapse. Where certification lapses, the person may be recertified after repeating initial MAT or recertification training, as required by the Department. Where a permittee has failed to comply with requirements for the administration of medications set forth in this section, the Department may require retraining or may prohibit the permittee from administering medications.

(e) Medication administration procedures. Permittees and designated staff may administer prescription and nonprescription (over-the-counter) medications for eyes or ears, oral medications, topical ointments and medications, and inhaled medications in accordance with the provisions of this section.

(1) A copy of written policies regarding the administration of medications shall be reviewed and explained to parents at the time of enrollment, and provided to parents.

(2) The permittee shall obtain from a child's parent and health care provider a statement in writing that indicates medicine to be administered and schedule of administration.

(3) A parent, or other adult authorized in writing by the parent may administer medications to a child while the child is attending a child care service at any time.

(4) The permittee shall maintain a medication administration log to document name of child, date, time and name of staff, parent, or other adult authorized by a parent to administer medications.

(5) Permittees and designated staff may not administer medications by injection, vaginally or rectally, except as follows:

(A) Epinephrine auto-injector devices when necessary to prevent anaphylaxis for an individual child when the parent and the child's healthcare provider have indicated such treatment is appropriate; or

(B) For a child with special health care needs where the parent, child care service and the child's health care provider have agreed on a plan pursuant to which the permittee or designated staff may administer medications by injection, vaginally or rectally; or

(C) Where the permittee or designated staff hold a valid New York State license as a physician, physician's assistant, registered nurse, nurse practitioner, licensed practical nurse, or advanced emergency medical technician.

(6) Nothing in this section shall be deemed to require any permittee to administer any medication, treatment, or other remedy except to the extent that such medication, treatment or remedy is required under the provisions of the Americans with Disabilities Act.

(7) Permittees who agree to administer medications shall do so, unless they observe circumstances specified by a child's health care provider, if any, under which medication shall not be administered. In such instances, the permittee shall contact the parent immediately.

(8) Medication may only be administered with written consent of the parent in accordance with written instructions from the child's health care provider including, but not limited to circumstances, if any, under which the medication or prescription shall not be administered. Medication shall be returned to the parent when no longer required by the child.

(9) When the permittee has written parental consent and written instructions from a health care provider authorizing administration of a specified medication if the permittee observes a specific condition or change of condition in the child while the child is in care, the permittee may administer the medication without obtaining additional authorization from the child's parent or health care provider.

(10) To the extent that such information is not included on the medication label, written instructions by the health care provider shall include:

(A) child's name;

(B) health care provider's name, telephone number, and signature;

(C) date authorized;

(D) name of medication and dosage;

(E) frequency the medication is to be administered;

(F) method of administration;

(G) date the medication shall be discontinued or length of time, in days, the medication is to be given;

(H) reason for medication (unless this information shall remain confidential pursuant to law);

(I) most common side effects or reactions; and

(J) special instructions or considerations, including but not limited to possible interactions with other medications the child is receiving or concerns regarding the use of the medication as it relates to a child's age, allergies, or any pre-existing conditions.

(11) Medications shall be kept in the original labeled bottle or container. Over-the-counter medication shall be kept in the originally labeled container and shall be labeled with the child's first and last name. Prescription medications shall contain the original pharmacy label.

(12) If medication is to be given on an ongoing, long-term basis, the parent's consent and health care provider's written instructions shall be renewed in writing at least once every six months. Any changes in the original medication shall require a permittee to obtain new written instructions from the health care provider.

(13) A permittee may administer over-the-counter topical ointments, including sunscreen lotion and topically applied insect repellent, upon the written instructions of the parent. Such administration shall be consistent with any directions for use noted on the original container, including but not limited to precautions related to age and special health conditions, and no additional certifications to administer medications are required by the permittee or designated staff. If the only administration of medication offered by the service will be the administration of over-the-

counter topical ointment, including sunscreen lotion and topically applied insect repellent, a designated health care consultant is not required. The permittee or designated staff shall record in the medication log applications of such topically applied ointments, sunscreen lotions and topically applied insect repellents, with the name of the child, date and time administered, and staff signature.

(14) For all children for whom the permittee administers over-the-counter medications pursuant to this paragraph, copies of parental written consent and instructions shall be maintained in the child's medical record file.

(15) Medications shall be kept in a clean area that is inaccessible to children. If refrigeration is required, medications shall be stored in either a separate refrigerator or a leak-proof container in a designated area of a food storage refrigerator, separated from food and inaccessible to children. Permittees shall comply with all applicable law for secure storage of all medications.

(16) Staff shall document dosages and times that medications are given, observable side effects, reasons for not giving medication and medication administration errors, and shall report to the parent and to the child's health care provider, in accordance with the provider's written instructions; medication errors shall be immediately reported to the Department.

(17) No children shall independently self administer medications or assist in the administration of their own medications except under direct supervision of designated staff.

(18) Nothing in this section shall prevent a parent, guardian or other legally authorized individual in relation to a child from administering medication to a child while such child is in a child care service. In these circumstances, the permittee shall document the dosages and time that the medications were administered to the child by such individual. If the only administration of medication in such service is done by such individual, no certifications to administer medication are required by the permittee or staff.

(f) Repealed.

§ 47.33. Health; staff.

(a) Staff to be excluded. The permittee shall exclude any staff person from work in accordance with Article 11 of this Code, if such staff person reports having an illness or symptoms of a communicable disease reportable pursuant to Article 11 of this Code. Such staff person shall not be permitted to return to the child care service without a written statement of recovery from a health care provider if the staff person was a case of measles, mumps, rubella, pertussis (whooping cough), scarlet fever, meningitis (all types), or poliomyelitis, or if the staff person was a case of any other communicable disease reportable pursuant to Article 11.

(b) Physical examination certificates. No educational director, teacher, substitute, volunteer worker, office worker, kitchen worker, maintenance worker or other staff member who regularly associates with children shall be permitted to work in a service unless such person is healthy and capable of carrying out the responsibilities of the job. Prior to commencing work, all such staff and volunteers shall present a certificate from a licensed health care provider certifying that, on the basis of medical history and physical examination, such staff member or volunteer is physically and mentally able to perform assigned duties. Such certificate shall be submitted every two (2) years thereafter as a condition of employment. Certificates of required physical examinations and other medical or personal health information about staff shall be kept on file at the place of employment, shall be confidential, and shall be kept separate from all other personnel or employment records.

(c) Staff immunizations. Health care providers shall certify that each staff or volunteer has been immunized against measles; mumps; rubella; varicella (chicken pox); and tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap) in accordance with recommendations of the CDC Advisory Committee on Immunization Practices. Persons born on or before December 31, 1956 who have a history of measles or mumps disease shall not re-

quire such vaccines. A history of having health care provider documented varicella, measles or mumps disease shall be accepted in lieu of varicella, measles or mumps vaccines. A history of having rubella disease shall not be substituted for the rubella vaccine. A laboratory test demonstrating detectable varicella, measles, mumps, or rubella antibodies shall also be accepted in lieu of varicella, measles, mumps and rubella vaccine. An employee may be exempted from this immunization requirement for medical contraindications upon submission of appropriate documentation from a licensed physician.

(d) Test for tuberculosis infection. The Department may require testing for tuberculosis at any time of any persons in a child care service when such testing is deemed necessary for epidemiological investigation.

§ 47.35. Personal hygiene practices; staff and child.

(a) Hand washing. Staff and children shall wash hands before and after toileting or diaper changes, after contact with a child in ill health, and prior to handling or preparing any food and after playing outdoors.

(b) Signs. Hand washing signs provided by or approved by the Department shall be prominently posted in each lavatory and by each sink.

(c) Individual personal care. Hair brushes or cloth towels shall not be provided for use. If toothbrushes, combs, or washcloths are provided, each child shall have items for his/her exclusive use and they shall be stored in an individually labeled container.

(d) Changes of clothing. At least one change of weather-appropriate clothing shall be available so that any child who soils clothing may receive a change. Soiled clothing and cloth diapers shall be handled in a manner that protects occupants from exposure to wastes and maintains an appropriately sanitary environment.

(e) Bathing. Children shall not be regularly bathed on premises; but shall be washed in case of accidents.

(f) Self-care/hygiene routines for night care services. Permittees shall establish procedures and policies that require children to brush teeth at bedtime and after meals; comb hair upon awakening, and follow a routine for toileting, dressing and undressing.

(g) Safety precautions relating to blood. Permittees shall implement the following safety precautions for all staff having any exposure to, or contact with blood:

(1) Disposable gloves shall be immediately available and worn whenever there is a possibility for contact with blood, including but not limited to:

(A) Changing diapers where there is blood in the stool;

(B) Touching blood or blood-contaminated body fluids;

(C) Treating cuts that bleed; and

(D) Wiping surfaces stained with blood.

(2) In an emergency, a child's safety and well-being shall take priority. A bleeding child shall not be denied care because gloves are not immediately available.

(3) Disposable gloves shall be discarded after each use.

(4) If blood is touched accidentally, exposed skin shall be thoroughly washed with soap and running water.

(5) Clothes contaminated with blood shall be placed in a securely tied plastic bag and returned to the parent at the end of the day.

(6) Surfaces that have been blood stained shall be cleaned and disinfected with a germicidal solution.

(h) Smoking prohibited. There shall be no smoking of tobacco or other substances in any indoor or outdoor area of any premises on which a child care service is located.

§ 47.37. Training.

(a) Educational Director: The educational director shall arrange for and verify continuing in-service training of all employees, teaching staff and others, as required by this Article. The educational director may be certified to conduct such training or may designate other teaching staff to obtain such certification and conduct such training.

(1) All employees. All employees, and any volunteers, or other persons who have, will have, or have the potential for, unsupervised contact with children in a child care service, shall receive two hours of training in child abuse and maltreatment identification, reporting and prevention and requirements of applicable statutes and regulations. Such training shall be provided by a New York State Office of Children and Family Services certified trainer. New employees shall receive such training within six (6) months of hire. All employees shall receive such training every 24 months. In addition, all teachers shall receive training in infection control and reporting infectious diseases. The Educational Director shall maintain copies of certificates verifying completion of such training.

(2) Infant/toddler and night care service staff. In addition to the training requirements in paragraph (1) above, infant/toddler and night care services staff shall complete sudden infant death syndrome (“SIDS”) and “shaken baby” identification and prevention training.

(3) Assistant teachers. Assistant teachers shall complete 15 hours of training every 24 months, including the mandatory child abuse prevention and identification training in paragraph (1), and other subjects related to child health and safety, and early childhood development. The Educational Director shall develop a training curriculum based on assessment of the professional development needs of individual assistant teachers. The curriculum shall include, but not be limited to, the following topics:

(A) Preventing, recognizing signs of, and reporting injuries, infectious diseases, other illnesses and medical conditions.

(B) First aid and CPR.

(C) Lead poisoning prevention.

(D) Physical activities, scheduling and conducting guided and structured physical activity.

(E) Asthma prevention and management.

(F) Setting up and maintaining staff and child health records including immunizations.

(G) Growth and child development.

- (i) Early intervention.
- (ii) Early childhood education curriculum development and appropriate activity planning.
- (iii) Appropriate supervision of children.
- (iv) Meeting the needs of children with physical or emotional challenges.
- (v) Behavior management and discipline.
- (vi) Meeting nutritional needs of young children.
- (vii) Parent, staff, and volunteer, communication and orientation: roles and responsibility.
- (viii) The selection of appropriate equipment and classroom arrangement.
- (ix) Safety and security procedures for fire safety, emergency evacuation, playgrounds, trips and transportation.

(c) The Department may provide such training or any part thereof or accept training provided by others found satisfactory to the department. Persons who enroll in workshops conducted by the Department may be charged a reasonable fee to defray all or part of the costs incurred by the Department for workshop registration materials, training testing, and certificate issuance.

§ 47.39. Space allowance; reservation for children's use.

- (a) Space for children's exclusive use. Rooms, areas and other spaces utilized by children in a child care service shall be reserved for their exclusive use and shall not be shared with other children or adults while the service is in operation.
- (b) Minimum square footage/child. The minimum allowance of space for each child in a classroom shall be 30 square feet of wall to wall space.

§ 47.41. Indoor physical facilities.

- (a) Egress. All child care services receiving a first permit after January 1, 1989 shall have two means of egress. Fire escapes shall not be counted as a second means of egress.
- (b) No child care provided above third floor. No child care services receiving a first permit after January 1, 1989 shall allow children to utilize any rooms, areas or other spaces above the third floor of a building, except that the Department may allow child care services to occupy spaces above the third floor where the Department of Buildings and Fire Department have approved such use and the Department has approved the applicant or permittee's evacuation plan.
- (c) Infant/toddler services limited to first floor. No infant/toddler service receiving a first permit on or after September 1, 2008 shall provide child care services in any room, area or other space above the first floor or below the ground level floor of a building, except that the Department may allow infant/toddler child care services to occupy spaces above the first floor or one level below the ground level floor of a building, where the Department of Buildings and Fire Department have approved such use and the Department has approved the applicant or permittee's evacuation plan.

(d) Basements. A child care service receiving a first permit on or after September 1, 2008 shall not allow children to utilize any rooms, areas or other spaces lower than one level below the ground level floor of a building.

(e) Window guards. Window guards shall be installed in accordance with specifications provided or approved by the Department on all windows in all rooms, hallways, and stairwells, except windows giving access to fire escapes.

(f) Passageways free of obstruction. All corridors, doorways, stairs, and exits shall be kept unobstructed at all times.

(g) Protective barriers in stairways. Protective barriers shall be provided in all stairways used by children. Stairways shall be equipped with low banisters or handrails for use of children. Protective barriers providing visual access shall be installed in lofts used by children.

(h) Shielding required. Columns, radiators, pipes, poles, and any other free-standing or attached structures in classrooms and play areas shall have protective guards.

(i) Door locks. No door to a bathroom, closet or other enclosed space shall be equipped with a lock that allows the door to be locked from inside the space, except that devices may be used to secure privacy if they can be overridden from the outside in an emergency.

(j) Finishes and maintenance. Walls, ceilings and floors shall be finished with non-toxic finishes, constructed of materials enabling thorough cleaning, and maintained in good repair, with no holes, missing tiles, peeling plaster, or other defects.

§ 47.43. Plumbing; toilets, hand wash, and diaper changing facilities.

(a) Plumbing installation. Plumbing shall be installed only by a licensed plumber and shall be free of cross-connections and other hazards to health. Drinking water from faucets and fountains shall be tested for lead content and the permittee shall investigate and take remedial action if lead levels at or above 15 parts per billion (ppb) are detected.

(b) Adequate toilets and sinks to be provided. One toilet and one hand wash sink shall be provided for every 15 children ages 24 months and older, or fraction thereof, based on permit capacity. When an extended hand wash facility is equipped with several faucets supplying tempered water, each faucet shall be considered the equivalent of one hand wash sink.

(c) Located near children's rooms. Toilets and hand wash sinks shall be located as close as practicable to children's playrooms and classrooms.

(d) Staff toilets. Separate adult toilets shall be provided for staff.

(e) Sink water supply. Hand wash sinks with an adequate supply of hot and cold running water shall be provided in or adjacent to toilets. Water temperature in hand wash sinks used by children shall not exceed 115 degrees Fahrenheit (46.11 degrees Celsius).

(f) Accessibility to children. Toilets and hand wash sinks shall be installed at a height that allows unassisted use by children. If adult-size toilets or hand wash sinks are in place, platforms with easily cleaned surfaces shall be provided for use by children. Such platforms shall be permanently installed and free of hazards.

(g) Soaps and drying devices. All sinks shall be equipped with liquid soap dispensers, individual paper towels or sanitary driers, located within easy reach of the children.

(h) Diaper changing.

(1) A firm, non-absorbent, easily cleanable, counter height surface directly adjacent to a sink with running hot and cold water shall be provided in or adjacent to the classroom for diaper changing when needed.

(2) A disposable covering shall be provided on diaper changing counters and shall be changed after each use. The counter surface shall be disinfected after each use.

(3) A readily accessible receptacle with secure lid and removable plastic liner shall be provided for the disposal of diapers; separate equipment shall be provided for cloth diapers, if used. A properly labeled spray bottle of approved disinfectant shall be provided.

(4) Staff changing diapers shall wear disposable rubber or other barrier gloves.

(5) Potties shall be used only in bathroom or toilet facilities, and shall be washed and disinfected after each use in a designated utility sink that is not used by staff or children as a hand wash sink.

§ 47.45. Ventilation and lighting.

(a) Ventilation. Ventilation, by natural or artificial means, shall be provided in each room used by children. Internal temperature and humidity shall be regulated so the facility is free of nuisance conditions, including, but not limited to excessive heat, dust, fumes, vapors, gases, odors or condensate. The windows, inlets, outlets and artificial ventilation shall be located and the rate of air flow shall be controlled so as not to subject the children to drafts.

(b) Lighting. All parts of a building used for the care of children shall be adequately lighted by natural or artificial means. All lighting shall be evenly distributed and diffused, free from glare, flickering or shadows. The following lighting levels shall be provided and maintained at children's activity level:

(1) Fifty footcandles of light in all classrooms used for partially sighted children;

(2) Thirty footcandles of light in all other classrooms, study halls or libraries;

(3) Twenty footcandles of light in recreation rooms;

(4) Ten footcandles of light in auditoriums, cafeterias, locker rooms, washrooms, corridors containing lockers;

(5) Five footcandles of light in open corridors and store rooms; and

(6) Five footcandles of light shall be provided during sleeping hours in bathrooms, sleeping areas and exit paths.

§ 47.47. Outdoor play areas and facilities.

(a) Adequate, easily accessible outdoor play areas shall be provided, shall be kept clean and safe, and shall be suitable for children's use.

(b) Outdoor play areas located on the premises of the child care program shall be enclosed by climb-proof fencing that is a minimum of five (5) feet in height. No razor or barbed wire shall be used at the top of a fence, unless the fence is more than six and one half (6 1/2) feet in height.

(c) Rooftop play areas may be provided in fireproof buildings, when such use is approved by the Department, the

Department of Buildings and the Fire Department. Rooftop play areas shall be enclosed by a climb-proof fence, at least 10 feet in height with an additional 45 degree inwardly angled panel.

(d) Outdoor equipment, including, but not limited to, swings, slides, and climbing apparatus, shall be age and developmentally appropriate, shall be installed, maintained and used in accordance with manufacturers' specifications and instructions, approved by the US Consumer Product Safety Commission, and maintained in good repair.

(e) Outdoor play areas shall be maintained free of broken glass or other debris, poison ivy or other poisonous vegetation, pest harborages, or other hazards.

(f) Resilient surfaces, approved by the US Consumer Product Safety Commission, that do not contain asphalt or cement, shall be provided under and surrounding climbing and other elevated equipment.

(g) Play equipment shall be in good repair, and free from hazards such as sharp edges or pointed parts, or toxic or poisonous finishes or materials, including but not limited to, lead and arsenic.

§ 47.49. General sanitation and maintenance.

(a) Maintenance. Indoor and outdoor rooms, play areas, and other spaces, including cellars, basements, and adjoining yards and courts, and all furnishings and equipment shall be kept clean of food and debris and maintained in good condition. Interior rooms used by children shall not be cleaned by dry sweeping.

(b) Trash and garbage. Trash and garbage shall be stored in rodent proof containers with tightly fitted lids. Trash, garbage, and combustible materials shall not be stored in the furnace or boiler rooms or in rooms or outdoor areas adjacent to the facility that are ordinarily occupied by or accessible to children.

(c) Toxic and poisonous materials to be contained. All matches, lighters, medicines, drugs, cleaning materials, detergents, aerosol cans and other poisonous or toxic materials shall be stored in their original containers. Such materials shall be used in such a way that they will not contaminate play surfaces, equipment, food or food preparation areas or constitute a hazard to children. Such materials shall be kept in places that are inaccessible to children, and that can be securely locked.

(d) Environmentally sensitive cleaning products. Whenever feasible, child care services shall utilize environmentally sensitive cleaning products, as defined in State Education Law § 409-i, or successor statute.

§ 47.51. Rodents, insects and other pests prohibited; pesticide application notice.

(a) Pest free premises. Premises shall be kept free of rodents, insects and other pests and free of any condition conducive to rodent, insect and other pest life.

(b) Pest control. Pest control methods shall emphasize prevention of pest infestation by preventing the free movement of pests into, and within the premises and by eliminating the conditions conducive to pests such as clutter and the availability of food and water. Such methods shall include, but not be limited to: closing and filling holes, cracks, and gaps at baseboards, where plumbing, radiator and other pipes and conduits enter the premises, where food storage cabinets join walls, and where shelves meet food storage cabinet interiors, using plaster, spackle, caulk or other appropriate sealants; storing all food products in sealed insect and rodent proof containers; installing door sweeps to prevent pest movement between rooms and areas. When necessary to control pests, permittees shall utilize pest control services provided by exterminators certified to apply pesticides by the New York State Department of Environmental Conservation (NYSDEC). Extermination logs shall be maintained for inspection by the NYSDEC. Permittees shall request that exterminators utilize the least toxic methods and substances to control infestations, including but not limited to the use of: boric acid, diatomaceous earth, silica gel, insecticidal baits and gels for cock-

roaches; and shall utilize glue traps and rodenticidal bait only if inserted in tamper-resistant containers and placed in locations inaccessible to children. Routine extermination shall not include the use of insecticidal aerosol sprays or foggers. Exterminators' logs of pesticide applications equivalent in content to NYSDEC Form 44-15-26 (Applicator/Technician Pesticide Report) shall be maintained for inspection by the Department for three years.

(c) Notice of pesticide applications. Notice of pesticide applications shall be provided to parents not less than 48 hours before such application and shall include: (1) location and specific dates of applications; (2) pesticide product name and U.S. EPA registration number; (3) the name and telephone number of a child care service staff person to contact for more information; and (4) the following statement: "This notice is to inform you of a pending pesticide application at this child care service. You may wish to discuss with a representative of the child care service what precautions are being taken to protect your child from exposure to these pesticides. Further information about the product or products being applied, including any warnings that appear on the label of the pesticide or pesticides that are pertinent to the protection of humans, animals, or the environment, can be obtained by calling the National Pesticide Telecommunication Network Information line at 1-800-858-7378 or the NYS Department of Health Center for Environmental Health Info Line at 1-800-458-1158."

§ 47.53. Pet animals.

No reptiles, dogs, cats, and any other animals whose possession is prohibited by § 161.01 of this Code, or successor rule, shall be harbored in a child care service. Any animals that are harbored in a child care service shall be in good health, show no evidence of carrying any disease, and shall pose no threat to children. Pets shall be kept in cages, and waste material within cages shall be cleaned daily or more often, if needed.

§ 47.55. Equipment and furnishings.

(a) Furnishings. Tables, chairs, furniture and equipment shall be age and size appropriate, finished with non-toxic surface coverings, easily cleanable, and cleaned and sanitized as needed.

(b) Naps.

(1) A separate firm sanitary cot, crib, mat, playpen or other sleeping arrangement specifically approved by the Department shall be provided for each child who spends more than four hours a day in the service.

(2) Stackable cribs shall be prohibited.

(3) Cots or other sleep equipment shall be placed at least two feet apart unless separated by a screen or partition.

(4) Pillows shall not be used except when recommended by a child's health care provider.

(5) A clean sheet shall be provided for the exclusive use of each child.

(6) Blankets that are sufficient to maintain adequate warmth shall be made available for each child and shall be used when necessary.

(7) Sheets and blankets shall be stored separately for each child to avoid cross-contamination, and shall be washed at least weekly.

(c) Space for clothing. Space shall be provided and arranged so that each child's outer garments may be hung separately, safely and within each child's reach.

§ 47.57. Safety; general requirements.

(a) Telephone service. The permittee shall provide and maintain at least one dedicated land line listed telephone for emergency use, and shall conspicuously post adjacent to the telephone current telephone numbers and instructions for obtaining fire, police and emergency medical assistance, contacting the Department's poison control hotline and Bureau of Child Care, or successor program, and the SCR child abuse hotline.

(b) Eliminate safety hazards. Precautions shall be taken to eliminate all conditions in areas accessible to children that pose a safety or health hazard.

(c) Choking hazards. Handbags, backpacks, briefcases, or other personal items belonging to adults or children, plastic bags, toys and objects small enough for children to swallow shall be stored in manner that they are not accessible to children.

(d) Cold weather. When outdoor temperatures are below 55 degreeF, and children are on premises, permittees shall maintain indoor air temperatures between 68 degreeF and 72 degreeF in all rooms, areas and other spaces used by children.

(e) Heat advisories. On designated heat advisory, excessive heat warnings or watches, or ozone or other air pollution advisory days, the permittee shall maintain physical comfort levels of children and staff by providing adequate facility ventilation and/or air conditioning. The permittee shall implement policies to increase children's fluid intake and facilitate adequate hydration. Activities shall be modified to protect children from heat associated disorders and conditions, including but not limited to heat stress and heat strain, and scheduled activities shall be otherwise restricted or cancelled in response to restrictions or recommendations of the New York City Office of Emergency Management or the National Weather Service. During severe weather or other advisories, the permittee shall take appropriate action to protect the safety and health of children, including but not limited to, early dismissal, closing of the child care service, and employing appropriate precautions during transportation. Such precautions shall be described in the written safety plan.

(f) Approved areas to be used. Children shall not be kept for any period of time in any areas of a building or other premises not previously approved by the Department and the New York City Fire Department and Department of Buildings for such use. Such approval shall not be granted unless the premises and the area surrounding the premises are free from fire, traffic and other safety or health hazards.

(g) Environmental hazards. Child care services obtaining a first permit after September 1, 2008 shall not be co-located in any building or other premises containing commercial or manufacturing establishments associated with environmental hazards including, but not limited to those associated with dry cleaners, gas stations and petrochemical storage and distributors, automotive dealerships/maintenance or repair facilities, commercial printing, industrial/manufacturing plants and machine/equipment servicing, nuclear laboratories or power plants, or on premises identified as a federal or state superfund or other cleanup site, or any property with known contaminated ground or water supplies. No child care permit shall be issued or renewed for any child care service located in any building or other premises unless such building or premises are free of environmental hazards including but not limited to those identified above, or any other condition dangerous to life and health. When the permittee or the operators or other persons in control of any premises occupied by any child care service learn of a current or prior commercial activity or condition that may result in potential exposure to environmental hazards, such persons shall submit written notification on a form provided by or satisfactory to the Department of the existence of such activity or condition. When the Department determines that a condition may expose children or other persons to environmental hazards at the premises occupied by any child care service, it may order the abatement or remediation of such condition. In such cases as it deems necessary the Department may conduct and/or order the owner or other persons in control of the premises occupied by the child care service to conduct an environmental assessment consisting of but not limited to environmental sampling and to take such other action as it deems essential to protect the public health.

(h) Adults restricted. Adults allowed on the premises occupied by a child care service shall be limited to staff, parents and/or guardians and other authorized relatives and volunteers, student teacher trainees or observers, creden-

tial Department and other public inspectors, and persons providing services to the center.

(i) Instructional swimming and aquatic activities. Child care services shall obtain written approval of the Department prior to offering any swimming or other aquatic activities. Aquatic activities for group child care services are limited to learn to swim or water safety programs that use a supervision protocol approved by the State Commissioner of Health to protect children from injury or drowning. When authorized by the Department, such activities shall be conducted in accordance with the child care service's written safety plan and the following requirements:

(1) Facilities and equipment.

(A) Child care services may utilize only swimming pools operating pursuant to a permit issued by the Department, or other State permit issuing official, in accordance with Article 165 of this Code and Subpart 6-1 of the New York State Sanitary Code, or successor regulations.

(B) Swimming at bathing beaches, spa pools and in "fill and draw" pools is prohibited.

(C) Swimming pools or other bodies of water within the grounds of a child care center shall be surrounded by a barrier sufficient to form an obstruction to children having access to such body of water in accordance with Article 165 of this Code.

(D) Barrier walls, fences and gates shall be at least six (6) feet high, except for wading pools, which shall be enclosed by barriers at least four (4) feet high, and shall be firmly attached to the adjacent ground, and shall completely enclose the pool or body of water.

(E) Pathways, walkways, decks, or other connecting entrance to the pool or body of water shall be obstructed by barriers that prevent children from having access to the pool or body of water.

(2) Supervision: aquatic staff responsibilities and qualifications.

(A) At least one qualified lifeguard shall be provided by the pool or the child care service for every 25 children or portion thereof and for every 3,400 square feet of pool surface area. Qualified lifeguards, as defined in Article 165 of this Code, shall actively supervise children participating in swimming and aquatic activities, as detailed in the written safety plan, and shall not be engaged in any other duties or activities that distract them from direct supervision of children in the pool.

(B) The permittee shall identify an employee to act as an aquatics director responsible for direct supervision of all swimming and aquatic activities. The aquatics director shall be present during all swimming and aquatic activities; shall establish and oversee all such activities on and off-site; and shall supervise all staff, volunteers, and children participating in these activities.

(C) During all swimming and aquatics activities, the aquatics director or designee shall have in his or her possession the approved written safety plan; and shall maintain for each swimming session an accountability system detailed in the written safety plan and approved by the Department for recording the name of each child, the swimming area to which the child is assigned, the adult to whom the child is assigned in the swimming area, and the dates and times of initiation and cessation of aquatic and swimming activities.

(D) The aquatics director shall:

(i) be at least 18 years of age;

(ii) possess either: a current cardiopulmonary resuscitation (CPR) certificate, not exceeding one year in duration, in

CPR for the Professional Rescuer issued by the American Red Cross (ARC); or a current CPR certificate, not exceeding one year in duration, issued by a certifying agency determined by the State Commissioner of Health to provide an adequate level of CPR training; and

(iii) be either:

(aa) a progressive swimming instructor who is a currently certified ARC water safety instructor or possesses a current certificate issued by certifying agency determined by the State Commissioner of Health to provide an adequate level of similar training ; or

(bb) a qualified lifeguard, as specified in the New York State Sanitary Code [10 N.Y.C.R.R.] § 7-2.5(g), or successor regulation, who meets lifeguarding, first aid and CPR certification requirements detailed in Part 6 of the State Sanitary Code including minimum lifeguard supervision level IIa.

(E) The permittee shall restrict swimming and aquatic activities to group sizes per 47.23(e) of this Code.

(F) At least one progressive swimming instructor (PSI) shall be provided by the pool or child care service during all learn-to-swim programs, and shall provide instruction to no more than 10 children in the water at one time. A PSI shall be in the water at all times with the children and shall not be engaged in any other duties or activities that distract from direct instruction of children in the pool. The PSI shall be:

(i) at least eighteen (18) years of age; and

(ii) be a water safety instructor currently certified by the American Red Cross, or possess a current certificate issued by a certifying agency determined by the State Commissioner of Health to provide an adequate level of similar training; and

(iii) possess either: a current cardiopulmonary resuscitation (CPR) certificate, not exceeding one year in duration, in CPR for the Professional Rescuer issued by the American Red Cross (ARC); or a current CPR certificate, not exceeding one year in duration, issued by a certifying agency determined by the State Commissioner of Health to provide an adequate level of CPR training.

(G) There shall be at least one staff member, parent, or volunteer located in the water in close proximity to children in the water, so as to provide immediate assistance to children in distress, with direct visual surveillance of:

(i) every two children in water that is less than chest deep as measured on the children; or

(ii) every one child in water that is greater than chest deep as measured on the children; or

(iii) every three children in the water if children are wearing non-inflatable, properly fitted flotation devices that are secured to their bodies.

(iv) The PSI may be included in the above staff:child ratios.

(H) Staff members, parents, or volunteers in the water shall not be engaged in any other duties or activities that distract from direct supervision and support of children in the pool, and shall:

(i) be at least eighteen (18) years of age.

(ii) have their ability to swim established by the PSI prior to supervising children in the water. The PSI must assess

their swimming capability, record the results, and incorporate them in the written safety plan which is maintained on file by the permittee.

(I) Learn-to-swim programs shall operate in water less than chest deep for all PSI, staff members, parents, and volunteers in the water.

(J) At least one staff member certified in infant, child or pediatric CPR shall be present during all swimming and aquatic activities.

(3) Child safety.

(A) Children under 3 years of age are prohibited from participating in all swimming and aquatic activities.

(B) The written safety plan shall incorporate the safety requirements and supervision procedures applicable to swimming activities.

(C) An accountability system detailed in the written safety plan approved by the Department shall be established for supervising and accounting for children, that shall include, but not be limited to:

(i) an accountability system which identifies each child by name, the swimming area to which the child is assigned, the adult to whom the child is assigned in the pool, and a record of the dates and times of initiation and cessation of aquatic and swimming activities.

(ii) accountability checks of the children are made at least every 15 minutes and results recorded in an accountability log or in accordance with the accountability system detailed in the program's written safety plan approved by the Department.

(D) The child care service's written safety plan shall specify duties of all staff in case of swimming and aquatic activity emergencies, including but not limited to emergency procedures for "lost swimmers."

(E) Prior to each swimming and aquatic activity, the aquatics director shall meet with all staff and volunteers assigned to the activity and review their roles and duties at the area, including the children to whom each adult is assigned, and emergency procedures for "lost swimmers."

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

The Rules and Regulations of the City of New York is current through December 31, 2010.

§ 47.59. Fire Safety.

(a) All exits shall have clear and legible exit signs when required by Department of Buildings.

(b) Services shall have approved fire extinguishers in good working order and have them inspected as required by the Fire Department.

(c) In a child care service holding a permit for more than 30 children, an approved interior fire alarm system shall be provided.

- (d) Fire drills shall be conducted monthly and logged for Fire Department inspection.
- (e) Heating apparatus shall be equipped with adequate protective guards. Space heaters shall not be used.
- (f) Premises shall be free of electrical, chemical, mechanical and all other types of hazards.
- (g) Smoke and carbon monoxide detectors with audible alarms shall be provided in accordance with applicable law or as required by the Department or the Fire Department.

§ 47.61. Food and food safety.

(a) Food shall be stored, served to, and prepared for children in accordance with Article 81 of this Code, except that no additional permit to operate a food service establishment shall be required. The permittee shall designate as a supervisor of food service operations a person who has a certificate in food protection issued pursuant to § 81.15 (a)(1) or (2) of this Code, or successor rule. Such person shall be on premises to supervise all food storage, preparation, cooking, holding, and cleaning activities, whenever such activities are in progress.

(b) Food supplied to children shall be wholesome, of good quality, properly prepared in accordance with nutritional guidelines provided or approved by the Department, age-appropriate in portion size and variety, and served at regular hours at appropriate intervals.

(1) Beverages with added sweeteners, whether artificial or natural, shall not be provided to children.

(2) Juice shall only be provided to children over eight (8) months of age, and only 100% juice shall be permitted. Children shall receive no more than six (6) ounces of 100% juice per day.

(3) When milk is provided, children ages two and older shall only be served milk with 1% or less milk-fat unless milk with a higher fat content is medically required for an individual child, as documented by the child's medical provider.

(4) Water shall be made available and shall be easily accessible to children throughout the day, including at all meals. Potable drinking water supplies shall be located in or near classrooms and playrooms. Except when bubbler fountains are used, individual disposable drinking cups shall be provided within reach of children. If bubbler fountains are used, they shall be of the angle jet type with suitable guards and shall have water pressure sufficient to raise the water high enough above the spout to avoid contamination.

(5) Any special diet shall be provided only in accordance with a note from a physician.

(6) The provisions of this subdivision shall not apply to child care services operated by a religious organization in instances where religious dietary requirements would be inconsistent with such provisions.

(c) When parents or other responsible persons provide meals, such foods shall be properly refrigerated and the operator shall provide such persons with age-appropriate nutritional guidelines approved or provided by the Department.

(d) Milk shall be stored at a temperature below 41 degrees Fahrenheit, may not be kept beyond its expiration date, and may not be dispensed or served by children except under adequate supervision.

(e) Dry food shall be stored in insect and rodent-proof containers.

(f) All utensils, dishes and other materials used in association with food shall be properly cleaned and sanitized as required by the Department or disposed of after each use.

(g) Feeding bottles shall be marked with the child's full name and date of preparation.

(h) Unused portions of formula milk and/or baby food shall be discarded after each feeding or meal.

(i) Bottles shall not be propped or kept by children while sleeping. No styrofoam cups shall be used by children two years or younger.

(j) The food service at a night care program shall be provided as follows:

(1) Evening meals shall be served at the same time daily.

(2) Breakfast shall be provided for all children who have been at the facility through the night and are present between 6 a.m. and 8 a.m.

§ 47.63. Lead-based paint restricted.

(a) Peeling lead-based paint prohibited.

(1) There shall be no peeling lead-based paint or peeling paint of unknown lead content on any surface in a child care service.

(2) Peeling lead-based paint and peeling paint of unknown lead content shall be immediately abated or remediated upon discovery by the child care service permittee, or the owner of a building in which a child care service is located, regardless of whether there has been an inspection or order issued by the Department, in accordance with § 173.14 of this Code.

(3) When there has been an order to abate or remediate lead-based paint hazards issued by the Department, the permittee, or the owner of the building in which the service is located shall use only the methods specified in such order.

(4) When the Department finds a lead-based paint hazard as defined in § 173.14(b) of this Code or a lead dust hazard as defined in EPA 40 CFR 745.227 (h) (3) (i), on the interior of the child care service, or concentrations of lead in the paint of the exterior surfaces of the child care facility, that may be creating a danger to health, it may in such cases as it deems essential, order the abatement or remediation of any such condition in a manner and under such safety conditions as it may specify. The Department may also order the removal or covering of soil appurtenant to any child care service when it determines that there are concentrations of lead in such soil which exceed allowable limits of the U.S. Environmental Protection Agency published in 40 C.F.R. Part 745 or successor regulations and further determines that such concentrations may be dangerous to health.

(5) The work practices of § 173.14 of this Code shall not apply to repair and maintenance work in a child care service which disturbs surfaces of less than two (2) square feet of peeling lead-based paint per room or ten (10) percent of the total surface area of peeling paint on a type of component with a small surface area, such as a window sill or door frame.

(6) Maintenance staff workers in child care service facilities that contain lead based paint or paint of unknown lead content, and who regularly do repair work that may disturb such paint, shall attend a HUD/EPA approved 8-hour course on lead safe work practices in accordance with § 173.14 (2)(b) of this Code.

(7) Children shall not be present and shall not have access to any room undergoing abatement, remediation or other work which disturbs lead-based paint or paint of unknown lead content until after completion of final clean-up and clearance dust testing.

(8) The permittee, or the owner of a building in which a child care service is located, in which paint has not been tested by X-ray fluorescent (XRF) analysis by or on behalf of the Department for lead content, may object to an order issued to remediate peeling lead-based paint or peeling paint of unknown lead content, by submitting evidence satisfactory to the Department that the surface of any component cited in the order as requiring remediation does not contain lead-based paint, as follows:

(A) Such evidence shall consist of a sworn written statement by the person who performed the testing on behalf of the permittee, or building owner supported by: lead-based paint testing or sampling results, including a description of the testing methodology and manufacturer and model of instrument used to perform such testing or sampling; a copy of the certificate of training of the certified lead-based paint inspector or risk assessor; a copy of the inspection report of the inspector or risk assessor, including a description of the surfaces in each room where such testing or sampling was performed; and a copy of the results of XRF testing and/or such laboratory tests of paint chip samples performed by an independent laboratory certified by the state of New York where such testing has been performed.

(B) Such written statement and all supporting documentation shall be submitted to the department not later than thirty (30) days before the date set for compliance with an order to remediate, and shall only be submitted where the Department has not performed an XRF test prior to issuing such order. Receipt by the Department of a complete application in accordance with this paragraph including such written statement and such supporting documentation shall toll the time period to comply with the order. Receipt of an incomplete application shall not toll the time period for compliance with the order.

(C) The Department shall notify the applicant of its determination in writing, and, if the Department rejects the application, such notice shall set a date for compliance.

(D) The performance of lead-based paint testing shall be in accordance with the definition of lead-based paint established in § 173.14 of the Code. Laboratory analysis of paint chip samples shall be permitted only where XRF tests fall within the inconclusive zone for the particular XRF machine or where the configuration of the surface or component to be tested is such that an XRF machine cannot accurately measure the lead content of such surface or component. Laboratory tests of paint chip samples, where performed, shall be reported in mg/cm², unless the surface area of a paint chip sample cannot be accurately measured, or if an accurately measured paint chip sample cannot be removed, in which circumstance the laboratory test may be reported in percent by weight. Where paint chip sampling has been performed, the sworn written statement by the person who performed the testing shall include a statement that such sampling was done in accordance with 40 CFR § 745.227 or successor provision.

(E) Testing for lead-based paint may only be conducted by a person who has been certified as a lead-based paint inspector or risk assessor in accordance with subparts L and Q of 40 CFR part 745 or successor provisions and such testing shall be performed in accordance with 40 CFR § 745.227(a) and (b) or successor provisions.

(b) Child care services in operation prior to May 1, 1997. No child care service permit shall be issued or renewed, unless all interior window sills and window wells accessible to children, chewable surfaces, deteriorated subsurfaces, friction surfaces, or impact surfaces, and such other surfaces in such child care service as may be determined by the Department, containing or covered with lead-based paint or paint of unknown lead content shall have been abated or remediated in accordance with § 173.14 of this Code or as otherwise directed by the Department.

(c) Child care services commencing operation on or after May 1, 1997. No child care service which received its first permit or which, if no permit was previously required, commenced operation after May 1, 1997, shall be issued a permit where there is lead-based paint on any interior surface in such child care service.

(d) All paint or other similar surface coating material on furniture and equipment shall be lead-free.

(e) Annual survey. Each year the permittee operating a child care service in which any surfaces are covered with lead-based paint or paint of unknown origin shall conduct a survey of the condition of all such surfaces, note the results of the survey on a form provided by or satisfactory to the Department, and shall provide to the Department a copy of the results of such survey. Submission of such survey shall be on or before the permit issuance date, or the anniversary thereof. Copies of such survey results may be submitted by mail, fax or electronically.

(f) Declaration pursuant to Administrative Code § 17-145. The existence of a lead-based paint hazard in a child care service, or failure to comply with this section or § 173.14 of this Code in correcting such hazard, is hereby declared to constitute a public nuisance and a condition dangerous to life and health, pursuant to § 17-145 of the Administrative Code. Every person obligated to comply with the provisions of this section of this Code is hereby ordered to abate or remediate such nuisance by complying with any order or direction issued by the Department.

(g) Failure to comply with Department orders. In the event that the Department determines that a child care service permittee, or the owner of a building in which a child care service is located has failed to substantially comply with an order issued pursuant to this section within forty-five (45) days after service thereof, the Department shall, in accordance with § 17-911(d) of the Administrative Code, request an agency of the City to execute such order pursuant to the provisions of § 17-147 of the Administrative Code.

(h) Definitions. Except as otherwise provided, all terms used in this section shall have the same meanings as the terms defined in § 173.14 of this Code.

§ 47.65. Transportation.

(a) Motor vehicles used to transport children to or from a child care service shall comply with all requirements of the New York State Department of Transportation specified in 17 NYCRR Part 720 or successor rule, and shall prominently display a current certificate of inspection issued by or on behalf of the State Department of Transportation, and shall be operated in accordance with all applicable law.

(b) A service that provides transportation facilities shall supervise the transportation so as to preserve the health, safety and comfort of the children.

(c) All children shall be secured in safety seats or by safety belts as appropriate for the age of the child in accordance with the requirements of the Vehicle and Traffic Law before any child may be transported in a motor vehicle where such transportation is provided for or arranged for by the operator.

(d) When transportation is provided by or on behalf of the child care service, the driver of the vehicle may not be included in the staff/child ratios.

(e) A transportation schedule shall be arranged so that no child will regularly travel more than one hour between his or her home and the place where the service is operated.

(f) The operator shall obtain and maintain on file written consent from the parent or guardian for any transportation of children in care at the service provided or arranged for by the permittee. The consent shall include the child's name and age, the destination and duration of travel time.

§ 47.67. Child development policies, program, rest periods and clothing.

(a) Program. The program shall be varied in order to promote the physical, intellectual, and emotional well-being of the children. Corporal punishment and humiliating or frightening methods of control and discipline shall be prohibited. Food, rest or isolation shall not be used as a means of punishment. Punitive methods of toilet training are prohibited.

(b) Schedules. A written daily schedule of program activities and routines which offer reasonable regularity, including snack and meal periods, nap and rest periods, indoor and outdoor activities, and activities which provide children with opportunities for learning and self-expression in small and large groups is required. When night care is provided, this schedule shall include routine personal hygiene, including changing into night clothes, brushing teeth, and washing before bed in the manner to be agreed between the parent and the operator.

(c) Disciplinary policies. A written statement on the philosophy of disciplining children shall be distributed to every staff member, posted in a prominent location within the child care service and made available to parents upon request.

(d) Parents. Parents shall have unrestricted access to their children at all times.

(1) The parents of all children receiving care in a child care service equipped with video surveillance cameras installed for the purpose of allowing parents to view their children in the child care setting by means of the internet shall be informed in writing that cameras will be used for this purpose. All staff of the child care service also shall be informed in writing if video surveillance cameras will be used for this purpose. The child care service shall make available copies of such notices to the Department upon request.

(2) All parents of children enrolled in the child care service and all staff of the child care service shall be made aware of the locations of all video surveillance cameras used at the child care service.

(3) Child care services opting to install and use video surveillance equipment shall comply with all law applicable to the use of such equipment.

(4) Video surveillance cameras may not be used as a substitute for competent direct supervision of children.

(5) Child care services opting to allow parents to view their children in the child care setting by means of the internet shall use and maintain adequate internet security measures at all times. Such measures include but are not limited to: passwords that are frequently changed that enable parent to access the internet site for viewing children; filtering measures that prohibit public access to or viewing of child care activities via the internet; and immediate corrective action in response to any report of abuse of the system or inappropriate access. Such services shall also advise the parents having access to views of the child care service through the internet of the importance of security in regard to such viewing and of the importance of the privacy rights of other children who may be viewed.

(6) Video surveillance cameras shall be used only to transmit images of children in common rooms, hallways and play areas. Bathrooms and changing areas shall remain private and free of all video surveillance equipment.

(7) Child care services that use video surveillance equipment shall allow inspectors and other representatives of the Department to have access to such equipment and to have viewing privileges as required by the Department.

(e) Children shall be comforted when distressed.

(f) Each child in full time child care shall have a quiet, relaxed period of approximately one hour a day. Shorter, comparable periods of quiet and relaxation shall be provided for each child who spends less time in the service.

§ 47.69. Night care.

(a) Information required. A night care service shall include in each child's record the arrangements provided for care when the child is not in night care as well as information regarding family bedtime routines and other information which would assist staff in providing a smooth transition for the child.

(b) Time in night care limited. No child shall spend more than 12 hours in a night care setting in any 24 hour period.

(c) Program. A night care service shall have a program that incorporates the following elements:

(1) When possible, children shall be left for care before and picked up after their normal sleeping period so that there are minimal disturbances of the child during sleep.

(2) The program of the night care service shall facilitate a relaxed atmosphere characterized by informal quiet activities.

(3) Scheduling shall reflect the need for regularity in meeting basic needs such as relaxation, meals, self-care/hygiene and sleep.

§ 47.71. Physical activity and limits on television viewing.

(a) Physical activity. Each child care service shall provide a program of age and developmentally appropriate physical activity.

(1) Children ages 12 months or older attending a full-day program shall be scheduled to participate in at least 60 minutes of physical activity per day. Children attending less than a full day program shall be scheduled to participate in a proportionate amount of such activities. For children ages three (3) and older, at least 30 of the 60 minutes shall be structured and guided physical activity. The remainder of the physical activity may be concurrent with other active play, learning and movement activities.

(2) Structured and guided physical activity shall be facilitated by teachers and/or caregivers and shall promote basic movement, creative movement, motor skills development, and general coordination.

(3) Permittees shall document structured and guided physical activities and make such documentation available to the Department upon request. This documentation shall be included in the program daily schedule and program lesson/activity plans.

(4) Children shall not be allowed to remain sedentary or to sit passively for more than 60 minutes continuously, except during scheduled rest or naptime.

(b) Play equipment. In the indoor and outdoor play areas, the permittee shall make available sufficient equipment, appropriate to the stage of development of the children, and designed to foster physical and motor development, and that shall enable all children to engage in structured and guided physical activities.

(c) Outdoor play.

(1) Adequate periods of outdoor play shall be provided daily for all children, except during inclement weather.

(2) During outdoor play, children shall be dressed appropriately for weather and temperature. In inclement weather,

active play shall be encouraged and supported in safe indoor play areas.

(d) Television viewing.

(1) Television, video and other visual recordings shall not be used with children under two years of age.

(2) For children ages two (2) and older, viewing of television, videos, and other visual recordings shall be limited to no more than 60 minutes per day of educational programs or programs that actively engage child movement.

(3) Children attending less than a full day program shall be limited to a proportionate amount of such viewing.

§ 47.73. Required postings.

(a) The permittee shall maintain an updated copy of this Code and make it available to all staff.

(b) The permittee shall display the following in a conspicuous place near its public entrance where staff, parents and others may review them:

(1) The current permit, and

(2) A sign provided or approved by the Department stating that the Department's most recent summary inspection report for the child care service may be obtained from the Department's website, or by calling 311, and that complaints about the child care service may be made to, and more information about requirements for operation of child care services may be obtained by calling 311.

§ 47.75. Modification of provisions.

(a) Modification of provisions. When the strict application of any provision of this article presents practical difficulties, or unusual or unreasonable hardships, the Commissioner in a specific instance may modify the application of such provision consistent with the general purpose and intent of this Code and upon such conditions as in his/her opinion are necessary to protect the health of the children.

(b) Fee waiver. Upon the submission of proof satisfactory to the Commissioner that an applicant for a permit is a child care service which is fully funded by the Agency for Children's Services (ACS) or the New York City Human Resources Administration, or a successor agency, as an ACS Group Child Care Center, Head Start or other child care service program, the permit fee required by Article 5 of this Code shall be waived. Such waiver shall continue in effect provided the applicant child care service remains fully funded.

§ 47.77. Closing and enforcement.

(a) Imminent health hazards. When the Department determines that any child care service is being operated in a manner, or maintaining one or more conditions that constitute an imminent health hazard, or that its operation otherwise presents a risk of endangering the health or safety of children or other persons, the Commissioner may order such child care service to close and to discontinue operations, suspending its permit, without further proceedings, by service of an order upon the permittee, or other person(s) managing or in control of such child care service. An order issued pursuant to this section shall provide the permittee, or other person(s) in control, an opportunity to be heard and to show cause why such child care service should not remain closed until there are changed circumstances, or the correction, removal or abatement of the dangerous or detrimental condition(s).

(b) Operating without a permit. Operating any child care service without a currently valid permit shall be deemed to present an imminent health hazard to children in attendance, for which such service shall be ordered closed without further proceedings.

(c) Additional operating terms and conditions authorized. If the Department determines that the reopening of a child care service that has been ordered closed and its continuing operation will not present any risk to any person, the Department may authorize such reopening and may impose such additional conditions upon continuing operation that it deems necessary to avoid recurrence of imminent health hazards.

(d) Service of orders. Service of any order issued pursuant to this Article may be made upon any person to whom the order is addressed, to a permittee, to a person required to hold a permit or upon any other person of suitable age and discretion who is asserting ownership, management or control of such child care service. Service of any order may be made in any manner provided in § 3.07 of this Code, or successor provision, and may be delivered to the home or business address of the permittee listed in the permit issued by the Commissioner, or in the permit application or at the place where the child care service is being operated.

(e) Posting orders to close; notifying parents. Upon issuing an order to close a child care service for any reason, the Department shall post a copy of the order at the entrance to the premises subject to such order, and shall notify and provide a copy of the closing order to the parents or other persons who arrive at the child care service to pick up children attending the child care service.

(f) Padlocking. Upon finding that any order issued pursuant to this section has not been complied with, the Department may, without further notice, seal or padlock the premises where such child care service is conducted and take any other measures deemed necessary to obtain compliance with the order.

(g) Operation in violation of order prohibited. No person shall remove a padlock, seal or an order posted pursuant to this section, or open to the public or operate a child care service in violation of an order issued pursuant to this section.

(h) Department authority not limited by this section. Nothing herein shall be construed to limit the authority of the Department to issue notices of violation pursuant to Article 7 of this Code or commence any other proceeding or action provided for by this Code or other applicable law, including actions to deny, suspend or revoke permits.

§ 47.79. Construction and severability.

This Article shall be liberally construed for the protection of the health of children attending child care services regulated by this Article. If any provision of this Article is adjudged invalid by any court of competent jurisdiction, such judgment shall not affect or impair the validity of the remainder of this Article.

10 NYCRR Subpart 69-4

Early Intervention Program

(Statutory authority: Public Health Law Title II-A of Article 25)

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 - 69-4.23 Initial and Continuing Eligibility Criteria
 - 69-4.24 Proceedings Involving the Approval of an Individual or Agency
 - 69-4.25 Standards for Agency Providers Approved to Use Applied Behavior Analysis (ABA) Aides in the delivery of ABA
 - 69-4.26 Content and Retention of Child Records
 - 69-4.30 Computation of rates for early intervention services provided to infants and children ages birth to three years old and their families or caregivers

Effective Date: 06/03/2010

Title: Section 69-4.1 - Definitions

Section 69-4.1 Definitions.

(a) *Approve* means any type of approval process used by state early intervention service agencies to approve providers of services, including licensure or certification.

(b) *Assessment* means ongoing procedures used to identify:

(1) the child's unique needs and strengths and the services appropriate to meet those needs; and,

(2) the resources, priorities and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler with a disability.

(c) *Child Find System* means all policies and procedures established by the state early intervention service agencies to: (1) ensure that at-risk and eligible children are identified, located, and referred to the early intervention official or public health officer as designated by the municipality; (2) determine the extent to which children are receiving needed services; and (3) ensure coordination among the state agencies' major efforts to identify at-risk and eligible children.

(d) *Completed mediation* means:

(1) the parties have participated in mediation and reached an agreement;

(2) the parties have participated in mediation but have been unable to reach an agreement during mediation or the parent requests an impartial hearing;

(3) a parent's request for mediation has not been accommodated according to the time frame set forth in section 69-4.17(g)(12); or,

(4) the early intervention official declines to participate in mediation.

(e) *Days* means calendar days.

(f) *Department* means the New York State Department of Health.

(g) *Designated County Official* means the official designated by the municipality as responsible for receipt of referrals of children suspected of having or at-risk for developmental delays or disabilities.

(h) *Developmental delay* means that a child has not attained developmental milestones expected for the child's chronological age adjusted for prematurity in one or more of the following areas of development: cognitive, physical (including vision, hearing, oral motor feeding and swallowing disorders), communication, social/emotional, or adaptive development and meets the level of delay set forth in section 69-4.23 of this subpart.

(i) *Disability* means a developmental delay or a diagnosed physical or mental condition that has a high probability of resulting in developmental delay.

(j) *Dominant Language* means the language or mode of communication normally used by the parent of an eligible or potentially eligible child, including braille, sign language, or other mode of

communication.

(k) *Early intervention official* means an appropriate municipal official designated by the chief executive officer of a municipality and an appropriate designee of such official.

(l) *Early intervention services* means:

(1) services that are:

(i) designed to meet the developmental needs of children eligible under this program and 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;

(ii) selected in collaboration with the parent;

(iii) in compliance with state standards;

(iv) provided:

(a) under public supervision;

(b) by qualified personnel;

(c) in conformity with an individualized family service plan and to the maximum extent appropriate, provided in natural environments; and,

(d) at no cost to the family; and

(v) are cost effective.

(2) Early intervention services include:

(i) Assistive technology device means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities.

(ii) Assistive technology service means a service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. Assistive technology services include:

(a) the evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment;

(b) purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;

(c) selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;

(d) coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;

- (e) training or technical assistance for a child with disabilities or, if appropriate, that child's family; and,
- (f) training or technical assistance for professionals, (including individuals providing early intervention services) or other individuals who provide services to, or are otherwise substantially involved in, the major life functions of individuals with disabilities.

(iii) *Applied behavior analysis (ABA)* means the design, implementation, and evaluation of systematic environmental changes to produce socially significant change in human behavior through skill acquisition and the reduction of problematic behavior. ABA includes direct observation and measurement of behavior and the identification of functional relations between behavior and the environment. These include contextual factors such as establishing operations, antecedent stimuli, positive reinforcers, and other consequences that are used to produce the desired behavior change.

(iv) Audiology, including:

- (a) identification of children with auditory impairment, using at risk criteria and appropriate audiologic screening techniques;
- (b) determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;
- (c) referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment;
- (d) provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services;
- (e) provision of services for prevention of hearing loss; and
- (f) determination of the child's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.
- (v) Family training, counseling, home visits and parent support groups, including services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of a child eligible under this part in understanding the special needs of the child and enhancing the child's development.
- (vi) Medical services only for diagnostic or evaluation purposes means services provided by a licensed physician to determine a child's developmental status and need for early intervention services subject to reasonable prior approval requirements for exceptionally expensive services as prescribed by the Commissioner.

(vii) Nursing services, including:

- (a) the assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems;
- (b) provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and

(c) administration of medications, treatments, and regimens prescribed by a licensed physician.

(viii) Nutrition services, including:

(a) conducting individual assessments in nutritional history and dietary intake; anthropometric, biochemical, and clinical variables; feeding skills and feeding problems; and, food habits and food preferences;

(b) developing and monitoring appropriate plans to address the nutritional needs of eligible children;

(c) making referrals to appropriate community resources to carry out nutrition goals.

(ix) Occupational therapy includes services to address the functional needs of a child related to adaptive development, adaptive behavior and play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community settings, and include:

(a) identification, assessment, and intervention;

(b) adaptation of the environment, and selection, design and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and

(c) prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.

(x) Physical therapy includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status and effective environmental adaptation. These services include:

(a) screening, evaluation, and assessment of infants and toddlers to identify movement dysfunction;

(b) obtaining, interpreting, and integrating information appropriate to program planning, to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and

(c) providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.

(xi) Psychological services, including:

(a) administering psychological and developmental tests, and other assessment procedures;

(b) interpreting assessment results;

(c) obtaining, integrating, and interpreting information about child behavior and child and family conditions related to learning, mental health, and development; and

(d) planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs.

(xii) Service Coordination, including assistance and services provided by a service coordinator to enable

an eligible child and the child's family to receive the rights, procedural safeguards and services that are authorized to be provided under the Early Intervention Program.

(xiii) Social work services, including:

(a) making home visits to evaluate a child's living conditions and patterns of parent-child interaction;

(b) preparing a social/emotional developmental assessment of the child within the family context;

(c) providing individual and family-group counseling with parents and other family members, and appropriate social skill building activities with the child and parents;

(d) working with those problems in a child's and family's living situation (home, community, and any center where early intervention services are provided) that affect the child's maximum utilization of early intervention services; and

(e) identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services.

(xiv) Special instruction, including:

(a) the design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction;

(b) curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the child's individualized family service plan;

(c) providing families and any primary caregivers (e.g., child care providers) with information, skills, and support related to enhancing the skill development of the child; and

(d) working with the child to enhance the child's development.

(xv) Speech-language pathology, including:

(a) identification of children with communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills;

(b) referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in development of communication skills; and

(c) provision of services for the habilitation, rehabilitation, or prevention of communicative or oropharyngeal disorders and delays in development of communication skills.

(xvi) Vision Services, including:

(a) evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities;

(b) referral for medical or other professional services necessary for the habilitation or rehabilitation of

visual functioning disorders, or both; and

(c) communication skills training, orientation and mobility training for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities .

(xvii) Health Services means services necessary to enable a child to benefit from the other early intervention services during the time that the child is receiving other early intervention services. The term includes:

(a) such services as clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services; and

(b) consultation by physicians with other service providers concerning the special health care needs of eligible children that will need to be addressed in the course of providing other early intervention services.

(c) The term health services does not include the following:

(1) services that are surgical in nature (such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus); or

(2) services that are purely medical in nature (such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drugs for any purpose).

(3) devices necessary to control or treat a medical condition.

(4) medical-health services (such as immunizations and regular "well-baby" care) that are routinely recommended for all children.

(xviii) Transportation and related costs includes the cost of travel (e.g., mileage or travel by taxi, common carrier, or other means) and other costs (e.g., tolls and parking expenses) that are necessary to enable an eligible child and the child's family to receive early intervention services.

(m) *Eligible child* means any infant or toddler from birth through age two years who has a disability, except as provided in paragraph (1) of this subdivision.

(1) Any eligible child who has been determined to be eligible for program services under section forty-four hundred ten of the education law and who:

(i) turns three years of age on or before August 31st, shall, if requested by the parent, be eligible to continue receiving early intervention services until September 1 of that calendar year; or,

(ii) turns three years of age on or after September 1, shall, if requested by the parent and if already receiving early intervention services, be eligible to continue receiving early intervention services until January 2 of the next calendar year; except,

(iii) if the infant or toddler is receiving preschool special education services under Section 4410 of the State Education Law, he or she shall not be an eligible child.

(2) Eligibility for early intervention services shall end on the day before the child's third birthday for any child who is found ineligible for services under Section 4410 of the Education Law, or for whom an

eligibility determination for such services has not been made prior to the child's third birthday.

(3) The term "eligible child" shall also include any infant or toddler with a disability who is:

(i) an Indian child that resides on a reservation geographically located in the State;

(ii) a homeless child as defined in section 725 of 42 U.S.C. 11434a, the McKinney-Vento Homeless Assistance Act; or,

(iii) who is a ward of the State.

(n) *Evaluation* means the procedures used by appropriate qualified personnel to determine a child's initial and continuing eligibility for the Early Intervention Program, including determining the status of the child in each of the following areas of development: cognitive, physical, communication, social or emotional, and adaptive development.

(o) *Evaluator* means a team of two or more professionals approved pursuant to section 69-4.8 of this subpart to conduct screenings and evaluations.

(p) *Family assessment* means the process of information gathering and identification of family priorities, resources and concerns, which the family decides are relevant to their ability to enhance their child's development.

(q) *Family Concerns* means those areas that parent identifies as needs, issues, or problems which they wish to have addressed within the Individualized Family Service Plan.

(r) *Family Priorities* means those areas which the parent selects as essential targets for early intervention services to be delivered to their child and family unit.

(s) *Family Resources* means the strengths, abilities, and formal and informal supports that can be mobilized to address family concerns, needs or desired outcomes.

(t) *Hearing Officer* means the person duly designated for the purpose of conducting or participating in a hearing pursuant to the Public Health Law, including an administrative officer or an administrative law judge assigned by the Department to the hearing.

(u) *Hearing record* means:

(1) all notices, pleadings, and motions;

(2) evidence presented during the hearing;

(3) questions and offers of proof, objections thereto, and rulings thereon;

(4) any statements of matters officially noticed by the hearing officer; and

(5) any findings of fact, conclusions of law, decision, determination, opinion, order or report made by the impartial hearing officer.

(v) *Include* means that the items named are not all of the possible items that are covered whether like or unlike the ones named.

(w) *Individualized Family Service Plan (IFSP)* means a written plan for providing early intervention services to a child eligible for the Early Intervention Program and the child's family. The plan must:

- (1) be developed jointly by the family and appropriate qualified personnel involved in the provision of early intervention services;
- (2) be based on the evaluation and assessment described in this subpart and,
- (3) include matters as specified in this subpart.

(x) *Informed Clinical Opinion* means the best use of quantitative and qualitative information by qualified personnel regarding a child, and family if applicable. Such information includes, if applicable, the child's functional status, rate of change in development, and prognosis.

(y) *Informed consent* means:

- (1) the parent has been fully informed of all information relevant to the activity for which consent is sought, in the parent's dominant language or other mode of communication;
- (2) the parent understands and agrees in writing to the carrying out of the activity for which consent is sought, and the consent describes that activity and lists the records if any that will be released and to whom; and,
- (3) the parent understands that the granting of consent is voluntary on the part of the parent and may be revoked at any time.

(z) *Initial service coordinator* means the service coordinator designated by the early intervention official upon receipt of a referral of a child thought to be eligible for early intervention services, who functions as the service coordinator who participates in the formulation of the Individualized Family Service Plan.

(aa) *Interim individualized family service plan* means a temporary plan developed with parental consent for a child with a known developmental delay or disability who has apparent immediate needs to enable early intervention service delivery between initial identification of the child's needs and the completion of the multidisciplinary evaluation FSP

(ab) *Mediation* means a voluntary, non-adversarial process by which the parent of a child and the early intervention official or designee are assisted in the resolution of a dispute.

(ac) *Medical/biological risk* means early developmental and health events suggestive of medical needs or biological insults to the developing central nervous system which, either singly or collectively, increase the probability of later disability.

(ad) *Multidisciplinary* means the involvement of two or more professionals from different disciplines, in the provision of integrated and coordinated services, including evaluation and assessment services and development of the Individualized Family Service Plan.

(ae) *Municipality* means a county outside of the City of New York, or the City of New York in the case of a county contained within the city of New York.

(af) *Natural environment* means settings that are natural or normal 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 setting in which children without disabilities participate.

(ag) *Ongoing service coordinator* means the service coordinator designated in the Individualized Family Service Plan.

(ah) *Parent* means a parent by birth or adoption, or person in parental relation to the child. With respect to a child who is a ward of the State, or a child who is not a ward of the state but whose parents by birth or adoption are unknown or unavailable and the child has no person in parental relation, the term "parent" means a person who has been appointed as a surrogate parent for the child in accordance with section 69-4.16 of this subpart. This term does not include the State if the child is a ward of the State.

(ai) *Person in parental relation* means:

(1) the child's legal guardian;

(2) the child's standby guardian after their authority becomes effective pursuant to section 1726 of the Surrogate's Court Procedure Act;

(3) the child's custodian; a person shall be regarded as the custodian of a child if he or she has assumed the charge and care of the child because the parents or legally appointed guardian of the minor have died, are imprisoned, are mentally ill, or have been committed to an institution, or because they have abandoned or deserted such child or are living outside the state or their whereabouts are unknown; or,

(4) persons acting in the place of a parent, such as a grandparent or stepparent with whom the child lives, as well as persons who are legally responsible for the child's welfare,

(5) except, this term does not apply to a child who is a ward of the State, and does not include a foster parent.

(aj) *Provider* means an agency or individual approved in accordance with section 69-4.5 of this subpart to deliver service coordination, evaluations, and/or early intervention services.

(1) "Agency" means an entity which employs qualified personnel, and may contract with individual providers or other agencies which are approved by the Department, for the provision of early intervention program evaluations, service coordination, and/or early intervention services,

(2) "Individual" shall mean a person who holds a state-approved or recognized certificate, license, or registration in one of the disciplines set forth in subdivision (ak) of this section and is under contract with either a municipality or an agency provider.

(ak) *Qualified personnel* are those individuals who are approved as required by this Subpart and under contract with a municipality or agency provider, or employed by agency providers who deliver services to the extent authorized by their licensure, certification or registration to eligible children and have appropriate licensure, certification, or registration in the area in which they are providing services, including:

(1) audiologists;

(2) occupational therapy assistants;

- (3) licensed practical nurses, registered nurses and nurse practitioners;
- (4) low vision specialists;
- (5) orientation and mobility specialists;
- (6) vision rehabilitation therapists;
- (7) occupational therapists;
- (8) optometrists;
- (9) physical therapists;
- (10) physical therapy assistants;
- (11) pediatricians and other physicians;
- (12) physician assistants;
- (13) psychologists;
- (14) registered dieticians and certified dieticians/nutritionists;
- (15) school psychologists;
- (16) clinical and master social workers;
- (17) special education teachers and teachers of students with disabilities, birth to grade two;
- (18) speech and language pathologists;
- (19) teachers of the blind and partially sighted, teachers of the blind and visually handicapped, and teachers of the blind and visually impaired;
- (20) teachers of the deaf and hearing impaired and teachers of the deaf and hard of hearing;
- (21) teachers of the speech and hearing handicapped and teachers of speech and language disabilities; and,
- (22) other categories of personnel as designated by the Commissioner.

(al) *Record* means any information recorded in anyway, maintained by an early intervention official, designee, or approved evaluator, service provider or service coordinator. A record shall include any file, evaluation, report, study, letter, telegram, minutes of meetings, memorandum, summary, interoffice or intraoffice communication, memorandum reflecting an oral conversation, a handwritten or other note, chart, graph, data sheet, film, videotape, slide, sound recording, disc, tape and information stored in microfilm or microfiche or in computer readable form.

(am) *Screening* means those instruments, procedures, family information and observations, and clinical observations used by an approved evaluator to assess a child's developmental status to indicate what

type of evaluation, if any, is warranted.

(an) *Ward of the state* means a child whose custody and guardianship have been transferred to the local social services official pursuant to a voluntary surrender by the child's parent or by a family court or surrogate's court in conjunction with the termination of the parental rights of the child's parent.

(ao) *Personally identifiable information* includes:

- (1) the name of the child, the parent or other family member;
- (2) the address of the child, the parent or other family member;
- (3) a personal identifier, such as the social security number of the child, parent or other family member;
- (4) a list of personal characteristics or other information that would make it possible to identify the child, the parent or other family member with reasonable certainty.

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Health

69-4.2 Early intervention official's or public health officer's role in the child find system.

(a) The early intervention official shall:

(1) make all reasonable efforts to identify and locate eligible children within their municipality;

(2) coordinate efforts to identify, locate and track children conducted by other agencies responsible for services to infants and toddlers and their families; and

(3) provide for identification, tracking and screening of children at risk of developmental delay, using available resources and such other resources as the commissioner shall commit to this purpose.

(i) The municipality shall designate either the early intervention official or the public health officer to receive all early intervention referrals. If the public health officer is designated to receive referrals, and is not the early intervention official, he or she shall promptly transmit the referral of children suspected of having a developmental delay to the early intervention official.

Health

69-4.3 Referrals.

(a) The following primary referral sources shall, within two working days of identifying an infant or toddler who is less than three years of age and suspected of having a disability or at risk of having a disability, refer such infant or toddler to the official designated by the municipality, unless the child has already been referred or unless the parent objects: all individuals who are qualified personnel; all approved evaluators, service coordinators, and providers of early intervention services; hospitals; child health care providers; day care programs; local health units; local school districts; local social service districts; public health facilities; early childhood direction centers; and, operators of any clinic approved under article 28 of Public Health Law, article 16 of the Mental Hygiene Law, or article 31 of the Mental Hygiene Law. (1) A primary referral source who has identified an infant or toddler suspected of having a disability shall:

(i) provide a general explanation of the services that are available under the Early Intervention Program and the benefits to the child's development and to the family of accessing those services;

(ii) inform the parent that, unless the parent objects, their child will be referred to the early intervention official for purposes of a free, multidisciplinary evaluation to determine eligibility for services;

(iii) whenever feasible, inform the parent about such referral in their dominant language or other mode of communication; and

(iv) ensure the confidentiality of all information transmitted at the time of referral.

(2) A primary referral source who has identified an infant or toddler at risk of a disability shall:

(i) provide a general explanation of the developmental screening, home visiting, and tracking services that are available to the family, including municipal child find programs and the benefits to the child's development and to the family of accessing those services;

(ii) inform the parent that, unless the parent objects, their child will be referred to the designated county official for the purposes of developmental screening, home visiting, and tracking services, which may include enrollment in municipal child find programs;

(iii) whenever feasible, inform the parent about such referral in their dominant language or other mode of communication; and

(iv) ensure the confidentiality of all information transmitted at the time of referral.

(3) When a parent objects to the referral the primary referral source shall:

(i) maintain written documentation of the parent's objection to the referral and follow-up actions taken by the primary referral source;

(ii) provide the parent with the name and telephone number of the early intervention official if the child is suspected of having a disability or Infant-Child Health Assessment Program if the child is at-risk; and

(iii) within two months, make reasonable efforts to follow-up with the parent, and if appropriate, refer the child unless the parent objects.

(b) Information transmitted in a referral from a primary referral source, for an infant or toddler suspected of having a disability or at risk of developing a disability, shall consist of only the following information, unless written consent is obtained from a parent to the transmittal of further information to the early intervention official:

(1) the child's name, sex, race, ethnicity, and birth date;

(2) the name, address and telephone number of the parent and/or if

applicable, the person in parental relation to the child;

(3) when necessary and applicable, the name and telephone number of another person through whom the parent may be contacted;

(4) if the child is being referred because he or she is at risk of developing a disability, the referral shall include an indication that the child is not suspected of having a disability, but is at risk of developing a disability in the future; and

(5) name and telephone number of the primary referral source.

(c) Referrals may be made at any time by parents via telephone, facsimile, the Department's secure web site, in writing or in person.

(d) Referrals of children suspected of having a disability, which includes a developmental delay and/or a diagnosed physical or mental condition that has a high probability of resulting in developmental delay, shall be based on:

(1) the results of a developmental screening or diagnostic procedure(s); direct experience, observation, and perception of the child's developmental progress;

(2) information provided by a parent which is indicative of the presence of a developmental delay or disability;

(3) or a request by a parent that such referral be made.

(e) Diagnosed physical and mental conditions with a high probability of developmental delay include:

(1) chromosomal abnormalities associated with developmental delay (e.g., Down Syndrome);

(2) syndromes and conditions associated with delays in development (e.g., fetal alcohol syndrome);

(3) neuromuscular disorder (e.g., any disorder known to affect the central nervous system, including cerebral palsy, spina bifida, microcephaly or macrocephaly);

(4) clinical evidence of central nervous system (CNS) abnormality following bacterial/viral infection of the brain or head/spinal trauma;

(5) hearing impairment (a diagnosed hearing loss that cannot be corrected with treatment or surgery);

(6) visual impairment (a diagnosed visual impairment that cannot be corrected with treatment (including glasses or contact lenses) or surgery);

(7) diagnosed psychiatric conditions, such as reactive attachment disorder of infancy and early childhood; (symptoms include persistent failure to initiate or respond to primary caregivers; fearfulness and hypervigilance that does not respond to comforting by caregivers; absence of visual tracking); and

(8) emotional/behavioral disorder (the infant or toddler exhibits atypical emotional or behavioral conditions, such as delay or abnormality in achieving expected emotional milestones such as pleasurable interest in adults and peers; ability to communicate emotional needs; self-injurious/persistent stereotypical behaviors).

(f) referrals of children at risk of having a disability shall be made based on the following medical/biological risk factors:

(1) Medical/biological neonatal risk criteria, including:

(i) birth weight less than 1501 grams;

(ii) gestational age less than 33 weeks;

(iii) central nervous system insult or abnormality (including neonatal seizures, intracranial hemorrhage, need for ventilator support for more than 48 hours, birth trauma);

(iv) congenital malformations;

(v) asphyxia (Apgar score of three or less at five minutes);

(vi) abnormalities in muscle tone, such as hyper- or hypotonicity;

(vii) hyperbilirubinemia (> 20mg/dl);

(viii) hypoglycemia (serum glucose under 20 mg/dl);

- (ix) growth deficiency/nutritional problems (e.g., small for gestational age; significant feeding problem);
- (x) presence of inborn metabolic disorder (IMD);
- (xi) perinatally- or congenitally-transmitted infection (e.g., HIV, hepatitis B, syphilis);
- (xii) 10 or more days hospitalization in a neonatal intensive care unit (NICU);
- (xiii) maternal prenatal alcohol abuse;
- (xiv) maternal prenatal abuse of illicit substances;
- (xv) prenatal exposure to therapeutic drugs with known potential developmental implications (e.g., psychotropic medications, anticonvulsant, antineoplastic);
- (xvi) maternal PKU;
- (xvii) risk of hearing loss based on family history, including syndromal presentation, or failure of initial newborn infant hearing screening and the child is in need of follow-up screening;
- (xviii) risk of vision impairment, including family history of conditions causing blindness or severe vision impairment; and,
- (ix) presence of a genetic syndrome that may confer increased risk for developmental delay, except for those syndromes such as Down syndrome which require referral of the child as suspected of having a disability in accordance with section 69-4.3(d) and (e) of this subpart.

(2) Medical/biological post-neonatal and early childhood risk criteria, including:

- (i) parental or caregiver concern about developmental status;
- (ii) serious illness or traumatic injury with implications for central nervous system development and requiring hospitalization in a pediatric intensive care unit for ten or more days;
- (iii) elevated venous blood lead levels (at or above 15 mcg/dl);
- (iv) growth deficiency/nutritional problems (e.g., significant organic or inorganic failure-to-thrive, significant iron-deficiency anemia);
- (v) chronicity of serous otitis media (continuous for a minimum of three months);
- (vi) HIV infection;
- (vii) indicated case of child abuse or maltreatment
- (h) When the child is in the care and custody or custody and guardianship of the local social services district, the early intervention official shall notify the local social services commissioner or designee that the child has been referred.

Effective Date: 11/05/1997

Title: Section 69-4.4 - Qualifications of service coordinators

69-4.4 Qualifications of service coordinators.

(a) All early intervention service coordinators shall meet the following qualifications:

(1) a minimum of one of the following educational or service coordination experience credentials:

(i) two years experience in service coordination activities as delineated in this Subpart (voluntary or part-time experience which can be verified will be accepted on a pro rata basis); or,

(ii) one year of service coordination experience and an additional year of experience in a service setting with infants and toddlers with developmental delays or disabilities; or,

(iii) one year of service coordination experience and an Associates degree in a health or human service field; or

(iv) a bachelors degree in a health or human service field.

(2) demonstrated knowledge and understanding in the following areas:

(i) infants and toddlers who may be eligible for early intervention services;

(ii) State and federal laws and regulations pertaining to the Early Intervention Program;

(iii) principles of family centered services;

(iv) the nature and scope of services available under the Early Intervention Program and the system of payments for services in the State; and,

(v) other pertinent information.

(b) Service coordinators shall participate in the introductory service coordination training session sponsored or approved by the Department of Health, in the first three months and by no later than one year of direct or contractual employment as an early intervention service coordinator, provided that training sessions are offered and accessible in locations with reasonable proximity to their place of employment at least three times annually.

(1) Employees of incorporated entities, sole proprietorships, partnerships, and state operated facilities approved to deliver service coordination services must submit documentation of participation in the introductory service coordination training agency which provided approval to deliver service coordination services]to their employers for (2) Individual service coordinators must submit documentation of their participation in introductory service coordination training to the Department of Health for retention with their approved application to deliver service coordination services.

(3) Failure to participate in the introductory service coordination training sponsored or approved by the Department of Health may result in the disqualification as a provider of service coordination services in accordance with procedures set forth in Section 69-4.17(i).

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69-4.5 Approval of service coordinators, evaluators, and service providers.

(a) Individuals and agencies shall apply to the Department for approval to provide evaluations, service coordination services, or early intervention services. The Department may reapprove providers, but no more frequently than every five years from the date of approval or subsequent reapproval. Upon receipt of notification from the Department, an agency or individual shall apply for reapproval if the agency or individual wishes to continue providing services in the early intervention program. The Department shall consider applications for approval and reapproval utilizing the criteria set forth in subdivision (4) of this section.

(1) All agencies approved to provide evaluations, service coordination services or early intervention services shall be enrolled as providers in the medical assistance program in accordance with the procedures for such enrollment established by the Department, and shall provide documentation of the provider's enrolled status upon the Department's request.

(2) Approved agency providers shall submit on a periodic basis consolidated fiscal reports to the Department upon request. Approved individual providers shall submit information on revenues and expenses upon request of and on a form developed by the Department.

(3) On or before September 1, 2010, all approved providers shall be in compliance with the criteria set forth in paragraph (4) of this subdivision.

(4) Approval and reapproval of individuals and agencies shall be based on the following criteria:

(i) character and competence of the individual, or for agency providers, the owners, officers, including the chief executive officer and chief financial officer, members, shareholders who own ten percent or more of the voting shares in the agency, directors or sponsors, the program director and other key employees, and the board of directors of a not-for-profit entity as determined by the Department;

(ii) documented fiscal viability of the agency;

(iii) completion of an approved Medicaid provider agreement and reassignment of Medicaid benefits to the municipality;

(iv) for individual providers, proof of current certificate, license, or registration in one of the disciplines set forth in subdivision (ak) of section 69-4.1 and documentation of a minimum of 1,600 clock hours prior to the date of application to the Department for approval, delivering such service to children under five years of age in an early intervention, clinical pediatric, early childhood education program, which may include relevant experience obtained as part of a supervised educational program and/or clinical internship as a prerequisite for professional licensure, certification, or registration, and provided that such experience must have included direct experience in delivering services to children with disabilities and their families;

(v) for agency providers, identification of all employees who will provide early intervention program services, and where applicable, the employees' licenses, registrations, certifications, national provider identification numbers and expiration dates and such other information as may be required by the Department;

(vi) for agency providers, identification of all state-approved agency and individual contractors who will be utilized to provide services and where applicable, the persons' licenses, registrations, certifications, national provider identification numbers and expiration dates and other information as may be required by the Department;

(vii) for agency providers, a quality assurance plan that is approved by the Department for each type of service offered by the agency, including evaluations and service coordination;

(viii) for agency providers, documentation that the agency has in its employment, or in accordance with this paragraph, will have in its employment, the following personnel:

(a) a professional employed on a full-time basis who shall serve as the program director for the agency whose duties may include early intervention program service delivery in addition to administration and oversight responsibilities. The program director shall have a minimum of two years of full-time equivalent experience in an early intervention, clinical pediatric, or early childhood education program serving children ages birth to five years of age, provided that:

(1) such experience shall have included direct experience in delivering services to children with disabilities and their families; and

(2) at least one year of such experience shall have been in the delivery of services to children less than three years of age and their families.

(b) a minimum of two qualified personnel or service coordinators who meet qualifications established in section 69-4.4 of this subpart, in addition to the early intervention program director, each of whom provides evaluations, service coordination, or services to individuals with disabilities for a minimum of twenty hours each per week.

(c) a professional or professionals who hold a license, certification, or registration in the type of service offered by the agency whose responsibilities include monitoring and overseeing implementation of the quality assurance plan for that service as developed by the agency in accordance with subparagraph (vii) of paragraph (3) of this subdivision.

(d) for purposes of this subdivision, if the agency applying for initial approval has not, at the time of application, employed the personnel required in this paragraph, the agency may verify that it will employ such personnel within three months of approval and receive a conditional three months of approval. At the end of the three-month period, the agency shall submit documentation of the employment of such personnel in accordance with said requirements. If the agency does not provide sufficient documentation at the end of the three month period that it meets the requirements of this subparagraph, the agency's approval shall be void ab initio and the agency shall not be authorized to provide services in the early intervention program.

(e) an agency applying for reapproval shall, at the time of application, submit documentation that it has in its employment the personnel required in this paragraph;

(ix) adherence to, and for purposes of reapproval, evidence of demonstrated compliance with all applicable federal and state laws, regulations, standards and guidelines;

(x) delivery of services on a twelve-month basis and flexibility in the hours of service delivery, including weekend and evening hours in accordance with eligible childrens' IFSPs;

(xi) agreement to participate and, for purposes of reapproval, evidence of participation in continuing professional and clinical education relevant to early intervention services, including service and clinical issues unique to children less than three years of age, and in-service training on state and local policies and procedures of the early intervention program, including Department-sponsored training;

(xii) adherence to, and for purposes of reapproval, demonstrated compliance with the confidentiality requirements applicable to the early intervention program as set forth in federal and state law and regulations;

(xiii) provision of copies of all organizational documents requested

by the Department and documentation of licensure or approval granted to the individual or agency by other regulatory agencies;

(xiv) for the purposes of reapproval, documentation that corrective actions required by the Department have been implemented and non-compliance corrected to the satisfaction of the Department;

(xv) provision of such additional pertinent information or documents necessary for approval or reapproval, as requested by the Department.

(5) In addition to the criteria set forth above, for reapproval of an agency or individual, the Department may also consider:

(i) any actions taken against the provider's license, certification, or registration, any criminal convictions, or any actions taken pursuant to 69-4.24 of this subpart;

(ii) the results of any investigations performed by the Department pursuant to 69-4.17(i);

(iii) the results of monitoring reviews, complaint investigations and fiscal audits performed by the Department, municipalities or either of their agents; and

(iv) other information and documents pertinent to the provider's character and competence.

(b) Agencies shall apply to the Department for approval to use applied behavior analysis (ABA) aides to assist in the provision of ABA services in accordance with section 69-4.25 of this subpart. In addition to the criteria set forth in subdivision (a)(4) of this section, the Department shall also consider the following in determining whether to grant such approval:

(1) submission of written policies and procedures as described in section 69-4.25(a)(6) that are approved by the Department and include, but are not limited to the following:

(i) A plan to ensure that all employees and subcontractors who will be delivering ABA services receive initial and ongoing training in content areas approved by the Department and directly related to ABA.

(ii) A description of the methods by which the agency will verify that employed ABA aides will meet the criteria established in section 69-4.25(e) and verify that ABA aides will be employed and supervised in accordance with section 69-4.25.

(iii) Documentation that team meetings will be required and convened by supervisory personnel for all employees and subcontractors delivering ABA services, in accordance with section 69-4.25.

(iv) A description of the methods by which the agency will ensure the quality and effectiveness of ABA services and the health and safety of eligible children.

(2) A table of organization, including employed supervisor(s), employed ABA aides, and employed and subcontracted qualified personnel who will provide ABA services to eligible children, including the planned ratio of children to employed supervisors and employed ABA aides.

(c) An agency's approval to provide services in the early intervention program shall terminate upon the transfer, assignment, or other disposition of ten percent or more of an interest or voting rights in the approved agency. If there is a transfer, assignment, or other disposition of less than ten percent of an interest or voting rights in the approved agency, but the transfer, assignment, or other disposition together with all prior transfers, assignments, or other dispositions within the last five years would, in the aggregate, involve ten percent or more of an interest in the approved agency, the agency's approval to provide services in the early intervention program shall terminate upon such transfer, assignment, or disposition. If the agency's approval

terminates as set forth in this subdivision, the agency must apply for approval in accordance with this section to provide services in the

early intervention program.

(1) An agency subject to the provision of this subdivision must apply to the Department for approval at least ninety days prior to the intended effective date of the transfer, assignment or disposition if it wishes to provide services in the program after such transfer, assignment or disposition.

(2) If the agency submitted an application for approval at least ninety days prior to the intended transfer, assignment or disposition of an interest or voting rights in the agency, and the Department has not made a determination on the application prior to such transfer, assignment or disposition, the agency shall be authorized to continue providing services in the program until such time as it is notified of the Department's determination.

(d) Providers approved and reapproved to deliver early intervention evaluations, service coordination services and early intervention program services shall meet with or otherwise communicate with parents and other service providers, including participation in case conferencing and consultation. Agencies shall further require that its employees comply with the provisions of this section and require compliance with this subdivision in its contracts with individual providers.

(e) Approved providers shall not disseminate, or cause to be disseminated on their behalf, marketing materials that are false, deceptive, or misleading. Upon the Department's request, providers shall periodically submit copies of marketing materials for review. Marketing materials that do not comply with the provisions of this subdivision may be a basis for action against the provider's approval in accordance with the provisions of section 69-4.24 of this subpart. The Department shall develop standards on appropriate marketing materials and shall require that marketing materials that seek to promote or advertise early intervention program evaluations or services adequately inform parents or guardians of potentially eligible or at-risk children less than three years of age about the early intervention program. Marketing materials that seek to promote or advertise early intervention program evaluations or services shall include the following statements or their equivalent:

(1) Clear identification that the early intervention program and early intervention services available through the early intervention program are for children less than three years of age who have or are suspected of having a developmental delay and/or disability.

(2) A statement that the early intervention program is a public program funded by New York State and county governments.

(3) A statement that all children must be referred to the municipality to access early intervention program services, and including the municipal agency's telephone number.

(4) Clear identification of the provider referenced in the marketing and advertising materials, and an accurate statement that the provider is approved as a provider of early intervention program services and under contract with the municipality to deliver early intervention program services.

(5) A statement that all services provided under the early intervention program are provided at no out-of-pocket cost to parents, but that health insurance may be accessed for reimbursement for early intervention services provided to eligible children and their families.

(6) A statement that eligibility for the early intervention program can be determined only by State-approved evaluators under contract with the municipality.

(7) A statement that if a child is found eligible for the early intervention program, all needed early intervention services are identified in collaboration with the parent and must be authorized by the municipality.

(8) A statement that the municipality will arrange for service providers, considering the individual needs of the child and family, to deliver services authorized by the municipality.

(9) A statement that when early intervention services are delivered in child care settings or community locations that require a fee, the parent is responsible for paying any associated costs with such access to child care or community locations.

(f) Approved individuals shall notify the Department within two business days if his or her license is suspended, revoked, limited or annulled, regardless of whether the suspension or limitation is stayed. Approved individuals and agencies shall notify the Department within two days if a contract the provider holds with a municipality or agency provider is terminated for any reason. Agency providers shall ensure that services are delivered by those authorized to do so and shall employ or contract with individuals who are licensed, registered or certified in compliance with applicable provisions of law, in one of the disciplines set forth in subdivision (ak) of section 69-4.1.

(g) Approved providers shall comply with Title VI of the Civil Rights Act of 1964, Section 504 of the Federal Rehabilitation Act of 1973, and all other State and Federal statutory and constitutional non-discrimination provisions which prohibit discrimination on the basis of race, color, national origin, handicap, age, sex, religion and marital status.

(h) All applicants shall receive written notice of their approval or reapproval to deliver service coordination services, evaluations, and/or early intervention program services from the Department.

(1) The notice shall inform the applicant that a contract with a municipality or with an approved agency under contract with a municipality is necessary to provide services under the early intervention program and to be reimbursed for service coordination services, evaluations, early intervention program services, and to be included on the list of approved agency and individual providers.

(2) The Department shall notify early intervention officials for municipalities in the catchment areas in which the applicant proposes to deliver service coordination services, evaluations, and/or early intervention program services shall receive written notice of the applicant's approval.

(i) The State Education Department shall notify the Department of its approval of any applicant as a provider of service coordination services, evaluations, and/or early intervention program services within five working days.

(j) Approved providers shall notify the Department in writing of any changes made subsequent to approval or reapproval of professional license, certificate, or registration; or for agency providers, transfers, assignments, or other dispositions of less than ten percent of an interest or voting rights of the agency; identification; address and location; and catchment area.

(k) An approved agency or individual provider who intends to cease providing service coordination services, evaluations or early intervention services, or in the case of an agency, intends to cease ownership, possession or operation of the agency, or chooses to voluntarily terminate status as an approved service coordination, evaluation and/or service provider agency, shall:

(1) submit to the Department and early intervention official written notice of such intention and a plan for transition of children not less than 90 days prior to the intended effective date of such action; and,

(2) collaborate with municipalities and the Department to ensure a smooth transition of eligible children and their families to other approved providers.

(1) Municipalities shall provide the Department with such information

or documentation as requested and in a content, format and frequency determined by the Department.

(m) Agency providers shall periodically, upon request of the Department, provide the Department with information on its State-approved agency and individual employees and contractors utilized by the agency in the provision of early intervention program services. Information to be provided includes the provider's name, license, registration or certification, national provider identification number and expiration dates, and other such information as may be required by the Department.

Health

69-4.6 Standards for initial and ongoing service coordinators.

(a) All agencies and individuals approved to provide early intervention service coordination shall fulfill those functions and activities necessary to assist and enable an eligible infant and toddler and parent to receive the rights, procedural safeguards and services that are authorized to be provided under State and federal law, including other services not required under the Early Intervention Program, but for which the family may be eligible.

(1) Each eligible infant and toddler and their family shall be provided with one service coordinator who shall be responsible for:

(i) coordinating all services across agency lines; and
(ii) serving as the single point of contact in helping parents to obtain the services and/or assistance they need.

(b) Service coordination shall be an active ongoing process that involves:

(1) assisting parents of eligible infants and toddlers in gaining access to the early intervention services and other services identified in the individualized family service plan;

(2) ensuring the individualized family service plan outcomes and strategies reflect the family's priorities, concerns and resources, and that changes are made as the family's priorities, concerns and resources change;

(3) coordinating the provision of early intervention services and other services (such as medical services for other than diagnostic and evaluation purposes) that the infant or toddler needs or is receiving;

(4) facilitating the timely delivery of available services; and

(5) continuously seeking the appropriate services and situations necessary to benefit the development of the child for the duration of the child's eligibility.

(c) Specific service coordination activities shall include:

(1) coordinating the performance of evaluations and assessments;

(2) facilitating and participating in the development, review and evaluation of Individualized Family Service Plans;

(3) assisting families in identifying available service providers;

(4) coordinating and monitoring the delivery of services;

(5) informing families of the availability of advocacy services;

(6) coordinating with medical and health care providers, including a referral to appropriate primary health care providers as needed; and

(7) facilitating the development of a transition plan to preschool services if appropriate or to other available supports and services.

(d) Initial and ongoing service coordinators shall obtain, and parents shall supply, any information and documentation necessary to establish, and update periodically upon the request of the early intervention official, an eligible child's third party payor coverage, and the nature and extent of such coverage, including coverage through the medical assistance program, other state governmental insurance or benefit program, and/or other plan of insurance, and promptly transmit such information and documentation to the early intervention official.

Health

69-4.7 Initial service coordinators.

(a) Upon referral to the early intervention official of a child thought to be an eligible child, the early intervention official shall promptly designate an initial service coordinator, selecting whenever appropriate a service coordinator who has an established relationship with the child or family, and shall promptly notify the parent of such designation in writing.

(1) Upon receipt of the referral, the early intervention official shall make reasonable efforts to promptly forward a copy of the Early Intervention Program parents' handbook to the parent by mail or other suitable means.

(2) For children in care and custody or custody and guardianship of the local social services commissioner, the early intervention official shall notify the local commissioner of social services or designee of the designation of an initial service coordinator.

(b) The initial service coordinator shall promptly arrange a contact with the parent in a time, place and manner reasonably convenient for the parent and consistent with applicable timeliness requirements.

(c) The initial service coordinator shall inform the parent of their rights and entitlement under the Early Intervention Program and shall document the information provided in the child's record.

(1) At the initial contact with the parent, the initial service coordinator shall ensure the parent has a copy of the Early Intervention Program parents' handbook, review the handbook, provide an overview of the early intervention system and services, discuss the role of the initial service coordinator, and review the parent's rights, responsibilities and entitlements under the program.

(d) The initial service coordinator shall ascertain if the child and family are presently receiving case management services or other services from public or private agencies. If so, the initial service coordinator shall discuss options for collaboration with the parent and, if appropriate, obtain consent for the release of information for the purpose of collaboration with other case management services.

(e) All information provided to the parent shall be in the parent's dominant language or other mode of communication unless clearly not feasible to do so.

(f) All information obtained from the parent shall be confidential and may only be disclosed upon written consent, unless otherwise required or permitted to be disclosed by law.

(g) The initial service coordinator shall inform the family that services must be at no cost to parents and use of Medicaid and/or third-party insurance for payment of services is required under the Early Intervention Program.

(1) The service coordinator shall inform the parent that any deductible or co-payments will be paid by the municipality.

(2) The service coordinator shall inform the parent that use of third-party insurance for payment of early intervention services will not be applied against lifetime or annual limits specified in their insurance policy, if such policy is subject to New York State law and regulation.

(3) The service coordinator shall inform the parent that the municipality will not obtain payment from their insurer if the insurer is not prohibited from applying, and will apply, payment for early intervention services to the annual and lifetime limits specified in their insurance policy.

(h) The initial service coordinator must obtain, and parents must provide, information about the status of the family's third-party insurance coverage and Medicaid status and promptly notify the early inter-

vention official of such status, including:

- (1) Medicaid enrollment status and identification number, if any;
- (2) type of health insurance policy or health benefits plan, name of insurer or plan administrator, and policy or plan identification number;
- (3) type of coverage extended to the family by the policy; and
- (4) such additional information necessary for reimbursement.

(i) The service coordinator shall assist the parent in identifying and applying for benefit programs for which the family may be eligible, including:

- (1) the Medical Assistance Program;
- (2) Supplemental Social Security Income Program;
- (3) Physically Handicapped Children's Program;
- (4) Child Health Plus; and
- (5) Social Security Disability Income.

(j) The initial service coordinator shall review all options for evaluation and screening with the parent from the list of approved evaluators including location, types of evaluations performed, and settings for evaluations (e.g., home vs. evaluation agency). Upon selection of an evaluator by the parent, the initial service coordinator shall ascertain from the parent any needs the parent may have in accessing the evaluation.

(k) The initial service coordinator shall at the parent's request assist the parent in arrangement of the evaluation after the parent selects from the list of approved evaluators.

(l) If the parent has accessed an approved evaluator prior to contact by the initial service coordinator, the initial service coordinator shall contact the parent to assure that the parent has received information concerning alternative approved evaluators and ascertain from the parent any needs the parent may have in accessing the evaluation.

(m) Upon receipt of the results of the evaluation, the initial service coordinator may with the approval of the early intervention official and with parental consent, require additional diagnostic information regarding the condition of the child, provided that such information is not unnecessarily duplicative or invasive to the child according to guidelines of the Department of Health.

(1) Prior to obtaining written consent for additional diagnostic information, the initial service coordinator shall provide the parent with a written explanation which shall include:

- (i) diagnostic information requested;
- (ii) reasons for obtaining the information, and use of the information;
- (iii) location of diagnostic testing;
- (iv) source of payment and that no costs shall be incurred by the parent;
- (v) a statement that the information shall not be used to refute eligibility; and
- (vi) a statement that the meeting to formulate the Individualized Family Service Plan shall be held within the 45 day time limit.

(2) The initial service coordinator shall assist the parent in accessing the diagnostic testing as needed and desired by the parent.

(3) The initial service coordinator shall facilitate the parent understanding of the results of the diagnostic information, and with parent consent, incorporate this diagnostic information into the planning and formulation of the individualized family service plan.

(n) Upon the determination of a child as ineligible for early intervention services, the initial service coordinator shall inform the parent of the right to due process procedures as set forth in this Subpart.

(1) The initial service coordinator shall inform the parent of other services which the parent may choose to access and for which the child may be eligible and offer assistance with appropriate referrals.

(o) Upon determination of the child's eligibility for the early intervention program, the initial service coordinator shall discuss the Individualized Family Service Plan process with the parent and shall inform the parent:

(1) of the required participants in the individualized family service plan meeting and the parent's option to invite other parties;

(2) that the initial service coordinator may invite other participants, provided that the service coordinator obtains the parent's consent and explains the purpose of this person's participation;

(3) that inclusion of family assessment information is optional;

(4) that their priorities, concerns and resources shall play a major role in the establishment of outcomes and strategies among the parent, evaluator, service coordinator and early intervention official;

(5) of the opportunity to select an ongoing service coordinator, who may be different from the initial service coordinator, at the individualized family service plan meeting or at any other time after the formulation of the individualized family service plan;

(6) that the final decisions about the services to be provided to the child will be made by the parent and the early intervention official; and

(7) that services can be delivered in a range of settings such as an approved provider's facility, as well as a variety of natural environments, including the child's home, child care site or other community settings.

(p) The initial service coordinator shall assist the parent in preparing for the meeting to develop the individualized family service plan, including facilitating their understanding of the child's multidisciplinary evaluation and identifying their resources, priorities, and concerns related to their child's development.

(1) The initial service coordinator shall discuss with the parent the options for early intervention services and facilitate the parent's investigation of various options as requested by the parent.

Health

69-4.8 Evaluators and screening.

(a) Evaluations and Screening

(1) If the parent selects an approved evaluator prior to the designation of an initial service coordinator, the parent or evaluator shall immediately notify the early intervention official of such selection.

(i) The evaluator may begin the evaluation no sooner than four working days of the early intervention official's receipt of written notice from the parent or evaluator, unless otherwise approved by the initial service coordinator.

(ii) The evaluator shall obtain parental consent to conduct the evaluation prior to the initiation of the evaluation.

(2) A multidisciplinary evaluation shall be performed to determine the child's initial and ongoing eligibility for early intervention services and costs shall be reimbursed in accordance with this Subpart. The evaluator shall obtain informed parental consent to perform the evaluation and screening prior to initiating the evaluation procedures.

(i) The evaluator may, with parental consent, screen a child to determine what type of evaluation, if any, is necessary.

(a) A screening shall not be performed if the child is known to have a diagnosed condition with a high probability of developmental delay.

(ii) If available and appropriate for the child, standardized instruments with demonstrated reliability and validity and appropriate levels of sensitivity and specificity shall be used to perform the screening.

(iii) The parent shall be present during the performance of any screening procedure, unless the parent's circumstances prevent the parent's presence. The local social services commissioner or designee may be present at the screening of a child in his or her care and custody, or custody and guardianship, in lieu of a parent who elects not to participate.

(iv) Screeners shall discuss the results of the screening with the parent, facilitate the parent's understanding of the screening results and address any concerns identified by the parent.

(a) If the results of the screen indicate that an evaluation is not warranted, the evaluator and the parent may agree to conclude the evaluation process. Costs for such screening shall be reimbursed in accordance with this Sub-part.

(b) If the results of the screen indicate that an evaluation is warranted, the evaluator shall discuss with the parent the implications of the results for the child's evaluation, including composition of the multidisciplinary team.

(3) The multidisciplinary evaluation team shall include two or more qualified personnel from different disciplines who are trained to utilize appropriate methods and procedures, have sufficient expertise in child development, and at least one of whom shall be a specialist in the area of the child's suspected delay or disability.

(4) The multidisciplinary evaluation and assessment of the child shall be based on informed clinical opinion, employ age-appropriate instruments and procedures, and include the following:

(i) an evaluation of the child's level of functioning in each of the following developmental domains: cognitive development; physical development, including vision and hearing; communication development; social or emotional development; and adaptive development;

(a) the evaluation of the child's physical development shall include a health assessment including a physical examination, routine vision and hearing screening and, where appropriate, a neurological assessment, except when:

(1) a physical examination has occurred within sufficient recency (as

determined by the child's age and commonly accepted examination schedules, such as those recommended by the American Academy of Pediatrics and/or NYS Child/Teen Health Plan), and documentation of such examination is available; and

(2) no indications are present which suggest the need for reexamination (e.g., rapid regression in developmental status);

(ii) with parental consent, a review of pertinent records related to the child's current health status and medical history;

(iii) a parent interview about the family's resources, priorities, and concerns related to the child's development and about the child's developmental progress. With the consent of the parent, an interview of other family members or individuals who have pertinent knowledge about the child's development may also be conducted. Information about the child's developmental progress may be gathered from the local social services commissioner, unless the parent objects, regarding children in his or her care and custody or custody and guardianship;

(iv) an assessment of the unique needs of the child in each developmental domain, including the identification of services appropriate to meet those needs. The evaluator should avoid making recommendations regarding frequency and duration of specific services until such time as the family's total priorities, concerns and resources have been assessed and the total plan for services under the IFSP is under discussion; and

(v) an evaluation of the transportation needs of the child, which shall include:

(a) parental ability or inability to provide transportation;

(b) the child's special needs related to transportation; and

(c) safety issues/parental concerns related to transportation.

(5) With written parental consent, the evaluator may use findings from other current examinations, evaluations, or assessments, and health assessments performed for the child, including those conducted prior to initiation of the multidisciplinary evaluation, provided that:

(i) such procedures were performed in a manner consistent with the procedures set forth in this subdivision;

(ii) such findings are used to augment and not replace the multidisciplinary evaluation to determine eligibility;

(iii) no indications are present which suggest the need to repeat such procedures (e.g., the strengths/needs of the child have changed sufficiently to warrant re-examination); and

(iv) where feasible, consultation with the professional(s) who performed such procedures is sought.

(6) The multidisciplinary evaluation shall be conducted in a professional, objective manner and shall: consider the unique characteristics of the child; employ appropriate instruments and procedures; include informed clinical opinion and observations; and use several sources and types of information about the child, including parent perceptions and observations about their child's development.

(i) Evaluators shall, in conjunction with informed clinical opinion, utilize a standardized instrument or instruments approved by the Department to be used when conducting multidisciplinary evaluations. The evaluator shall provide written justification in the evaluation report why such instrument or instruments are not appropriate or if an instrument is not available for the child, if the evaluator does not utilize an instrument approved by the Department as part of the multidisciplinary evaluation of a child.

(ii) The evaluation procedures, including clinical observation, shall be conducted in an environment appropriate to the unique needs of the child and conducive to ensuring accuracy of results, with consideration given to the preference of the parent. Such settings may include struc-

tured (e.g., clinic or office), unstructured (e.g., play room), and natural settings (e.g., the child's home).

(7) The child's parent shall have the opportunity to be present and participate in the performance of evaluation and assessments, unless the parent's circumstances prevent the parent's presence.

(8) The parent shall have the opportunity to engage in the family assessment process with the evaluation team.

(i) Family assessments shall be family-directed and designed to determine the resources, priorities and concerns of the family related to enhancement of the child's development. Family assessments shall be voluntary on the part of the family.

(a) If the family assessment is carried out, the assessment must:

(1) be conducted by qualified personnel trained to utilize appropriate methods and procedures;

(2) be based on information provided by the family through a personal interview;

(3) incorporate the family's description of its resources, priorities, and concerns related to enhancing the child's development; and

(4) be completed within a sufficient timeframe to enable convening of the individualized family service plan meeting within 45 days from the date of referral.

(9) Results of the child's evaluation and assessment shall be fully shared with the parent following the completion of evaluation and assessments, in a manner understandable to the parent.

(i) The evaluation team shall prepare an evaluation report and written summary and submit the summary and the report, to the following individuals as soon as practicable subsequent to the evaluation and within a sufficient timeframe to enable convening of the Individual Family Service Plan meeting within 45 days of the date that the early intervention official received the referral: the parent, early intervention official, and initial service coordinator; and with parental consent, the child's primary health care provider and the local social services commissioner or designee for those children in the care and custody or custody and guardianship of the local social services commissioner.

(ii) Components of the evaluation report and summary shall include identification of the persons performing the evaluation and assessment, a description of the assessment process and conditions, the child's response, the family's belief about whether the child's response was optimal, measures and/or scores that were used, and an explanation of these measures and/or scores.

(iii) The evaluation report and summary shall include a statement of the child's eligibility, including diagnosed condition with a high probability of delay, if any, and/or developmental delay in accordance with section 69-4.23(a) of this Subpart. Such statement shall describe the child's developmental status including objective and qualitative criteria in sufficient detail to demonstrate how the child meets the eligibility criteria for the program in accordance with criteria set forth in 69-4.23 of this subpart.

(iv) The parent shall have the opportunity to discuss the evaluation results, with the evaluators or designated contact, including any concerns they may have about the evaluation process; and to receive assistance in understanding these results, and ensure the evaluation has addressed their concerns and observations about their child.

(v) To the extent feasible and within the parent's preference and consent regarding disclosure to the interpreter, and within confidentiality requirements, the written and oral summary shall be provided in the dominant language or other mode of communication of the parent.

(10) If a parent requests a second evaluation or component of the evaluation at public expense, the early intervention official shall

authorize a second evaluation or component, if he/she deems it necessary and appropriate, and shall document the cause. Costs for such evaluation authorized by the early intervention official shall be reimbursed in accordance with this Sub-part.

(11) If a child is determined ineligible for services, including determinations that second evaluations or components of evaluations are not necessary or appropriate, the parent may exercise his or her right to mediation or a hearing. However, the parent may not initiate an action regarding ineligibility for early intervention services until all evaluations and assessments are completed and a determination of ineligibility has been made.

(12) With parental consent, certain evaluation and assessment procedures may be performed or repeated and costs may be reimbursed as a supplemental evaluation in accordance with this Sub-part, if deemed necessary and appropriate by the early intervention official, in conjunction with the required annual evaluation of the individualized family service plan, or more frequently under the following conditions:

(i) an observable change in the child's developmental status indicates the need for modification of the individualized family service plan or a change in eligibility status; and

(ii) the parent, early intervention official or service coordinator, or service provider(s) requests a re-assessment at the six month review of the individualized family service plan.

(13) After a child's initial multidisciplinary evaluation, any supplemental evaluations must be stated in the child's individualized family service plan, and must include the type of supplemental evaluation, and the date and evaluator if known.

(14) Nondiscriminatory evaluation and assessment procedures shall be employed in all aspects of the evaluation and assessment process.

(i) Responsiveness to the cultural background of the family shall be a primary consideration in all aspects of evaluation and assessment.

(a) Tests and other evaluation materials and procedures shall be administered in the dominant language or other mode of communication of the child, unless it is clearly not feasible to do so.

(ii) No single procedure or instrument may be used as the sole criteria or indicator of eligibility.

(15) An evaluation or assessment shall not include a reference to any specific provider of early intervention services.

Health

69-4.9 Standards for the provision of services.

(a) For purposes of this section, early intervention providers includes all approved agencies and individuals and early intervention program services means service coordination, evaluations, and early intervention services.

(b) On or before September 1, 2010 and thereafter, all approved providers shall comply with the criteria set forth in paragraph (4) of section 69-4.5(a).

(c) Each municipality shall ensure that the early intervention program services contained in Individualized Family Service Plans are provided to eligible children and their families who reside in such municipality and may contract with approved providers of early intervention program services for such purpose. Municipalities shall make reasonable efforts to ensure that early intervention program services contracted for are delivered in a manner that protects the health and safety of eligible children, in accordance with this subpart and with standards and procedures on health, safety, and sanitation developed by the Department for the Early Intervention Program.

(1) If an early intervention official reasonably believes that the early intervention provider is out of compliance with this subpart and/or with the Department's standards and procedures on health, safety, and sanitation, 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.

(2) Upon the taking of such action by the municipality, the early intervention official shall immediately notify the Department, for purposes of the initiation of an investigation which may result in the suspension, limitation or revocation of the early intervention service provider in accordance with procedures set forth in Section 69-4.24 of this Subpart.

(i) The Department shall notify all early intervention officials in the catchment area of the provider that an investigation has been initiated.

(d) All early intervention providers shall ensure that early intervention program services are delivered in a manner that protects the health and safety of eligible children. Early intervention providers shall:

(1) comply with standards for health, safety, and sanitation issued by the Department for the early intervention program, and for early intervention providers who are otherwise required to be approved by another state agency to deliver health or human services, complying with health, safety and sanitation standards issued by such other agency;

(2) ensure that only those individuals who are qualified in accordance with section 69-4.1(ak) or 69-4.4, as applicable, deliver such services to eligible children and their families.

(3) protect the health, safety, and welfare of eligible children during delivery of early intervention services, including with respect to and as applicable:

(i) direct supervision of and interaction with children during the delivery of services;

(ii) infection control;

(iii) handling of food;

(iv) illness;

(v) equipment, materials, or other items used during service delivery; and

(vi) delivery of services in physical environments that protects the health and safety of children during service delivery.

(e) If the provider delivers services in a physical site or setting which is rented, leased, owned, or otherwise managed or operated by the provider, including a provider's home or private office, the provider shall maintain such physical site or setting in a manner that ensures a safe environment for eligible children and their families in accordance with this subpart, applicable State and local codes, including municipal fire codes, and standards for health, safety, and sanitation issued by the Department for the Early Intervention Program. Providers subject to this paragraph shall ensure that the physical site or setting where services are delivered protects the health and safety of early intervention program children with respect to:

- (i) sanitation;
- (ii) handling of medications and food;
- (iii) illness, injury, or emergencies, including allergic reactions; and,
- (iv) its outdoor environment.

(f) The department and early intervention officials shall make reasonable efforts to ensure that early intervention program services delivered to eligible infants and toddlers:

- (1) are family-centered, including parents in all aspects of their child's services and in decisions concerning the provisions of services;
- (2) use a child development emphasis in intervention strategies, incorporating quality child development practices with necessary adaptations to enhance the eligible child's development;
- (3) use an individualized approach for both children and their families, including consideration and respect for cultural, lifestyle, ethnic, and other individual and family characteristics; and
- (4) use a team approach that is multidisciplinary, interdisciplinary, or transdisciplinary, including the expertise of all appropriate qualified personnel.

(g) Providers of early intervention program services shall:

(1) provide early intervention program services to an eligible child and family as authorized by the early intervention official and in conformance with the child's and family's individualized family service plan.

(2) provide timely notification of any changes in the provider's ability to deliver early intervention program services to the child and family in conformance with the individualized family service plan.

(i) Providers shall make reasonable efforts to notify the child's parent within a reasonable period prior to the date and time on which a service is to be delivered, of any temporary inability to deliver such service due to circumstances such as illness, emergencies, hazardous weather, or other circumstances which impede the provider's ability to deliver the service.

(ii) Providers shall notify the child's parent and service coordinator at least five (5) days prior to any scheduled absences due to vacation, professional activities, or other circumstances, including the dates for which the provider will be unable to deliver services to the child and family in conformance with the individualized family service plan and the date on which services will be resumed by such provider.

(a) Missed visits may be rescheduled and delivered to the child and family by such provider, as clinically appropriate, agreed upon by the parent and in conformance with the child's and family's IFSP.

(iii) Providers shall notify the child's service coordinator and early intervention official of the intent to permanently cease the delivery of early intervention program services to an individual child and the child's family, for any reason, at least thirty days prior to the date on which the provider intends to cease providing services.

(3) Consult with parents, other service providers (including primary

health care providers; family day care homes, and day care centers), and representatives of appropriate community agencies to ensure the effective provision of services.

(4) Provide support, education, and guidance to parents and other caretakers (including other family members, family day care, and day care centers) regarding the provision of those services.

(5) Participate in the multidisciplinary team's assessment of a child and the child's family and in the development of integrated goals and outcomes for the Individualized Family Service Plan.

(6) Maintain and make available to the municipality and the Department upon request, complete financial records and clinical documentation related to the provision of early intervention services including such information and documentation as necessary to support municipal billing to third party payors (including the medical assistance program) and the State, and to permit a full fiscal audit by appropriate State and municipal authorities.

(7) Maintain records in accordance with section 69-4.17(a) of this subpart that document the performance of activities required to be completed by the provider on behalf of an eligible child and the child's family.

(h) To the maximum extent appropriate to the needs of the child, early intervention services shall be provided in natural environments.

(i) The use of aversive intervention in any form is strictly prohibited when providing early intervention program services to an eligible child. For purposes of this section, aversive intervention means an intervention that is intended to induce pain or discomfort to a child for the purpose of modifying or changing a child's behavior or eliminating or reducing maladaptive behaviors, including but not limited to the following:

(1) contingent application of noxious, painful, intrusive stimuli or activities;

(2) any form of noxious, painful, or intrusive spray (including water or other mists), inhalant, or tastes;

(3) contingent food programs that include the denial or delay of the provision of meals or intentionally altering staple food or drink to make it distasteful;

(4) movement limitation used as punishment, including but not limited to helmets and mechanical restraint devices;

(5) physical restraints;

(6) blindfolds; and,

(7) white noise helmets and electric shock.

(8) Aversives do not include such interventions as voice control, limited to loud, firm commands; time-limited ignoring of a specific behavior; positive reinforcers such as small amounts of food used as a reward for successful completion of a clinical task or token fines as part of a token economy system; brief physical prompts to interrupt or prevent a specific behavior; or interventions prescribed by a physician for the treatment or protection of the child.

(9) Nothing in this subsection shall preclude the use of behavior management techniques to prevent a child who is undergoing episodic behavioral or emotional disturbance from seriously injuring him/herself or others. Emergency physical interventions may be used to prevent a child from seriously injuring him/herself or others. Such interventions, which shall not include mechanical restraints, shall be used only in situations in which alternative procedures and methods not involving the use of physical force cannot reasonably be employed to prevent or minimize injury and shall only be used for as long as the duration of the

incident. Emergency physical interventions shall not be used as a punishment or as a substitute for systematic behavioral interventions

that are designed to change, replace, modify or eliminate a targeted behavior. Staff who may be called upon to implement emergency physical interventions shall be provided with appropriate training in safe and effective physical restraint procedures. Emergency physical interventions shall be included in a behavior management plan that is developed by qualified personnel with appropriate expertise and documented in the child's record to address persistent, ongoing behavior which is injurious to the child or others.

(i) The behavior management plan shall be in writing and signed by the parent.

(ii) The plan shall be developed in concert with the child's family and providers of early intervention services and with parent consent and other clinical experts as needed;

(iii) The child shall be at significant physical risk (injury, malnutrition, or other physical harm).

(iv) A medical evaluation shall be conducted to address medical conditions.

(v) The plan shall be a result of a thorough assessment of cause or behavioral functions.

(vi) The plan shall include positive strategies to reduce or prevent the occurrence of the behavior including building replacement behaviors, when planned physical restraint is involved;

(vii) The plan shall be based on positive reinforcement approaches, where contingent food programs are involved.

(viii) The plan shall be implemented by appropriately trained individuals.

(ix) The parent shall have the right to revoke approval of the plan at any time, and request that a new behavior management plan be developed in accordance with the requirements of this subsection.

Health

69-4.10 Service model options.

(a) The Department of Health, State early intervention service agencies, and early intervention officials shall make reasonable efforts to ensure the full range of early intervention service options are available to eligible children and their families.

(1) The following models of early intervention service delivery shall be available:

(i) home and community based individual/collateral visits: the provision by appropriate qualified personnel of early intervention services to the child and/or parent or other designated caregiver at the child's home or any other natural environment in which children under three years of age are typically found (including day care centers and family day care homes);

(ii) facility-based individual/collateral visits: the provision by appropriate qualified personnel of early intervention services to the child and/or parent or other designated caregiver at an approved early intervention provider's site;

(iii) parent-child groups: a group comprised of parents or caregivers, children, and a minimum of one appropriate qualified provider of early intervention services at an early intervention provider's site or a community-based site (e.g. day care center, family day care, or other community settings);

(iv) group developmental intervention: the provision of early intervention services by appropriate qualified personnel to a group of eligible children at an approved early intervention provider's site or in a community-based setting where children under three years of age are typically found (this group may also include children without disabilities); and

(v) family/caregiver support group: the provision of early intervention services to a group of parents, caregivers (foster parents, day care staff, etc.) and/or siblings of eligible children for the purposes of:

(a) enhancing their capacity to care for and/or enhance the development of the eligible child; and

(b) providing support, education, and guidance to such individuals relative to the child's unique developmental needs.

Health

69-4.11 Individualized family service plan

(a) Individualized Family Service Plan (IFSP) Participation

(1) If the evaluator determines that the infant or toddler is an eligible child, the early intervention official shall convene a meeting within 45 days of the receipt of the child's referral, to develop the initial IFSP, except under exceptional circumstances, including illness of the child or parent.

(2) The meeting shall consist of the following individuals:

(i) the parent;

(ii) the early intervention official;

(a) if the early intervention official is unable to attend the meeting, arrangements may be made for his or her participation via conference call

(iii) the evaluator;

(a) if the evaluator is unable to attend the meeting, arrangements must be made for the evaluator's involvement in the meeting, by participating in a telephone conference call, having a knowledgeable authorized representative attend the meeting, or making pertinent records available at the meeting;

(iv) the initial service coordinator; and

(v) any other persons, such as the child's primary health care provider, or child care provider, who the parent or the initial service coordinator, with the parent's consent, invite.

(3) The following individuals may also participate in the meeting as appropriate:

(i) an advocate or person outside of the family, if the parent requests that person to participate;

(ii) persons who may be providing services to the child or family; and

(iii) the local social services commissioner for children in the care and custody or custody and guardianship of such commissioner.

(4) The IFSP meeting must be conducted:

(i) in settings and at times that are convenient to the parent; and

(ii) in the dominant language of the parent or other mode of communication used by the parent, unless it is clearly not feasible to do so.

(5) Meeting arrangements must be made with, and written notice provided to, the family and other participants early enough before the meeting date to ensure that they will be able to attend.

(i) The notice to the child's parent of the IFSP meeting shall also inform the parent of the following:

(a) parents are required to furnish their social security numbers and the social security number of their child to the early intervention official, in accordance with subdivision four of section 2552 of the Public Health Law, for purposes of administration of the Early Intervention Program;

(b) parents shall provide their social security numbers and the social security number for their child at the time of the IFSP meeting; and,

(c) social security numbers of the child and parent will be maintained in a confidential manner, will be used solely for the purpose of administration of the Early Intervention Program, and will not be re-disclosed to any party other than the Department.

(6) The early intervention official, initial service coordinator, parent, and evaluator or designated contact from the evaluation team shall jointly develop an IFSP for a parent who requests services.

(7) If the early intervention official and the parent agree on the initial or subsequent IFSPs, the IFSP shall be deemed final and the ongoing service coordinator shall be authorized to implement the plan.

(i) The early intervention official shall request, and the parent

shall supply, the parent's social security number and the social security number for their child at the time of the IFSP meeting; provided, however that if the parent refuses to furnish such information to the early intervention official, early intervention services contained within the IFSP must still be provided and such refusal by the parent shall be documented in the child's record.

(8) The contents of the IFSP must be fully explained to the parent and informed written consent from the parent must be obtained prior to the provision of early intervention services described in the plan. If the parent does not provide consent with respect to a particular early intervention service, or withdraws consent after first providing it, that service may not be provided. The early intervention services to which parental consent is obtained must be provided.

(9) If the early intervention official and the parent do not agree on an IFSP, the service coordinator shall implement the sections of the proposed IFSP that are not in dispute, and the parent may exercise his or her due process rights to resolve the dispute.

(10) The IFSP shall be in writing and include the following:

(i) a statement, based on objective criteria, of the child's present levels of functioning in each of the following domains: physical development, including vision and hearing; cognitive development; communication development; social or emotional development; and adaptive development;

(ii) a physician's or nurse practitioner's order pertaining to early intervention services which require such an order and which includes a diagnostic statement and purpose of treatment;

(iii) with parental consent, a statement of the family's strengths, priorities and concerns that relate to enhancing the development of the child;

(iv) a statement of the measurable results or measurable outcomes expected to be achieved for the child and the family, including timelines, and the criteria and procedures that will be used both to determine whether progress toward achieving the outcomes is being made and whether modifications or revisions of the outcomes or services is necessary;

(v) a statement of specific early intervention services based on peer-reviewed research, to the extent practicable, including transportation and the mode thereof, necessary to meet the unique strengths and needs of the child and the family, including the frequency, intensity, length, duration, location and the method of delivering services. If ABA services using ABA aides are to be provided to the child, the IFSP shall specify the number of hours of intervention to be delivered by such aides in accordance with section 69-4.25 of this subpart. For purposes of this subparagraph frequency, intensity, length, duration, location and method shall be defined as follows:

(a) frequency shall mean the number of days or sessions the service will be provided;

(b) intensity shall mean whether the service is provided on an individual or group basis in accordance with the service model option in section 69-4.10 and reimbursed in accordance with 69-4.30 of this subpart;

(c) length shall mean the number of minutes of actual time spent delivering services during each session

(d) duration shall mean the start date and end date the service is to be provided;

(e) location shall mean the actual place or places where the service will be delivered;

(f) method shall mean how a service is provided; and,

(vi) a statement of the natural environments in which early intervention services shall appropriately be provided, including, if applicable, a justification of the extent, if any, to which early intervention services will not be provided in a natural environment;

(a) The determination of the appropriate setting for providing early intervention services to an infant or toddler with a disability must be:

(1) made by the participants of the IFSP meeting, including the parent;

(2) consistent with the definition of natural environment in section 69-4.1(a) of this subpart; and,

(3) based on the child's outcomes that are identified by the IFSP meeting participants.

(4) If the IFSP meeting participants together determine that a particular early intervention service is to be delivered at a location that is not the natural environment for the child or service, the IFSP shall set forth in detail the justification for not delivering the service in a natural environment.

(vii) when the child is in day care and when appropriate, a plan for qualified professionals to train the day care provider to accommodate the needs of the child;

(viii) a statement of other services, including medical services, that are not required under this program but are needed by the child and the family and the payment mechanism for these services (listing of non-required services does not constitute responsibility for payment of those services on the part of the municipality);

(ix) a statement of other public programs under which the child and family may be eligible for benefits, and a referral, where indicated;

(x) the projected dates for initiation of services as soon as possible after the IFSP meeting and the anticipated duration of these services;

(xi) the name of the ongoing service coordinator, who may be different from the initial service coordinator, selected by the parent who will be responsible for the implementation of the IFSP and coordination with other agencies, services and persons;

(xii) if applicable, a statement of any supplemental evaluations, including the type, and the date and evaluator if known; and

(xiii) if applicable, the steps to be taken supporting the potential transition of the toddler with a disability to services provided under section 4410 of the Education Law, or to other services, including:

(a) discussions with and education of parents regarding potential options and other matters related to the child's transition, including:

(1) the early intervention official shall notify the Committee on Preschool Special Education (CPSE) of the local school district in which the child resides of the child's potential transition for services under section 4410 of the Education Law, unless the parent objects to such notification orally or in writing. The early intervention official shall explain to the parent the procedures by which the parent may object to notification of the CPSE of the child's potential transition and the deadline for such objection;

(2) if the child is potentially eligible for services under section 4410 of the Education Law, the parent must timely refer, or provide consent for the early intervention official to refer, the child to the CPSE of the local district in which the child resides for an evaluation to determine the child's eligibility for such services;

(3) the child's eligibility for services under section 4410 of the Education Law must be determined by the CPSE prior to the child's third birthday in order to continue receiving services in the early intervention program after the child's third birthday. If the CPSE has not made a determination of eligibility prior to the child's third birthday,

early intervention services will end the day before the child turns

three years of age;

(4) the requirement for the early intervention official to convene, with the approval of the parent, a conference among the service coordinator, the parent, and the chair or designee of the CPSE at least 90 days before the child's third birthday, or the date on which the child is eligible for services under section 4410 of the Education Law to review the child's program options and establish a transition plan if that date is earlier than the child's third birthday; and,

(5) with parental consent, such conference may be combined with:

(a) the initial meeting of the CPSE, provided that the combined conference and meeting are convened within timeframes specified in section 69-4.20(b) of this subpart; or

(b) the IFSP review meeting that occurs closest to the child's second birthday. Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to, and function in, a new setting;

(c) with parental consent, procedures to prepare program staff or individual qualified personnel who will be providing services to the child to facilitate a smooth transition;

(d) with parental consent, the transmission of information about the child to the committee on preschool special education, to ensure continuity of services, if appropriate, including evaluation and assessment information or a copy of the individualized Family Service Plan; and,

(e) identification of transition services and other activities that the IFSP participants determine are necessary to support the transition of the child.

(b) The IFSP shall be reviewed at six month intervals and shall be evaluated annually to determine the degree to which progress toward achieving the outcomes is being made and whether or not there is a need to amend the IFSP to modify or revise the services being provided or anticipated outcomes. Upon request of the parent, or if conditions warrant, the IFSP may be reviewed at more frequent intervals.

(1) IFSP reviews shall be conducted by an in-person meeting or other means agreed to by the parent which may include a telephone or video conference call or record review and written correspondence.

(2) An IFSP meeting shall be conducted at least annually to evaluate the IFSP for the child and the child's family, and, as appropriate, to revise its provisions. The results of any current evaluations conducted under section 69-4.8 of this Subpart and any other information available from the ongoing assessment of the child and family, must be used in determining the services that are needed and will be provided.

(3) The annual meeting to evaluate the IFSP and six month reviews must include the individuals listed in paragraph (a)(2) of this section as participants.

(i) If the evaluator is unable to attend the meeting, arrangements must be made for the evaluator's involvement in the meeting, including participating in a telephone conference call; having a knowledgeable authorized representative attend the meeting; or making pertinent records available at the meeting.

(4) When a request is made to review an IFSP prior to the six-month review period, for the purposes of increasing the frequency or duration of an approved service, including service coordination, the early intervention official may require an additional multidisciplinary evaluation or supplemental evaluation at public expense by an approved evaluator other than the current provider of service, with parent consent. The early intervention official may consider parent input when selecting the evaluator.

(5) If the parent does not consent to the evaluation or partial evaluation, the early intervention official may determine that an increase in

frequency or duration of an approved service is not warranted and may deny such request. A parent who disagrees with the determination of the early intervention official shall have the due process rights set forth in section 2549 of the Public Health Law.

(c) Interim services

(1) The initial service coordinator shall inform the parent of the availability of interim services for the child and/or family in immediate need of early intervention services.

(2) Interim early intervention services for an eligible child and the child's family may commence before the completion of the evaluation and assessment, if the following conditions are met:

(i) parental consent is obtained;

(ii) the parent and the early intervention official agree to an interim IFSP that includes:

(a) the name of a service coordinator who will be responsible for implementation of the interim IFSP and coordination with other agencies and persons;

(b) a physician's or nurse practitioner's order pertaining to those early intervention services which require such an order and which includes a diagnostic statement and purpose of treatment; and

(c) the early intervention services needed immediately by the child and the child's family, including the location, frequency, and intensity and providers of such services.

(iii) the evaluation and assessment are completed and an individualized family service plan meeting is convened within 45 days of referral to the early intervention official.

(3) The costs that an approved provider of early intervention services incurs in providing such interim services shall be approved costs to the extent they are otherwise consistent with Section 2555 of the Public Health Law.

Health

69-4.12 Monitoring of approved service providers (including evaluators, service providers and service coordinators).

(a) Programmatic monitoring. For purposes of this section, approved service providers means municipalities, incorporated entities, sole proprietorships, partnerships, State-operated facilities and individual qualified personnel approved by a State early intervention service agency to deliver service coordination services, evaluations, and/or early intervention services.

(1) Approved service providers shall be monitored on an annual basis by their approving State early intervention service agency.

(i) State early intervention service agencies shall monitor approved service providers in accordance with these regulations and applicable federal law and regulations and shall report annually to the Department on monitoring activities, including the status of any corrective action plans, and technical assistance activities directed at providers of early intervention services.

Monitoring procedures may include:

- (a) institution of reporting requirements;
- (b) provision of technical assistance in the development and implementation of self-assessment and internal quality control procedures;
- (c) corrective action plans where appropriate; and,
- (d) verification of correction of non-compliance within one year of a finding of non-compliance.

(2) Approved service providers may be monitored by municipalities with which they have entered into a contract to deliver service coordination services, evaluations, and/or early intervention services in accordance with Early Intervention Program regulations and/or terms of the municipal contract.

(3) Whenever feasible and appropriate, State early intervention service agencies and municipalities shall jointly conduct monitoring activities.

(i) By October 1st of each year, State early intervention service agencies shall determine and inform the Department of Health of monitoring activities to be conducted during the Federal fiscal year, including a site visit schedule which identifies the approved providers under their approval authority which will receive a site visit during that Federal fiscal year.

(4) Monitoring activities, including site visits, may include the following components:

- (i) a sample review of records, including Individualized Family Service Plans;
- (ii) interviews with personnel responsible for the administration and provision of early intervention services;
- (iii) review of status of licensure, certification, or registration;
- (iv) review of organizational structure and staffing patterns, including supervision of personnel and participation of personnel in in-service training;
- (v) a review of compliance with these regulations;
- (vi) a review of internal quality assurance procedures (e.g., mechanisms for parent involvement in planning and evaluation of service delivery);
- (vii) review of information or gathering of information about parent experiences and satisfaction with service delivery, (e.g., exit interviews with parents, parent satisfaction questionnaires, etc.);
- (viii) where applicable and practicable, observation of the delivery of early intervention services and interviews with families; and
- (ix) where applicable, a review of the status of any corrective action

plans for any previously identified deficiencies.

(x) verification of correction of previously identified deficiencies and non-compliance.

(b) An initial site visit shall be conducted within one year of approval by a state early intervention service agency of a newly incorporated service entity or other incorporated service entity which has not been previously involved in the delivery of services to eligible children and their families. Such site visits shall be conducted by the approving state early intervention agency.

(c) Fiscal auditing. For purposes of this section, approved service providers means incorporated entities, sole proprietorships, partnerships, state-operated facilities and individual qualified personnel approved by a state early intervention service agency to deliver service coordination services, evaluations, and/or early intervention.

(1) Each municipality may conduct an audit of approved service providers under contract to deliver service coordination services, evaluations, and/or early intervention services. The municipality shall submit the results of any such audit to the Commissioner for review and, if warranted, adjustments in State aid reimbursement, as well as for recovery by the municipality of its share of any disallowances identified in such audit.

(i) All audits will be based upon these and other applicable regulations and generally accepted accounting principles.

(ii) Audits may include a comprehensive review of all financial records and related documentation.

(2) The early intervention official shall have the ability to perform, or cause to be performed, a fiscal audit of approved service providers under contract with the municipality and located in another municipality, provided that:

(i) prior to initiation of such audit, the early intervention official ascertains that neither the State nor the municipality where services are being delivered has performed or intends to perform such an audit within six months;

(ii) a full fiscal audit is performed;

(iii) where appropriate, the auditing is performed in conjunction with the approving State early intervention service agency to avoid unnecessary duplication of auditing procedures;

(iv) results of the audit shall be made available upon request of any other municipality making payments under the Early Intervention Program to the approved evaluator, service provider or service coordinator; and

(v) no other municipality may conduct an additional audit for the time period specified above.

Effective Date: 11/05/1997

Title: Section 69-4.13 - Local early intervention coordinating councils

69-4.13 Local early intervention coordinating councils.

(a) A local early intervention coordinating council shall be established in each municipality and shall consist of the following members appointed by the early intervention official:

- (1) at least four parents of children with disabilities age birth through twelve years of age;
- (2) at least three public or private providers of early intervention services;
- (3) at least one child care provider or representative of child care providers;
- (4) the chief executive officers or their designees of the municipalities' departments of social services, health and mental hygiene; and, a representative from the local developmental disabilities services office; and
- (5) a representative from one or more committees on preschool special education of local school districts in the municipality.

(b) If membership requirements cannot be reasonably met, the early intervention official may submit a written request to the Commissioner for a waiver of such requirements.

(c) The local early intervention coordinating council shall meet, in open forum accessible to the general public preferably quarterly, but in no event less than every six months. The early intervention official shall ensure appropriate public notice of the meeting, which shall include its purpose, date, time, and location. The notice shall be within a sufficient time period prior to the meeting to enable public participation.

(d) The local early intervention coordinating councils shall advise their early intervention officials regarding:

- (1) the planning for, delivery and evaluation of the early intervention services for eligible children and their families, including methods to identify and address gaps in services;
- (2) the identification of service delivery reforms necessary to promote the availability of early intervention services within natural environments;
- (3) the coordination of public and private agencies;
- (4) such other matters relating to early intervention policies and procedures within the municipality as are brought to its attention by parents, providers, public agencies, or others.

(e) The council will report annually to the early intervention official on the adequacy of the early intervention system to ensure the availability of family centered, coordinated services; and interface with other existing planning bodies that serve like populations.

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Health

69-4.14 Reporting.

(a) Early intervention officials shall report to the Department of Health such data as the Department may require.

(1) The early intervention official, in conjunction with the local early intervention coordinating council, shall annually and upon request submit a report to the Department and the Early Intervention Coordinating Council on the status of the program within the municipality including gaps in services and methods to address these gaps.

(b) Approved early intervention evaluators, service providers, and service coordinators will provide to early intervention officials all the data necessary to complete required reports in a timely manner.

Health

69-4.15 Children in care.

(a) Definitions. The following terms shall have the following meanings:

(1) foster child shall mean a child in the care, custody or guardianship of a commissioner of a local social services district;

(2) homeless child shall mean a child placed in a hotel, motel, shelter, or other temporary housing arrangement by a social services district because of the unavailability of permanent housing;

(3) municipality of current location shall mean a municipality in which a child lives which is different from the municipality in which a child or such child's family lived at the time a social services district assumed responsibility for the placement of such child or family or at the time the child was admitted for care or treatment in a facility licensed or operated by a State agency other than the Department of Health;

(4) municipality of residence shall mean the municipality in which a child or such child's family lived at the time the local social services district assumed responsibility or custody for such child or family or at the time the child was admitted for care or treatment in a facility licensed or operated by a State agency other than the Department of Health; and

(5) child in residential care shall mean an infant or toddler living in a residential facility licensed or operated by a State agency. For the purposes of subdivisions (b), (c) and (d) of this section, a child in residential care shall be deemed a homeless child.

(b) Evaluation and IFSP responsibility. The municipality of current location of a foster child or homeless child shall be responsible for the evaluation and IFSP procedures prescribed for an infant or toddler suspected of having a disability. For reimbursement purposes, the municipality of current location shall identify to the Commissioner of Health each eligible foster child or homeless child. The municipality of current location of such child shall also transmit a copy of the IFSP and cost of service of such child to the municipality of residence.

(c) Contract and payment responsibility. The municipality of current location shall be the municipality of record for an eligible foster child or homeless child, provided that the State shall reimburse one hundred percent of the approved costs paid by such municipality which shall be offset by the local contribution.

(d) Local contribution. The municipality of residence shall be financially responsible for the local contribution in the amount of fifty percent of the approved costs.

Health

69-4.16 Parents, persons in parental relation and surrogate parents.

(a) The early intervention official shall make every effort to protect the right of parents, which includes persons in a parental relation, to make decisions about a child's receipt of early intervention services..

(b) Where the parent's availability to the child is limited due to life circumstances, including residing far from their child or the parent is residing in an institution, or the child's placement in the care and custody of the local social services commissioner, the early intervention official shall, as appropriate, facilitate the parent's involvement in early intervention services.

(c) The early intervention official shall be responsible for the determination of the need for a surrogate parent for eligible or potentially eligible children and make reasonable efforts, including contacting persons who might have information concerning the parent, or visit and/or send letters via regular and certified mail to addresses at which the parent may have lived, to discover the whereabouts of a parent before appointing a surrogate.

(1) The early intervention official shall establish agreements with local social service districts, Family Court and other relevant public agencies regarding procedures which will be used to identify eligible or potentially eligible children in need of surrogate parents.

(2) Upon receipt of a referral of an eligible or potentially eligible child who is in the care and custody or custody and guardianship of the local commissioner of social services, the early intervention official, in consultation with the local commissioner of social services or designee, shall determine the availability of the parent.

(3) In the event that the child is a ward of the State, or in the care and custody of the local social services commissioner, and his or her parents by birth or adoption are unavailable and the child has no person in parental relation, the early intervention official shall consult with the local commissioner of social services with care and custody or custody and guardianship of the child to promptly appoint a surrogate parent.

(d) The early intervention official shall appoint a qualified surrogate parent for any eligible or potentially eligible child when the child is a ward of the State, or when the child is not a ward of the State but his or her parents by birth or adoption are unavailable, after reasonable efforts to facilitate their participation and the child has no person in parental relation.

(e) The early intervention official shall allow an available birth parent or adoptive parent to voluntarily appoint a surrogate parent upon written consent.

(f) The early intervention official shall select a surrogate parent who is qualified and willing to serve in such capacity and who:

(1) has no interest that conflicts with the interests of the child;

(2) has knowledge and skills that ensure adequate representation of the child;

(3) if available and appropriate, is a relative who has an ongoing relationship with the child or a foster parent with whom the child resides;

(4) is not an employee of any agency involved in the provision of early intervention or other services to the child, provided however that a person who otherwise qualifies to be a surrogate parent is not considered an employee solely because he or she is paid by a public agency to serve as a surrogate parent; and

(5) has been selected, for any child who is a ward of the state or for any child whose parent is unavailable and who is in the care and custody

of the local social services commissioner, in consultation with the local commissioner of social services or designee.

(g) The early intervention official shall afford the surrogate parent the same rights and responsibilities as accorded to the parent by the Early Intervention Program and shall represent the child in all matters related to:

- (1) screening, evaluation, and assessment of the child;
- (2) development and implementation of the individualized family service plan, including annual evaluations and periodic reviews;
- (3) the ongoing provision of early intervention services;
- (4) the right to request mediation or an impartial hearing in the event of a dispute; and
- (5) any other rights established in the Early Intervention Program.

(h) The surrogate parent shall maintain the confidentiality of all information regarding the child, including written records.

(i) A person appointed to serve as a surrogate parent shall be removed by the early intervention official in the event:

- (1) the surrogate parent is no longer willing or available to participate in that capacity;
- (2) the surrogate parent fails to fulfill his or her duties;
- (3) the child is no longer a ward of the State; or
- (4) a parent becomes available.

(j) The surrogate parent may request a hearing to challenge a determination by an early intervention official to remove the surrogate parent for failure to fulfill the duties of a surrogate parent. Upon request by the former surrogate parent, a hearing shall be conducted under the provisions of Part 51 of this Title.

(k) In the event that the surrogate parent is removed and the child continues to require the assistance of a surrogate parent, the early intervention official shall appoint a surrogate parent within no more than 10 working days of the removal.

Health

69-4.17 Procedural safeguards.

(a) The early intervention official shall make reasonable efforts to ensure that the parent is fully informed, in their dominant language, and understand the rights and entitlement afforded them under the Early Intervention Program, including the right to:

(1) elect or decline to have the child screened and/or evaluated to determine eligibility for early intervention services and to participate in the voluntary family assessment process;

(2) elect or decline to participate in the Early Intervention Program without jeopardizing their right to future participation in the Early Intervention Program;

(3) accept or decline any early intervention service without jeopardizing other early intervention services;

(4) confidentiality of personally identifiable information;

(5) review and correct records;

(6) be notified by the early intervention official within a reasonable time prior to a proposal or refusal to initiate or change the identification, evaluation, or delivery of appropriate early intervention services to the child and family unit;

(7) participate in and invite the participation of others in all decision-making meetings regarding a proposal, or refusal, to initiate or change the identification, evaluation, or delivery of services to the child and family unit;

(8) use due process procedures to resolve complaints;

(9) use an attorney or advocate in any and all dealings with the State Early Intervention Program;

(10) receive an explanation of the use of and impact on insurance, including protection against co-payments and safeguards for lifetime and annual caps as provided in State law; and

(11) when the initial service coordinator or the early intervention official has not made contact with the parent prior to the evaluation, the approved evaluator shall review with the parent their rights under the program and document the review in the evaluation summary.

(b) Notice.

(1) Written notice must be given by the early intervention official to the parent of an eligible child 10 working days before the early intervention official proposes or refuses to initiate or change the identification, evaluation, service setting, or the provision of appropriate early intervention services to the child and the child's family.

(i) The notice must be sufficient in detail to inform the parent about:

(a) the action that is being proposed or refused;

(b) the reasons for taking such action; and

(c) all procedural safeguards available under the Early Intervention Program.

(ii) The notice must be:

(a) written in language understandable to the general public; and

(b) provided in the dominant language of the parents, unless it is clearly not feasible to do so.

(iii) If the dominant language or other mode of communication of the parent is not a written language, the early intervention official shall take steps to ensure that:

(a) the notice is translated orally or by other means to the parent in the parent's dominant language or other mode of communication;

(b) the parent understands the notice; and

(c) there is written evidence that the requirements of this paragraph have been met.

(iv) If a parent is deaf or blind, or has no written language, the mode of communication must be that normally used by the parent (such as sign language, braille, or oral communication).

(2) The early intervention official shall make reasonable efforts to ensure the parent receives written notification about the right to due process and the method by which mediation and an impartial hearing can be requested at the following times:

(i) upon denial of eligibility;

(ii) upon disagreement between the early intervention official and the parent on an initial or subsequent IFSP or proposed amendment to an existing IFSP; and

(iii) upon request from the parent for such information.

(c) Confidentiality.

(1) Personally identifiable data, information, or records pertaining to an eligible child shall not be disclosed by any officer or employee of the Department of Health, State early intervention service agencies, municipalities, evaluators, service providers or service coordinators, to any person other than the parent of such child, except in accordance with title 34 of the Code of Federal Rules Part 99, Sections 300.560 through 300.576 (with the modification specified in section 303.5(b) of Title 34 of the Code of Federal Regulations) and Part 303 of Title 34 of the Code of Federal Regulations (Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402 available from the Early Intervention Program, Room 208 Corning Tower Building, Empire State Plaza, Albany, New York 12237-0618), to preserve the confidentiality of records pertaining to children participating in the Early Intervention Program.

(2) Each municipality, evaluator, service provider and service coordinator shall adopt procedures comparable to those set forth in part 99 and sections 300.560 through 300.576 (with the modifications specified in Section 303.5(b)) of title 34 of the Code of Federal Regulations (Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402 available from the Early Intervention Program, Room 208 Corning Tower Building, Empire State Plaza, Albany, New York 12237-0618) to preserve the confidentiality of records pertaining to eligible children participating in the Early Intervention Program.

(3) Early intervention officials, all providers approved to deliver early intervention services and all personnel involved in mediation and impartial hearing procedures shall:

(i) implement and maintain policies and procedures to assure the protection of confidential personally identifiable information, which may include existing policies and procedures where appropriate and applicable;

(ii) submit assurances that all employees, including independent contractors, consultants, and volunteers with access to personally identifiable information are informed of and are required to adhere to all confidentiality requirements of personally identifiable information;

(iii) adhere to all legal requirements that protect records containing sensitive information (e.g., such as sexual or physical abuse, treatment for mental illness or mental health problems, HIV status, communicable disease status, the child's parentage, etc.); and

(iv) identify the person or person(s) with designated responsibility for guaranteeing the confidentiality of personally identifiable information.

(4) Early intervention officials shall ensure the confidentiality of all information maintained in an electronic format, except as required or permitted by State or Federal law.

(5) The early intervention official shall provide for the confidential exchange of information among parent, evaluators, service providers and

service coordinators, including policies and procedures which enable the parent to voluntarily give written consent for general release of information.

(i) The parent shall be informed of the right to refuse to sign a general release and offered the opportunity to sign a more selective release which specifies by name or category those individuals to whom information may be disclosed or from whom it may be sought.

(ii) The parent's authorization for general release shall be revokable at any time and the parent shall be informed of the right to revoke such authorization. Such information shall be included on any such release form.

(6) The early intervention official shall make reasonable efforts to ensure notification of the parent when maintenance of personally identifiable information is no longer necessary for the purposes of the early intervention program.

(i) At the request of the parent, the early intervention official shall ensure all personally identifiable information is removed from the record and destroyed. However, a permanent record of the child and the family's name and address and the types and dates of services received may be maintained without time limitation.

(d) Access to Records.

(1) The early intervention official and approved evaluators, service providers, and service coordinators shall ensure the parent is afforded the opportunity to review and inspect all the records pertaining to the child and the child's family that are collected, maintained, or used for the purposes of the Early Intervention Program, unless the parent is otherwise prohibited such access under State or Federal law. The opportunity to review and inspect the record includes the right to:

(i) understandable explanations about and/or interpretations of the record upon the parent's request;

(ii) obtain a copy of the record within 10 working days of the receipt of the request by the early intervention official or approved evaluator, service provider, or service coordinator;

(iii) obtain a copy of the record within five working days if the request is made as part of a mediation or impartial hearing; and

(iv) have a representative of the parent view the record.

(2) For children in the care and custody or custody and guardianship of the local social services district, the local commissioner of social services or designee shall be accorded access to the records collected, maintained or used for the purposes of the Early Intervention Program.

(3) An agency may presume that the parent has authority to inspect and review records relating to his or her child unless the agency has been advised that the parent does not have the authority under applicable State law governing such matters as guardianship, separation, and divorce.

(4) The early intervention official or evaluator, service provider or service coordinator may charge a reasonable fee not to exceed 10 cents per page for the first copy and 25 cents per page for any additional copies of the record, provided that the fee does not prevent the parent from exercising the right to inspect and review records and providing that no fees shall be charged to parents to obtain copies of any evaluation or assessment documents to which parents are specifically entitled under other sections of this subpart, except an evaluator or service provider may charge for copies as permitted under Public Health Law § 18.

(5) Parents shall not be charged fees for the search and retrieval of the record.

(6) Where any part of the record contains information on more than one child, the parent shall only have the opportunity to review and inspect

the portion of the record which pertains to their child.

(7) Each early intervention official, evaluator, service provider and service coordinator shall keep a record of parties obtaining access to records gathered, maintained, or used for purposes of the Early Intervention Program (except access by parents and authorized employees of the municipality or approved evaluator, service provider, or service coordinator) including the name of the party, the date access was given, and the purpose for which the party is authorized to use the records.

(e) Amending the Record.

(1) The early intervention official, evaluator, service provider and service coordinator shall ensure the parent the right to present objections and request amendments to the contents of the record because the parent believes the information is inaccurate, misleading, or violates the privacy or other rights of the child.

(2) The parent may at any time present objections pertaining to the contents of the record to the early intervention official, evaluator, service provider or service coordinator, and request that amendments be made.

(3) The early intervention official, evaluator, service provider or service coordinator shall respond to the parent objection and request for amendments of the record within 10 working days.

(i) If the early intervention official, evaluator, service provider or service coordinator concurs with the parent's request, the service coordinator shall ensure the contents of the record are amended as requested and notify the parent of the amendment in writing or via a verbal explanation in their dominant language unless clearly not feasible to do so.

(ii) If the early intervention official, evaluator, service provider or service coordinator does not concur with the parent's request to amend the record, the early intervention official shall notify the parent in writing of the decision and inform the parent of the right to an administrative hearing.

(4) An administrative hearing to amend the record must meet, at a minimum, the following requirements:

(i) the municipality shall hold the hearing within a reasonable time after it has received the request for the hearing from the parent;

(ii) the municipality shall give the parent notice of the date, time, and place, reasonably in advance of the hearing;

(iii) the hearing may be conducted by any individual designated by the municipality, who does not have direct interest in the outcome of the hearing;

(iv) the municipality shall give the parent a full and fair opportunity to present evidence relevant to the issues. The parent may, at their own expense, be assisted or represented by one or more individuals of his or her own choice, including an attorney;

(v) the municipality shall make a decision in writing within a reasonable period of time after the hearing;

(vi) the decision must be based solely on the evidence presented at the hearing, and must include a summary of the evidence and reasons for the decision;

(vii) if, as a result of the hearing, the municipality determines that the record contains information that is inaccurate, misleading, or violates the privacy rights of the child or family, the municipality shall order the amendment of the record as requested by the parent;

(viii) if the record is ordered to be amended, the early intervention official shall ensure the record is amended and notify the parent in writing of the amendment; and

(ix) if, as a result of the hearing, the municipality determines that the contents of the record are not inaccurate or misleading or do not violate the privacy rights of the child and family, the municipality

shall order that the parent be notified in writing of such decision and informed of the right to place a statement in the record reflective of their views. The municipality shall ensure that such parental statement is incorporated, maintained, and disseminated as part of the record.

(f) Availability of due process.

(1) The parent of an eligible or potentially eligible child shall have the right to access mediation and/or an impartial hearing at no cost for the resolution of individual child complaints regarding eligibility determinations or the provision of early intervention services.

(2) The Department of Health shall establish, implement, and maintain impartial hearing and mediation processes for the resolution of individual complaints regarding the identification, evaluation, assessment, eligibility determinations, and development, review and implementation of the individualized family service plan (IFSP).

(i) The Department of Health shall ensure the availability of hearing officers who are trained and knowledgeable of the Federal and State law and regulations pertaining to the Early Intervention Program and the conduct of administrative hearing procedures.

(3) The failure of the parent to participate in mediation proceedings for the resolution of a complaint or dispute shall not constitute a failure to exhaust administrative remedies and shall not prevent the parent from accessing an impartial hearing.

(g) Mediation procedures.

(1) The Department shall ensure that a statewide mediation system shall be available to ensure that parent and early intervention officials may voluntarily access a non-adversarial process for the resolution of complaints regarding the provision of early intervention services.

(2) Mediation services for the resolution of disputes regarding eligibility determination or early intervention service delivery shall be available from community dispute resolution centers upon the written request of the parent and/or early intervention official and the mutual agreement of the parent and the early intervention official to participate in mediation.

(3) The early intervention official shall ensure the parent, upon the request for mediation services by the parent or the early intervention official, is informed of:

(i) the voluntary nature of mediation;

(ii) the parent's right to withdraw at any time from mediation and request an impartial hearing; and

(iii) the right to be accompanied by supportive persons and/or an attorney.

(4) The parent's request to the early intervention official for mediation services may be made in a written format selected by the parent.

(5) The early intervention official's request that the parent agree to participate in mediation services shall be made in writing in the dominant language of the parent, if feasible, and in a manner understandable to the parent.

(6) If the early intervention official requests mediation, the early intervention official shall obtain the express written consent of the parent to transmit personally identifiable information to the community dispute resolution center.

(7) Within two working days of receipt of a request by the early intervention official for mediation by the parent, the early intervention official shall notify the appropriate community dispute resolution center in writing of the request for mediation. The parent and service coordinator shall simultaneously be sent a copy of such notification, which shall include:

(i) the names, addresses, and telephone numbers of the parties to

participate in the mediation;

(ii) the need for interpretive services, if any; and

(iii) the nature of the dispute(s) which has resulted in the request for mediation.

(8) Immediately upon receipt of a request for mediation, the community dispute resolution center shall contact the parent and early intervention official to discuss at a minimum the following:

(i) the mediation process;

(ii) a convenient site and time for the mediation; and

(iii) the need for interpretative services or alternative communication services, if any.

(9) The community dispute resolution center shall, upon a determination of the mutual agreement of the parent and early intervention official to participate in mediation, make appropriate arrangements for and convene the mediation proceedings within two weeks of the receipt of the request by the early intervention official, unless an extension is requested or consented to in writing by the parent.

(i) The mediation proceedings shall be convened at a date, time, and location convenient to the parent.

(10) The mediator and community dispute resolution center shall maintain the confidentiality of all personally identifiable information as required by State or Federal law or regulations.

(11) The parent and the early intervention official may represent themselves during the mediation proceedings.

(i) The parent and the early intervention official shall have the right to invite others to accompany them at the mediation proceeding.

(12) The parent and/or the early intervention official may be accompanied by an attorney at the mediation proceeding, provided that advanced notice is given to the other party of the intention to be accompanied by an attorney.

(13) The mediation process shall be completed within 30 calendar days of the receipt of the request for mediation by the community dispute resolution center.

(i) When mediation has resulted in successful negotiation of a partial or full agreement on areas in dispute between the parent and the early intervention official, the mediator shall document the terms of the negotiated agreement, including a list of unresolved issues, in writing and obtain the signatures of the parent and the early intervention official on the written agreement.

(ii) The mediator shall, whenever feasible, provide the written agreement in the dominant language of the parent or other alternative mode of communication.

(iii) The mediator shall forward a copy of such agreement to the community dispute resolution center, which shall ensure that the parent, early intervention official, and service coordinator receive a copy of the written agreement.

(iv) The service coordinator shall ensure that the terms of services agreed to in the written agreement are incorporated into the individualized family service plan within five working days of the receipt of the written agreement.

(v) When the mediation has not resulted in the negotiation of a resolution, the early intervention official shall ensure the parent is informed of the right to and procedures for requesting and obtaining an impartial hearing.

(vi) In any due process proceedings subsequent to the mediation process, only requests for mediation and mediation agreements may be available for presentation as evidence.

(14) Mediation records shall be maintained by the community dispute resolution center for a period of at least six years.

(h) Impartial hearing procedures for individual child complaints.

(1) The parent shall have the right to an impartial hearing which ensures the fair and prompt resolution of individual child disputes or complaints.

(i) A request for an impartial hearing must be made in writing and signed by a parent and submitted to the Commissioner of Health or designee.

(2) Upon the receipt of a request for an impartial hearing, the Commissioner of Health or designee shall inquire of the early intervention official whether or not mediation has been requested or completed, and provide the parent and respondents with a notice of hearing. If any party is represented by counsel, notice also shall be served upon the attorney representing the party.

(i) The notice of hearing shall, at a minimum:

(a) specify the date, time, and place of the hearing, which shall be convenient to the parent;

(b) briefly state the issues which are to be the subject of the impartial hearing, if known;

(c) explain the manner in which the impartial hearing will be conducted;

(d) describe the circumstances under which attorney's fees shall be reimbursed;

(e) advise the parent of the right to be represented by counsel and to be accompanied by any person of their choice;

(f) advise the parent of the right to interpreter for the deaf services;

(g) advise the parent of the right to testify, present evidence, and produce and cross-examine witnesses;

(h) advise the parent of the right to appeal the decision of the hearing officer;

(i) inform the parent that early intervention services that are not in dispute shall be continued pending the decision of the hearing officer and any appeal of such decision; and

(j) inform the parent of the availability and procedures for requesting mediation.

(ii) If the municipality intends to be represented by counsel, the early intervention official shall notify the parent within five working days of receipt of the notice of an impartial hearing request, and the hearing shall be held no sooner than five working days from the receipt of the notice.

(a) The service coordinator shall ensure the parent is informed about legal services and advocacy organizations available to assist them in the impartial hearing process.

(3) All notices and papers connected with a hearing, other than the notice of hearing and statement of charges, if any, may be served by ordinary mail and may be deemed complete three days after mailing.

(4) Upon receipt of a request for an impartial hearing, a hearing officer shall be assigned.

(i) The hearing officer shall complete the impartial hearing and render a decision within 30 days of the filing of a written request by the parent.

(ii) No hearing officer shall preside who has any bias with respect to the matter involved in the proceeding. Any party may file with the Department a request, together with a supporting affidavit, that a hearing officer be removed on the basis of personal bias or for other good cause.

(iii) A hearing officer shall be disqualified for bias. For purposes of this subpart, bias shall exist only when there is an expectation of pecuniary or other personal benefit from a particular outcome of the

case; when the individual is an employee of any agency or other entity involved in the provision of early intervention services or care of the child; or, when there is a substantial likelihood that the outcome of the case will be affected by a person's prior knowledge of the case, prior acquaintance with the parties, witnesses, representatives, or other participants in the hearing, or other predisposition with regard to the case. The appearance of impropriety shall not constitute bias and shall not be a grounds for disqualification. Hearing officers are presumed to be free from bias.

(iv) A hearing officer may disqualify himself/herself for bias on his/her own motion. A party seeking disqualification for bias has the burden of demonstrating bias. The party seeking disqualification shall submit to the hearing officer an affidavit pursuant to State Administrative Procedures Act section 303 setting forth the facts establishing bias. Mere allegations of bias shall be insufficient to establish bias.

(v) The hearing officer shall rule on the request for disqualification.

(vi) Upon the refusal of the impartial hearing officer to voluntarily withdraw from the case, the party filing the request shall have the right to appeal this decision to a court of competent jurisdiction. Any such appeal shall not interrupt the hearing proceedings unless the parties consent to an adjournment pending the outcome of such appeal or otherwise ordered by a court.

(5) The hearing officer shall conduct the impartial hearing in a fair and impartial manner and shall have the power to:

(i) rule upon requests by parties to the hearing, including all requests for adjournments;

(ii) administer oaths and affirmations and issue subpoenas requiring the attendance and testimony of witnesses and the production of books, records and other evidence pertinent to the impartial hearing;

(iii) admit or exclude evidence;

(iv) limit the number of times any witness may testify, repetitious examination or cross-examination, and the amount of corroborative or duplicative testimony;

(v) hear arguments on facts or law;

(vi) order that opening statements be made by the parties to the impartial hearing;

(vii) order the parties to appear for a pre-hearing conference to consider matters which may simplify the issue or expedite the hearing, and which may ensure that the parties understand the procedures governing the hearing;

(viii) ensure that a written or electronic verbatim record of the proceedings is maintained and made available to the parties; and

(ix) perform such other acts as may be necessary for the maintenance of order and efficient conduct of the impartial hearing, unless otherwise prohibited by law or regulation.

(6) A parent involved in an impartial hearing has the right to obtain a written or electronic verbatim transcription of the proceeding.

(7) The procedures used to conduct the impartial hearing proceeding shall provide the parties with a fair and prompt resolution of any dispute.

(i) The parties to the impartial hearing may be represented by legal counsel or individuals with special knowledge or training with respect to children eligible for early intervention services and may be accompanied by other persons of their choice.

(ii) The parent shall have the right to determine whether or not the child who is the subject of the impartial hearing shall attend the hearing.

(iii) The impartial hearing shall be closed to the public unless the

parent requests an open hearing. Upon such request, the hearing officer shall make a determination regarding whether the hearing will be opened to the public.

(iv) The parties to the impartial hearing, and their respective counsel or representative, if any, shall have an opportunity to present evidence and to question all witnesses at the hearing.

(v) All evidence including documents and a listing of witnesses shall be disclosed to the opposing party at least five working days before the hearing.

(a) The parent has the right to prohibit the introduction of any evidence at the proceeding that has not been disclosed to the parent at least five days before the proceeding.

(vi) The local social services commissioner or designee shall be afforded notice and a right to be heard at any mediation process and/or impartial hearing for any child in his or her care and custody or custody and guardianship.

(vii) Each witness shall be sworn or given an affirmation by the impartial hearing officer.

(viii) The hearing officer shall consider all relevant evidence and shall include as part of the record all records, documents and memoranda submitted into evidence. The formal rules of evidence do not apply; provided, however that any request for mediation and mediation agreement entered into by the parties may be included as evidence.

(ix) The parties may enter into a stipulation to resolve the matters in dispute at any time prior to the issuance of a decision by the impartial hearing officer.

(a) The parties shall inform the hearing officer of such stipulation.

(b) Upon such notice, the hearing officer shall terminate the proceedings and provide notice to the Department of Health of the termination.

(x) The hearing officer may issue a consent order upon such stipulation by the parties. Such consent order shall have the same force and effect and shall be implemented in the same manner as an order issued by the hearing officer.

(xi) Upon conclusion of the proceedings, the hearing officer shall render a written decision within 30 days of the request for the hearing, which shall include:

(a) the findings of fact and conclusions of law;

(b) a determination regarding the matters in dispute;

(c) an order of implementation of the determination; and

(d) the right to appeal the decision to a court of competent jurisdiction.

(xii) The decision of the hearing officer shall be final, provided that any party may seek judicial review by a court of competent jurisdiction.

(xiii) Where a decision is not rendered within 30 days, the hearing officer may issue interim orders which shall ensure that the child and family receive appropriate early intervention services to the extent feasible and consistent with the services requested by the parent.

(xiv) Where the hearing officer determines that delay in rendering a written decision may result in harm to the child's health or welfare, the hearing officer may provide for an expedited hearing, including an interim verbal decision where necessary, to be followed by a written decision.

(xv) A copy of the written decision shall be mailed to the parties of the hearing, the service coordinator for the child and family, the Commissioner of Health or designee, the local social services commissioner or designee for children in his or her care and custody or custody and guardianship and any other State early intervention service agen-

cy affected by such decision.

(xvi) The early intervention official or service coordinator shall modify the individualized family service plan no later than five working days after receipt of the written or oral decision, whichever is issued sooner.

(xvii) The records and decisions by hearings officers shall be maintained for at least six years.

(i) Availability of complaint procedures.

(1) All complaints alleging violations of laws, rules and regulations by a State early intervention service agency; early intervention official, or provider approved to deliver early intervention services shall be submitted by a parent, representative of the parent or any other individual or entity to the Department of Health for investigation and resolution. For the purpose of this section, provider refers to evaluators, service providers and service coordinators.

(i) Complaints shall be submitted in writing to the Department, unless a person or entity has just cause for submitting an oral complaint.

(2) All investigations shall be completed within 60 calendar days of the receipt of the allegation by the Department of Health.

(3) Upon receipt of a complaint the complainant shall be informed of the following:

(i) the procedures governing the investigation;

(ii) the right of the complainant to receive a copy of the final report and to appeal the findings and decision of the report to the United States Secretary of Education; and

(iii) the right to confidentiality of all personally identifying information unless the complainant provides written consent for its release.

(4) The investigation of any complaint shall include:

(i) a determination of the need for conducting an on-site investigation.

(a) In the event of a determination that an on-site investigation is unnecessary, the state early intervention service agency shall document the reasons and include a justification for such decision in its final report.

(ii) provision for an interview of the complainant; any person named in the allegation; and, any person who is likely to have relevant information pertaining to the allegation; and

(iii) provision for the receipt of any documentation which may confirm or deny the substance of the allegation.

(5) Upon completion of an investigation a determination shall be made by the Department as to whether the allegation is substantiated and the complainant and subject of the investigation shall be notified in writing of such determination.

(i) Upon completion of a complaint resulting in substantiation of one or more allegations, the Department may require corrective action be taken by the subject of the investigation and, where the subject is an approved individual or agency, may take such other actions in accordance with subdivision 69-4.5(a) of this subpart.

(ii) Written notification shall include:

(a) the findings and determination of the merit of each allegation; and,

(b) where applicable, corrective actions to be taken.

(iii) Corrective action plans developed by the subject of an investigation shall be submitted for approval to the Department.

(a) At a minimum, the corrective action plan shall specify the date by which the plan shall be implemented and procedures for implementation.

(j) Pendency.

(1) During the pendency of any mediation, impartial hearing, or

appeal, the early intervention official shall ensure the following services for the child and family are implemented:

(i) the services provided pursuant to the individualized family service plan previously in effect; or

(ii) if the early intervention official and the parent do not agree on the IFSP, the sections of the proposed IFSP that are not in dispute.

(2) The early intervention official of a municipality to which a child and family has moved shall ensure that the services identified in the previous individualized family service plan of the former municipality shall continue to be provided to the extent feasible until a new individualized family service plan has been developed or that the parent and early intervention official otherwise agree to a modification of such former plan.

Health

69-4.18 Respite Services.

(a) As appropriate, respite services and models for respite services may be discussed with the parent at the individualized family service plan meeting.

(b) The provision of respite services for an eligible child and family shall be determined in the context of IFSP development, based on the individual needs of the child and family, and with consideration given to the following criteria:

- (1) severity of child's disability and needs;
- (2) potential risk of out-of-home placement for the child if respite services are not provided;
- (3) lack of access to informal support systems (e.g., extended family, supportive friends, community supports, etc.);
- (4) lack of access to other sources of respite (e.g., Family Support Services under the auspices of the Office of Mental Retardation and Developmental Disabilities and respite provided through other State early intervention service agencies), due to barriers such as waiting lists, remote/inaccessible location of services, etc.;
- (5) presence of factors known to increase family stress (e.g., family size, presence of another child or family member with a disability, etc.); and
- (6) the perceived and expressed level of need for respite services by parent.

Health

69-4.19 Transportation.

(a) The municipality shall ensure that transportation is available beginning the first day of service as agreed upon in the individualized family service plan when transportation is necessary to enable the child and the child's family to receive early intervention services.

(1) Transportation may be provided directly, by contract, or through reimbursement of the parent at a mileage rate authorized by the municipality for the use of a private vehicle or for other reasonable transportation costs, including public transportation, tolls, and parking fees.

(b) In developing the IFSP, consideration shall first be given to provision of transportation by a parent of a child to early intervention services.

(c) If the parent has demonstrated an inability to provide or access transportation, the municipality in which an eligible child resides shall arrange and provide payment for suitable transportation services necessary for the child and parent participation in early intervention services contained within the individualized family service plan.

RELATIVE BILL

10/17/2011

Health

69-4.20 Transition planning.

(a) A transition plan shall be developed for every child transitioning from the Early Intervention Program to programs under Education Law, section 4410, and/or to other early childhood services.

(1) All meetings to discuss the transition plan must be at a time and place mutually convenient to all participants.

(2) The transition plan shall include procedures to prepare the child and family for changes in service delivery, including:

(i) steps to help the child adjust to and function in a new setting;

(ii) procedures to prepare program staff or individual qualified personnel who will be providing services to the child to facilitate a smooth transition; and

(iii) with parental consent, the service coordinator shall incorporate the transition plan into the individualized family service plan.

(b) At least 120 days prior to the child's potential eligibility for services under the Education Law, Section 4410, the early intervention official shall provide written notification to the Committee on Preschool Special Education (CPSE) of the local school district in which an eligible child resides of the potential transition of the child.

(1) The early intervention official shall ensure the parent is informed in accordance with procedures in subdivision 69-4.11(a)(xiii) of this subpart of the opportunity to object to such notification prior to providing notice to the CPSE of the child's potential transmittal.

(i) The parent shall be afforded at least thirty calendar days to object, either orally or in writing, to written notification to the CPSE of the child's potential transition.

(ii) If the parent objects to such notification, the notification shall not be made, and the parent's objection shall be documented in the child's record.

(iii) If the parent does not object to such notification, the early intervention official shall include the following information in the written notice to the CPSE of the child's potential transition:

(a) the child's name;

(b) the child's date of birth and date of referral to the early intervention program;

(c) the method by which the parent may be contacted, including the parent's name, address, and telephone number; and,

(d) with parent consent, such notification may also include the name and contact information for the child's ongoing service coordinator.

(2) For children in the care and custody or custody and guardianship of the commissioner of the local social services district, the early intervention official shall notify the local commissioner of social services or designee of the child's potential transition.

(3) The service coordinator shall review information concerning the transition procedure with the parent and obtain parental consent for the transfer of appropriate evaluations, assessments, Individualized Family Service Plans, and other pertinent records.

(4) With parent consent, the early intervention official shall convene a transition conference with the parent, service coordinator, and the chairperson of the CPSE or designee, at least 90 days prior to the child's eligibility for services under Education Law, Section 4410, or no later than 90 days before the child's third birthday, whichever is first to review program options and if appropriate, establish a transition plan.

(i) The local social services commissioner may participate in the conference for children in the care and custody or custody and guardianship of the social services commissioner.

(ii) The conference may be combined with:

(a) The initial meeting of the CPSE pertaining to the child, provided, that such initial meeting must convene within the required timeframes for the transition conference; or

(b) The IFSP review meeting that occurs closest to the child's second birthday.

(iii) The parent may decline a transition conference; provided, however, that the parent shall be informed that the child's eligibility for services under section 4410 of the Education Law must be determined by the child's third birthday to continue receiving early intervention services after the child's third birthday and that if a determination of eligibility for services under section 4410 of the Education Law has not been made by the CPSE prior to the child's third birthday, eligibility for early intervention services will end on the day before the child's third birthday.

(a) Declination of a transition conference by the parent shall be documented in the child's record.

(b) The early intervention official shall explain to the parent that if the parent declines a transition conference, the parent may refer the child to the CPSE for determination of eligibility for Education Law 4410 services and shall provide information on how the parent may make such referral.

(c) For children thought not to be eligible for programs under Education Law, section 4410, the service coordinator shall assist the parent in development of a transition plan to other appropriate early childhood and supportive services. The service coordinator shall assist the parent in identifying, locating, and accessing such services.

(d) With parental consent, the early intervention official shall notify the committee on preschool special education of those children potentially eligible for transition to the Preschool Special Education program but whose parents have selected to continue with early intervention services for the specified period of eligibility for the Early Intervention Program.

Health

69-4.21 Reimbursement of municipal administrative costs.

(a) Municipalities shall be eligible for reimbursement for administrative costs, exclusive of due process costs, incurred during the preceding year pursuant to this Title.

(b) The costs of direct early intervention services are not considered administrative costs. Administrative costs shall include personnel and operating expenses incurred for administration of the program.

Health

69-4.22 Third-party payments.

(a) Municipalities shall in the first instance and where applicable, seek payment from private third party insurers, prior to claiming payment from Medicaid or the Department of Health, for services delivered to eligible children and their families, provided that the municipality shall not obtain payment from a third party payor who is not prohibited from applying such payment, and will apply such payment, to an annual or lifetime limit specified in the insured's policy.

(b) The municipality or its designee shall be subrogated, to the extent of expenditures by the municipality for early intervention services provided to an eligible child and parent, to any rights the child or parent may have or be entitled to from third party reimbursement.

(1) The early intervention official shall, upon notification by the initial service coordinator of the parent's eligibility for benefits from a health insurance policy or benefits plan promptly notify the health insurer or benefits plan administrator of the intent to exercise subrogation rights.

(c) All approved evaluators, service coordinators, and service providers shall forward to the early intervention official within a reasonable period all documentation and information necessary to support municipality billing of all third party payors, including the Medical Assistance Program.

(d) The municipality shall pay all co-payments and deductibles to meet any requirement of an insurance policy or health benefit plan in accessing funds applied to payment for early intervention services. These payments will be subject to the same level of State reimbursement as all other payments by the municipality for early intervention services.

(1) The municipality shall establish a procedure to ensure that the parent does not make a first instance payment for co-pays and deductibles. Such procedures may include an arrangement between the municipality and the provider for payment of co-payments and deductibles to the provider directly.

Health

Section 69-4.23 Initial and continuing eligibility criteria.

(a) Initial eligibility for the early intervention program shall be established by a multidisciplinary evaluation conducted in accordance with section 69-4.8 of this subpart and shall be based on the following criteria:

(1) a diagnosed physical or mental condition with a high probability of resulting in developmental delay; or,

(2) the presence of a developmental delay which affects functioning in one or more of the following domains of development: cognition, physical (including vision, hearing and oral motor feeding and swallowing disorders), communication, social-emotional, or adaptive development; and, as measured by qualified personnel using informed clinical opinion, appropriate diagnostic procedures, and/or instruments and documented as:

(i) a twelve month delay in one domain; or

(ii) a 33 percent delay in one domain or a 25 percent delay in each of two domains; or

(iii) if appropriate standardized instruments are individually administered in the evaluation process, a score of at least 2.0 standard deviations below the mean in one domain or a score of at least 1.5 standard deviations below the mean in each of two domains; or

(iv) notwithstanding subdivisions (i)-(iii) for children who have been found to have a delay only in the communication domain, delay shall be defined as a score of 2.0 standard deviations below the mean in the area of communication; or, if no standardized test is available or appropriate for the child, or the tests are inadequate to accurately represent the child's developmental level in the informed clinical opinion of the evaluator, a delay in the area of communication shall be a severe delay or marked regression in communication development as determined by specific qualitative evidence-based criteria articulated in clinical practice guidelines issued by the Department, including the following:

(a) for children 18 months of age or older;

(i) a severe language delay as indicated by no single words by 18 months of age, a vocabulary of fewer than 30 words by 24 months of age, or no two-word combinations by 36 months of age; or

(ii) the documented presence of a clinically significant number of known predictors of continued language delay at 18-36 months of age, in each of the following areas of speech language and non-speech development:

(1) Language production;

(2) Language comprehension;

(3) Phonology;

(4) Imitation;

(5) Play;

(6) Gestures;

(7) Social Skills; and,

(8) Health and family history of language problems; or,

(b) for children younger than 18 months of age, documentation that the child has attained none of the normal language milestones expected for children in the next younger age range, and none for the upper limit of the child's current chronological age range, and the presence of a preponderance of established prognostic indicators of communication delay that will not resolve without intervention, as specified in clinical practice guidelines issued by the Department.

(b) If there is an observable change in the child's developmental status that indicates a potential change in eligibility, the early intervention official may require a determination to be made of whether the child continues to be eligible for early intervention program.

services. The early intervention official shall not, however, require that such a determination be made sooner than six months after a child and family's initial IFSP in the program.

(1) Continuing eligibility for the early intervention program shall be established by a multidisciplinary evaluation conducted in accordance with section 69-4.8 of this subpart which includes the right for the parent to select an approved evaluator, and shall be based on the following criteria:

(i) a delay consistent with the criteria established for initial eligibility as set forth above; or,

(ii) a delay in one or more domains, such that the child's development is not within the normal range expected for his or her chronological age, as documented using clinical procedures, observations, assessments, and informed clinical opinion; or,

(iii) a score of 1.0 standard deviation or greater below the mean in one or more developmental domains; or,

(iv) the continuing presence of a diagnosed physical or mental condition with a high probability of resulting in a developmental delay.

(2) If pursuant to subdivision (b) herein, the early intervention official requests a determination of the child's continuing eligibility for the early intervention program, and the parent refuses to consent to a multidisciplinary evaluation to establish the child's continuing eligibility, continuing eligibility has not been established and the child shall no longer be eligible for early intervention program services. The early intervention official shall provide the parent with written notice ten working days before the early intervention official proposes to discharge the child from the early intervention program. The notice must be in sufficient detail to inform the parent about the action that is being proposed, the reasons for taking such action; and, all procedural safeguards available under the early intervention program, including the right of the parent to request mediation or an impartial hearing on the child's ongoing eligibility for the early intervention program.

Health

69-4.24 Proceedings involving the approval of an individual or agency.

(a) An agency's or individual's approval to deliver evaluations, service coordination services and early intervention program services may be revoked, suspended, limited or annulled by the commissioner upon a finding that the agency or individual provider:

(1) has failed to comply with the provisions of title 11-A of article twenty-five of the public health law or rules and regulations promulgated thereunder;

(2) no longer meets one of the criteria for approval or reapproval as set forth in section 69-4.5 of this subpart;

(3) does not have current licensure, registration or certification to deliver services in the early intervention program;

(4) for agency providers, use of personnel, whether by contract or under employment, to deliver evaluations, service coordination services or early intervention program service who did not hold a license, registration or certification to provide such service;

(5) falsely represented or omitted material fact in an application submitted to the Department or, where applicable, State Education Department, for approval or re-approval;

(6) is, or ever has been, excluded or suspended as a provider under Medicaid, Medicare, or any governmental or private medical insurance program;

(7) has been the subject of one or more actions taken against the provider by another State agency which approves, licenses, certifies, or registers the applicant for any purpose;

(8) has been convicted of an offense in an administrative or criminal proceeding;

(9) has failed to provide unobstructed access to and examination of facilities, child records, or any other documents relevant to early intervention program services as requested and within the timeframes required by the Department or a municipality under contract with the provider, or an agent of any of these entities, for purpose of monitoring, auditing, or investigating the provider's participation in the Early Intervention Program;

(10) has failed to submit required corrective action plans or other information or documents requested by the Department, or a municipality to address findings of noncompliance identified through monitoring, systems complaint investigations, audits, or other early intervention program oversight activities, or to correct non-compliance within one year of any finding of non-compliance;

(11) has failed to pay recoupment due, or to implement any actions required, on the basis of a State or municipal audit within the timeframes specified in such audit report;

(12) has failed to pay any fines or penalties assessed against the applicant or provider within timeframes specified by the Department;

(13) through action, or act of omission, has placed children, parents, or staff in danger, or otherwise violated early intervention program health and safety standards issued by the Department;

(14) has submitted improper or fraudulent claims to one or more municipalities or approved agencies under contract with a municipality for payment, including but not limited to submission of claims for services not rendered;

(b) No approval shall be revoked, suspended, limited or annulled without first providing the individual or agency an opportunity to be heard. The Department shall notify the individual or agency in writing of the proposed action and shall afford the individual or agency an opportunity to be heard.

(c) Approval may be temporarily suspended or limited prior to granting an opportunity to be heard for a period not exceeding one hundred twenty days upon written notice to the provider following a finding by the Department that the health or safety of a child, parents or staff of the agency or municipality in which the provider is under contract is in imminent risk of danger or there exists any condition or practice or a continuing pattern of conditions or practices which poses imminent danger to the health or safety of such children, parents or staff of the agency or municipality in which the provider is under contract. Upon such a finding and notice the Department may also:

- (1) prohibit or limit the assignment of children to the provider;
- (2) remove or cause to be removed some or all of the children the provider currently serves; and
- (3) suspend or limit or cause to be suspended or limited payment for services to the provider.

(d) The provider shall be afforded an opportunity to be heard to contest the Department's findings.

Health

69-4.25 Standards for agency providers approved to use applied behavior analysis (ABA) aides in the delivery of ABA.

(a) Approved agency providers of ABA services using ABA aides shall deliver ABA services to eligible children in accordance with this subpart; applicable state or federal regulations, generally recognized professional standards, and clinical practice guidelines issued by the department, and shall:

(1) Coordinate all early intervention program services included in a child's and family's IFSP, for each child who is receiving ABA services from the provider agency. The agency shall implement a collaborative team in the approach to delivery of services among all qualified personnel and ABA aides, and require that all personnel delivering services to the child and family participate in team meetings.

(2) Assign each child to a team responsible for the implementation of the child's and family's ABA intervention program and other services authorized in the IFSP. The team shall consist of a supervisor, ABA aides, and where applicable, other qualified personnel to deliver early intervention services identified in the child's and family's IFSP.

(i) Supervisors and qualified personnel shall be strictly prohibited from delegating the performance of any service or intervention included in the scope of practice of any profession licensed, certified, or registered by the State to ABA aides.

(ii) ABA aides shall be strictly prohibited from providing services that are within the scope of any profession licensed, certified, or registered by the State.

(3) Employ supervisory personnel and ABA aides who meet the qualifications in subdivision (d) of this section to implement individual child ABA plans.

(4) Employ or contract with other appropriately qualified personnel as defined in subsection 69-4.1(ak) of this subpart, to participate in delivery of individualized child ABA plans and/or deliver other early intervention services included in a child's and family's IFSP. The municipality shall contract with other approved providers for the provision of services not offered by the approved ABA services agency; provided, however, that the approved ABA services agency shall not be relieved of its responsibility to coordinate the delivery of all early intervention program services authorized in the child's and family's IFSP.

(5) Use systematic measurement and data collection to monitor and document child progress, and where indicated, modify individual child ABA intervention strategies as needed to promote progress towards goals and generalization of learning.

(6) Maintain and implement written policies and procedures approved by the Department for the delivery of ABA services which are in conformance with nationally recognized, evidence-based practices for the delivery of such services. Such written policies and procedures shall be:

(i) reviewed at least annually by the agency and updated as necessary to maintain conformance with evidence-based practices for delivery of ABA services; and,

(ii) available for review for monitoring purposes and upon request by the Department and/or its agent.

(7) Maintain and implement a plan to ensure the initial and ongoing training of supervisory personnel and ABA aides in content areas identified by the Department or national and state professional associations for behavior analysis as necessary for the effective delivery of behavior interventions using applied behavior analysis.

(i) Such plan must include required staff participation in training sponsored by the Department.

(b) Individuals employed to supervise and oversee individual child ABA services using ABA aides shall be:

(1) licensed or certified qualified personnel from among the following professions:

- (i) psychiatrist;
- (ii) psychologist and school psychologist;
- (iii) licensed clinical social worker;
- (iv) special education teachers and teachers of students with disabilities, birth to grade two; and,
- (v) speech-language pathologists who are also board certified behavior analysts credentialed by the Behavior Analyst Certification Board.

(c) Individuals employed to supervise and oversee individual child ABA services using ABA aides shall meet the following minimum education, training, and experience requirements:

(1) Documented completion of a minimum of twenty hours of continuing education or twelve credits of matriculated or non-matriculated relevant coursework in behavioral interventions, including at a minimum the following content areas:

- (i) basic principles, processes, and concepts of behavior analysis;
- (ii) clinical application of ABA, including behavior assessment, selecting intervention outcomes and strategies, behavior change procedures and systems support, data collection and analyses to measure and monitor children's progress, including measurement of behavior and displaying and interpreting data; and,
- (iii) ethical issues related to the delivery of behavior interventions using ABA techniques.

(2) A minimum of two years of documented full-time professional supervised work experience providing behavior interventions using ABA to infants and young children, ages birth through five years with autism spectrum disorders or other developmental disability for whom such services have been proven effective in peer-reviewed, scientific research. Such experience must include at a minimum:

- (i) performance of behavior assessments;
- (ii) development and evaluation of individualized, child-specific ABA services;
- (iii) employing an array of scientifically validated, behavior analytic procedures, including but not limited to discrete trial intervention, modeling, incidental teaching, and other naturalistic teaching methods, activity-embedded instruction, task analysis, and chaining;
- (iv) using ABA methods in one-to-one intervention, small and large group intervention, and in transitions across these situations;
- (v) use of behavior change procedures and systems supports;
- (vi) measurement of behavior and displaying and interpreting behavior data;
- (vii) conducting functional assessments (including functional analyses) of challenging behavior and selecting the specific assessment methods that are best suited to the behavior and the context; and,
- (viii) assessment, monitoring, documentation, evaluation, and modification of applied behavior analysis techniques as necessary to promote a child's progress.

(d) Supervisors of individual child ABA services using ABA aides shall be responsible for:

(1) Developing individual child ABA plans in collaboration with the child's family and, as appropriate, qualified personnel and ABA aides.

(2) Directing the implementation of individual child ABA plans and the ongoing monitoring, systematic measurement, data collection, and documentation of child progress.

(3) Modifying individual child ABA services as necessary to promote progress towards goals, generalization of learning, and where applica-

ble, transitioning of the child from receiving services in home- and facility-based settings to receiving services and participating in other community settings.

(4) Providing assistance, training, and support as needed by parents/caregivers to assist them in follow-through specified in the child's ABA plan and to enhance child development, behavior, and functioning.

(5) Supervising ABA aides, including:

(i) A minimum of six hours per month in the first three months of employment of an ABA aide, and a minimum of four hours per month thereafter, of direct on-site observation of each ABA aide assigned to the child; and,

(ii) A minimum of two hours per month of indirect supervision of ABA aides assigned to the child, in a group or individual format, including:

(a) weekly review and signed approval of the child's record, progress notes and data, correspondence, and evaluation of written reports;

(b) participation in telephone conferences with the behavior aide and parent;

(c) ensuring proper documentation of the intervention provided and child's response;

(d) ensuring modifications in the child's plan are followed by the ABA aide; and,

(e) other supervision and support as needed by the ABA aide to successfully implement the child's ABA plan.

(6) Convening a minimum of two team meetings per month with all qualified personnel who are delivering services to the child and ABA aides assigned to the child to review child progress, identify problems or concerns, and modify intervention strategies as necessary to enhance child development, behavior, and functioning.

(e) Individuals employed as ABA aides shall meet the following minimum qualifications:

(1) A minimum level of education, as established by meeting at least one of the following requirements:

(i) a high school diploma or its equivalent; and,

(a) two years of full-time direct, supervised work experience providing services to children with disabilities under the age of five years; or,

(b) current matriculation in a degree program in psychology, early childhood development, early childhood education, speech language pathology, special or elementary education, or in a degree program necessary for a license, registration, or certification in a profession designated as qualified personnel in section 69-4.1(ak) of this Subpart;

(ii) an Associate's or higher level degree in psychology, early childhood development, early childhood education, speech language pathology, special or elementary education, or in a discipline necessary for license, registration, or certification in a profession designated as qualified personnel in section 69-4.1(ak) of this subpart;

(iii) certification as a teaching assistant; or,

(iv) board certification as a behavior analyst or assistant behavior analyst credentialed by the Behavior Analyst Certification Board, Inc., who are not otherwise licensed, registered, or certified by the New York State Education Department in a discipline included in the list of qualified personnel as defined in Section 69-4.1(ak).

(2) Prior to the provision of services to any child without direct, on-site supervision, ABA aides shall:

(i) Complete a child abuse and neglect identification and reporting workshop.

(ii) Complete a minimum of 20 hours of training or in-service in behavior interventions using ABA techniques within the past five years,

including at a minimum:

- (a) basic principles of behavior analysis;
- (b) the application of these principles in behavior intervention, including collection of data as needed for monitoring child progress;
- (c) ethical issues related to the delivery of applied behavior interventions; and,
- (d) overview of autism and pervasive developmental disorder.

(3) ABA aides shall complete a minimum of ten hours of additional training or in-service annually in topics pertaining to ABA services, and autism spectrum disorders or other disabilities for whom such interventions have been proven effective.

(i) Matriculation in a degree program specified in section 69-4.25(d)(1)(i)(b) may be used to meet this training requirement.

(f) Under the supervision and direction of a supervisor in accordance with this section, ABA aides shall:

- (1) assist the supervisor and qualified personnel with the implementation of individual child ABA plans;
- (2) assist in the recording and collection of data needed to monitor child progress;
- (3) participate in required team meetings; and
- (4) complete any other activities as directed by his or her supervisor and as necessary to assist in the implementation of individual child ABA plans.

(g) Qualified personnel who are employed or under contract with agencies approved to deliver ABA services using ABA aides, and who are providing ABA services using ABA aides and/or other early intervention services included in a child's and family's IFSP shall:

- (1) participate in the ongoing, systematic measurement, data collection, and documentation of the child's progress;
- (2) conduct data reviews on an ongoing basis to identify modifications that may be needed to individual child ABA plans as appropriate;
- (3) provide direction and support to ABA aides as needed and appropriate to assist such aides with the implementation of individual child ABA plans;
- (4) train and support the child's parent and/or caregivers to assist the parent and/or caregivers in follow-through with the child; and,
- (5) collaborate with other qualified personnel and ABA aides in implementing individual child ABA plans and IFSPs, including participating in team meetings convened by supervisors of ABA plans.

Health

69-4.26 Content and retention of child records.

(a) Municipalities shall maintain an early intervention record for each child referred to the program which documents the performance of all activities required to be completed by early intervention officials or their designees on behalf of eligible children under Article 25 of Title II-a of the Public Health Law. The early intervention record shall be maintained in a confidential manner in accordance with subdivision (b) of section 69-4.17 of this subpart. The early intervention record shall include the following:

- (1) the original or a copy of intake and referral documents, which must include the date the child's referral was received by the municipality;
- (2) Medicaid and third party payor information required for claiming, including the date such information was obtained and updated;
- (3) documentation signed by the parent acknowledging receipt of information regarding the rights afforded parents under the Early Intervention Program;
- (4) copies of all required written notices to the parent, which shall set forth the date the notice was sent to the parent;
- (5) original or copy of signed and dated consent from the parent for the child's and family's participation in the Early Intervention Program;
- (6) documentation identifying the child's and family's initial service coordinator and the date on which the service coordinator was assigned to the child and family;
- (7) where applicable, documentation of the designation of a surrogate parent for a child, including the date assigned, the surrogate parent's name and contact information, and circumstances leading to the designation of a surrogate parent;
- (8) any evaluation and diagnostic reports, including family assessments and any medical records and correspondence to/from primary care physician(s) that are part of the evaluation record and demonstrate ongoing physician involvement;
- (9) the child's and family's individualized family service plan and related documentation, including required six-month reviews, annual evaluations, amendments to the plan and any progress notes and other reports and documentation used at individualized family service plan meetings;
- (10) originals or copies of all correspondence to/from the municipality regarding the child and family. Municipalities shall also maintain in the child's record notations of any relevant discussions with parents, providers or others regarding the child and the child's family and their participation in the Early Intervention Program, except as otherwise prohibited by law;
- (11) for children in the care and custody or custody and guardianship of the local social services commissioner, originals or copies of any correspondence with the Commissioner or designee of the local social services districts. Municipalities shall also maintain in the child's record notations of any relevant discussions with the Commissioner or designee of the local social services district regarding the child's participation in the EIP;
- (12) all records pertaining to any due process proceedings, except as otherwise prohibited by law, related to the child's and family's participation in the Early Intervention Program;
- (13) original or copies of all correspondence with the local school district regarding the child's transition from the Early Intervention Program to services under section 4410 of the Education Law. Municipi-

palities must also maintain in the child's record notations of all actions taken to ensure a smooth transition for the child from the Early Intervention Program to services under section 4410 of the Education Law;

(14) reasons for a municipalities closure of a child's case in the Early Intervention Program and date of the closure;

(15) documentation necessary to support municipal claims to third party payors, including the medical assistance program, and to the Department for reimbursement of early intervention services. Such documentation shall include at a minimum: recipient identification; units of service and specific type of service provided; date(s) and session start and end times for the service rendered; ICD diagnostic code for the conditions or reasons for which care was provided; the name, address, and license, registration, certification, or where applicable, national provider identification number, of the individual that rendered the service and the name and identifying information of the billing provider.

(16) any other documentation and records pertaining to municipal actions and responsibilities pertaining to the child's and family's participation in the Early Intervention Program.

(b) Agency and individual providers shall maintain Early Intervention Program records for each eligible child for whom the provider is authorized to deliver service coordination services, evaluations, and early intervention services. The early intervention record shall be maintained in a confidential manner in accordance with subdivision (c) of section 69-4.17 of this subpart and shall document the performance of activities required to be completed by the provider on behalf of the child and family, including:

(1) written correspondence with or regarding the child/family and documentation of any relevant discussion with parents, other providers, or municipalities regarding the child and family;

(2) signed and dated parental consents relevant to delivery of services to the child and/or family;

(3) signed and dated consents related to the disclosure and/or exchange of information with other parties regarding services provided and/or the child's and family's participation in the Early Intervention Program;

(4) copies of any written notice(s) sent to the parent by the provider, which shall contain the date of such notice;

(5) the child's and family's individualized family service plan and related documentation, including required six-month reviews, annual evaluations, amendments to the plan and periodic progress notes and other reports and documentation used at individualized family service plan meetings;

(6) documentation of all authorizations by the municipality to provide early intervention services to the child and/or the child's family;

(7) documentation of accidents and incidents that have been reported to the early intervention official;

(8) written orders or recommendations from specific medical professionals when required for the services being provided to the child;

(9) reports pertaining to the child and/or family, including evaluation reports, ongoing assessments related to the services provided, and relevant professional and medical reports produced by or transmitted to the provider with parental consent;

(10) periodic progress notes shall be made by the provider and included in the child's record summarizing the effectiveness of the service and the progress being made toward outcomes included in the child's and family's individualized family service plan;

(11) where applicable, originals or copies of all written correspondence to/from the provider regarding discontinuation of services to the child and reasons why early intervention services were discontinued;

(12) documentation necessary for submission and substantiation of early intervention claims for payment by the municipality, including recipient identification (name, sex, and age of child); unit and specific type of service provided; date(s) of service; signature of parent or caregiver verifying the service was delivered; ICD diagnostic code for the condition or reasons for which care is provided; where applicable, the appropriate procedure code(s) for the service(s) provided; and, the name, address, and license, registration, certification, or where applicable, national provider identification number, of the professional delivering the service; and,

(13) any other documentation relevant to activities performed and services rendered related to the child's and family's participation in the Early Intervention Program.

(c) Individual providers who directly render services to a child and family, as a contractor to a municipality or approved agency, shall maintain original signed and dated session notes, following each child and family contact, which shall include the recipient's name, date of service, type of service provided, time the provider began delivering therapy to child and end time, brief description of the recipient's progress made during the session as related to the outcome contained in the individualized family service plan, name, title, and signature of the person rendering the service, and date the session note was created, and signature of the parent or caregiver which documents that the service was received by the child on the date and during the period of time as recorded by the provider.

(i) Qualified personnel who are licensed, registered, or certified under state education law and who deliver early intervention services shall, in addition to the provisions of this subpart, retain records in accordance with the laws and regulations that apply to their professions.

(ii) A municipality or provider agency in contract with individual providers may request or require submission of copies of such providers' session notes for municipal or provider agency records.

(iii) Original early intervention records generated by qualified personnel who are employees of a municipality or provider agency shall be retained by the respective municipality or provider agency.

(iv) Qualified personnel shall supply original session notes upon the request of a municipality, the Department, or provider agency for programmatic monitoring and fiscal audit purposes.

(d) Agency and individual providers of initial and/or ongoing service coordination services shall document all activities related to the performance of their duties as set forth in sections 69-4.6 and 69-4.7 of this subpart, including recipient's name; date of service; a description of the specific service coordination activity performed; name, date of contact, and purpose of contact for providers or others contacted on behalf of the child and family as necessary to implement the IFSP; start and end time for each contact; and, name, title and signature of the service coordinator, as applicable.

(e) Early intervention records pertaining to a child and family shall be retained by all municipalities and agency and individual providers for a minimum of six years from the date that care, services, or supplies were provided to the child and family.

(i) Individual early intervention providers who are licensed, registered, or certified under state education law must retain child and

family records for the period of time set forth in the laws and regulation that apply to their profession.

(ii) All municipalities, except New York City, shall retain early intervention program records, including but not limited to case record and screening, assessment, and referral records as follows:

(a) individual case records shall be retained until the child reaches the age of 21; and,

(b) screening, assessment, and referral records not found in individual case records must be retained for seven (7) years.

Health

69-4.30 Computation of rates for early intervention services provided to infants and children ages birth to three years old and their families or caregivers.

(a) The commissioner shall annually determine the rates for approved early intervention services and evaluations provided to eligible children, subject to the approval of the director of the budget. For payments made pursuant to this section for early intervention services to Medicaid patients, reimbursement shall be based upon a uniform payment schedule with discrete prices as set forth in subdivision (d) of this section. To be eligible to receive reimbursement pursuant to this section, providers must be approved to provide early intervention services pursuant to article 25 of the Public Health Law.

(b) For purposes of this section, a billable visit shall mean a face to face contact for the provision of authorized early intervention services between a provider of early intervention services and the individual(s) receiving such services, except for service coordination as described in subdivision (c)(3) of this section. Duration shall mean the time spent by a provider of early intervention services providing direct care or client contact. Activities such as case recording, training and conferences, supervisory conferences, team meetings and administrative work are not separately billable activities.

(c) Reimbursement shall be available at prices established pursuant to this section for the following early intervention program services:

(1) Screening as defined in section 69-4.1(11) of this Subpart and performed in accordance with section 69-4.8 of this Subpart. A provider shall submit one claim for a screening regardless of the number of visits required to perform and complete a screening. Reimbursement may be provided for up to two screenings of a child suspected of having a developmental delay in any twelve month period without prior approval of the Early Intervention Official. The Early Intervention Official shall approve any additional screenings provided to a child within the twelve month period. Reimbursement shall not be provided for screenings performed after a child has been found eligible for early intervention services.

(2) Multidisciplinary evaluation as defined in section 69-4.1(m) of this Subpart and performed in accordance with section 69-4.8 of this Subpart. Reimbursable evaluations shall include core evaluations and supplemental evaluations. A provider shall submit one claim for a core or supplemental evaluation regardless of the number of visits required to perform and complete the evaluation.

(i) A core evaluation shall include a developmental assessment, a review of pertinent records and a parent interview as specified in section 69-4.8(a)(4) of this Subpart, and may include a family assessment.

(a) A developmental assessment shall mean procedures conducted by qualified personnel with sufficient expertise in early childhood development who are trained in the use of professionally acceptable methods and procedures to evaluate each of the developmental domains: physical development, cognitive development, communication development, social or emotional development and adaptive development.

(b) A family assessment shall mean a voluntary, family-directed assessment conducted by qualified personnel who are trained in the use of professionally acceptable methods and procedures to assist the family in identifying their concerns, priorities and resources related to the development of the child.

(ii) Supplemental evaluations shall include supplemental physician or non-physician evaluations and shall be provided upon the recommendation

of the multi-disciplinary team conducting the core evaluation and agreement of the child's parent. A supplemental evaluation may also be provided in conjunction with the core evaluation by a specialist trained in the area of the child's suspected delay or disability who is present during the core evaluation as required by section 69-4.8(a)(3) of this Subpart and who provides an in-depth assessment of the child's strengths and needs in such area. Supplemental evaluations provided subsequent to the child's Individualized Family Service Plan (IFSP) must be required by and performed in accordance with the IFSP as specified in section 69-4.8(a)(13) of this Subpart.

(a) Supplemental physician evaluation shall mean an evaluation by a physician licensed pursuant to article 131 of the Education Law for the purpose of providing specific medical information regarding physical or mental conditions that may impact on the growth and development of the child and completing the required evaluation of the child's physical development as specified in section 69-4.8(a)(4)(i)(a) of this Subpart, or assessing specific needs in one or more of the developmental domains in accordance with section 69-4.8(a)(4)(iv) of this Subpart.

(b) Supplemental non-physician evaluation shall mean an additional evaluation for assessing the child's specific needs in one or more of the developmental domains in accordance with section 69-4.8(a)(4)(iv) of this Subpart. Information obtained from this evaluation shall provide direction as to the specific early intervention services that may be required for the child. Supplemental non-physician evaluations may be conducted only by qualified personnel as defined in section 69-4.1(jj) of this Subpart.

(iii)(a) A multidisciplinary evaluation consisting of a core evaluation and up to four supplemental evaluations (which may include any combination of physician and non-physician evaluations) may be reimbursed within a 12 month period without prior approval of the Early Intervention Official to develop and implement the initial IFSP and subsequent annual IFSPs. The Early Intervention Official shall approve and notify the department of any additional core or supplemental evaluations provided to a child within a twelve month period. If additional core or supplemental evaluations are necessary, such notice shall be provided on a monthly basis on forms provided by the department. Additional core or supplemental evaluations provided subsequent to the child's initial IFSP must be required by and performed in accordance with the IFSP as specified in section 69-4.8(a)(13) of this Subpart.

(b) Certain evaluation and assessment procedures may be repeated if deemed necessary and appropriate by the Early Intervention Official in conjunction with the required annual evaluation of the child's IFSP or more frequently in accordance with section 69-4.8(a)(12) of this Subpart. If additional evaluation or assessment procedures are necessary, the Early Intervention Official shall approve up to one more core evaluation and two supplemental evaluations prior to the next annual IFSP. Such additional evaluations must be required by and performed in accordance with the child's IFSP as specified in section 69-4.8(a)(13) of this Subpart. Any additional evaluations within that period shall be based on the indicators specified in section 69-4.8(a)(12), approved by the Early Intervention Official and the Commissioner of Health of the New York State Department of Health and required by and performed in accordance with the child's IFSP.

(3) Service coordination as defined in section 69-4.1(k)(2)(xi) of this Subpart. Service coordination shall be provided by appropriate qualified personnel and billed in 15 minute units that reflect the time spent providing services in accordance with sections 69-4.6 and 69-4.7 of this Subpart, or billed under a capitation methodology as may be established by the Commissioner subject to the approval of the Director

of the Budget. When units of time are billed, the first unit shall reflect the initial five to fifteen minutes of service provided and each unit thereafter shall reflect up to an additional fifteen minutes of service provided. Except for child/family interviews to make assessments and plans, contacts for service coordination need not be face-to-face encounters; they may include contacts with service providers or a child's parent, caregiver, daycare worker or other similar collateral contacts, in fulfillment of the child's IFSP.

(4) Assistive technology as defined in section 69-4.1(k)(2)(ii) of this Subpart;

(5) Home and community-based individual/collateral visit. This shall mean the provision by appropriate qualified personnel of early intervention services to an eligible child and/or parent(s) or other designated caregiver at the child's home or other natural setting in which children under three years of age are typically found (including day care centers, other than those located at the same premises as the early intervention provider, and family day care homes). Reimbursable home and community-based individual/collateral visits shall include basic and extended visits.

(i) A basic visit is less than one hour in duration. Up to three (3) such visits provided by appropriate qualified personnel within different disciplines per day may be billed for each eligible child as specified in an approved IFSP without prior approval of the Early Intervention Official.

(ii) An extended visit is one hour or more in duration. Up to three (3) such visits provided by appropriate qualified personnel within different disciplines per day may be billed for each eligible child as specified in an approved IFSP without prior approval of the Early Intervention Official.

(iii) Notwithstanding subparagraphs (i) and (ii) of this paragraph, no more than three (3) basic and extended visits combined per day may be billed for each eligible child as specified in an approved IFSP without prior approval of the Early Intervention Official.

(iv) A provider shall not bill for a basic and extended visit provided on the same day by appropriate qualified personnel within the same discipline without prior approval of the Early Intervention Official.

(6) Office/facility-based individual/collateral visit. This shall mean the provision by appropriate qualified personnel of early intervention services to an eligible child and/or parent(s) or other designated caregiver at an approved early intervention provider's site (including day care centers located at the same premises as the early intervention provider). Up to one (1) visit per discipline and no more than three (3) office/facility-based visits per day may be billed for each eligible child as specified in an approved IFSP without prior approval of the Early Intervention Official.

(7) Parent-child group visit. This shall mean the provision of early intervention services in a group comprised of parent(s) or other designated caregivers and eligible children, and a minimum of one appropriate professional qualified to provide early intervention services at an early intervention provider's site or a community-based site (e.g. day care center, family day care, or other community settings). Up to one (1) visit per day may be billed for each eligible child as specified in an approved IFSP without prior approval of the Early Intervention Official.

(8) Basic group developmental intervention visit. This shall mean the provision of early intervention services by appropriate qualified personnel to eligible children in a group which may also include children without disabilities, at an approved early intervention provider's

site or in a community-based setting where children under three years of

age are typically found.

(i) Up to one (1) group developmental intervention visit per day may be billed for each eligible child as specified in an approved IFSP without prior approval of the Early Intervention Official.

(ii) For purposes of subparagraph (i) of this paragraph and subparagraphs (i) of paragraphs (9) through (11) of this subdivision, a group developmental intervention visit shall include a basic visit as described in this paragraph, an enhanced visit as described in paragraph (9) of this subdivision, a basic with one-to-one aide visit as described in paragraph (10) of this subdivision, or an enhanced with one-to-one aide visit as described in paragraph (11) of this subdivision.

(9) Enhanced group developmental intervention visit. This shall mean a group developmental intervention visit as defined in paragraph (8) of this subdivision provided to a child who, due to age, significant medical needs (such as major feeding difficulties, severe orthopedic impairment), significant behavior management needs and/or level of developmental functioning, require significantly more time and attention from adults during group activities.

(i) Up to one (1) group developmental intervention visit per day may be billed for each eligible child as specified in an approved IFSP without prior approval of the Early Intervention Official.

(10) Basic group developmental intervention with one-to-one aide visit. This shall mean the provision of early intervention services by appropriate qualified personnel to eligible children in a group which may also include children without disabilities, with attendance at the group developmental intervention session by an additional aide or appropriate qualified personnel. This visit must be provided at an approved early intervention provider's site or in a community-based setting where children under three years of age are typically found.

(i) Up to one (1) group developmental intervention visit per day may be billed for each eligible child as specified in an approved IFSP without prior approval of the Early Intervention Official.

(11) Enhanced group developmental intervention with one-to-one aide visit. This shall mean a group developmental intervention with one-to-one aide visit as defined in paragraph (10) of this subdivision provided to a child who, due to age, significant medical needs (such as major feeding difficulties, severe orthopedic impairment), significant behavior management needs and/or level of developmental functioning, require significantly more time and attention from adults during group activities.

(i) Up to one (1) group developmental intervention visit per day may be billed for each eligible child as specified in an approved IFSP without prior approval of the Early Intervention Official.

(12) family/caregiver support group visit. This shall mean the provision of early intervention services by appropriate qualified personnel to a group of parents or other designated caregivers (such as foster parents, day care staff) and/or siblings of eligible children for the purposes of:

(i) enhancing their capacity to care for and/or enhance the development of the eligible child; and/or

(ii) provide support, education, and guidance to such individuals relative to the child's unique developmental needs. Up to two (2) visits per day may be billed for each eligible child as specified in an approved IFSP without prior approval of the Early Intervention Official (for example, one (1) for parents or other designated caregivers and one (1) for sibling(s) in a given day).

(13) ABA services. This shall mean services delivered by an ABA aide employed by and under the supervision of an agency provider approved in accordance with section 69-4.5 of this subpart to deliver ABA services

in accordance with requirements set forth in section 69-4.25 of this subpart. The price established pursuant to this section shall include direct and indirect supervisory time, team meetings and training. ABA services shall be billed by the day and in increments of 60 minutes up to and in accordance with the hours of service as specified in the child's IFSP.

(14) The Early Intervention Official shall approve and notify the department of any visits provided in addition to those described in paragraphs (5) through (12) as may be required by and provided in accordance with the child's IFSP. If such additional visits are necessary, such notice shall be provided on a monthly basis on forms provided by the department.

(d) The prices established pursuant to this section shall provide full reimbursement for the following:

(1) physician services, nursing services, therapist services, technician services, nutrition services, psychosocial services, service coordination, and other related professional and paraprofessional expenses directly incurred by the approved provider;

(2) space occupancy, except as provided in subdivision (g) of this section, and plant overhead costs;

(3) all supplies directly related to the provision of early intervention services, except as provided in subdivision (h) of this section; and

(4) administrative, personnel, business office, data processing, recordkeeping, housekeeping, and other related provider overhead expenses.

(e) The price for each service shall be adjusted for regional differences in wage levels to reflect differences in labor costs for personnel providing direct care and support staff and shall include consideration of absentee data and child to professional to paraprofessional ratios.

(f) Assistive Technology Devices - Reimbursement for approved assistive technology devices shall be at reasonable and customary charges approved by the Commissioner or his designee.

SCHOOL-AGE CHILD CARE

(Statutory authority: Social Services Law,

§§ 20(3)(d), 34(3)(f), 390, 390-a, and 390-b, L. 2000, ch. 416, §16)

Sec.

- 414.1 Definitions, enforcement and hearings
- 414.2 Procedures for applying for and renewing a registration
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414.1 Definitions, enforcement and hearings.

The provisions of Part 413 of this Title apply to this Part

414.2 Procedures for applying for and renewing a registration.

(a) Applicants for a registration must submit to the Office:

(1) a completed application, including required attestations, on forms furnished by the Office or approved equivalents. Such application and attestations must include an agreement by the applicant to operate the school-age child care program in conformity with applicable laws and regulations;

(2) certificate of occupancy or other documentation from the local government authority having jurisdiction for determining compliance with the New York State Uniform Fire Prevention and Building Code showing that the facility has been inspected and approved within the 12 months preceding the date of application for use as a school-age child care program, in accordance with the appropriate provisions of such Code;

(3) documentation from local zoning authorities or officials, where such authorities or officials exist, that a school-age child care program is a permitted use under any zoning code applicable to the area in which the school-age child care program is located;

(4) documentation from the local health department or the New York State Department of Health showing that the facility has been inspected and approved within the 12 months preceding the date of application;

(5) where a provider uses a private water supply, a report from a state licensed laboratory or individual, based on tests performed within the 12 months preceding the date of application, showing that the water meets standards for drinking water established by the New York State Department of Health;

(6) certification, on forms provided by the Office, that the building, its property and premises, and the surrounding neighborhood and environment are free from environmental hazards. Such hazards include but are

not limited to, dry cleaners, gas stations, nuclear laboratories or power plants, property designated as a federal superfund clean-up site, and any property with known contaminated ground or water supplies. Where the historical or current use of the dwelling, its property and premises, or the surrounding neighborhood indicate that an environmental hazard may be present, inspection or testing must be completed by the appropriate local official or authority to determine if such hazard exists. Documentation of the inspection or testing must be appended to the statement required by this paragraph and include a statement from the appropriate local official or authority following this inspection and/or testing that the dwelling, its property and premises, and the surrounding neighborhood meet applicable standards for sanitation and safety;

(7) documentation from service personnel licensed by the New York State Department of State to perform fire alarm systems maintenance, repair and testing which shows that fire alarm and detection systems have been inspected, tested and maintained in accordance with the applicable requirements of the New York State Uniform Fire Prevention and Building Code;

(8) documentation from service personnel qualified to perform fire suppression systems testing showing that fire suppression equipment and systems have been tested and maintained in accordance with the applicable requirements of the New York State Uniform Fire Prevention and Building Code;

(9) documentation from an inspector from the New York State Department of Labor, or an insurance company licensed to write boiler insurance in New York State, showing that all steam or hot water boilers have been inspected and approved in accordance with the requirements of the New York State Department of Labor. For all other fuel burning heating systems and equipment and boilers not subject to the New York State Department of Labor requirements, documentation of service by a heating contractor performed within the 12 months preceding the date of application;

(10) a diagram of the portion of the building to be occupied by the school-age child care program and all adjacent areas of such building, as required in section 414.3 of this Part;

(11) a description of program activities offered to meet the needs of children, as described in section 414.7 of this Part;

(12) a sworn statement by the applicant indicating whether, to the best of the applicant's knowledge, the applicant has ever been convicted of a misdemeanor or a felony in New York State or any other jurisdiction, and fingerprint cards as required to comply with the requirements of section 413.4 of this Article;

(13) certification, on forms provided by the Office, of the status of the individual applicant's child support obligations or payments, in accordance with the requirements of section 3-503 of the General Obligations Law;

(14) certification, on forms provided by the Office, that the school-age child care program is providing workers' compensation in accordance with the requirements of New York State law;

(15) the Statewide Central Register clearance form necessary to complete required screening by the Statewide Central Register of Child Abuse and Maltreatment to determine if the applicant is the subject of an indicated report of child abuse or maltreatment;

(16) a description of the procedure to be used to review and evaluate the background information supplied by applicants for employment and volunteer positions, as required in section 414.13 of this Part;

(17) when the school-age child care program is incorporated, a copy of the certificate of incorporation or an amendment thereto showing that the corporation has the authority to establish and operate school-age child care programs and verification of the filing of such certificate. Such corporation shall immediately notify the Office upon any transfer or reapportionment of corporate stock or any change in ownership of the corporation;

(18) when the school-age child care program is owned by an individual, corporation, partnership or other entity using a business or assumed name, a copy of the certificate of doing business under an assumed name obtained from the county clerk;

(19) completed fingerprint cards necessary to conduct a criminal history record check pursuant to section 413.4 of this Title; and

(20) a statement signed by the provider or authorized representative of the provider that the program is in compliance with all applicable statutes and regulations.

(b) School-age child care programs located in public school buildings currently used for elementary, middle or secondary education programs approved by the New York State Education Department are exempt from the requirements set forth in paragraphs (2)-(9) of subdivision (a) of this section. Each such program must submit a copy of the current certificate of occupancy issued by the State Education Department as part of the application. For those programs not issued such certificates of occupancy, the appropriate local equivalent, acceptable to the State Education Department, must be submitted.

(c) Applicants for a registration must submit all the documentation required in subdivision (a) of this section within 90 days after the submission of the first piece of such documentation to the department. An applicant who fails to submit all documentation within the 90 days will be deemed to have withdrawn such application.

(d) Applicants for a registration may not be issued a registration until an inspection of the school-age child care program has been conducted showing compliance with the requirements of this Part and the relevant provisions of the Social Services Law.

(e) Applicants for renewal of a registration must submit to the Office at least 60 days in advance of the expiration date of the registration the following:

(1) a completed application for renewal, including required attestations, on forms furnished by the Office, or approved equivalents. Such application and attestations must include an agreement by the applicant to operate the school-age child care program in conformity with applicable laws and regulations;

(2) where a provider uses a private water supply, a report from a state licensed laboratory or individual, based on tests performed within the 12 months preceding the date of the application for renewal, showing that the water meets the standards for drinking water established by the New York State Department of Health;

(3) certification, on forms provided by the Office, that the building, its property and premises, and the surrounding neighborhood and environment are free from environmental hazards. Such hazards include but are not limited to, dry cleaners, gas stations, nuclear laboratories or power plants, property designated as a federal superfund clean-up site, and any property with known contaminated ground or water supplies. Where the historical or current use of the building, its property and premises, or the surrounding neighborhood indicate that an environmental hazard may be present, inspection or testing must be completed by the appropriate local official or authority to determine if such hazard

exists. Documentation of the inspection or testing must be appended to the statement required by this paragraph and include a statement from the appropriate local official or authority following this inspection and/or testing that the building, its property and premises, and the surrounding neighborhood meet applicable standards for sanitation and safety;

(4) documentation from service personnel licensed by the New York State Department of State to perform fire alarm systems maintenance, repair and testing which shows that fire alarms and detection systems have been inspected, tested and maintained within the 12 months preceding the date of the application for renewal in accordance with the applicable requirements of the New York State Uniform Fire Prevention and Building Code;

(5) documentation from service personnel qualified to perform fire suppression systems testing showing that fire suppression equipment and systems have been tested and maintained within the 12 months preceding the date of the application for renewal;

(6) documentation from an inspector for the New York State Department of Labor or an insurance company licensed to write boiler insurance in New York State showing that all steam or hot water boilers have been inspected and approved in accordance with the requirements of the New York State Department of Labor. For all other fuel burning heating systems and equipment and boilers not subject to the New York State Department of Labor requirements, documentation of service by a heating contractor performed within the 12 months preceding the date of the application for renewal;

(7) certification, on forms provided by the Office, of the status of the individual applicant's child support obligations or payments, in accordance with the requirements of Section 3-503 of the General Obligations Law;

(8) certification, on forms provided by the Office, that the school-age child care program is providing workers' compensation in accordance with the requirements of New York State law; and

(9) documentation showing compliance with the training requirements of section 414.14 of this Part.

(f) The Office may grant an application for renewal of a registration without conducting an inspection of the school-age child care program. If the Office determines within its discretion that an inspection is necessary, a renewal of the registration may not be issued until an inspection has been conducted showing compliance with the requirements of this Part and the relevant provisions of the Social Services Law.

(g) School-age child care programs located in public school buildings currently used for elementary, middle or secondary education programs approved by the New York State Education Department are exempt from the requirements set forth in paragraphs (4) - (8) of subdivision (e) of this section. Each such program must submit a copy of the current certificate of occupancy issued by the State Education Department as part of the application for renewal. For those programs not issued such certificates of occupancy, the appropriate local equivalent, acceptable to the State Education Department, must be submitted.

414.3 Building and equipment.

(a) Each applicant must submit to the Office a diagram of the proposed school-age child care program at the time of application for registration.

(1) The diagram must be labeled with the planned occupancy or use of all areas of the building and all outside areas to be used or occupied by the school-age child care program. The diagram must show room dimensions, kitchens and bathrooms for children and staff, exits, alternate means of egress, plumbing fixtures such as toilets, sinks and drinking fountains, and the outdoor play area showing its relationship to the building.

(2) Whenever change(s), addition(s) or expansion(s) are proposed which will affect, or reasonably may be expected to affect, those portions of the building designated for the care of children or for their egress in case of an emergency, the provider must receive written approval from the Office prior to initiating such change(s), addition(s), or expansion(s).

(b) Areas that will be used by the children must be well-lighted and well-ventilated. Heating, ventilation and lighting equipment must be adequate for the protection of the health of the children. A temperature of at least 68 degrees Fahrenheit must be maintained in all rooms to be occupied by children.

(c) Children who require a rest period must be provided with clean, safe and sanitary individual sleeping arrangements.

(d) Children must be accommodated in rooms having a minimum of 35 square feet for each child. Areas used for large motor activity, staff lounges, storage spaces, halls, bathrooms, kitchens and offices may not be used in calculating the 35 square feet per child requirement.

(e) There must be a separate quiet area, which can be adequately supervised, for children who become ill or who develop symptoms of illness.

(f) Toxic paints or finishes must not be used on room surfaces, furniture or any other equipment, materials or furnishings which may be used by children or are within their reach.

(g) Peeling or damaged paint or plaster must be repaired promptly. Concrete floors used by the children must be covered with appropriate material.

(h) Readily accessible outdoor play space which is adequate for active play must be provided.

(i) Convenient, adequate and sanitary toilet facilities must be provided for the children in a separate, properly ventilated room readily accessible to playrooms and outdoor play areas. Toilets must be in private stalls or have other provisions that ensure privacy. One sanitary toilet and one wash basin must be available for every group of 20 children, or part thereof.

(j) Adequate and safe water supply and sewage facilities must be provided and must comply with State and local laws. Hot and cold running water must be available and accessible at all times.

(k) All buildings used for school-age child care programs must remain in compliance with the applicable provisions of the New York State Uniform Fire Prevention and Building Code.

414.4 Fire protection.

(a) Suitable precautions must be taken to eliminate all conditions which may contribute to or create a fire hazard.

(b) Evacuation drills must be conducted at least monthly during various hours of operation of the school-age child care program in accordance with the recommendations of the local fire marshal or fire department. A record of these drills must be kept on file using forms

furnished by the Office or approved equivalents.

(c) Fire detection, alarm and firefighting equipment appropriate to the type of building construction, size, height and occupancy must be provided.

(1) All fire alarm and detection systems must be inspected, tested and maintained in accordance with the applicable requirements of the New York State Uniform Fire Prevention and Building Code. All such inspections, testing and maintenance must be conducted by service personnel licensed by the New York State Department of State to perform fire alarm systems maintenance, repair and testing. All staff must be instructed in the function and operation of fire alarm and detection systems used in the school-age child care program.

(2) All fire suppression equipment and systems must be tested and maintained in accordance with the applicable requirements of the New York State Uniform Fire Prevention and Building Code. All such inspections, testing and maintenance must be conducted by service personnel qualified to perform fire suppression systems maintenance, repair and testing. All staff must be instructed in the function and operation of fire suppression equipment and systems used in the school-age child care program.

(d) Except for programs located in public school buildings currently used for elementary, middle or secondary education programs regulated or inspected by the State Education Department, the school-age child care program must have an inspection once every 12 months conducted by the local government authority having jurisdiction for determining compliance with the New York State Uniform Fire Prevention and Building Code.

(e) Adequate means of egress must be provided. Children may be cared for only on such floors as are provided with readily accessible alternate means of egress to other floors, in the case of fire-resistant buildings, and to the outside in the case of non-fire-resistant buildings. Such means of egress must be remote from each other.

(f) All corridors, aisles, and approaches to exits must be kept unobstructed at all times.

(g) Steam or hot water boilers must be inspected and approved in accordance with the requirements of the New York State Department of Labor by an inspector from the New York State Department of Labor or by an insurance company which is licensed to write boiler insurance in the State. All other fuel burning heating systems and equipment and boilers not subject to the New York State Department of Labor requirements must be serviced by a heating contractor once every 24 months.

(h) Trash, garbage and combustible materials must not be stored in the furnace room or in rooms or outdoor areas adjacent to the facility that are ordinarily occupied by or accessible to children.

(i) The director or a designated qualified staff member must conduct monthly inspections of the premises to observe possible fire and safety hazards. Any such hazard must be corrected immediately. A record of all inspections and all corrections must be maintained at the program.

414.5 Safety.

(a) Suitable precautions must be taken to eliminate all conditions in areas accessible to children which pose a safety or health hazard.

(b) The provider must submit a written plan for the emergency evacuation of children from the premises using a form furnished by the Office, or an approved equivalent form. Primary emphasis must be placed on the immediate evacuation of children. The plan, as approved by the

Office, must be posted in a conspicuous place in the program. The approved emergency evacuation plan must describe the following:

- (1) how children and staff will be made aware of an emergency;
- (2) primary and secondary evacuation routes;
- (3) methods of evacuation, including where children and staff will meet after evacuating the building, and how attendance will be taken;
- (4) roles of staff; and
- (5) notification of authorities and the children's parents.

(c) Portable electric heaters or other portable heating devices, regardless of the type of fuel used, may not be used in school-age child care programs.

(d) Radiators and pipes located in rooms occupied by children must be covered to protect the children from injury.

(e) Porches, decks and stairs must have railings with a barrier extending to the floor or ground to prevent children from falling. Acceptable types of barriers include, but are not limited to, balusters, intermediate rails, and heavy screening.

(f) School-age child care programs must provide and use barriers to restrict children from unsafe areas. Such areas include, but are not limited to, swimming pools, open drainage ditches, wells, holes, wood and coal burning stoves, fireplaces and permanently installed gas space heaters.

(g) The use of non-public swimming pools, spa pools and all fill-and-drain wading pools is prohibited.

(h) Public swimming pools and adjacent areas used by the children must be constructed, maintained, staffed and used in accordance with Chapter 1, subpart 6-1, of the New York State Sanitary Code, and in such a manner as will safeguard the lives and health of children.

(i) All matches, lighters, medicines, drugs, cleaning materials, detergents, aerosol cans and other poisonous or toxic materials must be stored in their original containers, and must be used in such a way that they will not contaminate play surfaces or food or food preparation areas, or constitute a hazard to children. Such materials must be kept in a place inaccessible to children.

(j) Indoor and outdoor plants which are hazardous to children must not be accessible to the children.

(k) Any pet or animal kept indoors or outdoors at the school-age child care program must be in good health, show no evidence of carrying disease, and pose no threat to children. This provision also applies to those pets or animals present at the program which do not belong to the staff of the program.

(l) The school-age child care program must have immediate access to a minimum of one stationary single-line telephone for general use and emergencies. Emergency telephone numbers for the fire department, local or state police or sheriff's department, poison control center, and ambulance service must be posted conspicuously on or next to each telephone with the capacity to make outside calls. Devices used for purposes of caller identification or call blocking shall not be used to block in-coming calls from parents or legal guardians of children in care, representatives of the Office or agents of the state or local government during the hours of operation of the child day care program.

(m) Materials and play equipment used by the children must be sturdy and free from rough edges and sharp corners.

(n) Outdoor equipment such as swings, slides and climbing apparatus must be installed and used in accordance with the manufacturer's specifications and instructions, be in good repair, and be placed in a safe location. Such equipment and apparatus may be used only by the children

for whom it is developmentally appropriate.

(o) Clear glass panels must be marked clearly to avoid accidental impact. Glass in outside windows less than 32 inches above the floor level must be of safety grade or otherwise protected by use of barriers to avoid accidental impact.

(p) Where child care is provided above the first floor, windows on such floors must be protected by barriers or locking devices to prevent children from falling out of the windows.

(q) An operable flashlight or battery powered lantern must be kept in the child care area. Such equipment must be properly maintained for use in the event of a power failure.

(r) Every closet door latch must be constructed to enable children to open the door from inside the closet. Every bathroom door lock must be designed to permit opening of the locked door from the outside in an emergency. The opening device must be readily accessible to the staff.

414.6 Transportation.

(a) The provider must obtain written consent from the parent of the child for any transportation to children in care at the school-age child care program provided or arranged for by the provider.

(b) A staff member must never leave a child unattended in any motor vehicle or other form of transportation.

(c) Each child must board or leave a vehicle from the curbside of the street.

(d) All children must be secured in safety seats or by safety belts as appropriate for the age of the child in accordance with the requirements of the Vehicle and Traffic Law before any child may be transported in a motor vehicle where such transportation is provided or arranged for by the provider.

(e) Any motor vehicle, other than a public form of transportation, used to transport children in care at the school-age child care program must have a current registration and inspection sticker and must be operated by a person who is at least 18 years of age and possesses a valid driver's license.

414.7 Program requirements.

(a) The school-age child care program must establish an organized, informal and nonscholastic program of activities appropriate to the age, needs and interests of the children, including children with disabilities.

(b) Children must be provided with a program of self-initiated, group-initiated and staff-initiated activities which are intellectually stimulating, and foster self-reliance and social responsibility.

(c) A written daily schedule of program activities and routines which offers reasonable regularity in routines, including snack and meal periods, quiet activities and active play, and activities which provide children with opportunities for learning and self-expression is required.

(d) Children must receive instruction, consistent with their age, needs and circumstances, in techniques and procedures which will enable them to protect themselves from abuse and maltreatment.

(e) The program must make a sufficient quantity and variety of materials and play equipment available to the children. Such materials and equipment must be appropriate to the ages of the children and their

developmental levels and interests, including children with developmental delays or disabilities, and promote the children's cognitive, educational, social, cultural, physical, emotional, language and recreational development.

414.8 Supervision of children.

(a) School-age child care programs must employ or have available staff who will promote the physical, intellectual, social, cultural and emotional well-being of the children.

(b) The school-age child care program must provide supervision of the staff responsible for the care of children. Workloads and assignments must be arranged to provide consistency of care to children and to allow staff to fulfill their respective responsibilities.

(c) Whenever the school-age child care program is in operation and the director is away from the premises, there must be a person designated to act on behalf of the director.

(d) Children cannot be left without competent direct supervision at any time.

(1) No person other than a director, head of group or assistant to the head of group may supervise a group independently even for brief periods of time, except in an emergency. No person under 18 years of age may be left alone to supervise a group of children at any time including in an emergency.

(2) The minimum age of a staff person is 16 years.

(3) A person who is qualified to perform the duties of an absent staff member must be provided when needed to comply with the applicable staff/child ratios.

(e) When a school-age child care program is in operation, an adequate number of qualified staff must be on duty to protect the health and safety of the children in care. The minimum ratios of staff to children are as follow:

Minimum Staff/Child Ratios Based on Group Size		
AGE OF CHILDREN	MINIMUM REQUIRED STAFF	
GROUP SIZE(*)	PER NUMBER OF CHILDREN	MAXIMUM
through 9 years	1:10	20
10-12 years	1:15	30

(*) This term refers to the number of children cared for together as a unit. Group size is used to determine the minimum staff/child ratio based upon age of the children in the group.

(f) When a school-age child care program cares for children in groups including children both over and under 10 years of age, the staff/child ratio used must be that ratio applicable to the youngest child in the group.

(g) No child can be released from the school-age child care program to any person other than his or her parent, or person currently designated in writing by such parent to receive the child, or any other person authorized by law to take custody of a child. No child can be released from the school-age child care program unsupervised except upon written instruction of the child's parent. Such instruction must be acceptable to the school-age child care program and should take into consideration such factors as the child's age and maturity, proximity to his or her home, and safety of the neighborhood.

(h) Visitor control procedures.

(1) Each school-age child care program shall require any and all visitors to the facility to:

- (i) sign in upon entry to the premises;
- (ii) indicate in writing the date of the visit and the time of entry to the facility;
- (iii) clearly state in writing the purpose of the visit; and
- (iv) sign out upon departure from the facility indicating in writing the time of departure.

(2) Each school-age child care program shall establish such other rules and policies as are necessary to provide for monitoring and control of visitors to protect the health, safety and welfare of children in care. As part of such rules and policies, each school-age child care program shall determine who shall be considered a visitor to the facility for purposes of this subdivision.

(i) Surveillance cameras may not be used as a substitute for competent direct supervision of children.

414.9 Discipline.

(a) The school-age child care program must establish written disciplinary guidelines and provide copies of these guidelines to all staff and parents of children in care at the program. These guidelines must include acceptable methods of guiding the behavior of children. Discipline must be administered in such a way as to help each child develop self-control and assume responsibility for his or her actions through clear and consistent rules and limits appropriate to the ages and development of the children in care. The staff must use acceptable techniques and approaches to help children solve problems.

(b) Any discipline used must relate to the child's action and be handled without prolonged delay on the part of the staff so that the child is aware of the relationship between his or her actions and the consequences of those actions.

(c) Isolating a child in a closet, darkened area, or any area where the child cannot be seen and supervised by a staff member is prohibited.

(d) Where a child's behavior harms or is likely to result in harm to the child, others or property, or seriously disrupts or is likely to seriously disrupt group interaction, the child may be separated briefly from the group, but only for as long as is necessary for the child to regain enough self-control to rejoin the group. The child must be placed in an area where he or she is in the view of, and can be supervised and supported by, a staff member. Interaction between a staff member and the child must take place immediately following the separation to guide the child toward appropriate group behavior. Separation of a child from the group in a manner other than that provided for in this subdivision is prohibited.

(e) Corporal punishment is prohibited. For the purposes of this Part, the term corporal punishment means punishment inflicted directly on the body including, but not limited to, 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, foods, hot spices or other substances.

(f) Withholding or using food, rest or sleep as a punishment is prohibited.

(g) Discipline must be administered and supervised by the school-age child care program staff.

(h) Methods of discipline or interaction which frighten, demean or humiliate a child are prohibited.

414.10 Child abuse and maltreatment.

(a) Any abuse or maltreatment of a child, either as an incident of discipline or otherwise, is prohibited. A school-age child care program must prohibit and may not tolerate or in any manner condone an act of abuse or maltreatment by an employee, volunteer or any other person under the provider's control. An abused child or maltreated child means a child defined as an abused child or maltreated child pursuant to section 412 of the Social Services Law.

(b) Screening requirements for school-age child care programs registered with the Office are as follows:

(1) School-age child care programs must inquire of the Office whether any person who is actively being considered for employment and any individual or any person who is employed by an individual, corporation, partnership or association which provides goods or services to the program, and who will have the potential for regular and substantial contact with the children who are cared for by the program, is the subject of an indicated report of child abuse or maltreatment on file with the Statewide Central Register of Child Abuse and Maltreatment. Each such program may inquire of the Office whether any current employee, or any person who is being considered for use as a volunteer or for hiring as a consultant, and who has or will have the potential for regular and substantial contact with children being cared for by the program, is the subject of an indicated report of child abuse or maltreatment on file with the Statewide Central Register of Child Abuse and Maltreatment. An inquiry regarding any current employee may be made only once in any six month period.

(2) Prior to making any inquiry to the Office pursuant to paragraph (1) of this subdivision, the school-age child care program must notify, in the form prescribed by the Office, the person who will be the subject of the inquiry that an inquiry will be made to determine whether such person is the subject of an indicated report of child abuse or maltreatment on file with the Statewide Central Register of Child Abuse and Maltreatment.

(3) (i) Except as set forth in subparagraph (ii) of this paragraph, a school-age child care program may not permit a person hired by the program, a volunteer or consultant, or a person who is employed by an individual, corporation, partnership or association which provides goods or services to the program to have contact with children in the care of the program prior to obtaining the result of the inquiry required by this subdivision.

(ii) An employee of a school-age child care program or an employee, a volunteer or consultant, of a provider of goods and services to the school-age child care program may have contact with children cared for by the program prior to the receipt by the program of the result of the inquiry required by this subdivision only where such employee is visually observed or audibly monitored by an existing staff member of the program. Such employee must be in the physical presence of an existing staff member for whom:

(a) the result of an inquiry required by Section 424-a of the Social Services Law has been received by the school-age child care program and the program hired the existing staff member with knowledge of the result of the inquiry; or

(b) an inquiry was not made because such staff member was hired before the effective date of Section 424-a of the Social Services Law.

(4) If an applicant, employee or other person about whom the school-age child care program has made an inquiry is found to be the subject of an indicated report of child abuse or maltreatment, such program must determine, on the basis of information it has available and in accordance with guidelines developed and disseminated by the Office, whether to hire, retain or use the person as an employee, volunteer or consultant or to permit the person providing goods or services, to have access to children being cared for by the school-age child care program. Whenever such person is hired, retained, used or given access to children, such program must maintain a written record, as part of the application file or employment or other personnel record of such person, of the specific reason(s) why such person was determined to be appropriate and acceptable as an employee, volunteer, consultant or provider of goods or services with access to children being cared for by the program.

(5) If the school-age child care program denies employment or makes a decision not to retain an employee, not to use a volunteer or consultant, or not to permit a person providing goods or services to the program to have access to children who are being cared for by the program, such program must provide a written statement to the applicant, employee, volunteer, consultant or other such person, indicating whether the denial or decision was based in whole or in part on the existence of the indicated report, and, if so, the reasons for such denial or decision. If the denial or other decision is based in whole or in part on the existence of an indicated report of child abuse or maltreatment, the notice of denial or decision must also include, in the form prescribed by the Office, written notification to the applicant, employee, volunteer, consultant or other person that:

(i) he or she has a right, pursuant to section 424-a of the Social Services Law, to request a hearing before the Office regarding the record maintained by the Statewide Central Register of Child Abuse and Maltreatment;

(ii) a request for such a hearing must be made within 90 days of the receipt of the notice indicating that the denial or decision was based on the existence of the indicated report; and

(iii) at any such hearing, the sole issue will be whether the applicant, employee, volunteer, consultant or other person who is the subject of the indicated report has been shown by a fair preponderance of the evidence to have committed the act or acts of child abuse or maltreatment giving rise to the indicated report.

(6) If in a hearing held pursuant to a request made in accordance with paragraph (4) of this subdivision and section 424-a of the Social Services Law, the hearing decision finds that there is not a fair preponderance of the evidence showing that the applicant, employee, volunteer, consultant or other person committed the act or acts upon which the indicated report is based, the Office must notify the program which made the inquiry that, pursuant to the hearing decision, the program's decision to deny the application, discharge the employee, not use the volunteer or consultant, or not permit the person to have access to children being cared for by the program should be reconsidered. Upon receiving such notification from the Office, such program should review its denial or other decision without considering the indicated report.

(c) In accordance with the provisions of sections 413 and 415 of the Social Services Law, school-age child care program staff must report any suspected incidents of child abuse or maltreatment concerning a child receiving child day care to the Statewide Central Register of Child

Abuse and Maltreatment or cause such a report to be made when such staff have reasonable cause to suspect that a child coming before them in their capacity as school-age child care program workers is an abused or maltreated child. This must be done in the following manner:

(1) School-age child care program staff must report such information to the director of the program or his or her designee.

(2) The director of the school-age child care program or his or her designee is responsible for making or causing to be made an immediate report to the Statewide Central Register of Child Abuse and Maltreatment by telephone, followed by a written report within 48 hours, in the form and manner prescribed by the Office, to the child protective service of the social services district in the county in which the child resides. If the staff become aware that the director of the program or his or her designee has not made a report to the Statewide Central Register of Child Abuse and Maltreatment, then staff must report the alleged abuse or maltreatment directly to the Statewide Central Register of Child Abuse and Maltreatment.

(3) If the director is the person allegedly responsible for the alleged abuse or maltreatment, staff must report the alleged abuse or maltreatment directly to the Statewide Central Register of Child Abuse and Maltreatment.

(d) The director or operator of the school-age child care program is responsible for implementing procedures which ensure the safety and protection of any child named in a report of child abuse or maltreatment involving a situation which occurs while the child is in attendance at the program. Immediately after making or causing to be made a report pursuant to subdivision (c) of this section, the director or operator of the program must take such appropriate action as is necessary to ensure the health and safety of the children involved in the report and, as necessary, of any other children in the care of the program. The director or operator must also take all reasonable steps to preserve any potential evidence of abuse or maltreatment. Insofar as possible, any action taken under this subdivision must cause as little disruption as possible to the daily routine of the children in the program.

(e) In meeting his or her responsibilities under this subdivision, the director or operator of the school-age child care program may, consistent with any appropriate collective bargaining agreements or applicable provisions of law, take one or more of the following actions with regard to staff of the program relevant to a report of child abuse or maltreatment involving a child while in attendance at the program:

(1) dismissal, suspension or transfer of any employee, volunteer or other person who is the subject of a child abuse or maltreatment report;

(2) increased supervision over a person who is the subject of a report;

(3) provision of instruction and/or remedial counseling to a person who is the subject of a report;

(4) initiation of appropriate disciplinary action where applicable; and/or

(5) provision of appropriate training to and/or increased supervision of staff and/or volunteers pertinent to the prevention and remediation of child abuse and maltreatment.

414.11 Health and infection control.

*(a) The provider must prepare a health care plan on forms furnished by the office, or approved equivalents. Such plan must protect and

promote the health of children in a manner consistent with the health care plan guidelines issued by the office, which guidelines describe practices to promote the health of children and, for programs that provide care for such children, special considerations for the care of mildly ill children. The health care plan must be on site and available upon demand by a parent or guardian or the office. The health care plan must be followed by the provider and, for programs offering the administration of medications, must be approved by the program's health care consultant. Should the health care consultant determine after a visit to the day care program that the approved health care plan is not being reasonably followed by the provider, the health care consultant may revoke his or her approval of the plan. If the health care consultant revokes his or her approval of the health care plan, the health care consultant must immediately notify the provider and the provider must immediately notify the office. In that instance, the health care consultant may also notify the office directly if he or she so desires. The health care plan must describe the following:

(1) how a daily evaluation of each child for any indication of illness, injury, abuse or maltreatment will be conducted;

(2) how a record of each child's illnesses, injuries and signs of abuse or maltreatment will be maintained;

(3) how professional assistance will be obtained in emergencies;

(4) the advance arrangements for the care of any child who has or develops symptoms of illness or is injured, including notifying the child's parent;

(5) which staff members are certified to administer medications. The plan must state that only a trained, designated staff person may administer medications to children, except in those programs where the only administration of medications offered will be the administration of over-the-counter topical ointments, including sunscreen lotion and topically applied insect repellent pursuant to paragraph (12) of subdivision (g) of this section. The designated staff person may only administer medications to children if the designated staff person is at least 18 years of age, possesses a current certification in first aid and cardiopulmonary resuscitation (CPR), and has completed the administration of medication training pursuant to paragraph (14) of subdivision (g) of this section;

(6) the designation of the health care consultant of record for programs offering the administration of medications, except in those programs where the only administration of medications offered will be the administration of over-the-counter topical ointments, including sunscreen lotion and topically applied insect repellent pursuant to paragraph (12) of subdivision (g) of this section; and

(7) the scheduling of visits by a health care consultant to programs offering the administration of medications, except in those programs where the only administration of medications offered will be the administration of over-the-counter topical ointments, including sunscreen lotion and topically applied insect repellent pursuant to paragraph (12) of subdivision (g) of this section.

* NB Effective January 31, 2005

* (a) The provider must prepare a health care plan on forms furnished by the Office, or approved equivalents. Such plan must protect and promote the health of children in a manner consistent with the health care plan guidelines issued by the Office, which guidelines describe practices to promote the health of children and, for programs that provide care for such children, special considerations for the care of mildly ill children. The approved health care plan must be followed by

the provider and must describe the following:

(1) how a daily evaluation of each child for any indication of illness, injury, abuse or maltreatment will be conducted;

(2) how a record of each child's illnesses, injuries and signs of abuse or maltreatment will be maintained;

(3) how professional assistance will be obtained in emergencies; and

(4) the advance arrangements for the care of any child who has or develops symptoms of illness or is injured, including notifying the child's parent.

* NB Effective until January 31, 2005

(b) Each employee and volunteer must submit a statement from a health care provider prior to beginning employment at the school-age child care program, and every two years thereafter. Such statement must give satisfactory evidence that the individual is physically fit to provide child day care, has no diagnosed psychiatric or emotional disorder which would preclude such individual from providing child day care, and is free from communicable disease. The medical statement also must include the results of a Mantoux tuberculin test which has been performed within the 12 months preceding the date of the statement.

(c) Consumption of, or being under the influence of, alcohol or controlled substances by staff of the school-age child care program is prohibited. Smoking in indoor areas, in outdoor areas in use by children and in vehicles while children are being transported is prohibited.

* (d) (1) The provider must obtain emergency health care for children who require such care and also must:

(i) obtain written consent at the time of admission from the parent or guardian which authorizes the provider to obtain emergency health care for the child;

(ii) arrange for the transportation of any child in need of emergency health care, and for the supervision of the children remaining in the school-age child care program; and

(iii) in the event of an accident or illness requiring immediate health care, secure such care and notify the parent or guardian.

(2) Where a provider or employee has been certified to administer medications in a day care setting in accordance with the requirements of paragraph (14) of subdivision (g) of this section, such provider or employee may administer emergency care through the use of epinephrine auto-injector devices when necessary to prevent anaphylaxis for an individual child but only when the parent or guardian and the child's health care provider have indicated such treatment is appropriate.

* NB Effective January 31, 2005

* (d) The provider must obtain emergency health care for children who require such care and also must:

(1) obtain written consent at the time of admission from the parent which authorizes the provider to obtain emergency health care for the child;

(2) arrange for the transportation of a child in need of emergency health care, and for the supervision of the children remaining in the school-age child care program; and

(3) in the event of an accident or illness requiring immediate health care, secure such care and notify the parent.

* NB Effective until January 31, 2005

(e) The program must be equipped with a portable first aid kit which is accessible for emergency treatment. The first aid kit must be stocked to treat a broad range of injuries and situations and must be restocked as necessary. The first aid kit and any other first aid supplies must be kept in a clean container or cabinet not accessible to children.

(f) When a child has or develops a level of illness that is not accommodated in the provider's approved health care plan, the child must be provided with a place to rest quietly that is in view of, and under the supervision of, staff until the child is seen by a health care provider or is removed from the school-age child care program. In the event that a child has or develops any symptoms of illness, the provider is responsible for immediately notifying the parent.

* (g) The school-age child care program may administer medication or treatment only in accordance with the following:

(1) Policies regarding the administration of medications must be explained to the parent or guardian at the time of enrollment of the child in care. Parents or guardians must be made familiar with the policies of the day care provider relevant to the administration of medications. Where the day care provider is advised that the child being enrolled is a child with special health care needs, the day care provider must work together with the parent and the child's health care provider to develop a reasonable health care plan for the child while the child is in the child day care program. The health care plan for the child must also address how the day care provider will obtain or develop any additional competencies that the day care provider will need to have in order to carry out the health care plan for the child.

(2) Nothing in this section shall be deemed to require any provider to administer any medication, treatment, or other remedy except to the extent that such medication, treatment or remedy is required under the provisions of the Americans with Disabilities Act.

(3) Nothing in this section shall be deemed to prevent a parent, guardian or relative within the third degree of consanguinity of the parents or step-parents of a child, even if such a person is an employee of the program, from administering medications to a child while the child is attending the program even if the provider has chosen to not administer medications or if the staff person(s) designated to administer medications is not present when the child receives the medication. If the provider elects not to administer medications, the day care provider or an employee must still document the dosages and time that the medications were given to the child by the child's parent, guardian or relative within the third degree of consanguinity of the parents or step-parents of the child. If the only administration of medication in a day care program is done by a parent(s), guardian(s) or relative(s) within the third degree of consanguinity of the parents or step-parents of a child, the provider and employee(s) of the program do not have to complete the administration of medication training requirements pursuant to paragraph (14) of subdivision (g) of this section.

(4) All providers who choose to administer medications to children must have a health care consultant of record and must address the administration of medications in the health care plan in accordance with the requirements of subdivision (a) of this section. The provider must confer with a health care consultant regarding the program's policies and procedures related to the administration of medications. This consultation must include a review of the documentation that all staff authorized to administer medications have the necessary professional license or have completed the necessary training.

(5) Providers and employees may administer prescription and non-prescription (over-the-counter) medications for eyes or ears, oral medications, topical ointments and medications, and inhaled medications in accordance with the provisions of this subdivision. Providers and employees may not administer medications by injection, vaginally or rectally except as follows:

(i) in accordance with the provisions of paragraph (2) of subdivision (d) of this section;

(ii) for a child with special health care needs, where the parent, day care provider and the child's health care provider have agreed on a plan pursuant to which the provider may administer medications by injection, vaginally or rectally; or

(iii) where the provider or employee has a valid New York State license as a physician, physician's assistant, registered nurse, nurse practitioner, licensed practical nurse or advanced emergency medical technician.

(6) A day care provider who agrees that the day care provider or employee in the school age child care program will administer medications to a child must do so, unless they observe the circumstances specified by the health care provider, if any, under which the medication must not be administered. In such instances, the day care provider or employee must contact the parent or guardian immediately.

(7)(i) Except as described in paragraphs (11), (12) and (13) of this subdivision, medication may be administered only upon written permission of the parent or guardian and written instructions from a health care provider in a language in which the day care provider or employee who will administer the medications is literate stating that the child day care provider or employee may administer such medication or prescription and specifying the circumstances, if any, under which the medication or prescription must not be administered. Medication must be returned to the parent or guardian when it is no longer required by the child or, with the permission of the parent or guardian, be properly disposed of by the provider.

(ii) Where the day care provider has received written permission of the parent or guardian and written instructions from the health care provider authorizing administration of a specified medication if the day care provider observes some specified condition or change of condition in the child while the child is in care, the day care provider may administer the specified medication without obtaining additional authorization from the parent or guardian or health care provider.

(8) To the extent that such information is not included on the medication label pursuant to paragraph (9) of this subdivision, written instructions by the licensed authorized prescriber on the form provided by the office or an equivalent form, must include the:

(i) Child's name;

(ii) Licensed authorized prescriber's name, telephone number, and signature;

(iii) Date authorized;

(iv) Name of medication and dosage;

(v) Frequency the medication is to be administered;

(vi) Method of administration;

(vii) Date the medication shall be discontinued or length of time, in days, the medication is to be given;

(viii) Reason for medication (unless this information must remain confidential pursuant to law);

(ix) Most common side effects or reactions; and

(x) Special instructions or considerations, including but not limited to possible interactions with other medications the child is receiving or concerns regarding the use of the medication as it relates to a child's age, allergies, or any pre-existing conditions.

(9) Medications must be kept in the original labeled bottle or container. Over-the-counter medication must be kept in the originally labeled container and be labeled with the child's first and last name.

Prescription medications must contain the original pharmacy label that lists:

- (i) Child's name;
- (ii) Authorized prescriber's name;
- (iii) Pharmacy name and telephone number;
- (iv) Date prescription was filled;
- (v) Name of the medication;
- (vi) Dosage;
- (vii) How often to give the medication; and
- (viii) Date the medication shall be discontinued or length of time, in days, the medication is to be given.

(10) In the case of medication that needs to be given on an ongoing, long-term basis, the authorization and consent forms must be reauthorized at least once every six months. Any changes in the original medication authorization shall require a provider to obtain new instructions written by the licensed authorized prescriber and a change in the prescription.

(11) If a parent or guardian requests that the day care provider or employee administer a prescription or orally administered over-the-counter medication but does not furnish the day care provider or employee with written instructions from a health care provider or licensed authorized prescriber, the day care provider or employee may administer such medication or prescription with the oral approval of the parent or guardian and upon obtaining verbal instructions directly from the health care provider or licensed authorized prescriber for that day only. The day care provider or employee must document that the health care provider or licensed authorized prescriber gave verbal instructions and that the health care provider or licensed authorized prescriber was asked to send written instructions to the day care provider or employee. If the medication is to be administered on subsequent days, written instructions must have been provided to the day care provider or employee from the health care provider.

(12) The day care provider or employee may administer over-the-counter topical ointments, including sunscreen lotion and topically applied insect repellent, upon the written instructions of the parent or guardian. Such administration must be consistent with any directions for use noted on the original container, including but not limited to precautions related to age and special health conditions. With such written instructions, day care providers and employees may administer over-the-counter topical ointments and sunscreen lotion without receiving the training in administration of medications otherwise required pursuant to paragraph (14) of this subdivision.

(13)(i) If a child develops symptoms which indicate a need for over-the-counter medication, including topical ointments, while in care at the program, such medication or ointment may be given under verbal instructions from the parent or guardian for that day only if the instructions received from the parent or guardian are consistent with any directions for use of the medication or ointment noted on the original container.

(ii) For all children for whom the day care provider or employee administers over-the-counter medications pursuant to this paragraph, the day care provider or employee must document that the parent or guardian gave verbal instructions and approval. If the medication is to be administered on subsequent days, written instructions from the parent or guardian and, in the case of orally administered medications, a health care provider or licensed authorized prescriber, must be obtained.

(14) All day care providers and employees, except those excluded in

subparagraph (iii) of this paragraph and except as provided in paragraphs (3) and (12) of this subdivision, who have agreed to administer medication must complete the office-approved medication administration training or an office-approved equivalent before administering medications to children in day care. The certification of training in the administration of medications to children in day care shall be effective for a period of three years from the date of issuance. The provider or employee must complete a recertification training approved by the office in order to extend the certification for each additional three year period. If, however, the provider or employee ceases to work in a day care program for a continuous period of one year, the certification shall automatically lapse. Where a certification lapses, the provider or employee may not be recertified unless the provider or employee completes the initial medication administration training or the recertification training, as required by the office. Where enforcement action has been taken against the provider based on a failure by the provider or employee to comply with requirements for the administration of medications set forth in this section, the office may require retraining or may prohibit the provider or employee from being involved in the administration of medications.

(i) Providers or employees who will be responsible for administering medications must receive training in the methods of administering medications prior to administering any medications in a day care setting. In order to be trained in the administration of medications in a day care setting, a provider or employee must be literate in the language or languages in which health care instructions from parents and health care providers will be received. Upon completion of the training, the provider or employee must receive a written certificate from the trainer that indicates that the trainee has successfully completed this training program, as required, and demonstrated competency in the administration of medications in a day care setting. Persons who receive training in the administration of medications in day care settings pursuant to this section may not otherwise administer medications or represent themselves as being able to administer medications except to the extent such persons may be able to do so in accordance with the relevant provisions of the Education Law.

(ii) The training in the administration of medications must be provided by a health care provider who has been certified by the office to administer the office-approved curriculum. The training must be documented and must include, but need not be limited to, the following:

- (a) training objectives;
- (b) a description of the methods of administration including principles and techniques of application and dispensation of oral, topical, and inhalant medication, including the use of nebulizers, and the use of epinephrine auto-injector devices when necessary to prevent anaphylaxis in emergency situations with respect to the various age groups of children;
- (c) administering medication to an uncooperative child;
- (d) an evaluation of whether the trainee demonstrates competency in:
 - (1) understanding orders from the health care professional or licensed authorized prescriber;
 - (2) the ability to correctly carry out the orders given by the health care provider or licensed authorized prescriber;
 - (3) recognition of common side effects of medications and ability to follow written directions regarding appropriate follow up action;
 - (4) avoidance of medication errors and what action to take if an error occurs;

- (5) understanding relevant commonly used abbreviations;
- (6) maintaining required documentation including the parent or guardian's permission, written orders from health care professionals and licensed authorized prescribers, and the record of administration of medications;
- (7) safe handling of medications, including receiving medications from a parent or guardian;
- (8) proper storage of medications, including controlled substances; and
- (9) safe disposal of medications.

(iii) A person who can produce a valid New York State license as a physician, physician's assistant, registered nurse, nurse practitioner, licensed practical nurse or advanced emergency medical technician will not be required to attend the training required by this paragraph in order to administer medications in a day care program. Documentation establishing the person's credentials in one of the above fields will be required and a copy of the documentation must be provided to the Office.

(15) Medications must be kept in a clean area that is inaccessible to children. If refrigeration is required, the medication must be stored in either a separate refrigerator or a leak-proof container in a designated area of a food storage refrigerator, separated from food and inaccessible to children. Day care programs must comply with all Federal and State requirements for the storage and disposal of all types of medications, including controlled substances.

(16) At the time of administration, the day care provider or employee must document the dosages and time that the medications are given to the child. All observable side effects must be documented and shared with the parent, guardian and, when appropriate, the child's health care provider. Documentation must be made if the medication was not given and the reason for such a decision. The parent or guardian must be notified immediately and the Office must be notified by the close of the following business day of any medication administration errors. Notification to the Office must be reported on a form provided by the Office or on an approved equivalent.

(17) No child under the care of a school age care center will be allowed to independently administer medications without the assistance and direct supervision of staff that are certified to administer medications pursuant to this section. Any program that elects to offer the administration of medication to children where children who attend the program independently administer medications or where children assist in the administration of their own medications must comply with all the provisions of this section.

* NB Effective January 31, 2005

* (g) Children may be given medication or treatment only in accordance with the following:

(1) Except as described in paragraphs (3) and (4) of this subdivision, prescription and orally-administered over-the-counter medication may be administered only upon written permission of the parent and written instructions from a health care provider stating that the school-age child care program may administer such medication or prescription and specifying the circumstances, if any, under which the medication or prescription must not be administered. Medication must be in the original container labeled with the child's complete name, the medication name, recommended dosage, time intervals for administration, method of administration, expiration date and, for prescription medication, the prescriber's name and license number. Such medications must be stored

according to the instructions on the label in a place that is inaccessible to children. Medication must be returned to the parent when no longer needed.

(2) The program may administer over-the-counter topical ointments upon the written instructions of the parent.

(3) If a parent requests that the program administer prescription or orally-administered over-the-counter medication but does not furnish the program with written instructions from a health care provider, the school-age child care program may administer such medication or prescription upon obtaining verbal instructions directly from the health care provider. The program must document that verbal instructions were given by a health care provider, and that the health care provider was asked to send written instructions to the program.

(4) If a child develops symptoms which indicate a need for over-the-counter medication, including topical ointments, while in care at the program, such medication may be given under verbal instructions from the parent for that day only. The program must document that verbal approval and instructions were given by the parent. Written instructions from the parent and, in the case of orally-administered medications, a health care provider must be obtained if the medication is to be administered on subsequent days.

(5) Providers who agree to administer medications must do so, unless they observe the circumstances specified by the health care provider, if any, under which the medication or prescription must not be administered. In such instances, the provider must contact the parent immediately.

(6) At the time of administration, the staff must document the dosages and time that prescription or over-the-counter medications are given to a child.

(7) Nothing in this section shall be deemed to require any provider to agree to give any medication, prescription, or other remedy or treatment except to the extent that such administration of medication is required under the provisions of the Americans with Disabilities Act.

* NB Effective until January 31, 2005

* (h) Staff must thoroughly wash their hands with soap and running water at the beginning of each day, before and after the administration of medications, when they are dirty, after toileting, before and after food handling or eating, after handling pets or other animals, after contact with any bodily secretion or fluid, and after coming in from outdoors.

* NB Effective January 31, 2005

* (h) Staff must thoroughly wash their hands with soap and running water at the beginning of each day, when they are dirty, after toileting, before and after food handling or eating, after handling pets or other animals, after contact with any bodily secretion or fluid, and after coming in from outdoors.

* NB Effective until January 31, 2005

(i) Staff must ensure that children thoroughly wash their hands or assist children with thoroughly washing their hands with soap and running water when they are dirty, after toileting, before and after food handling or eating, after handling pets or other animals, after contact with any bodily secretion or fluid or after coming in from outdoors. Staff must assist children in keeping clean and comfortable, and in learning appropriate personal hygiene practices.

(j) Safety precautions relating to blood must be observed by all staff coming into contact with blood, as follows:

(1) Disposable gloves must be immediately available and worn whenever

there is a possibility for contact with blood, including but not limited to:

- (i) touching blood or blood-contaminated body fluids;
 - (ii) treating cuts that bleed; and
 - (iii) wiping surfaces stained with blood.
- (2) In an emergency, a child's well-being must take priority. A bleeding child must not be denied care because gloves are not immediately available.
- (3) Disposable gloves must be discarded after each use.
- (4) If blood is touched accidentally, the exposed skin must be thoroughly washed with soap and running water.
- (5) Clothes contaminated with blood must be placed in a securely tied plastic bag and returned to the parent at the end of the day.
- (6) Surfaces that have been blood stained must be cleaned and then disinfected with a germicidal solution.
- (k) Toilet facilities must be kept clean at all times, and must be supplied with toilet paper, soap and disposable towels accessible to the children.
- (l) All rooms, equipment, surfaces, supplies and furnishings accessible to children must be cleaned and disinfected as needed to protect the health of children, and in a manner consistent with the health care plan guidelines issued by the Office. The premises must be kept free from dampness, odors, vermin, and the accumulation of trash.
- (1) Equipment that is frequently used or touched by children on a daily basis must be cleaned and disinfected when soiled and at least once weekly.
 - (2) Carpets contaminated with body fluids must be spot cleaned.
 - (3) Extensive cleaning, such as shampooing carpets or washing windows and walls, must occur when children are not present.
 - (4) (i) Any application of pesticides (as the term pesticide is defined in section 33-0101 of the Environmental Conservation Law) shall be completed in accordance with the requirements of section 390-c of the Social Services Law and sections 33-1004 and 33-1005 of the Environmental Conservation Law.
 - (ii) In addition to the requirements of section 390-c of the Social Services Law, each day care facility must send a notice home with each child or otherwise provide notification to the parent of each child not less than forty-eight hours prior to the application of pesticides. Such notice must include:
 - (a) the location and specific date of the application of pesticides and may include two alternate dates in the event that an outdoor application cannot be made due to weather conditions;
 - (b) the pesticide product name and pesticide registration number assigned by the United States Environmental Protection Agency;
 - (c) the following statement: "This notice is to inform you of a pending pesticide application at this facility. You may wish to discuss with a representative of the day care facility what precautions are being taken to protect your child from exposure to these pesticides. Further information about the product or products being applied, including any warnings that appear on the label of the pesticide or pesticides that are pertinent to the protection of humans, animals or the environment, can be obtained by calling the National Pesticide Telecommunications Network Information line at 1-800-858-7378 or the New York State Department of Health Center for Environmental Health Info Line at 1-800-458-1158"; and
 - (d) the name of a representative of the day care facility and contact number for additional information.

(iii) Any day care provider that fails to send the appropriate notice of pesticide application as set forth in subparagraph (ii) of this paragraph shall, for a first such violation of this subdivision, be issued a written warning in lieu of penalty. For a second violation, such provider shall be subject to a penalty not to exceed one hundred dollars. For any subsequent violation, such provider shall be subject to a penalty not to exceed two hundred fifty dollars for each violation. No penalty may be assessed by the Commissioner without affording the provider with notice and an opportunity for a hearing pursuant to section 413.5 of this Article.

(iv) Any finding by the Department of Environmental Conservation of a violation by the provider of the requirements set forth in section 33-1004 or 33-1005 of the Environmental Conservation Law shall be deemed a safety hazard to children in care and a violation of this subdivision.

(5) Garbage receptacles must be cleaned as needed after emptying.

(6) Thermometers must be washed and disinfected before use by another child.

(7) Individual drinking cups, disposable paper cups or bubbler drinking fountains of the angle jet type must be provided. The use of shared drinking cups is prohibited.

(8) Linens, blankets and bedding must be cleaned at least weekly and before use by another child. Cots, beds, mats and mattresses must be cleaned thoroughly between uses by different children and at least monthly.

(9) Either disposable towels or individual cloth towels for each child must be used. If individual cloth towels are used, they must be laundered daily. Sharing personal hygiene items, such as washcloths, towels, toothbrushes, combs and hairbrushes, is prohibited.

(10) After use, dishes and all utensils must be washed with soap and hot water, and rinsed in hot running water.

414.12 Nutrition.

(a) The school-age child care program must provide plentiful and nutritious snacks to children. When a program operates during school holidays and/or school vacations, the program must ensure that each child in care for more than four hours a day receives a nutritious meal. Each child in care for more than ten hours a day must receive a minimum of two nutritious meals. Food must be prepared and stored in a safe and sanitary manner and served at appropriate intervals.

(1) If the program does not furnish meals, there must be adequate supplemental food available in the event that no meal is provided by the parent or if the meal provided by the parent is of inadequate nutritional value.

(2) Programs changing their meal policy must provide adequate notice to parents.

(b) Where meals are furnished by the program, food preferences for personal, religious or medical reasons may be accommodated. If resultant meal patterns or serving sizes will not meet the child's nutritional needs, a medical statement must be obtained documenting the appropriateness of the variation.

(c) Where meals are furnished by the program, the servings must be in portions suitable for the size and age of the children in care. There must be a sufficient amount of food available to children to permit second helpings.

(d) Children must be helped to gain independence in feeding them-

selves, and should be encouraged to learn acceptable table manners appropriate to their developmental levels.

(e) Sufficient time, based on age and individual needs, must be allowed for meals so that children will not be hurried.

(f) Perishable food and milk must be refrigerated.

(g) Safe drinking water must be available to children at all times and must be offered at intervals that are responsive to the needs of the individual children.

(h) Disposable cups and plates and plastic eating utensils may be used if discarded after use.

414.13 Staff qualifications.

(a) Staff members must be qualified by training and experience to carry out their respective functions in the administration, operation and maintenance of the school-age child care program. These employees must be mature, of good character and possess suitable personal qualifications. Staff must be in good physical and mental health, and have the energy and emotional stability necessary to fulfill the responsibilities of their positions.

(b) School-age child care programs must review and evaluate the backgrounds of all applicants for employee and volunteer positions with the potential for regular and substantial contact with children, except for a parent of a child enrolled in the program who is applying to be a volunteer if such parent will not be counted in determining staff/child ratios and such parent will not be left unsupervised with children on a regular basis. All applicants whose backgrounds must be reviewed must be required to provide the following:

(1) a statement or summary of each applicant's employment history including, but not limited to, any relevant child-caring experience;

(2) the names, addresses and day time telephone numbers of at least three references, other than relatives, at least one of whom can verify employment history, work record and qualifications, and at least one of whom can attest to the applicant's character, habits and personal qualifications to be a school-age child care program staff member;

(3) a sworn statement by the applicant indicating whether, to the best of the applicant's knowledge, such applicant has ever been convicted of a misdemeanor or felony in New York State or any other jurisdiction; and

(4) the information necessary to determine whether the applicant is the subject of an indicated report of child abuse and maltreatment as required by section 414.10(c) of this Part.

(c) If an applicant discloses in the sworn statement furnished in accordance with paragraph (3) of subdivision (b) of this section that he or she has been convicted of a misdemeanor or felony, the school-age child care program must inform the Office of Children and Family Services and provide a copy of the statement to the Office so the Office may take appropriate action in conformance with the provisions of section 413.4 of this Article.

(d) Each school-age child care program must be staffed to perform administrative/fiscal management functions and, during all hours of operation, program supervision functions, including developing, directing and supervising the daily activity programs for children. These functions may be performed by one individual or may be shared in any combination between two or more individuals.

(e) When an agency operates multiple registered programs, the person performing the administrative/fiscal management functions may be shared

across such programs. Each registered program must have a staff person who meets the qualifications set forth in subdivision (g) of this section, to perform program supervision functions for that registered school-age child care program. With the prior written approval of the Office, a staff person who is qualified to perform program supervision functions may perform such functions at up to four different programs operated by a single agency. In order to obtain Office approval, the agency will be required to demonstrate how the staff person will provide adequate supervision and program development support to each site.

(f) In school-age child care programs where there are fewer than 45 children enrolled, a head of group or an assistant to the head of group may also perform administrative/fiscal management functions and/or program supervision functions, provided that the qualifications for such positions as set forth in subdivision (h) of this section have been met. In school-age child care programs where there are 45 or more children enrolled, the administrative/fiscal management functions and program supervision functions may not be performed by a head of group or an assistant to the head of group.

(g) The minimum education and experience qualifications for staff are as follows:

	Education	Experience
Person responsible for program supervision functions (Director)	Associate's degree in child development, elementary education, AND physical education, recreation or a related field	Two years direct experience working with children under the age of 13 years, including at least one year in a supervisory capacity
	OR	
	New York State Children's Program Administrator Credential AND	Two years direct experience working with children under the age of 13 years, including at least one year in a supervisory capacity
	OR	
	School Age Child Care Credential AND	Two years direct experience working with children under the age of 13 years, including at least one year in a supervisory capacity
	OR	
	Two years of college with 18 credits in the AND above listed areas of concentration	Two years direct experience working with children under the age of 13 years, including at least one year in a supervisory capacity
Head of Group	Associate's degree in child development, recreation or a related field AND	No additional experience required
	OR	
	High School diploma or its equivalent AND	Two years direct experience working with children under 13 years of age

Assistant to Head of Group	High School diploma or its equivalent	Substantial experience OR working with children under 13 years of age
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(h) The provision of this section notwithstanding, persons holding positions in a school-age child care program prior to the effective date of these regulations who met the qualifications which were in effect at the time they were hired may continue to be employed in such positions.

(i) No person other than a director, head of group or assistant to the head of group may supervise a group independently even for brief periods of time, except in an emergency. The minimum age of a staff person is 16 years. However, no person under 18 years of age may be left alone to supervise a group of children.

414.14 Training.

(a) Each person responsible for developing, directing and supervising the daily activity programs for children (director) and each employee working an average of twenty (20) or more hours a week must complete a minimum of thirty (30) hours of training every two years. Fifteen hours of such training must be received during the first six months of the program's first year of registration or during the person's first six months of employment by the program. This initial fifteen (15) hours applies toward the total thirty (30) hour minimum requirement for each registration period. Employees working an average of fewer than twenty (20) hours a week must complete a pro-rated portion of training pursuant to guidelines issued by the Office. Such training requirements shall also apply to any volunteer in such school-age child care programs who has the potential for regular and substantial contact with children. Training must address the following topics:

(1) principles of childhood development, including the appropriate supervision of children, meeting the needs of children enrolled in the program with physical or emotional challenges and behavior management and discipline;

(2) nutrition and health needs of children;

(3) child day care program development;

(4) safety and security procedures, including communication between parents and staff;

(5) business record maintenance and management;

(6) child abuse and maltreatment identification and prevention;

(7) statutes and regulations pertaining to child day care; and

(8) statutes and regulations pertaining to child abuse and maltreatment.

(b) Training received after the application has been submitted but before the application has been approved and the registration granted may be counted towards the initial 15 hours required in subdivision (a) above.

(c) For the thirty (30) hours of training that must be received every two years after the first year of registration, any person responsible for developing, directing and supervising the daily activity programs for children who can demonstrate basic competency in a particular topic to the Office may determine in which of the specified topics he or she needs further study. The Office also may exempt any person responsible for developing, directing and supervising the daily activity programs for children from participating in training on a particular topic upon demonstration of substantially equivalent knowledge or experience

related to that topic. All persons with such exemptions must still complete a minimum of thirty (30) hours of training during each registration period.

(d) Each person responsible for developing the school-age child care program, employee, and/or assistant must submit verification of completion of the training requirements to their program's designated registration office on forms provided by the Office.

(e) At the time of admission, the director must furnish parents with appropriate instructional materials which will assist them in evaluating the facilities, the program and the staff. Such materials must include information concerning child abuse and maltreatment, and guidance on the steps they may take if they suspect their child has been abused or maltreated.

414.15 Management and administration.

(a) School-age child care programs must comply with the following standards:

(1) Each school-age child care program must register with the Office and must operate in compliance with the regulations of the Office and all other applicable laws and regulations. No person or entity may operate a school-age child care program unless registered with the Office;

(2) Providers who have registered with the Office must provide proof of registration and information concerning any waivers that have been approved by the Office upon request;

(3) A new application for registration must be submitted to the Office when there is a change in the name, address or operator; when reinstatement of a withdrawn application is sought; or when a registration is sought following the Office's revocation of, or denial of an application to renew, a registration;

(4) The provisions specified on the registration are binding and the school-age child care program must operate in compliance with the terms of the registration. The number and age range of children specified thereon are the maximum number and age range of children who may be in the care of the school-age child care program at any one time;

(5) Information relating to an individual child is confidential and cannot be disclosed without written parental permission to anyone other than the Office, its designees or other persons authorized by law. Information relating to an individual child may be disclosed to a social services district where the child receives a day care subsidy from the district, where the child has been named in a report of alleged child abuse or maltreatment, or as otherwise authorized by law. Rediscovery of confidential HIV-related information, as defined in section 360-8.1 of this Title, concerning a child receiving school-age child care is not permitted except in a manner consistent with article 27-F of the Public Health Law;

(6) A school-age child care program may not refuse to admit a child to the program solely because the child is a child with a disability or has been diagnosed as having human immunodeficiency virus (HIV), HIV-related illness or acquired immune deficiency syndrome (AIDS). Each such child must be evaluated by the provider to determine whether the child could be accommodated in the program if reasonable modifications are made to the premises and/or program. Nothing contained in this paragraph shall be deemed to require the provider to incur significant additional expenses to modify the premises and/or program to accommodate such a child;

(7) A school-age child care program must give the parent, at the time of admission of a child, a written policy statement including, but not limited to: the responsibilities of the program; the responsibilities of the parent; the policies of the school-age child care program regarding admission; the disciplinary policy; the program activities to be provided; a summary of the program's health care policies, including the level of illness the program will accommodate; actions the school-age child care program will take in the event the child is not picked up as scheduled; the food service arrangements; and instructional materials on the available procedures and legal remedies if they suspect their child has been abused or maltreated;

(8) (i) The parent of a child receiving care must have: unlimited and on demand access to such child; the right to inspect all parts of the building used for school-age child care or which could present a hazard to the health or safety of the child whenever the parent requests at any time during the hours of operation of the school-age child care program; unlimited and on demand access to the provider whenever such child is in care or during the normal hours of operation; and unlimited and on demand access to written records concerning such child except where access to such records is otherwise restricted by law;

(ii)(a) The parents of all children receiving care in a school-age child care program equipped with video surveillance cameras installed for the purpose of allowing parents to view their children in the day care setting by means of the internet must be informed that cameras will be used for this purpose. All staff of the school-age child care program must also be informed if video surveillance cameras will be used for this purpose.

(b) All parents of children enrolled in the school-age child care program and all staff of the school-age child care program must be made aware of the locations of all video surveillance cameras used at the school-age child care program.

(c) School-age child care programs opting to install and use video surveillance equipment must comply with all State and federal laws applicable to the use of such equipment.

(d) Video surveillance cameras may not be used as a substitute for competent direct supervision of children.

(e) School-age child care programs opting to allow parents to view their children in the day care setting by means of the internet must use and maintain adequate internet security measures at all times. Such measures include but are not limited to: frequent changes of passwords; filtering measures that prohibit public access to or viewing of day care activities via the internet; and immediate corrective action in response to any report of abuse of the system or inappropriate access. Such programs must also advise the parents having access to views of the day care program through the internet of the importance of security in regard to such viewing and of the importance of the privacy rights of other children who may be viewed.

(f) Video surveillance cameras are permitted to transmit images of children in common rooms, hallways and play areas only. Bathrooms and changing areas must remain private and free of all video surveillance equipment.

(g) School-age child care programs that use video surveillance equipment must allow inspectors and other representatives of the Office to have access to such equipment and to have viewing privileges as required by the Office.

(9) School-age child care programs must post or display conspicuously in a place to which parents have free and daily access, the following:

(i) the Office's school-age child care program regulations;
(ii) the name(s), addresses and telephone numbers of person(s) with the legal responsibility and administrative authority for the operation of the school-age child care program; and

(iii) the address and telephone number of the appropriate regional office of the Office which may be contacted to lodge a complaint against the program for violations of statutory and regulatory requirements;

(10) School-age child care programs must admit inspectors and other representatives of the Office onto the grounds and premises at any time during the hours of operation of the program. Such inspectors and representatives must be given free access to the building or buildings used by the program, staff and children and any records of the program. School-age child care staff must cooperate with inspectors and other representatives of the Office in regard to any inspections or investigations that are conducted by the Office or its' representatives. School-age child care staff also must cooperate with local Child Protective Services' Staff conducting any investigation of alleged child abuse or maltreatment;

(11) School-age child care programs must comply with all applicable State and federal laws relating to equal employment opportunities;

(12) School-age child care programs must report to the Office: any change affecting, or which reasonably might be expected to affect, those portions of the building in which the program is located or which are used for the children's egress in the case of an emergency; any change of director; and any other change that would place the program out of compliance with applicable regulations;

(13) All staff of the school-age child care program must be familiar with the regulations governing such programs. Such regulations must be readily accessible to staff for reference purposes;

(14) The provider must immediately notify the Office upon learning of the death, serious injury or infectious illness of an enrolled child which occurred while the child was in care at the program or was being transported by the provider;

(15) Parents must be given the opportunity to discuss issues related to their children and care of their children with an appropriate staff member or members. Such opportunities must occur at the time of enrollment and as frequently as needed thereafter, but at least annually;

(16) The indoor and outdoor areas of the school-age child care program where the children are being cared for must not be used for any other business or social purpose when children are present such that the attention of staff is diverted from the care of the children. When a school-age child care program is located in a multi-use building, those portions of the building designated for the care of children must be used exclusively for child day care during the hours that children are present; and

(17)(i) Within five days after receiving the initial registration and before actually commencing operation, the provider must, using a form specified by the Office for that purpose, notify the local police and fire departments of the municipality within which the school-age child care program is located of the following:

- (a) the address of the school-age child care program;
- (b) the maximum capacity of the school-age child care program;
- (c) the age range of children that will be in care; and
- (d) the hours during which children will be in care.

(ii) If the local municipality does not have a police or fire department, the sheriff of the county within which the school-age child care program is located must be notified instead. The provider must notify

the local police and fire departments or the county sheriff, as appropriate, if there is any change in any of the information required to be provided pursuant to subparagraph (i) of this paragraph.

(18) All school-age child care programs that accept direct and indirect payments from a social services district, or a payment from a parent or caretaker, for providing subsidized child care must comply with all relevant requirements of the child care subsidy program and section 415.4(h) of this Title.

(b) Conditions which apply to school-age child care program registration are as follows:

(1) No registration will be issued unless the provider is in full compliance with the regulations of the Office and all other applicable laws and regulations except where a waiver of one or more requirements of this Part has been approved in writing by the Office in accordance with section 413.5 of this Title;

(2) The effective period of the initial registration and each subsequent registration will be up to two years each so long as the provider remains in compliance with applicable laws and regulations during such periods;

(i) If a provider or operator has not met the training requirement specified in section 414.14 of this Part, a subsequent registration may be issued for a period of up to one year following the completion of an acceptable inspection of the school-age child care program;

(ii) No more than one such limited renewal may be issued in succession;

(3) A registration is not transferable to any other provider or location;

(4) School-age child care programs required to be registered with the Office will not be exempt from this requirement through registration with another State agency or certification, registration or licensure by any local governmental agency or authorized agency; and

(5) Before denial of an application for registration or renewal of registration, the provider is entitled to a hearing before the Office pursuant to Part 413 of this Title.

(c) The provider must maintain on file at the school-age child care program, available for inspection by the Office or its designees at any time, the following records in a current and accurate manner:

(1) a copy of the evacuation plan, as required in section 414.5 of this Part, specifying alternate means of egress;

(2) an approved health care plan as required in section 414.11 of this Part;

(3) a sample copy of all forms used in the school-age child care program;

(4) the name, address, gender, and date of birth of each child; each child's parents' names, addresses, telephone numbers and place(s) at which the parents or other persons responsible for the child can be reached in case of an emergency; and the names and addresses of persons authorized to take the child from the school-age child care program;

(5) daily attendance records;

(6) children's health records, including parental consents for emergency medical treatment; the name and dosage of any medications used by a child, the frequency of administration of such medications and a record of their administration by school-age child care program staff; and a record of illnesses, injuries and any indicators of child abuse or maltreatment;

(7) copies of the school-age child care program's personnel policies and practices;

- (8) copies of staff health statements;
 - (9) a description of the pattern of supervision of staff by the director, program specialist or other responsible person and procedures to assure adequate and appropriate supervision of employees and volunteers of the program;
 - (10) personnel information including a list of all staff with job assignments and schedules; Statewide Central Register clearance forms; criminal history review information; staff resumes; and other information required by section 414.13 of this Part;
 - (11) when the school-age child care program is incorporated, the following additional documentation:
 - (i) a copy of the certificate of incorporation and any amendments thereto;
 - (ii) verification of filing of the certificate of incorporation and any amendments thereto with the Secretary of State; and
 - (iii) a current list of the names of the board of directors and their addresses, telephone numbers of the current principal officers and members, and the business and civic qualifications of all such individuals;
 - (12) when the school-age child care program is owned by an individual, corporation, partnership or other entity using a business or assumed name, a copy of the certificate of doing business under an assumed name obtained from the county clerk;
 - (13) a copy of a certificate of insurance from an insurance company showing the intent to provide general liability insurance to the school-age child care program upon registration and a copy of the insurance policy;
 - (14) a description of specific procedures which will assure the safety of a child who is reported to the Statewide Central Register of Child Abuse and Maltreatment as well as other children provided care in the school-age child care program;
 - (15) a description of the procedure to be used to review and evaluate the background information supplied by applicants for employment and volunteer positions, as required in section 414.13 of this Part;
 - (16) a description of the schedule and content of training as required in section 414.14 of this Part, including use of both in-service training and outside training resources;
 - (17) a description of policies and practices regarding appropriate supervision of children in conformance with section 414.8 of this Part;
 - (18) a copy of the notification form provided to the local police and fire departments or the county sheriff as required in paragraph (17) of subdivision (a) of this section; and
 - (19) a copy of the certification that the building and the surrounding neighborhood and environment are free from environmental hazards, as required in paragraph (6) of subdivision (a) of section 414.2 and paragraph (3) of subdivision (e) of section 414.2 of this Part.
- (d) Where multiple sites are operated by one organization or provider, records, other than those of children currently enrolled in the program, may be retained at a central administrative location. The operators of these programs must make all such records available on site upon request by the Office or its designees.