

# Early Intervention Program Guidance Document

Health and Safety Standards For  
the Early Intervention Program  
And Frequently Asked Questions

Revised February 2023

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**New York State Department of Health  
Division of Family Health  
Bureau of Early Intervention**

## **PURPOSE**

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

EI services can be delivered in a range of settings, such as a Department of Health Bureau of Early Intervention (BEI) approved provider's facility, as well as a variety of natural environments. 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 the child is being cared for by the relative, a child care setting, or other community setting in which children without disabilities participate. The location of services should be decided jointly by the family, providers, and the Early Intervention Official (EIO) as part of the Individualized Family Services Plan (IFSP) team. The health and safety standards for EI providers described within this document address the general standards with which all providers must comply, as well as standards providers must follow in facility settings, community, and home settings. Additionally, EI providers may deliver services to children in groups in a facility or child-care setting where multiple children are receiving EI services.

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

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

Section 2550 of the NYSPHL, which requires the Department to establish standards for evaluators, service coordinators, and providers of Early Intervention services.

**10 NYCRR §69-4.1(a1)**, which requires ensuring that such qualified personnel maintain current registration, certification, or licensure in the area for which they are providing services on behalf of the agency. **This means that agencies are to periodically review credentials of their providers – and notify the provider in advance of their credential(s) expiring – so there is no lapse in services.**

**10 NYCRR §69-4.9(d)**, which states that 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(a) 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 protect the health and safety of children during service delivery.

**10 NYCRR §69-4.9(e)**, which states 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 the 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:

- (1) sanitation;
- (2) handling of medications and food;
- (3) illness, injury, or emergencies, including allergic reactions; and,
- (4) its outdoor environment.

**10 NYCRR §69-4.9(f)**, which states the Department and Early Intervention officials shall make reasonable efforts to ensure that Early Intervention Program services are 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.

**10 NYCRR §69-4.9(c)(1)**, which states 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.

**10 NYCRR §69-4.9(c)(2)** requires that, 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.

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

In accordance with Social Services Law (SSL) §424-a and §495, the Agency Provider shall conduct a Staff Exclusion List (SEL) check of potential hires through the New York State Justice Center for the Protection of People with Special Needs (Justice Center) prior to conducting a Statewide Central Register (SCR) of Child Abuse and Maltreatment check. The Agency Provider is responsible for initiating this process with the state's Justice Center.

Providers shall, in accordance with Social Services Law (SSL) § 424-a, ensure that Statewide Central Register Database Check Form LDSS-3370 is completed and submitted to the SCR for (i) any person who is being actively considered for employment, and who will have the potential for regular and substantial contact with children who receive Early Intervention services; and (ii) any prospective Individual Provider who will have the potential for regular and substantial contact with children who receive services. Agency Provider shall complete the SCR database check and must receive an acceptable response from the SCR prior to authorizing or allowing any person or Individual Provider to have any unsupervised contact with a child receiving Early Intervention services. If any person about whom the Agency Provider has made an inquiry is found to be the subject of an indicated report of child abuse or maltreatment, the Agency Provider must, in accordance with SSL § 424-a, determine, on the basis of information it has available and in accordance with guidelines developed and disseminated by the NYS Office of Children and Family Services for child care services, whether to hire, retain or use the person as an employee, volunteer or contractor or to permit the person providing goods or services to have access to children being served by the Agency Provider. Whenever a person is hired, retained, used, or given access to children in the EIP, the Agency Provider must maintain a written record, as part of the application file or employment or other personnel records of the applicant, of the specific reason(s) why the person was determined to be appropriate and acceptable as an employee, volunteer, contractor or provider of goods or services with access to children being served by the Agency Provider.

# MONITORING OF COMPLIANCE WITH HEALTH AND SAFETY STANDARDS

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

The Department's monitoring of health and safety standards compliance may vary by setting. In facility settings, evaluation of standards compliance will be accomplished by direct observation and inspection. For community service settings that the IFSP team identifies as the desired service location, it is *required* that the provider observe the general safety of those settings that are accessed on a regular basis, and for those settings that the *parent identifies* as the desired service location and discussed and agreed upon by the IFSP team, it is recommended that the provider observe the general safety of the setting that will be accessed on a regular basis for EI services. Examples of items and areas that should be observed are included in an attachment titled, "*Community Health and Safety Items List*," (**Appendix A**). The EI provider can be accompanied by a parent if they are interested and available to observe the community site. If the provider observes circumstances that may pose potential health and safety hazards to a child receiving services at that location, the provider must report this to the EIO. The EIO, parent, and provider must then confer to discuss other potential service locations. Additionally, for home settings, it is recommended that EI providers have procedures in place to address situations that potentially may be harmful to a child, for example, the presence of peeling lead paint in older homes built before 1978, leaking ceilings, or hanging electrical wires. Due diligence should be paid to situations indicating possible child abuse and neglect, or other situations that pose danger to children.

If at any time the provider or EIO deems that serious health and safety problems are present in the service setting that pose an imminent danger to the safety of the child, procedures must be in place to assure that appropriate action is taken based upon the circumstances.

These actions may include:

- Calling the child abuse hotline, **1-800-635-1522 (Mandated Reporters\*)**.
- Calling the child abuse hotline, **1-800-342-3720 (Non-Mandated Reporters\*)**.
- Calling 911 immediately if child or staff are in imminent danger.
- Contacting the EIO and SC to cease services and discuss alternate settings for service delivery for that session or subsequent sessions and providing parent education.
- Contacting the Departments Provider Approval, Due Process, and Monitoring Unit (**1-518-473-7016, Option 1**) to determine if immediate remediation needs to be done.
- If service setting is a licensed daycare, contacting OCFS to make a referral.

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

**\*EI agencies and individual providers are required to have the mandated reporter phone number in their health and safety policy. EI agencies are also required to have the non-mandated reporter phone number in their health and safety policy.**

# I. GENERAL STANDARDS FOR ALL EI PROVIDERS

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

**General Standard 2: All EI providers, including employees and subcontractors, must be informed of, and must comply with, the Department's EI Health and Safety Standards.**

- 21 All EI providers, including individual, municipal, and agency providers, must develop and comply with health and safety policies and procedures that are consistent with the Department's EI health and safety standards. These policies and procedures will be appropriate for the type of service provider (agency or individual) and the setting(s) where the provider renders services (facility, home, community). These policies and procedures will be reviewed by the Department at the time of initial approval, at reapproval, and during periodic provider monitoring, at which time these policies and procedures and related information must be available for review by the Department. In addition, as part of the provider approval/reapproval or provider monitoring process, the Department may conduct observations of the physical premises where EI services are delivered to ensure compliance with Department EI Health and Safety Standards. All agencies should have a process for making their employees aware of all policies and procedures.
- 22 Providers that subcontract with agencies are expected to adhere to the Department's health and safety standards. Provider agencies that subcontract for the delivery of EI services, should, in their contracts, include language that requires subcontractors to comply with the Department EI Health and Safety Standards, and any modifications thereto, and agency health and safety policies and procedures that are consistent with the Department's EI Health and Safety Standards.
- 23 Agencies must inform all employees delivering services on their behalf of the Department's Health and Safety standards and agency health and safety policies and procedures that must be followed. This information must be provided prior to the employee rendering services. Agency employees must be provided a copy of the agency's health and safety policies and procedures and must receive training on these requirements. Employees should be notified on a timely basis when modifications to the Department's EI Health and Safety Standards or agency health and safety policies and procedures are made. Documentation must be maintained in employee personnel files that these requirements have been met.

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

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

- 33 Agency providers are also required to make a request to the Justice Center to conduct a Staff Exclusion List (SEL) check before employing or contracting with approved providers or permitting interns, students, and volunteers to have regular and substantial contact with children/families receiving EI services.
- 34 Agency providers maintain written policies/procedures that minimally require that employees and subcontracted individuals who will have the potential for regular and substantial contact with children receiving EI services be screened through the SCR, as appropriate. Pursuant to New York State Social Services Law Chapter 578, database checks through the SCR must be completed for employees, consultants, contractors, volunteers, students, and interns who are being actively considered for employment or prospectively considered to provide goods or services and will have the potential for regular and substantial contact with children who receive Early Intervention services. Current employees, consultants, contractors, and volunteers may be rescreened.
- 35 Agencies must review and maintain documentation of database checks completed. If notice is received from the SCR, the EIO or provider agency should seek appropriate counsel for making a determination as to whether to hire an applicant for employment; retain a current employee; enter or continue a contract; engage a student, an intern, or volunteer; or hire a consultant who will have the potential for regular and substantial contact with children receiving Early Intervention services. OCFS has developed guidelines for evaluating persons who are the subject of indicated reports of child abuse and maltreatment. See Chapter 3: Statewide Central Register responsibilities. NYS Child Protective Service Manual: <https://ocfs.ny.gov/programs/cps/manual/2020/2020-CPS-Manual-Ch03-2020Mar.pdf>.
- 36 Municipalities that are also service providers must conduct screening and maintain written policies/procedures that require prospective employees and contracted individual providers who will have the potential for regular and substantial contact with children receiving EI services to be screened through the SCR. Database checks through the SCR must be completed for employees, consultants, and contractors who are being actively considered for employment or prospectively considered to provide goods or services and will have the potential for regular and substantial contact with children who receive Early Intervention services, pursuant to New York State Social Services Law Chapter 578. Current employees, consultants, contractors, and volunteers may be screened. An employee or contractor can provide Early Intervention services prior to receipt of an acceptable response from the SCR if the employee/contractor is supervised by an employee who is in the same physical location and within direct visual contact with the child receiving Early Intervention services.
- 37 Policies and procedures must demonstrate that individual providers, agency employees, and subcontractors are aware of the requirements to report suspected child abuse and maltreatment or to cause a report to be made, including notification to the SCR, according to Section 413 of the Social Services Law. If the individual provider, agency employee or subcontractor is not a mandated reporter, policies and procedures should address reporting the suspected abuse or maltreatment either directly to the SCR or to an appropriate authority.
- 38 Under the provider agreement, the Agency Provider agrees that they must verify a person is not excluded from Medicaid or Medicare at the time of hire or entering into a contract, and at least verify every thirty (30) days, that current employees and contractors used by the Agency Provider have not been excluded.



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

- 41 All EI providers delivering services, including agency employees, must demonstrate the following prior to rendering EI services:
- An annual statement signed by a licensed health care provider which provides evidence that the individual has no diagnosed disorder that would preclude them from providing EI services. Health care providers include Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), Physician Assistant (PA), and Advanced Practice Nurse (APN) which include Certified Nurse Practitioner (CNP) and Certified Nurse-Midwife (CNM).
  - Has received the following required vaccines:
    - Measles, mumps, and rubella titer and/or 2 documented doses of the MMR vaccine
    - An annual Tuberculosis (TB) screening or testing and TB education based on the individual's provider status (see TB sections below).
  - Has received the following recommended vaccines or has documented opting out:
    - Hepatitis B vaccine
    - Tetanus immunization within the past 10 years
    - Diphtheria, tetanus vaccine (DT)
    - Tetanus, diphtheria vaccine (Td)
    - Tetanus, diphtheria, and acellular pertussis (Tdap)
    - Inactive Polio Vaccine (IPV)
    - Varicella vaccine
    - Influenza vaccine
    - Coronavirus vaccine (COVID-19)

It is recommended that EI providers who have opted out of receiving the influenza or COVID-19 vaccines wear a mask when providing services within 6 feet of an enrolled child during periods of time that the New York State Commissioner of Health or the Local Health Department (LHD) determines that influenza season is underway or there is a substantial risk of COVID-19 transmission in the county where services are being provided.

#### **Annual Tuberculosis (TB) Screening, Testing and Education**

For Existing EI Providers:

- An individual will still be required to submit an annual health assessment, which includes a TB risk assessment form and documentation of completed TB education.
- TB testing at any interval after a negative baseline TB test has been submitted to the EI agency will no longer be required unless there is a known exposure or evidence of ongoing TB transmission in the individual's area of work or done at the discretion of their health care provider based on the results of the individual's TB risk assessment.
- The TB risk assessment will be used as the primary screening tool, with repeat testing (by tuberculin skin test (TST) – e.g., Purified protein derivative (PPD) or Mantoux) or interferon-gamma release assay (IGRA) blood test only necessary if recommended by an individual's health care provider as indicated by a TB risk assessment or after a known exposure. A licensed health care provider (i.e., Medical Doctor, M.D., Registered Nurse, R.N., Physician Assistant, P.A., or Nurse Practitioner, N.P.), or qualified occupational health professional must complete the individual risk assessment and review the results with the individual. **See Appendix F for an example of a TB Risk Assessment form.**

## **For Prospective New EI Providers:**

### **Baseline:(Pre-employment TB testing)**

- A baseline TB screening is required of all prospective EI providers including service coordinators (SC), as well as students, interns, and volunteers, who will have regular and substantial contact with children and families receiving EI services and is completed to rule out active TB before providing in-person EI services. The initial TB screening establishes the baseline for future tests in the event of new exposure or symptoms and is used to identify Latent Tuberculosis Infection (LTBI) and offer treatment or consultation for treatment as appropriate.

### **Positive TB Test:**

- Individuals with a positive TST or IGRA, should receive a medical evaluation for TB, including a symptom evaluation, a chest X-ray, and other tests as indicated. If diagnosed with LTBI, the medical provider should discuss and offer LTBI treatment. Recommendations for treatment of LTBI, treatment acceptance or refusal, and completion of TB treatment should be part of the occupational health record. LTBI treatment is not required but is strongly recommended unless there is a specific contraindication.

**All DOH-approved agencies and providers are responsible for adhering to all future TB regulatory changes regarding TB screening and testing.**

### **TB Risk Assessment must include the following**

1. Individual Risk Assessment – this assessment will include a review of the following:
  - Birthplace/residence – temporary or permanent residence (for greater than 1 month) in a country with a high TB rate (i.e., any country other than Australia, Canada, New Zealand, the United States, and those in Western or Northern Europe).
  - Current or planned immunosuppression, including human immunodeficiency virus infection, receipt of an organ transplant, treatment with a TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (the equivalent of prednisone >15mg/day for greater than 1 month) or other immunosuppressive medication.
  - Determination if the individual has had close contact with someone who has TB.
  - For existing EI Providers, documentation of prior negative TB tests, either a TST or an IGRA blood test, and results.
  - For prospective EI Providers, documentation of a current negative TB test, either a TST or an IGRA blood test.
2. TB History – determination of previous TB or LTBI and treatment as well as results from prior tests if available.
3. Symptom Review – productive cough for more than 3 weeks; coughing up blood; unexplained weight loss; fever, chills, or drenching night sweats for no known reason; persistent shortness of breath; unexplained fatigue for more than 3 weeks; and chest pain.
4. Even if there is no increased risk for TB, baseline testing for prospective EI providers with either an IGRA blood test or TST is required for those without documentation of prior LTBI or TB disease.
5. A licensed health care provider (i.e., MD, RN, PA, or NP) or qualified occupational health professional should complete the individual risk assessment and document the results. **See Appendix F for an example of a TB Risk Assessment form.**

## **TB Testing**

- TB testing can be accomplished using either a TST or interferon-gamma release assay (IGRA) blood test.
- For baseline pre-employment testing only, if the individual **has had only one negative** TST within the past 12 months, this single test can be accepted as the first test of the two-step process, and a second TST is required to complete the process. The second TST placement can be at any time prior to the individual's first day of work.
- The two-step TST is required only to establish a baseline for new employment. It is used to detect individuals with past TB infections who now have diminished skin test reactivity. In individuals who have had an unknown past exposure to TB, their body's ability to react to TST may wane. The first TST may stimulate the immune system so that when given a second test, the body is then able to produce a true positive response indicating past infection.
- It is recommended that the IGRA blood test be used as much as possible. Borderline, indeterminate, or invalid results will require retesting.
- Individuals who have completed baseline screening, can render EI services without restriction if the test is negative. If an individual with a positive test has a repeat test that is negative, and has no clinical symptoms of TB, they may be regarded as acceptable for hire; however, documentation (TB test results with signature of a licensed health care provider, MD, RN, PA or NP or qualified occupational health professional) must be produced. **See Appendix F for an example of a TB Risk Assessment form.**

If an EI provider begins working with different agencies within 12 months of the date of a completed negative two-step TST, an additional two-step TST would not be necessary. For example, if the individual is hired by multiple agencies within 12 months of the completion of the two-step TB testing process, this test is acceptable to submit to all agencies. However, if new TB risk factors have been identified since the test was completed, a single retest may need to be considered.

## **Annual Screening and Education**

- Those individuals without LTBI should not undergo TB testing at any interval after a negative baseline TB test has been submitted unless there is known exposure, evidence of ongoing TB transmission, or as indicated by the annual TB risk assessment, reviewed, and signed by a licensed health care provider.
- Organizational processes regarding TB screening and education should be outlined in updated policies and procedures and included in annual in-service training.
- EI agencies and individual providers are required to participate in annual in-service education on TB. The information should include information on the symptoms of active disease, treatment, and testing requirements. Agencies can incorporate annual TB education into in-service training or hold it separately. **See Frequently Asked Questions (FAQ) #25, in the Tuberculosis (TB) Screening section in this document for additional information.**
- NYC Bureau of Day Care providers must demonstrate upon commencement of work, a record of testing performed for tuberculosis infection, and further testing at any time if required by the NYC Bureau of Day Care.

- 42 Providers including individuals, agency employees and subcontractors, volunteers, and student interns must thoroughly wash their hands with soap and running water:
- At the beginning of each session
  - Before or after donning gloves
  - Before and after the administration of first aid kits and epinephrine injection
  - When they are dirty
  - After toileting, assisting children with toileting, or after changing diaper(s)
  - Before and after food handling, eating
  - After handling pets or other animals
  - After contact with any bodily secretion or fluid
- 43 Disposable gloves are available in the service area and are used when coming in contact with bodily fluids.
- 44 Standard precautions are utilized when handling bodily fluids, including adequate disposal of waste. Providers should ensure that any equivalent product utilized is stated in writing to be effective against HIV and Hepatitis and other bodily fluids and is safe for use with children. When EPA-registered disinfectants are not available, refer to **Appendix D** for the correct bleach-to-water dilution to use based on the surfaces to be cleaned.
- 45 Standard precautions are utilized when cleaning and disinfecting soiled surfaces, including adequate disposal of waste. **Always read and follow the directions on the label** to ensure safe and effective use.
- Wear skin protection and consider eye protection for potential splash hazards
  - Ensure adequate ventilation during and after each application
  - Use no more than the amount recommended on the label
  - Use water at room temperature for dilution (unless stated otherwise on the label)
  - Avoid mixing chemical products
  - Label diluted cleaning solutions
  - Store and use chemicals out of the reach of children and pets
  - Check to ensure the product is not past its expiration date
- 46 The provider ensures that items such as hairbrushes, washcloths, toothbrushes, and combs are not shared, are kept separate, and are cleaned after every use.

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

- 51 Disposable gloves are used in the provision of feeding therapy and other oral motor exercises as well as during food serving. Hands are to be washed before and after donning gloves.
- 52 Children are not to share drinking cups, even among siblings in the home setting.
- 53 The provider's use of high chairs may only be used for feeding purposes or therapy must be consistent with the child's developmental status and cannot be used as a restraint. High chairs must be cleaned and sanitized before and after each use.
- 54 Providers should be aware of a child's allergy status before handing any food (e.g., avoid popcorn and peanuts). Foods should be nutritious, nontoxic, and developmentally appropriate.

- 55 Providers must ensure that specific allergy information is obtained for each child that has an allergy. Providers must then ensure that any child with food or other allergies has a written plan in place developed from information provided by the parent, primary care provider, EIO, and other Early Intervention providers. This plan must include identification and documentation of the allergy; strategies for prevention of exposure; and the required plan of treatment including medication name, dose, and method of administration to treat an occurrence of the allergic reaction. Medication must be labeled with the child's name. Medications described in a child's allergy plan must be on-premises and readily available for use.
- 56 The written allergy plan must also include training Early Intervention providers in the administration of medications (e.g., epinephrine) that are provided by the child's parents and prescribed by the child's primary care provider; notifying the parent, primary care provider, and EIO if an allergic reaction occurs; and contacting Emergency Medical Services if epinephrine is administered. For staff administering epinephrine injections, there is documentation of annual training by a Registered Nurse (RN) or another medical professional.
- 57 The provider must ensure that food or other allergy-free zone notices or signs are posted, as appropriate, in food preparation and eating areas where children receiving Early Intervention services are located.
- 58 Adaptive utensils used in the provision of services must be cleaned and sanitized before and after each use.

**General Standard 6: Providers protect the general health, safety, and welfare of children through direct supervision of children, as appropriate to the setting where EI services are being provided.**

- 61 Children are clean and comfortable, and diapers are changed when wet or soiled. When parents are present during service provision, they are responsible for changing their child's diapers and clothing, as needed.
- 62 Children are not to have access to small or potentially harmful objects, plastic bags, or other choking hazards during the time services are delivered.
- 63 Corporal punishment and emotional or physical abuse or maltreatment are prohibited. The use of physical aversives or restraints of any form is strictly prohibited when providing EI services.
- 64 If the child is displaying self-injurious or aggressive behavior that threatens the well-being of the child or others, the provider must intervene immediately to protect the child and the parent and the EIO must be notified immediately, and the incident documented in the child's record. The SC and EIO are notified when a serious injury occurs to the child or when the child injures others. A behavior management plan must be developed by qualified personnel with appropriate expertise and documented in the child's record. The SC is notified when outside expertise, an EIP-qualified personnel who is not already a member of the IFSP team, is needed to develop a behavior plan. The behavior management plan must be in writing and signed by the parent. The plan must be developed in concert with the child's family and providers of Early Intervention services, and other clinical experts as needed. A medical evaluation must be conducted to address medical conditions. The plan should be a result of a thorough assessment of causes or behavioral functions and should be implemented by appropriately trained individuals. All providers serving the child should have a copy of the behavior management plan. The parent has the right to revoke approval of the plan at any time.

- 65 Consumption of or being under the influence of alcohol or an illegal substance while delivering services, is prohibited. The use of, or being under the influence of, a controlled substance is prohibited while children are receiving services unless the controlled substance is prescribed by a licensed health care provider, is being taken as directed, and does not interfere with the person's ability to provide services.
- 66 Smoking and/or vaping in indoor or outdoor areas used by children is prohibited during the delivery of EI services.

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

7.1 Providers have written procedures to address childhood illnesses including:

- Parent notification of onset of childhood illness;
- Provide a sick day policy/letter to parents or guardians stating that if fever, vomiting, and diarrhea are present, the EI service is rescheduled according to municipal make-up policy and the child's IFSP; Policy for the Provision of Make-up Early Intervention Program Visits, [https://www.health.ny.gov/community/infants\\_children/early\\_intervention/docs/ei\\_make-up\\_visit\\_policy\\_final.pdf](https://www.health.ny.gov/community/infants_children/early_intervention/docs/ei_make-up_visit_policy_final.pdf).
- The provider should have a plan in place to notify parents of their inability to provide services, including provider illness, emergency, or another inability to provide services (weather, traffic accident, etc.). The EI service is rescheduled according to the EIP make-up policy and the child's IFSP;
- Specific child allergy information is maintained and updated as needed or annually;
- Any child with a food or other allergy shall have a written plan in place developed from information provided by the parent, primary care provider, Early Intervention Official (EIO), and other Early Intervention providers. This plan must include identification and documentation of the allergy; strategies for prevention of exposure; and the required plan of treatment including medication name, dose, and method of administration to treat an occurrence of the allergic reaction. Medications described in a child's allergy plan must be on premises and readily available for use. The treatment plan should also include training of EI providers in the administration of medications (e.g., epinephrine) that are provided by the child's parents and prescribed by the child's primary care provider, notifying the parent, and primary care provider, and Early Intervention Official if an allergic reaction occurs; and contacting Emergency Medical Services if epinephrine is administered. For staff administering epinephrine injections there is documentation of training by a nurse or other medical professional;
- Providers have written procedures to address emergency situations, including responding to children with allergic reactions, administration of first aid and cardiopulmonary resuscitation (CPR) if certified, or contacting appropriate medical personnel (911). Please note that any provider that has a facility site must have at least one person certified in CPR. CPR certification must include both pediatric and adult training, regardless of where services are being provided;
- For staff administering epinephrine injections, there is documentation of annual training by a nurse or other medical professional;
- A plan in case of a natural disaster (e.g., fire, tornado, and earthquake) or other disasters (e.g., power failure, bomb threat, threatening individual, biological agent) which includes reporting the incident through the emergency system, to the EIO and the child's parent; and an evacuation plan which includes a relocation site and shelter in place procedures; and a staff training plan.

- 72 Providers have emergency contact numbers for medical assistance and the child's parent/guardian contact information readily available and must also have an available working telephone to report emergency situations (call 911). In addition, 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 or be readily accessible – or providers must call 911.
- 73 Documentation demonstrates that records of all health and safety-related incidents or injuries involving children while they are receiving services are maintained and this documentation is retained for required timeframes (**Appendix B**).
- 74 Documentation demonstrates that policies are in place to ensure that all incidents or injuries requiring medical attention involve children/family members while they are receiving EI services and includes notifying the EIO as soon as possible.
- 75 The EIO should not be notified of every instance of first aid for simple cuts, bumps, or bruises, but rather an EIO should be notified of any incident or injury that results in assessment and treatment by a health care professional. When an injury occurs in the service area that requires first aid, which refers to medical attention that is usually administered immediately after the injury occurs and at the location where it occurred, or medical treatment which refers to the management and care of a patient to combat a disease or disorder, the provider shall complete a report, using a form the provider has developed (refer to **Appendix C** for a sample template).

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

- 81 The practice of bringing toys and other therapy materials into multiple homes and community-based settings during in-person Early Intervention (EI) service delivery has the potential to transmit viral or bacterial infections. Therefore, the Department strongly discourages this practice unless all alternatives have been exhausted and it is necessary in the provider's clinical judgment. Additionally, this practice is inconsistent with Early Intervention family-centered service delivery. Service delivery via teletherapy has demonstrated that providers can use the materials, toys, and objects already in a family's home to successfully address the outcomes in the child's IFSP.  
  
Early Intervention Programs (EIPs) are administered locally by the county/municipality in which the child and family reside. The local health department (LHD) may impose more stringent guidelines for the operation of the local EIP. If the provider has questions about how services are being delivered in the municipality, including the practice of bringing toys and other therapy materials into homes and community-based settings while delivering EI services, please contact the local EIP. If the local EIP permits equipment, materials, or toys, and/or a provider chooses to bring equipment, materials, and toys into the home or community setting, the provider is responsible for making sure proper cleaning and sanitizing methods are adhered to, as outlined in **Appendix D**.
- 82 Equipment, materials, and/or toys used by the provider in the normal course of sessions must be items that are found in the child's home environment and must be safe and appropriate for the child's developmental age and skill level.

**83** The practice of bringing the same testing materials into multiple homes and community-based settings during in-person Early Intervention (EI) service delivery has the potential to transmit viral or bacterial infections. Therefore, the Department strongly discourages this practice unless all alternatives have been exhausted and it is absolutely necessary in the provider’s clinical judgment. If providers must bring the same testing materials into multiple homes and community-based settings, they must consistently follow proper cleaning and sanitizing protocols as detailed below.

Testing materials that will be touched (including mouthed) by children and parents/caregivers, and providers, cannot be used unless they are hard, nonporous surfaces that can be cleaned and sanitized between uses; for example, plastic testing materials such as balls, blocks, dolls/animals, nesting cups, puzzles, rattles, rings, cars, pull toys, peg boards, etc. Testing materials that are made of porous materials cannot be used; for example, wooden blocks, wooden puzzles/shape sorters, cloth dolls, stuffed animals, wooden cars/boats, cloth balls, etc.

Testing materials that children have placed in their mouths or that are otherwise contaminated by body secretions or excretions must be set aside in a separate container until they can be cleaned and sanitized.

Testing materials that have been used with one child must be cleaned and sanitized before being used by another child. Providers must have a plan in place for properly cleaning and sanitizing the test materials between multiple home visits on the same day: for example, returning to the office between visits or having available multiple “sets” of test materials to be used for each home or community-based visit.

It is important to have a basic knowledge of the difference between cleaning, sanitizing, and disinfecting. Refer to the Glossary for definitions of these terms.



## II. STANDARDS FOR SERVICES DELIVERED WITHIN A FACILITY

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

- 1.1 All provider sites are approved by the Department for the delivery of EI services.
- 1.2 All sites are to comply with applicable federal, state, and local building, fire, and safety standards or codes.
- 1.3 The provider has documentation of the facility's Certificate of Occupancy/Certificate of Compliance or other proof of building code compliance, based on federal, state, and local code requirements, for the purpose of providing services to children.
- 1.4 The provider maintains a record of any authority that has conducted an inspection of the facility, and of corrections made in response to identified deficiencies, if any.
- 1.5 To the extent that water is not provided through a public water supply, a recent well water inspection is conducted to verify that the well water is safe for human consumption and use within 12 months preceding the date of application.
- 1.6 Water temperature must not exceed 115° Fahrenheit in areas where children are present or have access.
- 1.7 Use of hot tubs, spas, or saunas is prohibited.
- 1.8 Special-purpose pools located at the provider's facilities that are used for the provision of EI services are permitted and must comply with 10 NYCRR Section 6.1. Swimming pools and wading pools used for the provision of EI services must be constructed, maintained, staffed, and used in accordance with Chapter 1, Subpart 6-1 of the NY State Sanitary Code and in such a manner as will safeguard the lives and health of children. Safeguards in place must include the pool being inaccessible unless there is supervision, a gate or door is locked when the pool is not in use, and lifesaving equipment is readily available.
- 1.9 Radiators are insulated or covered to prevent burns and other injuries.
- 1.10 In areas where EI services are delivered, electrical outlets are inaccessible to children and must have outlet covers that children are unable to remove.
- 1.11 In areas where EI services are delivered, plaster and paint are not peeling, chipping, friable, or damaged.
- 1.12 Ceilings do not leak or have hanging electrical wires.
- 1.13 Hallways and/or exits are not obstructed and are free from clutter. Exits are marked and stairs are well-lit.
- 1.14 Child access to building hazards is restricted.
- 1.15 Stairs, decks, walkways, ramps, and/or porches are free of ice, snow, and/or other hazards and have railings and/or barriers to prevent children from falling.
- 1.16 Clear-glass panels are marked to avoid accidental impact. Glass in outside windows that are less than 32" above floor level is of safety grade or protected against accidental impact by barriers. All windows have locking devices, window guards, or other barriers to prevent children from falling out. Windows shades/blinds must not have any hanging cords.
- 1.17 For areas accessible to children, closet doors allow children to open the door from the inside. Bathroom doors permit opening a locked door from the outside and are free of electronic devices. Exit doors open from the inside without using a key.

- 118 Playground equipment that is used in the provision of EI services is securely mounted, clean, sanitized regularly, safe, and appropriate for children's age and developmental skill level. There is a mechanism in place (physical or by supervision) to prevent children from wandering into unsafe areas.
- 119 There are adequate barriers to any water hazards, including swimming pools, drainage ditches, wells, ponds, or other bodies of open water located on or adjacent to the property.
- 120 Pesticide application, if any, is performed in accordance with applicable state and local requirements and includes notification to parents prior to such application and keeping pesticides out of the reach of children.
- 121 All potentially hazardous materials, which include, but are not limited to, matches, lighters, medicines, drugs, alcohol, cleaning materials, detergents, aerosol cans, and other poisonous or toxic materials must be:
  - (a) inaccessible to children in care and stored in their original containers, and
  - (b) used in a way that they will not contaminate play surfaces, food, or food preparation areas or constitute a hazard to children
  - (c) stored and locked away from children to prevent access
- 122 Pets on premises do not pose a potential threat to children and are restricted from food preparation and service delivery areas. Providers should be aware of any animal allergies children may have.
- 123 Equipment, materials, and/or toys used by the provider in the facilities are in good condition, age appropriate (e.g., present no choking hazards), free of lead, and are cleaned and sanitized after every use.

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

- 21 A provider must have documentation of a fire inspection report issued within the last 12 months without violations, or a report with subsequent proof of corrections, demonstrating the facility meets state or local municipal fire safety code requirements, in accordance with 19 NYCRR Part 1203: Uniform Code Enforcement and Administration.
  - Fire suppression systems (i.e., fire extinguishers and sprinkler systems) are tested and inspected by the appropriate officials in the timeframe required by local codes. Documentation of testing and inspections is maintained.
  - Local government authorities (i.e., New York State Department of Education [for public schools], fire code enforcement agencies) have determined compliance with NYS Uniform Fire Prevention and Building Code.
  - Fire alarm and carbon monoxide detection systems are available near where services are delivered and are checked according to the manufacturer's requirements to ensure they are in working order.
- 22 All providers delivering services in the facility have a working knowledge of the use of fire extinguishers.
- 23 Providers must have knowledge of a current emergency evacuation plan, accurate emergency telephone numbers, and evacuation routes. Such information must be posted on the premises in the area of service delivery.
- 24 Evacuation drills are documented and conducted quarterly, and at various times of the day.

- 25 Toxic and flammable materials are stored away from heat sources and locked up, so they are not accessible to children.
- 26 When EI services are provided on the same floor as the furnace/boiler room, or if children receiving EI services have access to the floor where the furnace/boiler room is located, the furnace/boiler room is locked and clear of combustibles. There is no odor nor holes in the walls or ceilings. The fresh air intake is not blocked in the furnace/boiler room.
- 27 Kitchen stove hood and exhaust fans are free of grease and properly ventilated. Kitchen area is not accessible to children, unless a developmentally appropriate activity requiring this area is part of the IFSP outcomes, and the children are directly supervised.
- 28 Storage areas are free from flammable materials and are not accessible to children.
- 29 Dryer vents in laundry areas are properly connected, and gas dryers are vented to the exterior. Dryers are cleaned and cleared of lint after each use. Laundry areas are inaccessible to children.
- 210 Portable heaters are not used during the time that EI services are provided.

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

- 31 Areas where children are receiving EI services have entrances and exits that prevent children from wandering out of the immediate area. These areas that will be used by the children must also be well-lit and well-ventilated. Heating, ventilation, and lighting equipment must be adequate for the protection of the health of the children.
- 32 There is a method for controlling visitor access to the facility. Visitors are required to show identification and sign a visitor's log that includes, at minimum, the date, the time in and out, and the purpose for being in the facility.
- 33 The location of EI children in the facility is always known, and daily attendance and sign-out procedures are utilized.
- 34 Children are always supervised by direct visual contact, to ensure they remain in the vicinity of the location of services.
- 35 Children receiving EI services are released only to parents, caregivers, or adults given written authorization by a parent/guardian.

**Facility Standard 4: Providers ensure the physical environment is maintained in a sanitary manner that protects the health and safety of children receiving EI services. Trash is covered and stored away from heat sources and areas where EI children are located, and services are delivered.**

- 41 Bathroom facilities are available, clean, disinfected daily, and adequately supplied. Running water is available in bathroom facilities.
- 42 For areas accessible to children, closet doors allow children to open the door from the inside. Bathroom doors permit opening locked doors from the outside and are free of electronic devices. Exit doors open from the inside without using a key.
- 43 Toilets/sinks are appropriately positioned for children.
- 44 Potty chairs are emptied, cleaned, and disinfected after each use.
- 45 Diapering facilities are available and located near a sink not used for food preparation and include disposal containers. Diapering area is cleaned and sanitized after each use.

- 46 Linens, blankets, and bedding are to be washed weekly, or more frequently if soiled.
- 47 Cribs and cots are washed weekly. They are also cleaned when they are soiled and before use by other children.

**Facility Standard 5: Providers protect the health and safety of children while handling medications and food.**

- 51 Providers must ensure that prescription and over-the-counter medications are stored and administered in a safe manner in accordance with law and applicable State standards.
- Medications must be stored safely and **must not** be accessible to children.
  - Over-the-counter medication must be labeled with the child's name (prescription medication must have original pharmacy label).
  - Medication can be transported only by a responsible adult.
  - Written parental permission must be obtained for medication administration.
  - Medication must be administered only by staff with appropriate licensure, including a Licensed Practical Nurse (L.P.N.) under the supervision of a Registered Nurse (R.N.) or Medical Doctor (M.D.), Physician Assistant (P.A.), Nurse Practitioner (N.P.), or individuals other than licensed health care providers who have completed Medication Administration Training (MAT).
  - Documentation of required credential must be available for examination.
  - Documentation of the administration of medication must be maintained by the provider and available for examination. For examples of what information needs to be included see **Appendix E**.
- 52 Clean utensils and/or sanitary gloves are used to prepare and serve food to eliminate bare-hand contact and to prevent contamination. Waxed paper or napkins may also be used to serve food. Hands must be washed thoroughly before and after donning gloves.
- 53 Food contact surfaces are clean, sanitized, and tableware is washed and rinsed after each use.
- 54 Providers must ensure that specific allergy information is obtained for each child that has an allergy. Providers must then ensure that any child with food or other allergies has a written plan in place developed from information provided by the parent, primary care provider, EIO, and other Early Intervention providers. This plan must include identification and documentation of the allergy; strategies for prevention of exposure; and the required plan of treatment including medication name, dose, method of administration, and verification of the medication's expiration date to treat an occurrence of the allergic reaction. Medications described in a child's allergy plan must be on premises and readily available for use.
- 55 The plan must also include training Early Intervention providers in the administration of medications (e.g., epinephrine) that are provided by the child's parents and prescribed by the child's primary care provider; notifying the parent, primary care provider, and EIO if an allergic reaction occurs; and contacting Emergency Medical Services if epinephrine is administered. For staff administering epinephrine injection, there is documentation of training by a nurse or other medical professional.
- 56 The provider must ensure that food or other allergy-free zone notices or signs are posted, as appropriate, in the service areas where children receiving Early Intervention services are located.

**Facility Standard 6: Providers protect the general health, safety, and welfare of children participating in the EIP by providing direct supervision of children.**

- 61 Children are always directly supervised, including when toileting and washing their hands.
- 62 Areas that will be used by children must be well-lit and well-ventilated. Heating, ventilation, and lighting equipment must be adequate for the protection of the health of the children.
- 63 Children receiving services either individually or in groups are always supervised by direct visual contact to ensure they remain in the location of service delivery.

**Facility Standard 7: Providers protect the general health, safety, and welfare of children during transportation provided by transportation vendors as part of the EIP. EI children can be transported only by approved transport vendors. Individual EI providers cannot transport children.**

- 71 Transportation operators are required to be cleared through the SEL and SCR, prior to transporting children.
- 72 Vehicles used for transporting children for purposes of EI service delivery, and their operators, shall meet the licensing requirements of New York State Vehicle and Traffic law and be insured for the type of transportation being provided.
- 73 The provider ensures that preventative maintenance of transportation vehicles is carried out in accordance with the manufacturers' specifications.
- 74 Smoking and vaping, or the use of a mobile phone, are not permitted while driving vehicles during the transportation of children for purposes of EI service delivery when the provider is responsible for such transportation.
- 75 All transportation vendor providers, including employees and/or contractors of a municipality, who drive children directly, and all drivers utilized by providers, including transportation monitors and assistants, utilize proper procedures including the following:
  - Use of developmentally appropriate safety restraints;
  - Proper placement of the child in the motor vehicle;
  - Handling of emergency situations, including medical conditions of children being transported and possession of child health summaries, and emergency parent contacts;
  - Child supervision during transport, including never leaving a child unattended in a vehicle;
  - Verifying that no children are left in a vehicle at end of the transport by walking the length of the vehicle; and
  - Appropriate child-to-staff ratio during transport. At least one bus monitor must be present at all times, with additional monitors present as necessary depending on the ages and functional status of the children being transported. The driver of the vehicle cannot be included in the child-to-staff ratio.

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

81 Providers have the following:

- Readily available portable first aid kits that are kept clean in a covered container or cabinet inaccessible to children, that minimally include disposable gloves, soap, alcohol wipes, antibiotic ointment, bandages of various sizes, nonallergic tape, sterile gauze, scissors, and a non-rectal thermometer;
- Readily available working flashlights;
- Posted or readily available Infant/Toddler Choking First Aid instructions;
- Posted or readily available emergency system contact numbers for medical assistance and transportation;
- Readily available, up-to-date information for contacting parents in the event of an emergency;
- Readily available, up-to-date emergency consents that are reviewed annually;
- An available telephone to report emergency situations;
- A plan in case of a natural disaster (e.g., fire, tornado, and earthquake) or other disasters (e.g., power failure, bomb threat, threatening individual, biological agent) which includes reporting the incident through the emergency system, to the Early Intervention Official (EIO) and the parent; evacuation or shelter in place procedures; and staff training plan;
- Specific allergy information for each child with an allergy; any child with a food or other allergy shall have a written plan in place developed from information provided by the parent, primary care provider, EIO, and other Early Intervention providers. This plan must include identification and documentation of the allergy; strategies for prevention of exposure; and the required plan of treatment including medication name, dose, and method of administration to treat an occurrence of the allergic reaction. Medications described in a child's allergy plan must be on premises and readily available for use. The treatment plan should also include training of EI providers in the administration of medications (e.g., epinephrine) that are provided by the child's parents and prescribed by the child's primary care provider, notifying the parent, primary care provider, and EIO if an allergic reaction occurs; and contacting Emergency Medical Services if epinephrine is administered. For staff administering an epinephrine injection there is documentation of training by a nurse or other medical professional.
- Child food or other allergy-free zone notices or signs are to be posted as appropriate in food preparation and eating areas where children receiving Early Intervention services are located.

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

- 91 The site is free of obstacles that could cause injuries, such as overhanging tree branches, wires, tree stumps and/or roots, rocks, bricks/concrete, and broken glass.
- 92 Play equipment is clean and in good condition (no broken pieces, sharp edges, choking hazards, splinters, cracks, rusted areas, and screws).
- 93 Walkways should be clear of trash and clutter to prevent tripping.
- 94 Play areas are clear of debris and small or potentially harmful objects.
- 95 Play equipment is developmentally appropriate; securely anchored and has adequate protective surfacing under/around playground equipment to help absorb the shock if a child should fall.
- 96 There are no openings in equipment that can trap any part of a child's body, such as openings in guardrails or climbing ladders.
- 97 Elevated surfaces such as platforms and ramps have guardrails to prevent falls.
- 98 Slides have decks and handrails at the top.
- 99 Merry-go-rounds have solid, flat riding surfaces, and handholds.
- 910 Sandbox is clean and free of organic, toxic, or harmful material.
- 911 Public restrooms are available/accessible, clean, sanitized regularly, disinfected daily and adequately supplied.
- 912 There are no physical conditions that are potentially hazardous to children during the delivery of services.

### III. STANDARDS FOR EI SERVICES DELIVERED IN THE COMMUNITY

**Community Standard 1: Providers deliver EI services in physical environments maintained in a manner that protects the health and safety of children while receiving EI services. Community settings such as a library, park, child's day care, grocery store, public pool, etc., are examples of settings that could be used. If such settings are utilized, the parent/guardian/caretaker must transport the child and remain present for the delivery of services**

- 11 Providers are required to observe all community-based sites that the IFSP team identifies as the desired setting for EI service delivery on a regular basis, to ensure there are no potential hazards to the health and safety of children during the provision of services. It is recommended that providers observe the site for health and safety hazards when the parent has identified the community site as the desired location for their child to receive EI services. Providers must have procedures in place to report to the parent and EIO, any concerns the provider has with such settings, and if necessary, discuss an alternate location for services. **Appendix A**, the *Community Health and Safety Items List*, includes suggested areas to observe for the community-based service settings included in a child's IFSP.
- 12 Use of hot tubs, spas, or saunas is prohibited.
- 13 Only public swimming pools that are subject to the oversight of Chapter 1, Subpart 6-1 of NY State Sanitary Code may be used for the provision of EI services. When a public swimming pool is used, the provider should assess the conditions of the pool for each therapy session to ensure that the use of the pool would not pose a health or safety risk to the child.
- 14 If a provider is notified of or observes a health and safety hazard that may pose a danger to the child receiving services at a community-based setting, the provider must report this to the EIO and the parent. The EIO, provider and parent must then discuss whether an alternate service location should be used.

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

- 21 Adequate staffing, procedures, or physical controls such as fencing, and gates must ensure that children are maintained securely within the designated service areas and prevent children from wandering into unsafe areas.
- 22 The provider knows the location of EI children in the community setting at all times, and daily attendance and sign-out procedures are utilized.
- 23 Children receiving services individually or in groups are always supervised by direct visual contact, to ensure they remain in the location of service delivery.
- 24 Children are always directly supervised, including during toileting, when parents are not present.



**Community Standard 3: Transportation Vendor Providers protect the general health, safety, and welfare of children during transportation provided as part of the EIP. Service Providers are prohibited from transporting children.**

- 31 Transportation vendor providers are required to be cleared through the SEL and SCR, prior to transporting children.
- 32 Vehicles used for transporting children for purposes of EI service delivery and their operators shall meet the licensing requirements of New York State vehicle and traffic law and be insured for the type of transportation being provided.
- 33 Transportation vendor provider ensures that preventative maintenance of transportation vehicles is carried out in accordance with the manufacturers' specifications.
- 34 Smoking and vaping or use of a mobile phone are not permitted while driving in vehicles during the transportation of children for purposes of EI service delivery when the Transportation Vendor provider is responsible for such transportation.
- 35 All transportation vendor providers, including employees and/or contractors of a municipality, who drive children directly and all drivers utilized by providers, including transportation monitors and assistants, utilize proper procedures in the following:
  - Use of developmentally appropriate safety restraints.
  - Proper placement of the child in the motor vehicle.
  - Handling of emergency situations, including medical conditions of children being transported and possession of child health summaries, and emergency parent contacts.
  - Child supervision during transport, including never leaving a child unattended in a vehicle.
  - Verifying that no children are left in a vehicle at end of the transport by walking the length of the vehicle; and the appropriate child-to-staff ratio is in use during transport.
  - At least one bus monitor must always be present, with additional monitors present as necessary depending on the ages and functional status of the children being transported. The driver of the vehicle cannot be included in the monitor child-to-staff ratio.

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

**41 Providers have the following:**

- Readily available, portable first aid kits that minimally include disposable gloves, soap, bandages of various sizes, nonallergic tape, sterile gauze, scissors, and thermometer; and regularly check the inventory of first aid kit. The first aid kit must be kept clean, in a covered container or cabinet inaccessible to children.
- Readily available working flashlights;
- Readily available Infant/Toddler Choking First Aid instructions;
- Readily available emergency system contact numbers for medical assistance and transportation;
- Readily available information for contacting parents in the event of emergencies, updated as needed;
- Readily available emergency consents verified with parent or caregiver updated as needed;
- An available working telephone to report emergency situations;
- An emergency plan in case of a natural disaster (fire, tornado, and earthquake) or other disasters (threatening individual, power failure, bomb threat, biological agent) which includes reporting the incident to the EIO and the parent; evacuation and shelter-in-place plans; and staff training plan;
- Specific allergy information for any child with an allergy;
- A written plan for any child with a food or other allergy developed from information provided by the parent, primary care provider, EIO, and other Early Intervention providers. This plan must include identification and documentation of the allergy; strategies for prevention of exposure; and the required plan of treatment including medication name, dose, and method of administration to treat an occurrence of the allergic reaction. Medications described in a child's allergy plan must be on premises and readily available for use. The treatment plan should also include training of EI providers in the administration of medications (e.g., epinephrine) that are provided by the child's parents and prescribed by the child's primary care provider, notifying the parent, primary care provider, and EIO if an allergic reaction occurs; and contacting Emergency Medical Services if epinephrine is administered.

## IV. STANDARDS FOR EI SERVICES DELIVERED IN THE HOME

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

**New York State recognizes that certain professionals are specifically required to fulfill the important role as a mandated reporter of child abuse or maltreatment. Mandated reporters are required to report suspected child abuse or maltreatment when, in their professional capacity, they are presented with reasonable cause to suspect child abuse or maltreatment.** <https://nysmandatedreporter.org/MandatedReporters.aspx>

- Provider policies and procedures are in place to address unsafe conditions encountered in the home environment that would pose harm to children during service delivery (e.g., peeling or chipping paint, leaking ceilings, hanging electrical wires, and the lack of smoke detector/operating carbon monoxide detector).
- Where service is provided on floors above the first floor, windows must be protected by barriers or locking devices to prevent children from falling out of the windows.
- Firearms and ammunition must be securely stored and inaccessible to children while care is being provided.<sup>1</sup>
- If children are exposed to secondhand smoke or vaping from individuals in their immediate environment during the delivery of EI services, the provider should consider a referral to the EIO or the SC to provide educational resources available in the county to the parent or caregiver regarding the consequences of secondhand smoke. The provider should consider collaborating with the SC for referral of the parent or caregiver to smoking cessation programs.
- It is recommended that providers observe the specific area where EI services will be provided to ensure safe conditions for each therapy session. If the provider observes potential health and safety hazards to a child receiving services at that location, the provider must report them to the EIO. If the provider determines the home setting may pose an imminent danger to the child, the provider should report this to the EIO and refer the parent to the EIO or the SC to provide educational resources available in the county. The provider may recommend an alternate service location to the parent and EIO. Every attempt should be made for the alternate service location to be part of the child's natural environment. Natural environments are defined at 10 NYCRR Section 4.1 (ag) as "settings that are natural or normal for the child's "age peers" who have no disability, including the home, a relative's home when the child is being cared for by the relative, child care setting, or other community setting in which children without disabilities participate." Should the home setting pose imminent danger, the IFSP team will work together to find a suitable alternate setting for EI service delivery.
- For dangerous circumstances that may potentially constitute child abuse and maltreatment, the provider must make a report to the child abuse hotline. Additionally, the provider must report the circumstances to the EIO and discuss alternate service locations for service provision.

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1. New York Regulations\* 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, 18 CRR-NY section 415.13(b)(5)(vi), <https://ocfs.ny.gov/programs/childcare/regulations/415-Child-Care-Services.pdf>.

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

- When a parent or other person legally responsible for care inflicts serious physical injury upon a child or commits a sexual offense against a child.
- Situations where a parent or other person legally responsible knowingly allows someone else to inflict such harm on a child.
- Failure to provide sufficient food, clothing, shelter, or medical care.
- Failure to provide proper supervision, guardianship, or care.
- Misusing alcohol or other drugs to the extent that the child is placed in imminent danger.

**If at any time the provider or EIO deems that serious health and safety problems are present in the home service setting that pose an imminent danger to the safety of the child, procedures must be in place to assure that appropriate action is taken based upon the circumstances.**

These actions may include:

- Calling the child abuse hotline, **1-800-635-1522 (Mandated Reporters\*)**.
- Calling the child abuse hotline, **1-800-342-3720 (Non-Mandated Reporters\*)**.
- If a child or staff are in imminent danger, calling **911** immediately.
- Contacting the EIO and SC to cease services and discuss alternate settings for service delivery for that session, or subsequent sessions, and providing parent education.
- Contacting the Department's Provider Approval and Due Process Unit **1-518-473-7016, Option 1** to determine if immediate remediation needs to be done.
- If the service setting is a licensed day care, contacting OCFS to make a referral.

**\*EI agencies and individual providers are required to have the mandated reporter phone number in their health and safety policy. EI agencies are also required to have the non-mandated reporter phone number in their health and safety policy.**

# FREQUENTLY ASKED QUESTIONS RELATED TO HEALTH AND SAFETY STANDARDS

## Standards Applicability

### 1. Does Health and Safety General Standard 3 apply to (SCs) and Early Intervention evaluators?

**Response:** The Standards apply to all providers except for SCs and evaluators who do not need to receive clearance through the SEL/SCR unless they have regular and substantial contact with children receiving Early Intervention services (General Standard 3.3). Additionally, SCs are not required to maintain first aid kits.

### 2. Will the Health and Safety Standards supersede the Office for People with Developmental Disabilities (OPWDD) regulations or Article 28 Standards, especially in regard to medication administration?

**Response:** The Health and Safety Standards do not supersede OPWDD or Office Children Family Service (OCFS) Daycare regulations or Article 28 Standards. Providers are expected to comply with those regulations and/or standards. However, to the extent that the regulations and/or standards are silent in an area addressed by the EI Health and Safety Standards, providers are expected to comply with the EI Health and Safety Standards.

### 3. Who are mandated reporters in the EIP?

**Response:** All qualified personnel approved to provide EI services are mandated to report cases of suspected child abuse and maltreatment. Additional information can be found:

<https://nysmandatedreporter.org/MandatedReporters.aspx>

<https://ocfs.ny.gov/publications/Pub1159/OCFS-Pub1159.pdf>

<https://www.nysenate.gov/legislation/laws/SOS/413>

A. Providers shall report, or cause to be reported suspected cases of child abuse and/or maltreatment whenever they believe that there is reasonable cause to suspect that a child, made known to them in their official capacity as a Provider under the EIP, is or has been abused or maltreated.

B. Providers shall develop and maintain policies and procedures regarding the reporting of suspected child abuse and/or maltreatment. Agency Providers shall ensure that its employees and Individual Providers under contract with such Agency Provider are aware of the Agency Provider's policies and procedures in this regard.

## Monitoring

### 4. Will providers be monitored on the Health and Safety Standards?

**Response:** Yes, providers are required to be knowledgeable and in compliance with all Health and Safety Standards. They will be monitored on these standards. We recommend that providers sign up for the Department's email listserv to obtain any updates to requirements.

## **Provider Responsibility**

**5. Does the provider have to send their health and safety policies and procedures to the Department ahead of the scheduled monitoring review?**

**Response:** A NYSDOH-approved provider may be requested to send in policies before the review. Providers must develop and comply with policies and procedures for addressing health and safety that are consistent with Department standards. Written health and safety policies and procedures may be requested by the Department for review as part of the EI provider approval and reapproval processes. All providers, including employees and subcontractors, must be familiar with and comply with these policies and procedures.

**6. Do providers need to have policies in place that are available for review by the Department's monitoring contractor or the Department regardless of the location of service provision?**

**Response:** Yes, providers need to have policies in place that are available for review by the Department's monitoring contractor or the Department regardless of the location of service provision. Counties may also monitor providers and request this information in accordance with EIP regulations at 10 NYCRR Section 69-4.12(d).

**7. If the IFSP includes outcomes related to feeding, and a qualified provider works on feeding during mealtime in the home, how can he/she be responsible for the food choices made by the parent?**

**Response:** The EI provider should not be providing food to the child. The provider should suggest to the parent food selections that are nutritious and developmentally appropriate for the child and do not compromise the health and safety of the child.

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

**Response:** The service provider and parent need to have a conversation about expectations and come to an understanding before the sessions begin. Anytime a parent is present in an EI service setting, it is appropriate for the provider to ask the parent to change the child's diaper, so the child is clean and comfortable and able to participate in the EI session. The provider should use their judgment as to whether it is feasible to continue the session if the parent does not comply with such a request. If the provider chooses to discontinue the session, they must explain to the parent/guardian why they are doing so.

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

**Response:** Providers are expected to be sufficiently attentive to children throughout a service visit. For example, if during service delivery, the provider sees a small object on the floor within the child's reach, the provider should instruct the parent on the dangers of small objects as a choking hazard and either remove the item or ask the parent or caregiver to remove the item. Providers must also prevent access to small personal objects they bring into the home including, badges, keys, jewelry, etc.

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

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

## **Immunizations**

11. **Is a provider statement that they previously had a Measles, Mumps and Rubella, (MMR vaccine) enough, or do they really need to have proof of an MMR titer and/or vaccination?**

**Response:** A provider statement is not adequate. Documentation of an MMR titer that demonstrates proof of immunity or proof of receipt of two vaccinations is required and must be maintained in the provider's personnel record.

12. **Do the immunizations required for EI providers listed in General Standard 4 of the Health and Safety document apply to all facility-based staff where EI services are delivered?**

**Response:** These immunizations apply just to those individuals providing EI services.

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

**Response:** Payment for required and recommended titers or vaccines is the responsibility of provider agencies and their employees, independent contractors, and individual subcontractors. You may consult with your local county health department for the availability of free vaccines for adults.

14. **What is the risk to providers going into homes to provide Early Intervention services to children without recommended childhood immunization (e.g., Measles, Mumps, and Rubella (MMR), Varicella (Chicken Pox))?**

**Response:** Early Intervention Providers (EIP) may encounter situations where children or family members are not immunized when providing services. For the service provider's protection, as well as the protection of families and children, it is recommended that the municipality ensure that all service providers are in good health (which includes certain provider immunization requirements, as outlined in the Early Intervention Provider Agreement).

The EI Provider Agreement requires agencies to have documentation of providers' immunization status or documentation of their refusal to be vaccinated. To the extent that both a provider's and a child's immunization status are known, counties and/or agencies could avoid assigning providers who are not immunized to children who are also unvaccinated.

If a service provider has a particular health condition such as an autoimmune condition or pregnancy, which would mean that certain referrals would place the provider's health at risk, then this situation should be discussed between the provider and the municipality. EI providers should be directed to contact their primary care physicians for any additional concerns/questions they may have about their risks of exposure to non-immunized individuals.

**15. Can a therapist refuse to provide home care to children who are not immunized against Measles, Mumps, and Rubella (MMR) and Varicella (Chicken Pox)?**

**Response:** New York State Department of Health (NYSDOH)-approved Early Intervention (EI) Providers may not decline Early Intervention services based upon a child's immunization status; however, it is best practice for EI providers to be aware of the medical and immunization status of children receiving Early Intervention services pursuant to an IFSP. EI providers may encounter situations where children are not immunized when providing services. For the service provider's protection as well as the protection of families and children, it is recommended that the municipality ensure that all service providers are in good health (which includes certain provider immunization requirements, as outlined in the EI Provider Agreement). The EI Provider Agreement requires agencies to have documentation of providers' immunization status or documentation of their refusal to be vaccinated. To the extent that both a provider's and a child's immunization status are known, counties and/or agencies could avoid assigning providers who are not immunized to children who are also unvaccinated.

If a service provider has a particular health condition such as an autoimmune condition or pregnancy, placing the provider's health at risk, then this situation should be discussed between the provider and the municipality. EI providers should be directed to contact their primary care physicians for any additional concerns/questions they may have about the risks of exposure to non-immunized individuals.

**16. What communications, if any, do you recommend to other families or staff if a child is not vaccinated for measles?**

**Response:** A child's Early Intervention records are covered under the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99). This federal law protects the privacy of student education records. As such, you must have written consent from a child's parent/guardian to release any information about a child.

However, it is important to note that all suspected cases of measles must be reported promptly to the local health department for appropriate investigation. Reporting of suspected or confirmed communicable diseases is mandated under the New York State Sanitary Code (See 10 NYCRR 2.10, 2.12, and 2.14). Please follow this link to the Department website for more information on communicable disease reporting: <https://www.health.ny.gov/professionals/diseases/reporting/communicable/>.

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

**Response:** The individual who is refusing the recommended vaccinations needs to prepare and sign the documentation and maintain it in their personnel record. This documentation should be updated annually.



## **Tuberculosis (TB) Screening**

### **18. Can the QuantiFERON (QFT) Blood Screening be accepted in place of the TST Blood Screening?**

**Response:** TB testing may be completed with any approved test that detects the tuberculosis infection, such as the tuberculin Purified Protein Derivative (PPD) skin test TST, or one of the interferon-gamma release assay (IGRA) blood tests, such as the QuantiFERON-TB.

### **19. Who is required to provide an annual health statement?**

**Response:** All Early Intervention (EI) service providers, as well as students, interns, and volunteers, who will have regular and substantial contact with children and families receiving EI services, are required to provide an annual health statement, as outlined in the “Early Intervention Provider Agreement” IV. Personnel (C). This statement must include information about the provider’s/individual’s annual TB screening/test having been completed and received prior to the provision of EI services.

### **20. What is Baseline (pre-employment) TB Testing?**

**Response:** Baseline TB testing is one part of the clinical evaluation required of all personnel and should be completed three months prior to the individual’s first day of work. In addition to baseline TB testing, the clinical evaluation also includes a TB risk assessment and a TB symptom review. The TB risk assessment documents the individual’s TB history (TB exposure, infection or disease and treatment). The clinical evaluation, consisting of the baseline TB test, the TB risk assessment, and the TB symptom review, should be conducted by a licensed health care provider (e.g., Medical Doctor (M.D.), Registered Nurse (R.N.), Physician Assistant (P.A.), and Nurse Practitioner (N.P.)), and documented in the employee’s health assessment. Agencies must maintain the confidentiality of their employees’ medical information pursuant to all applicable State and federal laws

#### **Please note:**

If the individual has only one TST in the past 12 months, that test would be considered the first of a two-step process. The second step requires a repeat TST, and it is **recommended** that this test be done three months prior to the first day of work. However, as previously indicated, individuals who have completed baseline screening, including the first TST or Interferon-Gamma Release Assays (IGRAs), can work without restriction if the test is negative.

### **21. Why is a two-step TST required for newly hired employees?**

**Response:** The two-step TST is used to detect individuals with past TB infections (latent tuberculosis infection) who now have diminished skin test reactivity. This procedure will reduce the likelihood that a boosted/follow-up reaction is later interpreted as a new infection. In some individuals who have had an unknown past exposure to TB, their body’s ability to react to a TST may decrease over time. When given a TST years after exposure, these individuals may have a (false) negative reaction to the first test. However, this first TST may stimulate the immune system so that when a second TST is given, the body is then able to produce a true positive response, indicating a past infection.

### **22. How often is TB testing required?**

**Response:** Individuals who have completed baseline testing/screening, which includes the first TST, or interferon-gamma release assay (IGRA) blood test and a TB risk assessment, can render EI services without restriction if the test is negative. After a baseline TB test is submitted to the EI agency, annual TB testing is no longer required unless recommended by an individual’s health care provider as indicated by TB risk assessment or after a known exposure. However, an annual TB risk assessment signed by a licensed health care provider and TB education will need to be documented in the individual’s personnel record.

**23. How do these changes impact current providers?**

**Response:** Current providers who have a previously documented negative TB test do not need routine annual TB testing. However, they will need to submit an annual health assessment that includes a TB risk assessment completed and signed by a licensed health care provider, stating that the provider does not have any type of diagnosed condition that would preclude them from providing Early Intervention services.

**24. If an EI provider begins work with a new EI agency, will they be required to submit a new baseline TB test if the original testing is beyond the three-month recommendation but within 12 months of its completion?**

**Response:** If an EI provider begins working with different agencies within 12 months of the date of a completed two-step TST, an additional two-step TST would not be necessary. For example, if you are hired by multiple agencies within 12 months of the completion of the two-step TB testing process, this test is acceptable to submit to all agencies. However, if new TB risk factors have been identified since the test was completed, a retest may need to be considered.

**25. What Annual TB Education is required for EI providers?**

**Response:** EI agencies and individual providers are required to participate in annual in-service education on TB. The information should include information on the symptoms of active disease, treatment, and testing requirements. Agencies can incorporate annual TB education into in-service training or hold it separately.

The Centers for Disease Control and Prevention (CDC) provides pamphlets and training for Tuberculosis free of charge, meeting the annual education requirement for EI providers and agencies. Providers and agencies must attest to TB education by providing a signature and date of completion. TB Education can be found at the following links:

- *Tuberculosis: Get the Facts!*

[https://www.cdc.gov/tb/publications/pamphlets/getthefacts\\_eng.htm](https://www.cdc.gov/tb/publications/pamphlets/getthefacts_eng.htm)

- *Questions & Answers About Tuberculosis*

<https://www.cdc.gov/tb/publications/faqs/default.htm>

This pamphlet meets the annual education requirements up to page 15.

[Questions and Answers about Tuberculosis \(cdc.gov\)](https://www.cdc.gov/tb/publications/faqs/default.htm)

- Additional TB educational material can be found on the CDC webpage, Pamphlets, Brochures, Booklets

<https://www.cdc.gov/tb/publications/pamphlets/default.htm>

**Questions about TB should be directed to the New York State Department of Health Bureau of Tuberculosis Control at [tbcontrol@health.ny.gov](mailto:tbcontrol@health.ny.gov).**

**For questions regarding any of the information in this document, please contact the Bureau of Early Intervention at [beipub@health.ny.gov](mailto:beipub@health.ny.gov).**

**For questions related to the Provider Agreement document, please contact the Provider Approval Unit at [provider@health.ny.gov](mailto:provider@health.ny.gov).**

## **First Aid/Emergency Procedures**

### **26. What is the purpose of the emergency consent procedure?**

**Response:** The provider should have a policy and procedures in place to address child emergencies, which include contacting 911. The provider must inform parents of the policy, and the actions the provider will take in the event of an emergency, and have the parent review the plan, sign, and date.

### **27. Who will be doing the training to assist providers in developing an allergy plan?**

**Response:** The Department, in collaboration with New York State Education Department and New York Statewide School Health Services Center, has developed a comprehensive document titled, “*Caring for Students with Life-Threatening Allergies*.” It is recommended that you review this document, which can be found at: [https://www.health.ny.gov/professionals/protocols\\_and\\_guidelines/docs/caring\\_for\\_students\\_with\\_life\\_threatening\\_allergies.pdf](https://www.health.ny.gov/professionals/protocols_and_guidelines/docs/caring_for_students_with_life_threatening_allergies.pdf).

### **28. When the parent is present, or the child is in day care, would the caregiver be responsible for first aid, emergency contacts, emergency consents, natural disaster plans, allergy treatments, etc.?**

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

## **Facility-Based Standards Questions**

### **29. Does Facility Standard 2.7 preclude students being involved in developmentally appropriate cooking and self-help activities when appropriate policies and practices are in place to ensure the safety of students?**

**Response:** If the developmentally appropriate activities are part of the IFSP and children are directly supervised, their access to the kitchen areas would be allowable.

### **30. Are sanitary gloves required to serve food?**

**Response:** The New York State Sanitary Code Subpart 14-1.80 states that convenient and suitable utensils and/or sanitary gloves are to be provided and used to prepare or serve food to eliminate bare-hand contact and to prevent contamination. Waxed paper, napkins, or equivalent barriers to prevent hand contact can also be used to serve food. Food worker hands must be washed thoroughly and cleaned before wearing gloves. This is consistent with EIP Health and Safety Facility Standard 5.2.

## **Transportation Questions**

### **31. Can EI providers transport children in their personal vehicle?**

**Response:** No.

### **32. Is there a recommended child-to-staff ratio during transportation?**

**Response:** We recommend at least one bus monitor be always present, with additional monitors present, as necessary, depending on the ages and functional status of the children being transported. The driver of the vehicle cannot be included in the monitoring ratio.

### **33. Is there any instance whereby the therapist would provide transportation to a community site, as the definition for transportation on page 17 implies?**

**Response:** No, there is no instance where an EI provider would transport a child. In the glossary, under the definition of transportation, the term “service provider” refers to transportation service providers or an agency that has their own transportation unit. It does not apply to an individual therapist.

## **Community-Based Standards Questions**

**34. Is a private day care in a person's home considered to be a community setting?**

**Response:** Yes.

**35. Is a church where group services are held, and where the provider pays rent or leases the use of the room, considered a facility or community setting?**

**Response:** Yes. A church where group settings are held and where the provider pays rent or leases a room is considered a facility or community setting if it is approved by the Department, EI Provider Approval, Due Process, and Monitoring Unit (PAU).

**36. If the parent feels that a community site is appropriate for provision of EI services, but the provider observes that the site may pose harm to the child, how is the disagreement resolved?**

**Response:** The provider should explain their concerns with the provision of services at the site. If the parent does not agree, the parent and the provider should work with the IFSP team to resolve the concerns with the recommended setting. If the IFSP team believes that the site is inappropriate, the IFSP should be amended to state a new location for service delivery. The parent has due process rights if they continue to disagree. If the IFSP team believes services may be delivered at the site, the provider should make a notation in the child's session note of their concerns.

**37. Does Community Standard 1.2 apply to home pools?**

**Response:** A pool at the child or caregiver's home, is considered a home-based setting, and does not fall under the requirements of Community Standard 1.2, except if it is a community pool shared by members of a condominium association or an apartment complex.

**38. Do Community Standards 2.2-2.4 indicate that the provider is responsible for all children in a community setting, not just the child they are currently servicing?**

**Response:** The provider is responsible for only the child receiving EI services.

**39. Regarding Community Standard 4, if services are provided in a park, library, or playground, are providers expected to carry items listed?**

**Response:** The provider is responsible to have items noted in Community Standard 4 available at the community setting during service provision. If the items are already present at the community site and accessible to the provider, they do not need to carry each item.

**40. In a home or community setting, would the provider be responsible to have emergency contact numbers available?**

**Response:** It is recommended that providers have emergency contact numbers and a working phone if the parent is not present in the community setting or is unable to make the call for emergency care.

**41. Is it acceptable for a provider to obtain a copy of a disaster plan if the community site has developed its own?**

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

## Home-Based Standards Questions

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

**Response:** See Home Standard 1 of the Standards guidance document for examples. Additional information can be found at the OCFS website at <https://ocfs.ny.gov/programs/cps/>.

43. **Home-Based Standards 1.1- 1.2 for the home setting appear to be beyond the scope of the EIP. Why provide parent education if it is not requested?**

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

44. **If a provider is delivering services in the home and the child becomes ill, is it expected that the provider will notify the parent that the child may be ill?**

**Response:** It is expected that the provider work with both the child and the parent in the home during the service session, therefore, the parent or caregiver will be aware of the child's illness. If the parent or caregiver steps out of the direct service area, it is expected that the provider will notify the parent if a child becomes ill.

45. **If the child falls and requires a bandage in the home when the parent or caregiver is present and responsible, is an injury report still required?**

**Response:** No, an injury report is not required for services delivered in homes when the parent or caregiver is present, but the EIO should be notified of any incident that results in treatment by a health care professional.

46. **Other than asking a parent to refrain from smoking or vaping during therapy, what are a provider's options, and is it the expectation that a provider should offer the parent secondhand smoke information?**

**Response:** Home Standard 1.3 states that the provider should consider making a referral to the SC or EIO to provide educational resources to the parent/caregiver regarding the consequences of secondhand smoke. The provider may also provide education to the parents directly.

47. **If parents continue to smoke does this mean the provider does not treat the child?**

**Response:** No, services should not be discontinued, but they may be provided in an alternate location if included in the IFSP and if the provider has health concerns about the presence of secondhand smoke in the family home, due to preexisting medical conditions such as asthma or allergies. There is no authority in law or regulations to prohibit a parent or caregiver from smoking or vaping in a home-based setting. The provider may request that the parent or caregiver refrain from smoking or vaping while services are being delivered.

## Appendices Questions

48. **Is it required to provide an injury report with recommended preventive strategies to a child's parent?**

**Response:** Yes, each injury report must be given to a child's parent. This will ensure that parents are fully informed of the incident and are aware that steps will be taken to prevent the injury from recurring in the future.

## **COVID-19 Questions**

49. **Does an EI agency have any obligation to notify the local departments if a provider or family should test positive for COVID-19 and it comes to our attention? Should we require providers to notify us in the case of positive results for themselves or families they treat face-to-face, or is it unnecessary?**

**Response:** Reporting of suspected or confirmed communicable diseases is mandated under the New York State Sanitary Code (10 NYCRR 2.12). In addition, Section 2.12 states "When no physician is in attendance, it shall be the duty of the head of a private household or the person in charge of any institution, school, hotel, boardinghouse, camp or vessel, or any public health nurse, or any other person having knowledge of an individual affected with any presumably communicable disease, to immediately report the name and address of the person to the city, county or district health officer. It is important to note that EI providers must report all suspected and confirmed cases of COVID-19 promptly to the Local Health Department (LHD) for appropriate investigation. For more information on communicable disease reporting, please use the following link to the New York State Department of Health website: <https://www.health.ny.gov/professionals/diseases/reporting/communicable/>.

50. **Does a parent of a child approved for an Early Intervention evaluation or services have the legal right to know whether a teacher or therapist who will provide the service is vaccinated against the COVID-19?**

**Response:** An EI provider can volunteer this information to their agency or families they are working with, but is not obligated to do so. If an EI provider does notify their agency of their vaccine status, this agency must maintain the confidentiality of their employee's medical information pursuant to all applicable state and federal laws, and accordingly cannot notify parents/caregivers of a provider's COVID-19 vaccine status upon their request.

## Cannabis Question

### 51. Does the Department have any guidance on the use of marijuana in the homes of children receiving EI services?

**Response:** Currently, in New York State (NYS), adults may smoke or vape cannabis wherever smoking tobacco is allowed under the [NYS Clean Indoor Air Act](#) (PHL Article 13-E), with a few exceptions. The choice on the part of a child's parent or caregiver to use a legal substance is a personal decision. In the case of cannabis use, we suggest protocols similar to those in the [New York State Department of Health's Health and Safety Standards for the Early Intervention Program](#) guidance document regarding secondhand smoke. EI providers have no obligation to expose themselves to second-hand cannabis smoke while it is being consumed; we caution, however, that the presences of residual odors associated with cannabis use are not grounds for a provider to refuse service.

In instances where an EI provider witnesses a parent using cannabis or other substances in any way that could result in the child being exposed to its psychoactive or neurochemical properties, or who suspects or knows a parent is using legal or illegal substances or alcohol, and engaging in behaviors which may present a danger to the child's safety and well-being, the provider must call [child protective services](#) to make a report. As per EI Program regulations, providers, including service coordinators, are mandated reporters about suspected child abuse and maltreatment.

Additionally, in cases where a legal or illegal substance is noted by the provider to be within the reach of the child (e.g., cannabis edibles), providers should discuss the potential danger to the child with the parent and notify the parent that EI providers are mandated reporters to child protective services. Examples of abuse and maltreatment requiring a report to the child abuse hotline include, but are not limited to, misuse of alcohol or other drugs (including cannabis) that places a child in imminent danger.

Cannabis and cannabis products in homes should be stored safely out of reach of children. Accidentally consuming edibles is a risk for children and can result in the need for emergency medical attention. If there is an accidental exposure to cannabis or cannabis products of any kind, call Poison Control Center **(800) 222-1222**.

## **APPENDIX A: Community Health and Safety Items List for Services Provided in the Community Setting**

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

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

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

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

### **Community Health and Safety Items List – Indoor Areas**

- The environment where EI services are provided is safe from chemicals, contaminants, toxic materials, and other hazards.
- The environment is free of potential fire, construction, and other structural hazards.
- Public restrooms are available/accessible, clean, disinfected and adequately supplied.
- Hallways and/or exits are not obstructed and are free from clutter.
- Stairs are well lit.
- Stairs, walkways, porches, and ramps are free of ice, snow, and other hazards, and have railings or other barriers to prevent children from falling.
- Pets on premises do not pose a potential threat to children. Providers should be aware of children with animal allergies.
- Areas where EI children are receiving services have entrances and exits that prevent children from wandering out of the immediate area.
- There are no other physical conditions that are potentially hazardous to children during the delivery of services.
- Evacuation procedures and routes are prominently posted.
- Providers are aware of the current emergency evacuation plan and evacuation routes in the community-based setting, location of telephones on premises, and up-to-date emergency telephone numbers.
- Public swimming pools used are only those subject to the oversight of Chapter 1, Subpart 6-1 of NY Sanitary Code and do not pose a health risk to children.



## **Community Health and Safety Items List – Outdoor Areas**

- Site is free of obstacles that could cause injuries such as overhanging tree branches, wires, tree stumps, and/or roots, rocks, bricks/concrete.
- Play equipment is clean and in good condition (no broken pieces, sharp edges, choking hazards, splinters, cracks, rusted areas, screws, etc.).
- Walkways are clear of trash and clutter to prevent tripping.
- Play areas are clear of debris and small or potentially harmful objects.
- Play equipment is developmentally appropriate.
- Play equipment is securely anchored.
- There is adequate protective surfacing under/around playground equipment to help absorb the shock if a child falls.
- There are no openings in equipment that can trap a child's head or neck, such as openings in guardrails or ladders.
- Elevated surfaces such as platforms and ramps have guardrails to prevent falls.
- Slides have large decks and handrails at the top.
- Merry-go-rounds have solid, flat riding surfaces and handholds.
- Sandboxes are clean and void of organic, toxic, or harmful material.
- Public restrooms are available/accessible, clean, disinfected and are adequately supplied.
- Public swimming pools used are only those subject to the oversight of Chapter 1, Subpart 6-1 of NY Sanitary Code and do not pose a health risk to children.
- There are no other physical conditions that are potentially hazardous to children during the delivery of services.

## APPENDIX B: Early Intervention Official (EIO) Responsibilities

As part of the administration of the EI Program at the local level, it is important for EIOs to be aware of potential hazards to children during EI service delivery and to act on any reports or potential hazards promptly. EIOs should work as a coordinator between the local EIP and the State to ensure the safety of children receiving EI services. Below is a list of potential actions that the EIO should consider taking when serious health and safety concerns exist. Additional information on EIO responsibilities for monitoring approved providers can be found in regulation **69-4.12(d)** located at:

<https://regs.health.ny.gov/content/section-69-412-monitoring-approved-service-providers-including-evaluators-service-providers>.

- Immediate notification to the Department Monitoring, Provider Approval, and Due Process Unit either by email [provider@health.ny.gov](mailto:provider@health.ny.gov) or phone **1-518-473-7016, Option 1** for possible administrative action including disqualification of the provider.
- Meet with the providers individually or as a group to ensure their understanding of the State's and municipality's standards for health and safety.
- Conduct interviews with providers and other personnel responsible for the administration and provision of Early Intervention services.
- Visit the provider's site to observe whether a dangerous situation exists and if remediation is required.
- Review the internal quality assurance procedures of the provider.
- Review the organizational structure and staffing patterns, including supervision of personnel and participation of personnel in training activities.
- Review the provider's records to determine the provider's implementation of the requirement to screen new employees and contractors through the SCR.
- Review the status of a provider licensure, certification, or registration.
- Review the provider's corrective actions to address the unsafe condition and/or deficiency.
- Ensure the provider has initiated appropriate remediation, which includes immediate correction of a dangerous situation.
- Consider transferring children to another site or approved provider.
- Consider referring the child to the Lead Program for lead testing.
- Consider making a referral to the Healthy Neighborhoods Program for counties where this resource is available.
- Consider the referral to local Department of Social Services for the removal of children from the home or caregiver's residence.
- Consider a referral to OCFS for a complaint investigation for licensed daycare agencies.
- Discuss situations of health and safety concerns with parents or guardians.

## APPENDIX C: Record of Injury

### Sample Template: Record of Injury

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

- Name, sex, age, and date of birth of the injured person;
- Date and time of injury;
- Was child's parent/legal guardian notified? If so, how and what was the date, and time?
- Location where the injury took place;
- Description of how the injury occurred, including others involved, who (name, address, and telephone number) witnessed the incident and what they reported, as well as what was reported by the child;
- Description of injury location and what aid, if any, was provided to the child. Specify body parts(s) involved;
- Description of any consumer product (e.g., stove, toy), involved or used when the injury occurred;
- Name and location of provider responsible for supervising the child at the time of injury;
- Actions taken on behalf of the injured child following the injury;
- Recommendations of preventive strategies that could be taken to avoid future occurrences of this type of injury;
- Name of person who completed the report;
- Name, signature, and address of the agency, individual, or subcontracted provider who was present or who was providing service;
- Signature of the parent/legal guardian and date signed.

Four copies of the injury report form shall be made. One copy shall be given to the child's parent or legal guardian. The second copy shall be forwarded to the EIO when the injury requires medical treatment. The third copy shall be kept in the child's record. The fourth copy shall be kept by the by the agency or individual provider. This fourth copy shall be retained by the agency or individual provider for the period required by the State's record retention policy. <https://regs.health.ny.gov/content/section-69-426-content-and-retention-child-records>.

Early Intervention Program Regulations Section **69-4.26 (b)**

[Early Intervention Program Guidance on Early Intervention Program Records \(ny.gov\)](#) Early Intervention Program (EIP) Memorandum 2003-1 Guidance on Early Intervention Program Records.

## APPENDIX D: Cleaning, Disinfecting and Sanitizing

This summary is based on information and guidance from the Office of Children and Family Services (OCFS), the Centers for Disease Control and Prevention (CDC), United States Environmental Protection Agency (US EPA), New York State Department of Environmental Conservation (NYSDEC) and the New York State Sanitary Code for food service establishments.

Please note that disinfecting and sanitizing and cleaning are different processes. Below are helpful United States Environmental Protection Agency (EPA) descriptions of these three processes.

- **Disinfectant** – A substance, or mixture of substances, that destroys or irreversibly inactivates bacteria, fungi, and viruses, but not necessarily bacterial spores, in the inanimate environment. EPA registers three types of disinfectants based on the type of efficacy data submitted: Limited, General (or Broad-spectrum), and Hospital. (Source: <https://www.epa.gov/pesticide-registration/pesticide-registration-manual-chapter-4-additional-considerations>)
- **Sanitizers** – Used to reduce, but not necessarily eliminate, microorganisms from the inanimate environment to levels considered safe as determined by public health codes or regulations. Sanitizers include food contact products. These products used on sites where consumable food products are placed and stored. Sanitizing rinses are used on surfaces such as dishes and cooking utensils and equipment and utensils found in eating and drinking establishments. (Source: <https://www.epa.gov/pesticide-registration/pesticide-registration-manual-chapter-4-additional-considerations#whatis>)
- **Cleaning** – Physically removes germs, dirt, and impurities from surfaces or objects by using soap (or detergent) and water. This process does not necessarily kill germs, but by removing them, it lowers their numbers and the risk of spreading infection.

When sanitizing objects that might be mouthed by children, a lower concentration of commercial bleach must be used if cleaning with soap and water is not sufficient. Additionally, disinfectants should typically not be applied on items used by children, especially any items that children might put in their mouths. Many disinfectants are toxic when swallowed.

Commercial bleach products (sodium hypochlorite) come in various concentrations. Some bleach products are also US EPA and NYS DEC registered pesticide products. Available products may be ready to use or may be dilutable and may also come with different instructions on contact time. In addition, products may have different instructions based on the type of surface being treated (hard nonporous surface, food contact surfaces, etc.). The below chart is based on dilutable bleach products currently have a starting (undiluted) sodium hypochlorite concentration ranging from 6 to 8.25%.

**Changes to Bleach Concentrations** (Sodium Hypochlorite Concentration of 6 to 8.25%)

- **Spray Solution #1:** Use for Food Contact Surface Spray (countertops, tables, high chair trays with 2 minutes contact time) ½ teaspoon bleach to 1 quart of water
- **Spray Solution #2:** Use for Surfaces Contaminated with Bodily Fluids (diapering surfaces, blood/intestinal fluid-covered surfaces with 2 minutes of contact time) 1 Tablespoon bleach to 1 quart of water
- **Soaking Solution #3:** Use for sanitizing (mouthed toys or items at 5 minutes of contact time) 1 teaspoon bleach to 1 gallon of water

**Additional information:**

- Any disinfectant products used must be US EPA **and** NYS DEC registered.
- Whether disinfecting or sanitizing, surfaces should first be cleaned to ensure that disinfection or sanitizing of surfaces is effective. The reason for this is that organic materials on surfaces (such as dirt and dust) can reduce the effectiveness of disinfection or sanitizing of surfaces.
- Determining whether objects are likely to be mouthed by children may be helpful in determining whether to disinfect or sanitize.
- If there are testing materials that cannot be washed and sanitized (e.g., porous materials), it is recommended that they not be used.
- Disinfection products should not be used by children or near children, and staff should ensure that there is adequate ventilation when using such products to prevent children or themselves from inhaling toxic vapors.

## APPENDIX E: Monthly Medication Administration Record (MAR)

Documentation of the administration of medication must be maintained by the provider and available for examination. Below is a list of information required to be part of the documentation to be Medicaid compliant.

### **The Medication Administration Record must contain the following information:**

- Child's name and date of birth
- Medication name, dosage, route, and parameters
- Date and time administered (instructions or conditions under which medication is to be administered)
- Written order start date and order expiration date
- Prescriber's name/telephone number
- The signature and title of the health professional administering, with initials, since that is what will be in each box to confirm it was given if using paper
- Documentation of parameters if required for administration (e.g., vital signs, carb count, blood glucose, etc.)
- Documentation of missed or wasted dose or student refusal
- Nursing/Trained personnel should maintain accurate records of the medication administered, any special circumstances related to the procedure, and the student's reactions/responses

### **Medication protocols should be specific to ensure consistency throughout agency.**

#### **Protocols should address the following areas:**

- Delivery of medications to facility by adult
- Medication orders
- Medication administration
- Specify the timeframe around which the prescribed medication can be administered
- Medication storage
- Documentation
- Non-patient specific orders
- Medication errors
- Training of unlicensed personnel
- Medication disposal

For Samples Health Services Forms and Notifications:

These samples resources may be modified for your use and are consistent with the NYSED.

<https://www.schoolhealthny.com/domain/137>

<https://www.schools.nyc.gov/docs/default-source/default-document-library/general-medication-administration-form-2021-22>

# APPENDIX F: Tuberculosis (TB) Screening and Risk Assessment Form Example

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Preferred Contact Information: \_\_\_\_\_

1. Have you ever spent more than 30 days in a country with an elevated TB rate? This includes all countries except those in Western Europe, Northern Europe, Canada, Australia, and New Zealand.
  - A. YES, I have been in a foreign country for  $\geq 30$  days (**not including those listed above**)
  - B. NO, I have not been in any country for  $\geq 30$  days (**except the ones listed above**)
2. Have you had close contact with anyone who had active TB since your last TB test?  
YES / NO
3. Do you currently have any of the following symptoms?
  - A. YES / NO Unexplained fever for more than 3 weeks
  - B. YES / NO Cough for more than 3 weeks with sputum production
  - C. YES / NO Bloody sputum
  - D. YES / NO Unintended weight loss  $> 10$  pounds
  - E. YES / NO Drenching night sweats
  - F. YES / NO Unexplained fatigue for more than 3 weeks
4. Have you ever been diagnosed with active TB disease?  
YES / NO
5. Have you ever been diagnosed with latent TB infection or had a positive skin test or a positive blood test for TB?
  - A. YES, one or more of these is true for me
  - B. NO none of these is true for me
6. Have you been treated with medication for TB or for a positive TB test (e.g., taken "INH")?  
YES / NO  
If YES, what year, with which medication, for how long, and did you complete the treatment course? \_\_\_\_\_
7. Do you have a weakened immune system for any reason including organ transplant, recent chemotherapy, poorly controlled diabetes, HIV infection, cancer, or treatment with steroids for more than 1 month, immune-suppressing medications such as a TNF-alpha antagonist or another immune-modulator? (If you are not sure, ask your Occupational Health provider)
  - A. YES, one or more of these is true for me
  - B. NO, none of these is true for me

\_\_\_\_\_  
Signature of Licensed Health Care Provider

\_\_\_\_\_  
Date

**See Example:** Appendix 3 at <https://links.lww.com/JOM/A782>

Recommendations from the American College of Occupational and Environmental Medicine provide additional implementation guidance. [Tuberculosis Screening, Testing, and Treatment of US Health: Journal of Occupational and Environmental Medicine \(lww.com\)](#).

# GLOSSARY

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

<b>Child</b>	An eligible or a referred infant or toddler, as appropriate in the context, receiving Early Intervention services.
<b>Cleaning, Sanitizing &amp; Disinfectant</b>	<p><b>Cleaning:</b> Is the removal of foreign material (e.g., soil, and organic material) from objects and is normally accomplished using water with detergents or enzymatic products.</p> <p><b>Sanitizing:</b> Used to reduce, but not necessarily eliminate, microorganisms from the inanimate environment to levels considered safe as determined by public health codes or regulations. Sanitizers include food contact products. These products used on sites where consumable food products are placed and stored. Sanitizing rinses are used on surfaces such as dishes and cooking utensils and equipment and utensils found in eating and drinking establishments.</p> <p><b>Disinfectant:</b> A substance, or mixture of substances, that destroys or irreversibly inactivates bacteria, fungi, and viruses, but not necessarily bacterial spores, in the inanimate environment. EPA registers three types of disinfectants based on the type of efficacy data submitted: Limited, General (or Broad-spectrum), and Hospital.</p> <p><a href="https://www.epa.gov/pesticide-registration/pesticide-registration-manual-chapter-4-additional-considerations">https://www.epa.gov/pesticide-registration/pesticide-registration-manual-chapter-4-additional-considerations</a></p> <p><a href="https://www.epa.gov/pesticide-registration/what-are-antimicrobial-pesticides">https://www.epa.gov/pesticide-registration/what-are-antimicrobial-pesticides</a></p>
<b>Communicable Disease</b>	A communicable disease is one that is spread from one person to another through a variety of ways that include: contact with blood and bodily fluids, breathing in an airborne virus, or being bitten by an insect. In addition to notifying the parent, Local Health Department ( <a href="https://www.nyscho.org/directory/">https://www.nyscho.org/directory/</a> ) and/or New York State Department of Health, Communicable Disease Control, reporting of suspected or confirmed communicable diseases is mandated under the New York State Sanitary Code (10 NYCRR 2.12). For the updated list of the reportable communicable diseases mandated under New York State Sanitary Code visit: <a href="http://www.health.ny.gov/professionals/diseases/reporting/communicable">http://www.health.ny.gov/professionals/diseases/reporting/communicable</a> .
<b>Early Intervention Services</b>	Services designed to meet the needs of the family related to enhancing the child’s development in accordance with the functional outcomes specified in the Individualized Family Service Plan. Professionals provide services under Title II-A of Article 25 of the New York State Public Health Law. This includes service coordination, evaluation, and general early intervention services. <a href="https://www.health.ny.gov/community/infants_children/early_intervention/">https://www.health.ny.gov/community/infants_children/early_intervention/</a>



<b>Early Intervention Official/Designee (EIO/D)</b>	An appropriate municipal official (or designee) named by the chief executive officer of a municipality who is the responsible person for the Early Intervention Program in that municipality.
<b>EIP</b>	Early Intervention Program.
<b>Family-Centered</b>	Under the EIP, family-centered means including parents in all aspect of their child’s services and in decisions concerning the provisions of services.
<b>First Aid</b>	<p>First aid refers to medical attention that is usually administered immediately after the injury occurs and at the location where it occurred. It often consists of a one-time, short-term treatment and requires little technology or training to administer. First aid can include cleaning minor cuts, scrapes, or scratches; treating a minor burn; applying bandages and dressings; the use of non-prescription medicine; draining blisters; removing debris from the eyes; massage; and drinking fluids to relieve heat stress.</p> <p>OSHA Definition see link in resources.</p>
<b>Individualized Family Service Plan (IFSP)</b>	A written plan for providing Early Intervention services to a child eligible for the Early Intervention Program and the child’s family. This plan is developed under Section 2545 or Section 2546 of Article 25 of the New York State Public Health Law.
<b>Mandated Reporter</b>	<p>Mandated reporters are required to report suspected child abuse or maltreatment when, in their professional capacity, they are presented with reasonable cause to suspect child abuse or maltreatment.</p> <p><a href="https://nysmandatedreporter.org/MandatedReporters.aspx">https://nysmandatedreporter.org/MandatedReporters.aspx</a></p>
<b>Medical Treatment</b>	<p>Medical treatment is any injury or illness beyond the provision of simple care from a first aid kit that results in the need for an assessment and/or treatment by a health care professional.</p> <p>OSHA Definition.</p>
<b>Monitoring Review</b>	A program review conducted by the county or New York State Department of Health or appropriate designee for determining regulatory compliance and areas for quality improvement.
<b>Municipality</b>	<p>A) A county outside the City of New York or,</p> <p>B) The City of New York when referring to a county within the City of New York (including New York, Kings, Queens, Bronx, and Richmond Counties).</p>
<b>Natural Environments</b>	Settings that are normal or natural for the child’s age peers who have no disability, including the home, a relative’s home when the child is being cared for by the relative, child care setting, or other community settings where children without disabilities are typically found.
<b>NYSDOH or Department</b>	New York State Department of Health.

<b>Parent</b>	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. This term does not include the State if the child is a ward of the State. For additional information on person in parental relation, see 10 NYCRR 69-4.1(aj).
<b>PHL</b>	New York State Public Health Law.
<b>Provider</b>	An individual or agency, including municipalities, approved by the Department to perform screenings, evaluations, service coordination, and/or Early Intervention services as required under Article 25 of the NYS PHL.
<b>Qualified Personnel</b>	Individuals approved by the Department and under contract with, or employed by, approved agency providers who deliver services to the extent authorized by their licensure, certification, and registration to eligible children as defined in the regulations, are approved under Article 25 of the NYS PHL. See 10 NYCRR 69-4.1 (a) for a list of qualified personnel.
<b>Regulations</b>	The New York State Department of Health's regulations related to Early Intervention, found in Subpart 69-4 of Part 69 of Subchapter H of Chapter II of Title 10 of the Official Compilation of Codes, Rules, and Regulations of the State of New York (10NYCRR).
<b>Serious Condition</b>	A serious condition is defined as any issue to the physical facility of the child day care program that impedes everyday operations or may present a health or safety concern.  OCFS see resources.
<b>Serious Incident</b>	A serious incident is defined as a situation, or event where there is a risk to the physical, emotional, and/or mental health, safety, or well-being of a child while in care.
<b>Serious Injury</b>	A serious injury includes any event in which a child requires professional medical attention other than routine illness. An injury is serious when it is beyond routine superficial cuts, scrapes, and bug bites.
<b>Transportation</b>	Travel provided by a taxi, carrier, or other means, including the transportation service provider, necessary to enable an eligible child and the child's family to receive Early Intervention services.

# RESOURCES

## **New York State Department of Health (NYSDOH):**

Healthy Neighborhoods Program

[https://www.health.ny.gov/environmental/indoors/healthy\\_neighborhoods/](https://www.health.ny.gov/environmental/indoors/healthy_neighborhoods/)

Health Advisory: Measles Vaccination Recommendations for Adults

[https://www.health.ny.gov/prevention/immunization/providers/measles/docs/health\\_advisory.pdf](https://www.health.ny.gov/prevention/immunization/providers/measles/docs/health_advisory.pdf)

Communicable Disease Reporting

<http://www.health.ny.gov/professionals/diseases/reporting/communicable>

Regulation for Prevention of Influenza Transmission by Healthcare and Residential Facility and Agency Personnel

[https://www.health.ny.gov/diseases/communicable/influenza/seasonal/providers/prevention\\_of\\_influenza\\_transmission/](https://www.health.ny.gov/diseases/communicable/influenza/seasonal/providers/prevention_of_influenza_transmission/)

Title 19 (NYCRR) Chapter XXXIII – State Fire Prevention & Building Code Council Subchapter A – Uniform Fire Prevention

<https://dos.ny.gov/laws-and-regulations-division-building-standards-and-codes>

Early Intervention Program COVID-19 Guidance

[https://www.health.ny.gov/community/infants\\_children/early\\_intervention/memoranda.htm](https://www.health.ny.gov/community/infants_children/early_intervention/memoranda.htm)

NYS DOH Childhood Lead Poisoning Prevention

<https://www.health.ny.gov/environmental/lead/>

Sources of Lead: NYSDOH

<https://www.health.ny.gov/publications/6517.pdf>

Quick Reference Guide: Management of Children According to Blood Lead levels (BLL)

<https://www.health.ny.gov/publications/2501.pdf>

The New York State Senate

<https://www.nysenate.gov/legislation/laws/SOS/413>

New York Codes, Rules and Regulations Volume B Title 18 NY-CRR 415.13

<https://regs.health.ny.gov/content/part-415-child-care-services-ocfs>

New York Codes, Rules and Regulations Part 6 - Swimming Pools, Bathing Beaches and Recreational Aquatic Spray Grounds. Subpart 6-1 - Swimming Pools/General Provisions/Section 6-1.2 - Definitions

<https://regs.health.ny.gov/content/subpart-6-1-swimming-pools>

New York Codes, Rules and Regulations, Title 10

[http://www.health.ny.gov/regulations/nycrr/title\\_10/](http://www.health.ny.gov/regulations/nycrr/title_10/)

SCR Online Clearance System: Supports the mandate under Section 424-a of the Social Services Law

<https://ocfs.ny.gov/main/cps/Online%20Statewide%20Central%20Register%20Clearance%20System.asp>

## **Office of Children and Family Services (OCFS):**

The Medication Administration Training (MAT) pursuant to section 418-1.11(e) or in the case of administering epinephrine auto injectors

<https://ocfs.ny.gov/programs/childcare/regulations/418-1-DCC.pdf>

Three Steps to Understanding Recent Changes to Bleach Concentrations

<https://ocfs.ny.gov/main/childcare/assets/May%202013%20Understanding%20Recent%20Changes%20to%20Bleach.pdf>

Office of Children and Family Services Summary Guide for Mandated Reporters in New York State

<https://ocfs.ny.gov/publications/Pub1159/OCFS-Pub1159.pdf>

New York State Child Day Care Regulations (Effective October 13, 2021)

<https://ocfs.ny.gov/programs/childcare/regulations/416-GFDC.pdf>

## **Centers for Disease Control and Prevention (CDC):**

Cleaning and Disinfection your Facility

[https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcommunity%2Freopen-guidance.html](https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcommunity%2Freopen-guidance.html)

Guidance for operating childcare programs during COVID-19

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html>

Coronavirus Disease 2019 (COVID-19) | CDC

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Children's COVID-19 symptoms

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html>

How to Remove Gloves

<https://www.cdc.gov/vhf/ebola/pdf/poster-how-to-remove-gloves.pdf>

Tuberculosis: Get the Facts!

[https://www.cdc.gov/tb/publications/pamphlets/getthefacts\\_eng.htm](https://www.cdc.gov/tb/publications/pamphlets/getthefacts_eng.htm)

Questions & Answers About Tuberculosis

<https://www.cdc.gov/tb/publications/faqs/default.htm>

This pamphlet is good and meets the annual education requirements up to page 15.

Additional TB educational material can be found on the CDC webpage, Pamphlets, Brochures, Booklets

<https://www.cdc.gov/tb/publications/pamphlets/default.htm>

## **Occupational Safety and Health Administration (OSHA):**

Emergency Preparedness Manual: National Center on Early Childhood Health and Wellness.

This manual would be helpful for facilities/child care to create preparedness procedures

<https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/emergency-preparedness-manual-early-childhood-programs.pdf>

**New York State Education Department (NYSED):**

Instruction on creating a policy to care for children with life-threatening allergies.

[http://www.jackandjillcommunitypreschool.com/images/caring\\_for\\_students\\_with\\_life\\_threatening\\_allergies.pdf](http://www.jackandjillcommunitypreschool.com/images/caring_for_students_with_life_threatening_allergies.pdf)

Five Rights of Medical Administration

<http://www.ihl.org/resources/Pages/ImprovementStories/FiveRightsofMedicationAdministration.aspx#:~:text=One%20of%20the%20recommendations%20to,route%2C%20and%20the%20right%20time>

**Office for People with Developmental Disabilities (OPWDD):**

OPWDD includes a 6-right documentation in their training.

<https://opwdd.ny.gov/system/files/documents/2020/01/fc-medication-administration-training-curriculum.pdf>

**American Academy of Pediatrics (AAP):**

Healthy Children American Academy of Pediatrics (AAP)

<https://www.healthychildren.org/English/health-issues/conditions/COVID-19/Pages/Keep-Hand-Sanitizer-Out-of-Childrens-Reach.aspx#:~:text=The%20American%20Academy%20of%20Pediatrics,when%20they%20use%20hand%20sanitizer.>

American Academy of Pediatrics Hand Hygiene

<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/children-and-disasters/documents/midccs2hygiene.pdf>

National Health and Safety Performance Standards Guidelines for Early Care and Education Programs  
American Academy of Pediatrics.

<https://nrckids.org/files/appendix/AppendixJ.pdf>

## CONTACTS

New York State Department of Health Bureau of Early Intervention

Corning Tower Building, Room 287

Empire State Plaza

Albany, New York 12237-0600

**Phone:** (518) 473-7016

**Fax:** (518) 486-1090

[http://www.health.ny.gov/community/infants\\_children/early\\_intervention/index.htm](http://www.health.ny.gov/community/infants_children/early_intervention/index.htm)

New York State Office of Children & Family Services

Capital View Office Park

52 Washington Street

Rensselaer, New York 12144-2796

**Phone:** (518) 473-7793

**Fax:** (518) 486-7550

<http://www.ocfs.state.ny.us/main/>

New York State Department of State Division of Code Enforcement and Administration

41 State Street

Albany, New York 12231

**Phone:** (518) 474-4073

**Fax:** (518) 486-4487

<https://dos.ny.gov/building-standards-and-codes>

New York State Department of State Division of Administration Rules

41 State Street

Albany, New York 12231

**Phone:** (518) 474-6785

**Fax:** (518) 473-9055

<https://dos.ny.gov/>

New York State Department of Health Center for Environmental Health Directory

<https://www.health.ny.gov/environmental/phone.htm>

New York State Department of Health Food Safety Regulations & Permit Requirements

Corning Tower, Room 1190

Empire State Plaza

Albany, New York 12237

**Phone:** (518) 402-7500

[https://health.ny.gov/environmental/indoors/food\\_safety/regs.htm](https://health.ny.gov/environmental/indoors/food_safety/regs.htm)

Bureau of Community Environmental Health and Food Protections (BCEHFP) Guidance Documents

<https://www.health.ny.gov/guidance/oph/ceh/bchfp/index.htm>