**Schedule 6 for Birth Centers**

**Architectural/Engineering Submission**

**Contents:**

* **Architectural/Engineering Submission – Birth Centers**

###### Architectural/Engineering Submission Requirements for

###### Contingent Approval and Contingency Satisfaction

**This Schedule 6 applies to all Birth Center projects except establishment-only applications.**

**Instructions**

* Provide Architectural/Engineering Narrative using the format below.
* Provide Architect/Engineer Certification Forms:
* [Architect's Letter of Certification for Proposed Construction or Renovation for Projects That Will Be Self-Certified. Self-Certification Is Not an Option for Full Review Projects, Projects over $15 Million, or Projects Requiring a Waiver](https://www.health.ny.gov/facilities/cons/more_information/docs/1-alc_for_proposed_construction_sc.pdf) (PDF)
* [Architect's Letter of Certification for Proposed Construction or Renovation; Projects to Be Reviewed by DOH or DASNY.](https://www.health.ny.gov/facilities/cons/more_information/docs/2-alc_for_proposed_construction.pdf) (PDF) (Not to Be Submitted with Self-Certification Projects)
* [Architect's Letter of Certification for Completed Projects](https://www.health.ny.gov/facilities/cons/more_information/docs/3-alc_for_completed_projects.pdf) (PDF)
* [Architect's or Engineer's Letter of Certification for Inspecting Existing Buildings](https://www.health.ny.gov/facilities/cons/more_information/docs/4-alc_for_inspecting_existing_bldgs.pdf) (PDF)
* Do not combine the Narrative and Architectural Engineering Certification form into one document.
* Refer to DOH “Birth Center Classifications” matrix, located on the NYSDOH website, for guidance on physical plant standards and project parameters for Limited Birth Centers.
* Provide Architecture/Engineering Drawings in PDF format for review. Refer to “NYSDOH and DASNY Electronic Drawing Submission Guidance for CON Reviews” located on the NYSDOH Website.
* Refer to the Required Attachment Tables listed below for Contingent Approval (Schematic Drawings) and Contingency Satisfaction (Design Development) and Limited Birth Center drawing submissions.
* Required attachments must be submitted as separate documents and labeled accordingly.
* If during the course of review any of the attachments are updated, please also provide an updated Schedule 6 form with the revised date and a description of the revised work. Note revisions on the updated drawings.

**Architectural/Engineering Narrative**

* Narrative shall include but not limited to the following information. Please address all items.

| **Project Description** |
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| Intent/Purpose:       |
| Site Location:       |
| Brief description of current facility, including Facility Type:       |
| Brief description of proposed facility:       |
| Location of proposed space or spaces, and occupancy type for each occupied space:       |
| Indicate if mixed occupancies, multiple occupancies, and/or separated occupancies. Describe the required smoke and fire separations between occupancies:       |
| Relationship of spaces conforming with Article 28 space and Non-Article 28 space:       |
| List all exceptions to the NYSDOH referenced standards:      *List all exceptions on the Architecture/Engineering Certification form.* |
| List all requests for equivalencies:      *List all equivalency requests on the Architecture/Engineering Certification form.* |
| Is the work involved associated with a waiver provided by NYSDOH and or CMS?      If yes, provide waiver number:       |
| Describe scope of work involving building system upgrades or replacements to HVAC systems, sprinkler, etc.:       |
| Fire Detection, Alarm and Communication System:     Describe existing system:      Describe proposed system:       |
| Is existing and or proposed space compliant with ADA?       |
| Any other additional information?       |
| **Project Description Cont.** | **Response** |
| Date for this submission | Click to enter date. |
| Type of Work: New construction, Addition, or Renovation? | Choose an item. |
| Square footages of existing areas of work, existing floor, and/or existing building. |       |
| Square footages of the proposed work area or areas. |       |
| Does the area of work exceed more than 50% of the area, floor, or building? |       |
| Is the space sprinklered? | Choose an item. |
| Is the building fully sprinklered? | Choose an item. |
| NFPA Construction Types for the existing building and or proposed building  | Choose an item. |
| Building Height |       |
| Number of Stories |       |
| Is the building a high-rise? |       |
| Does the high-rise building have a generator? |       |
| Is the proposed Article 28 space located in a basement or underground building? | Choose an item. |
| Is the proposed Article 28 space windowless space, area or building? |       |
| What is the occupancy of this project per NFPA 101 Life Safety Code? | Choose an item. |
| List other occupancies that are relevant to this project: |       |
| Will the project construction be phased?If yes, how many phases and what is the duration for each phase? |       |
| Does the project contain shell space? |       |
| Will spaces be temporarily relocated during the construction of this project. If yes, where will the temporary space be?  |       |
| Does the temporary space meet current DOH referenced standards?  |       |
| Will spaces be permanently relocated to allow the construction of this project? If yes, where will this space be?       | Choose an item. |
| Does the proposed relocated space meet current DOH referenced standards? | Choose an item. |
| Is there a companion CON associated with the temporary space? If so, provide the associated CON number.       | Choose an item. |
| Which edition of FGI is being used for this project? | Choose an item. |
| Does the project involve birth pools or soaking tubs? | Choose an item. |
| Revised Schedule 6 date, if submitting updated documents.Describe the revised work:      | Click to enter date. |

**Architectural/Engineering Drawings**

* Birth Centers shall submit schematic documents for review for Contingent Approval. Subsequently, design development documents shall be submitted for review for Contingency Satisfaction.
* Limited Birth Centers may submit design development documents for a single-step review. Refer to NYSDOH “Birth Center Classifications” matrix for Limited Birth Center qualifications.

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| **REQUIRED ATTACHMENT TABLE** |
| **CONTINGENT APPROVAL** | **CONTINGENCY SATISFACTION** | **Title of Attachment** | **Attachment File Name in PDF format** |
| ● | ● | Architectural/Engineering Narrative | A/E Narrative.PDF |
| ● | ● | Architect/Engineer Certification Form | A/E Cert Form. PDF |
| ● | ● | Article 28 Space/Non-Article 28 Space Plans | CON100.PDF |
| ● | ● | Life Safety Code Plans:Floor plans, level of discharge egress plans and fire protection components on reflected ceiling plans. | LSC100.PDF |
| ● | ● | Architectural Plans:Show dimensions, room areas, door sizes, corridor widths, accessibility clearances and floor finishes. | A100.PDF |
| ● | ● | Exterior Elevations or Photos | A200.PDF |
| ● | ● | Vertical Circulation | A300.PDF |
|  | ● | Fire Protection | FP100.PDF |
|  | ● | Mechanical Systems | M100.PDF |
|  | ● | Electrical Systems | E100.PDF |
|  | ● | Plumbing Systems | P100.PDF |

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| **REQUIRED ATTACHMENT TABLE for LIMITED BIRTH CENTERS** |
| **SINGLE-STEP REVIEW** | **Title of Attachment** | **Attachment File Name in PDF format** |
| ● | Architectural/Engineering Narrative | A/E Narrative.PDF |
| ● | Architect/Engineer Certification Form | A/E Cert Form. PDF |
| ● | Article 28 Space/Non-Article 28 Space Plans | CON100.PDF |
| ● | Life Safety Code Plans:Floor plans, level of discharge egress plans and fire protection components on reflected ceiling plans. | LSC100.PDF |
| ● | Architectural Plans:Show dimensions, room areas, door sizes, corridor widths, accessibility clearances and floor finishes. | A100.PDF |
| ● | Exterior Elevations or Photos | A200.PDF |