



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY DIRECTIVE #04-16-OPE

GUIDELINES FOR CENTER OPERATION OF CHILDREN'S CORNERS

Date: May 24, 2004	Subtopic(s): Children's Corner
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AUDIENCE

The instructions in this policy directive are for Center staff operating Children's Corners and are informational for all others.

POLICY

When a parent/guardian comes to a Job Center or a co-located NPA FS Center to apply for public assistance/food stamps or conduct business on an existing case, a service providing on-site, short-term supervision of children will be made available while the parent/guardian is in the Center.

BACKGROUND

Children's Corners are supervised areas located in Job Centers throughout the city (see Attachment A). Children's Corners were created to provide short-term supervision of children for parents/guardians who conduct case business in Job Centers and co-located NPA FS Centers in order to alleviate some of the congestion and distraction for both parents/guardians and the JOS/Workers.

The Job Center Director or his/her designee at each Center is responsible for ensuring that the Children's Corner is staffed appropriately and that required forms are correctly utilized, the facility is free of any hazards and age appropriate materials and equipment are in the Children's Corner.

Children's Corners staff are assigned to oversee the activities and ensure the safety of the children. Staff should be familiar with child safety and age-appropriate activities.

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call 718-557-1313 then press 2 at the prompt followed by 765 or
send an e-mail to *FIA Call Center*

REQUIRED ACTION

Parents/guardians coming to a Job Center or a co-located NPA FS Center with their children will be informed by the front desk receptionist and/or JOS/Workers that children can be taken to the Children’s Corner while parents/guardians complete their appointment at the Center.

Children’s Corner Staff

Children’s Corner Staff

Staff in the Children’s Corner must either be Senior Aides or other appropriately selected staff or volunteers. Preference should be given to individuals who have a certificate or training in child care, child development, early childhood education, social work or a related field.

The Children’s Corner must have two staff members or approved volunteers in attendance at all times. If due to personnel constraints this is not possible, then there must be an authorized backup staff member on call to supervise the Children’s Corner when the primary staff member must escort a child to the bathroom or be absent for any other reason.

Children’s Corner Facility

Children’s Corner Facility

The space where the Children’s Corner is housed must be kept clean and free of objects that could be harmful to children. Electrical outlets not in use must be covered, sharp objects must be kept out of reach, and equipment and furniture must be checked periodically for splinters and sharp edges.

Equipment in the Children’s Corner must include child-size chairs, tables and toy chests or shelves that can be easily accessed by a child.

Toys and games in the Children’s Corner must be in good condition with no broken or dangling parts and must be geared toward toddlers, preschool-age or school-age children.

For further information on appropriate equipment and ordering supplies for Children’s Corners, staff should contact the Children’s Corner Resource person in the Office of Child Care at (212) 331-5987.

Meals/Snacks

Meals/Snacks

Center staff must inform parents/guardians that they will not be allowed to bring food into the Children’s Corner. The children will only be allowed (with the parent’s/guardian’s consent) to eat the nutritious meals/snacks provided by the staff.

Note: Not all operating Children’s Corners will provide meals/snacks.

Children’s Corner Age Requirement

Children’s Corner Age Requirement

Parents/guardians must be informed that the Children’s Corners will only accept children between the ages of two (toilet trained) and nine.

Registering at a Children’s Corner

Although the Children’s Corner is a voluntary service, parents/guardians will be required to sign identification and release forms in order to use the on-site service.

When a parent/guardian wishes to leave his/her child(ren) at the Children’s Corner in order to attend appointments in the Job Center or co-located NPA FS Center, the staff in the Children’s Corner must inform the parent/guardian of the forms that must be completed before the child is allowed to remain.

Children’s Corner Forms

The staff in the Children’s Corner must ensure that the parent/guardian fully understands all of the forms s/he is required to sign.

Parents/guardians will be required to complete and sign the following forms:

HRA/FIA Children’s Corner Parental Letter (W-274J)

- HRA/FIA Children’s Corner Parent Letter (W-274J): Informs the parent/guardian of the purpose of the Children’s Corner, what the parent’s/guardian’s responsibilities are and the staff’s responsibilities, as well as that if permitted, children will be provided with a meal/snack.

Children’s Corner
Registration Form

- Child(ren) Registration Form (**W-274H**): Parents/guardians must provide:
 - their and their child(ren)’s name
 - their date of birth
 - home address and telephone number
 - JOS/Worker’s name, location and telephone number in the Job Center (if known)
 - an emergency telephone number of the nearest relative

Parents/guardians must also complete questions regarding the child’s health and food allergies.

If the parent/guardian is coming to the Center to apply for public assistance or food stamps and therefore does not have a case number, another form of identification must be provided and noted on the **W-274H**.

HRA/FIA Children’s
Corner Meal/Snack
Release Form (**W-274K**)

- HRA/FIA Children’s Corner Meal Release Form (**W-274K**): Any parent/guardian who agrees to allow his/her child(ren) to have a snack must sign the release form.

Children’s Corner
Attendance Sheet
(**W-273H**)

- Children’s Corner Attendance Sheet (**W-273H**): Parent/guardian must write the child’s name, his/her name and the time the child entered the Children’s Corner on the **W-273H**. When the parent/guardian comes to pick up the child, staff must enter the time the child left the Children’s Corner and initial the form in the space designated.

Once all required forms are completed and signed by the parent/guardian, the Children’s Corner staff must emphasize to the parent/guardian that if for any reason the parent/guardian leaves the building, the child(ren) cannot be left in the Children’s Corner.

Children who are ill or
have behavioral
problems

In order to ensure the health and safety of all children, any child who is seriously ill with an infectious disease (e.g., chicken pox or flu) and/or with a severe behavioral problem will not be permitted in the Children’s Corner. Children’s Corner staff are not permitted to administer medication to children under any circumstances.

Administering
medication

Batching Forms

All forms and attendance sheets are to be batched at the end of each day and forwarded to the Center designee supervising the Children’s Corner. The designee must forward the batched forms to the Deputy Director of the Center, who must scan the forms and retain them in electronic folders on the Center Director’s (or his/her designee’s) computer. Once scanned, the paper copies of the forms are to be shredded.

PROGRAM IMPLICATIONS

Paperless Office System (POS) Implications

There are no POS implications.

Food Stamp Implications

There are no Food Stamp implications.

Medicaid Implications

There are no Medicaid implications.

LIMITED ENGLISH SPEAKING ABILITY (LESA) IMPLICATIONS

For Limited English Speaking Ability (LESA) applicants/participants, make sure to obtain appropriate interpreter services in accordance with Policy Directive #02-04-OPE.

FAIR HEARING IMPLICATIONS

There are no Fair Hearing implications.

ATTACHMENTS

Forms can now be accessed through Print on Demand at all Job Centers.

- Attachment A**
- W-273H** Children’s Corners List
- W-274H** Children’s Corner Attendance Sheet (5/21/04)
- W-274H (S)** Child(ren) Registration Form (5/21/04)
- W-274J** Child(ren) Registration Form (Spanish) (5/21/04)
- W-274J (S)** HRA/FIA Children’s Corner Parent Letter (5/21/04)
- W-274K** HRA/FIA Children’s Corner Parent Letter (Spanish) (5/21/04)
- W-274K** HRA/FIA Children’s Corner Meal Release Form (5/21/04)
- W-274K (S)** HRA/FIA Children’s Corner Meal Release Form (Spanish) (5/21/04)

ATTACHMENT A

CHILDREN'S CORNERS

<u>CENTER</u>	<u>CONTACT PERSON</u>
East End/CTR 23	Deputy Director (212) 722-2931
St. Nicholas/CTR 26	Director (212) 666-5102
Dyckman/CTR 35	Director (212) 569-9626
Union Square/CTR 39	Director of PRIDE (212) 835-8367
Concourse/CTR 45	Deputy Director (718) 590-7240
Jamaica/CTR 54	AA to Deputy Regional Manager (212) 331-5646
Bushwick/CTR 66	Deputy Director (718) 963-5165
Linden/CTR 67	Director (718) 237-6418
Seaport/CTR 80	Senior Aide (212) 331-4911



Child(ren) Registration Form

Children's Corner

Job Center Name: _____

Note: In order to ensure the health and safety of all children any child who is seriously ill with an infectious disease (e.g., chicken pox or flu) and/or with a severe behavioral problem will not be permitted in the Children's Corner.

Please complete this form before leaving your child(ren) at the Children's Corner.

Date: _____

Name of Parent/Guardian: _____
First Name M.I. Last Name

Case Name: _____ Case Number: _____

Date of Birth: _____ / _____ / _____ Other Identification: _____ OR

Address: _____
Address Line 1

Address Line 2

City State Zip Code

Telephone Number: _____

JOS/Worker Name: _____ Unit/Floor: _____ Telephone Number: _____

Child(ren)'s Name	Date of Birth	Age	Sex
			<input type="radio"/> Male <input type="radio"/> Female
			<input type="radio"/> Male <input type="radio"/> Female
			<input type="radio"/> Male <input type="radio"/> Female
			<input type="radio"/> Male <input type="radio"/> Female
			<input type="radio"/> Male <input type="radio"/> Female

Name of Nearest Relative: _____
First Name M.I. Last Name

Telephone Number: _____ Relationship to Child: _____

Does your child(ren) have any health problems we should be aware of? If yes, please list them below. (If your child is required to take medications [asthma pump, etc.] on a regular basis, please list the medication and the name of child below.)

Child(ren)'s Name	Health Problem(s)

The lunch menu consists of **sandwiches, apples, oranges, milk, fruit drink, and cookies**. If your child(ren) cannot eat any of these items or ingredient(s) due to allergies, please list the item(s), allergic reaction and the name of child below. (If your child must carry an Epi-Pen for emergency anaphylactic shock treatment, please also indicate below.)

Child(ren)'s Name	Allergic Reaction(s)

PLEASE NOTE!: The Job Center staff will supervise your child(ren) while they are in the Children's Corner. In the event your child becomes ill or there is an accident, you will be notified immediately. **Therefore, you are required to indicate where you will be at all times while in the building, and you agree to pick up your child at the completion of your business at the Center.**

Signature of Parent/Guardian

Date

DO NOT WRITE BELOW THIS LINE

Time In: _____ A.M. P.M.

Name of Children's Corner Worker

Attending Worker Initials: _____

Time Out: _____ A.M. P.M.

Name of Children's Corner Worker

Attending Worker Initials: _____



Formulario de Inscripción de Niños

Área de Cuidado de Niños en el Centro de Empleo

Nombre del Centro de Empleo: _____

Nota: Para asegurar la salud y seguridad de todos los niños se prohibirá el acceso al Area de Cuidado de Niños (Children's Corner) a aquellos niños que padezcan de una enfermedad grave o tengan una enfermedad contagiosa (p.ej., varicela o gripe) y/o tengan problemas extremos de conducta.

Favor de llenar este formulario antes de dejar a su(s) hijo(s) en el área de cuidado de niños.

Fecha: _____

Nombre del Padre/Madre/Tutor: _____
Nombre Inicial Apellido

Nombre del Caso: _____ Número del Caso: _____

Fecha de Nacimiento: ____/____/____ Otra Identificación: _____

Dirección: _____
Dirección de línea 1

Dirección de línea 2

Ciudad Estado Código Postal

Número de Teléfono: _____

Nombre del Trabajador/JOS: _____ Unidad/Piso: _____ Número de Teléfono: _____

Nombre del/de los Niño(s)	Fecha de Nacimiento	Edad	Sexo
			<input type="radio"/> Masculino <input type="radio"/> Femenino
			<input type="radio"/> Masculino <input type="radio"/> Femenino
			<input type="radio"/> Masculino <input type="radio"/> Femenino
			<input type="radio"/> Masculino <input type="radio"/> Femenino
			<input type="radio"/> Masculino <input type="radio"/> Femenino

Nombre de Pariente más Cercano: _____
Nombre Inicial Apellido

Número de Teléfono: _____ Relación del Pariente con el Niño: _____

¿Su(s) niño(s) tiene(n) algún problema de salud del cual debemos estar informados? De ser así, favor de apuntarlos más abajo. (Si su niño necesita tomar medicamentos [inhalador contra el asma, etc.] con regularidad, favor de anotar el nombre del niño y del medicamento, a continuación.)

Nombre del/de los Niño(s)	Problema(s) de Salud

Las comidas del almuerzo consisten de **emparedados, manzanas, naranjas, leche, jugos de fruta, y galletas**. Si su(s) niño(s) no puede(n) comer ninguno de estos alimentos o ingredient(es) debido a alergias, favor de listar aquel(los) alimento(s), reacción(es) alérgica(s), y el nombre del/de los niño(s) a continuación. (Favor de indicar a continuación si su niño debe llevar encima una inyección Epi-Pen de emergencia para tratamiento de shock anafiláctico.)

Nombre del/los Niño(s)	Reacción(es) Alérgica(s)

¡FAVOR DE NOTAR! El personal del Centro de Empleo supervisará a sus niño(s) mientras los niños estén en el área de cuidado para niños. En caso de que su niño se enferme o tenga un accidente, se le notificará inmediatamente. **Por lo tanto se requiere de usted que nos indique en donde va a estar a cada momento mientras esté en el edificio, y que acceda a recoger a su niño cuando termine de hacer su diligencia en el Centro.**

Firma del Padre/Madre/Tutor

Fecha

NO ESCRIBA MÁS ABAJO DE ESTA LÍNEA

Time In: _____ A.M. P.M.

Nombre del Trabajador del Área de Cuidado de Niños

Attending Worker Initials: _____

Time Out: _____ A.M. P.M.

Nombre del Trabajador del Área de Cuidado de Niños

Attending Worker Initials: _____



HRA/FIA Children's Corner Parent Letter

Dear Parent/Guardian:

Welcome to the Children's Corner!

The Children's Corner is a supervised area in the building where you can safely leave your child(ren) while you are conducting business at the Center.

Before you leave your child(ren) in the Children's Corner, you must agree to the following regulations. **Please read them carefully before completing the attached forms:**

1. You must indicate which area in the building you will be in while conducting your business. If you move to another area of the building, you **must** alert the Children's Corner supervisor so that s/he will know where you are at all times.
2. The Children's Corner staff will supervise your child while you are in the building. Therefore, you should not leave the building without picking up your child(ren).
3. If your child is disruptive in the Children's Corner, s/he will be returned to you.
4. Snacks will be served at _____ and _____. If you would like your child(ren) to participate in snack time, you are required to sign the HRA/FIA Children's Corner Meal/Snack Release Form (W-274K).
5. You agree that the Human Resources Administration will not be held responsible for your child's illness or injury experienced at the Center.

Note: Any child who is seriously ill with an infectious disease (e.g., chicken pox or flu) and/or severe behavioral problems will not be permitted into the Children's Corner.

If you agree to the above, please print and sign your name.

Parent's/Guardian's Name (print)

Date

Parent's/Guardian's Name (sign)

Sincerely,

Children's Corner Staff Name

Date

Title



Carta a los Padres sobre el Área de Cuidado de Niños (Children's Corner) de HRA/FIA

Estimado Padre, Madre o Tutor:

¡Bienvenido al Área de Cuidado de Niños!

Mientras usted se encarga de sus diligencias en el Centro, puede dejar a sus niños en el Área de Cuidado de Niños (Children's Corner) en el mismo edificio, con la tranquilidad que ellos serán supervisados y que se encontrarán fuera de peligro.

Antes de dejar a su(s) niño(s) en el Área de Cuidado de Niños, usted debe acceder a las siguientes reglas.
Favor de leerlas detenidamente antes de llenar los formularios adjuntos:

1. Usted debe indicar en qué área del edificio va a llevar a cabo su diligencia e informarle al supervisor del Área de Cuidado de Niños (Children's Corner) si se traslada a otra área del edificio, de manera que él/ella sepa en todo momento dónde se encuentra usted.
2. El personal del Área de Cuidado de Niños supervisará a su niño mientras usted se encuentre en el edificio. Por lo tanto, usted no debe irse del edificio sin recoger a su(s) niño(s).
3. Si su niño se comporta de manera revoltosa en el Área de Cuidado de Niños, éste le será devuelto.
4. Se servirán meriendas a las _____ y a las _____. Si usted desea que su(s) niño(s) disfruten de las meriendas, se requiere que firme el formulario de la HRA/FIA Permiso para Servir Comidas/Meriendas en el Área de Cuidado de Niños (W-274K).
5. Usted accede que la Administración de Recursos Humanos no se hace responsable en el caso de que un niño suyo se enferme o sufra alguna lesión mientras se encuentre en el Centro.

Nota: Cualquier niño que se encuentre grave de una enfermedad contagiosa (p. ej., varicela o gripe) y/o tenga problemas graves de comportamiento no se le permitirá en el área de cuidado de niños.

Si está de acuerdo con lo mencionado más arriba, favor de escribir su nombre y apellido en letra de molde y de firmar.

Nombre y Apellido del Padre/Madre/Tutor (en letra de molde)

Fecha

Firma del Padre/Madre/Tutor

Atentamente,

Nombre y Apellido del Personal del Área de Cuidado de Niños

Fecha

Cargo



HRA/FIA Children's Corner Meal/Snack Release Form

I, _____, _____, parent/guardian, do hereby give my
First Name Last Name
consent for meals/snacks to be served to the child(ren) listed below.

1. Child's Name: _____
First Name M.I. Last Name
2. Child's Name: _____
First Name M.I. Last Name
3. Child's Name: _____
First Name M.I. Last Name
4. Child's Name: _____
First Name M.I. Last Name

Parent/Guardian Signature

Date

Name of Job Center

HRA/FIA
Formulario de Permiso para Servir Comidas/Meriendas en el Área de Cuidado de Niños

Yo, _____, padre/madre/tutor, por la presente
doy consentimiento para que se sirvan comidas/meriendas al/a los niño(s) listado(s) a continuación:

First Name

Last Name

- | | | | |
|---------------------|--------|----|----------|
| 1. Nombre del Niño: | _____ | I. | _____ |
| | Nombre | | Apellido |
| 2. Nombre del Niño: | _____ | I. | _____ |
| | Nombre | | Apellido |
| 3. Nombre del Niño: | _____ | I. | _____ |
| | Nombre | | Apellido |
| 4. Nombre del Niño: | _____ | I. | _____ |
| | Nombre | | Apellido |

Firma del Padre/Madre/Tutor

Fecha

Nombre del Centro de Trabajo