



# FAMILY INDEPENDENCE ADMINISTRATION

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## POLICY DIRECTIVE #08-17-OPE

*(This Policy Directive Replaces PD #04-16-OPE)*

### REVISION TO CENTER OPERATION OF THE CHILDREN’S CORNER

<b>Date:</b> April 18, 2008	<b>Subtopic(s):</b> Children’s Corner
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**AUDIENCE** The instructions in this policy directive are for Job Center staff operating Children’s Corners and are informational for all others.

**REVISIONS** This policy directive has been revised to:

- remove all references to snacks issued at the Children’s Corners
- indicate that the HRA/FIA Children’s Corner Meal/Snack Release Form (**W-274K**) has been made obsolete
- omit any reference to snacks being issued in the Children’s Corners in forms **W-274H** (Child(ren) Registration Form) and **W-274J** (HRA/FIA Children’s Corner Parent Letter).
- add the statement “Children’s Corner staff are not permitted to administer medication to children under any circumstance” to the **W-274H** and **W-274J**.
- update Attachment A with current telephone numbers

**POLICY** When a parent/guardian enters a Job Center or a co-located Non-Cash Assistance Food Stamp (NCA FS) Center to apply for Cash Assistance/Food Stamps or conduct business on an existing case, a service providing on-site, short-term supervision of children can be made available while the parent/guardian is in the Center.

HAVE QUESTIONS ABOUT THIS PROCEDURE?  
Call 718-557-1313 then press 3 at the prompt followed by 1 or  
send an e-mail to *FIA Call 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 NCA FS Centers.

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.

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## REQUIRED ACTION

Parents/guardians coming to a Job Center and/or a co-located NCA FS Center with their children should be informed by the Front Door Receptionist and/or JOS/Workers that children can be taken to the Children's Corner while they complete their appointment at the Center.

### **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**

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 and tables and toy chests or shelves that can be easily accessed.

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.

When ordering furniture and equipment for Children’s Corners, Center Directors/Regional Managers should complete the **W-720** and send it to General Support Services (GSS).

For toys/supplies, Center Directors/Regional Managers should contact the Office of the Assistant Deputy Commissioner for Operations at (212) 331-5609.

**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 and/or co-located NCA 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 following forms he/she is required to complete and sign.

HRA/FIA Children’s  
Corner Parent 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.

Children’s Corner  
Registration Form  
(**W-274H**)

- Children’s Corner Registration Form (**W-274H**): Parents/guardians must provide:

- their case number as identification
- their name and their child(ren)'s name
- their and each child's date of birth
- their home address and telephone number
- their 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(ren)'s health and allergies.

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

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

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

The parent/guardian must write their name, the child's name and the time the child entered the Children's Corner on the **W-273H**. When the parent/guardian returns to pick up the child, staff must enter the time the child left the Children's Corner and initial the form in the designated space.

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 is not permitted to administer medication to children under any circumstance.

Administering  
medication

### **Batching Forms**

All forms and attendance sheets are to be batched at the end of each day and forwarded to the Center Director or 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) and hearing-impaired participants, make sure to obtain appropriate interpreter services in accordance with [PD #06-12-OPE](#) and [PD #06-13-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**      Children’s Corner List of Centers
- W-273H**      Children’s Corner Attendance Sheet (Rev. 4/18/08)
- W-273H (S)**      Children’s Corner Attendance Sheet (Spanish) (Rev. 4/18/08)
- W-274H**      Child(ren) Registration Form (Rev. 4/18/08)
- W-274H (S)**      Child(ren) Registration Form (Spanish) (Rev. 4/18/08)
- W-274J**      HRA/FIA Children’s Corner Parent Letter (Rev. 4/18/08)
- W-274J (S)**      HRA/FIA Children’s Corner Parent Letter (Spanish) (Rev. 4/18/08)
- W-274K**      HRA/FIA Children’s Corner Meal/Snack Release Form (5/21/04) Obsolete
- W-274K (S)**      HRA/FIA Children’s Corner Meal/Snack Release Form (Spanish) (5/21/04) Obsolete

**ATTACHMENT A**

**CHILDREN'S CORNER LIST OF CENTERS**

<b><u>CENTER</u></b>	<b><u>CONTACT PERSON</u></b>
Riverview Annex/CTR 18	Director Adrian Williams (212) 666-5576
Concourse/CTR 45	Deputy Director Zonita Haynes (718) 590-7240
Jamaica/CTR 54	Deputy Director Mabel McLeod (718) 883-8282
Fordham/CTR 44	Deputy Director William O'Neal (718) 220-5511
Queens/CTR 53	Deputy Director Susan Rand (718) 443-4612







## Children's Corner Registration Form

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. Children's Corner staff are **not permitted** to administer medication to children under any circumstance.

**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: \_\_\_\_\_

**OR**

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Other Identification: \_\_\_\_\_

Address: \_\_\_\_\_  
 Address Line 1  
 \_\_\_\_\_  
 Address Line 2  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City State Zip Code

SAMPLE

Cell Phone Number: \_\_\_\_\_

JOS/Worker Name: \_\_\_\_\_ Unit/Floor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

Name of Nearest Relative: \_\_\_\_\_  
First Name M.I. Last Name

Telephone Number: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Do(es) your child(ren) have any health problems we should be aware of?  Yes  No

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)

Does your child have any allergies?  Yes  No

If Yes, please list the allergy/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	Allergy/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.**

SAMPLE

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date

**DO NOT WRITE BELOW THIS LINE**

Time In: \_\_\_\_\_  AM  PM

\_\_\_\_\_  
 Name of Children's Corner Worker

Attending Worker's Initials: \_\_\_\_\_

Time out: \_\_\_\_\_  AM  PM

\_\_\_\_\_  
 Name of Children's Corner Worker

Attending Worker's Initials: \_\_\_\_\_

## Formulario de Inscripción del Área de Niños

Nombre del Centro de Empleo: \_\_\_\_\_

Nota: Para asegurar la salud y seguridad de todos los niños, se prohibirá el acceso al Área de Niños (Children's Corner) a todo niño que padezca de una enfermedad contagiosa grave (p.ej., varicela o gripe) y/o tenga problemas severos de conducta. El personal del Área de Niños **no está permitido** bajo ninguna circunstancia a administrar medicamentos a los niños.

**Favor de llenar este formulario antes de dejar a su(s) hijo(s) en el Área de Niños.**

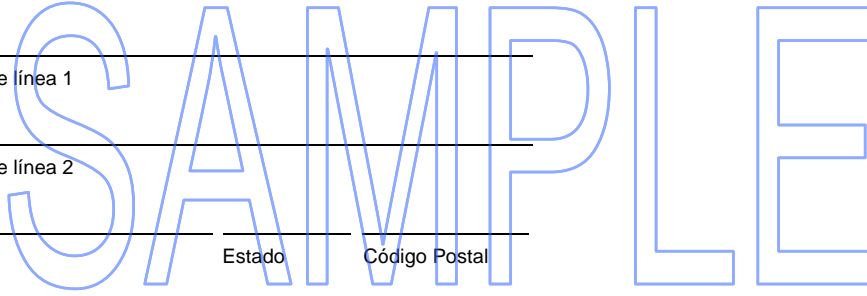
Fecha: \_\_\_\_\_

Nombre del Padre/Madre/Tutor: \_\_\_\_\_  
Nombre I. Apellido

Nombre del Caso: \_\_\_\_\_ Número del Caso: \_\_\_\_\_

Fecha de Nacimiento: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Otra Identificación: \_\_\_\_\_  
O

Dirección: \_\_\_\_\_  
Dirección de línea 1  
Dirección de línea 2  
Ciudad Estado Código Postal



Número de Teléfono Celular: \_\_\_\_\_

Nombre del Trabajador/JOS: \_\_\_\_\_ Unidad/Piso: \_\_\_\_\_ Número de Teléfono: \_\_\_\_\_

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

Nombre del Pariente más Cercano: \_\_\_\_\_  
Nombre I. Apellido

Número de Teléfono: \_\_\_\_\_ Relación con el Niño: \_\_\_\_\_

¿Tiene su niño algún problema de salud del cual debemos estar informados?  Sí  No

De ser así, favor de apuntarlos más abajo. Si su niño necesita tomar medicamentos (inhalador para el asma, etc.) con regularidad, favor de anotar a continuación el nombre del niño y del medicamento.

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

¿Tiene su niño alergias?  Sí  No

De ser así, favor de listar las alergias o reacciones alérgicas y el nombre del niño más abajo. Favor de indicar a continuación si su niño debe llevar una inyección Epi-Pen de emergencia para tratamiento de conmovición anafiláctica.

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

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

SAMPLE

\_\_\_\_\_  
 Firma del Padre/Madre/Tutor

\_\_\_\_\_  
 Fecha

**NO ESCRIBA DEBAJO DE ESTA LÍNEA**

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Time In: \_\_\_\_\_  AM  PM

\_\_\_\_\_  
 Name of Children's Corner Worker

Attending Worker's Initials: \_\_\_\_\_

Time out: \_\_\_\_\_  AM  PM

\_\_\_\_\_  
 Name of Children's Corner Worker

Attending Worker's 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 he/she 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, he/she will be returned to you.
4. You agree that the Human Resources Administration will not be held responsible for your child's illness or injury experienced at the Center. Children's Corner staff are not permitted to administer medication to children under any circumstance.

**Note:** Any child who is seriously ill with an infectious disease (e.g., chicken pox or flu) and/or has 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)

\_\_\_\_\_  
Date

Sincerely,

\_\_\_\_\_  
Children's Corner Staff Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

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

Estimado Padre, Madre o Tutor:

¡Bienvenido al Área de los Niños!

Mientras usted se encarga de sus diligencias en el Centro, puede dejar a sus niños en el mismo edificio en el Área de los Niños (Children's Corner), la cual es supervisada y segura.

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

1. Usted tiene que indicar en qué área del edificio va a llevar a cabo su diligencia, y si se traslada a otra área del edificio también **tiene que** avisarle al Supervisor del Área de Niños donde usted se va a encontrar en todo momento.
2. El personal del Área de los 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 Niños, éste le será devuelto.
4. Usted reconoce 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. El personal del Área de Niños no está permitido bajo ninguna circunstancia a administrar medicamentos a los niños.

**Nota:** No se le permitirá en el Área de Niños a cualquier niño que se encuentre grave de una enfermedad contagiosa (p. ej., varicela o gripe) y/o tenga problemas graves de comportamiento.

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

\_\_\_\_\_  
Nombre del Padre/Madre/Tutor (en letra de molde)

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma del Padre/Madre/Tutor

\_\_\_\_\_  
Fecha

Atentamente,

\_\_\_\_\_  
Nombre y Apellido del Miembro del Personal del Área de Niños

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Título



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

I, \_\_\_\_\_, parent/guardian, do hereby give my  
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:

1. Nombre del Niño: \_\_\_\_\_  
Nombre I. Apellido
2. Nombre del Niño: \_\_\_\_\_  
Nombre I. Apellido
3. Nombre del Niño: \_\_\_\_\_  
Nombre I. Apellido
4. Nombre del Niño: \_\_\_\_\_  
Nombre I. Apellido

\_\_\_\_\_  
Firma del Padre/Madre/Tutor

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Nombre del Centro de Trabajo