

# Health, Safety, and Child Growth and Development/ Mandated Reporting: Basic Requirements for Licensing Course Updates



Launched March 2024

The following updates were made to *Health, Safety, and Child Growth and Development/Mandated Reporting: Basic Requirements for Licensing Course*. You are receiving this information because you previously took this course, and we would like to inform you of the recent updates.



For updated infographics and other updated resource links, visit the new Padlet link below:

<https://padlet.com/childwelfare/health-safety-and-child-growth-and-development-jtpsz7202d1t7b0x>



# Module 2: Safe Outdoor Play

## Safe Outdoor Environments

### Outdoor Spaces and Vehicular Traffic

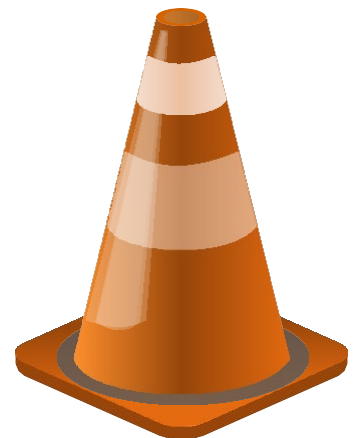
When children are playing outside, the outdoor area must be safe from any vehicular traffic hazards. This applies to any location at any time the children are under a program's care, both onsite and offsite, day or night.

- Outdoor areas, including parking spaces, walking paths, and other sections of the property that are used at night, **must have sufficient lighting**.
- Centers must offer a **minimum of 350 square feet** of outdoor space. This space requirement increases by 35 square feet per child when more than 10 children are playing at the same time.
- The outdoor space should be **conveniently located** near the center, accessible via a safe walking route, and open for children's use with close supervision.
- Outdoor spaces near hazardous areas must be **fenced or enclosed** for safety.

The child care provider needs to inform parents when children are taken on walks away from their home or program site. This can be done with a blanket permission slip.

Learn more about vehicular traffic safety regulations:

<https://www.nj.gov/dcf/providers/licensing/laws/CCCmanual.pdf>



# Module 2: Safe Outdoor Play

## Safe Outdoor Environments

### Bodies of Water

Swimming is an outdoor activity that children often enjoy, but it is important to adhere to waterfront safety regulations when children are exposed to bodies of water. These regulations are inclusive of all bodies of water near a center's outdoor area, including swimming pools and natural bodies of water, such as lakes or ponds.

- Pools with a depth of **24 inches or more** will be classified as swimming pools and must comply with swimming pool regulations.
- Children using swimming pools or natural bathing facilities must be supervised in accordance with applicable provisions of the **New Jersey Youth Camp Safety Act rules**, including:
- There must be a **designated adult supervisor** knowledgeable of the safety rules, who will be responsible for all phases of the operation.
- At least one person currently certified in standard first aid infant, child, and adult CPR by a Department of Health-approved organization **must be present**.
- At least one certified lifeguard must be on duty **at all times**. This applies to swimming pools with less than 2,000 square feet of surface area and 60 or fewer swimmers. More lifeguards are necessary for larger pools and more swimmers.
- If a child has a bowel movement in the pool, it **must be promptly removed**, and the pool should undergo super-chlorination. It should remain closed until the chlorine level returns to acceptable levels as per the **Public Recreational Bathing Rules**.
- Wading pools that are 24 inches or less without a filtration system are **prohibited**.
- When unsupervised, swimming pools, wading pools, hot tubs, whirlpools and natural bodies of water **should be inaccessible** to children.

Learn more about New Jersey's regulations for bodies of water:

[New Jersey State Sanitary Code Chapter IX Public Recreational Bathing](#)

[New Jersey Youth Camp Safety Standards](#)



# Module 3: Infection Control

## Immunizations

Another way to help prevent illness is to make sure the center has **updated immunization records for all children**. The requirements and exemptions for immunizations are dependent on a student's enrollment status in public or private school.

A **30-day grace period** is permitted in N.J.A.C. 8:57- 4.5(e) for specific populations including children coming from other states and children in foster care or experiencing homelessness.

For more information on qualifications for this grace period, please view the Manual of Requirements for Child Care Centers (3A:52-7.3).

- For every child **not currently registered** in a public or private school, the center is required to keep a Universal Child Health Record (Department of Health Form CH-14) or a similar document on file at the center. This record, along with an updated immunization log and, if relevant, a specialized care plan, must be updated annually.
- A 30-day grace period is permitted in N.J.A.C. 8:57- 4.5(e) for specific populations including children coming from other states and children in foster care or experiencing homelessness.
- For every child **enrolled in a public or private school**: Lead Agencies must ensure children receiving services through CCDF have updated immunizations as part of their health and safety measures, following the latest childhood immunization recommendations provided by the respective State, territorial, or tribal public health agency.
- **Lead Agencies can exempt:**
  - Children cared for by relatives in a different residence, as long as there are no other unrelated children cared for in that same setting.
  - Children whose parents object to immunization for religious reasons.
  - Children whose medical condition contraindicates immunization.
- There is a grace period that allows children experiencing homelessness and children in out-of-home placements to receive services during this time, providing their families (including resource families) a reasonable time to take any necessary action to comply with immunization and other health and safety requirements.



# Module 8: Emergency Preparedness

## Establishing Emergency Communication Procedures

During an emergency, every provider must be aware of their role in effectively communicating with children, staff, first responders, and families. This ensures that everyone involved in the emergency situation is informed and prepared to handle the upcoming events.

Providers must consider the following when responding to an emergency:

- How are **staff and children being alerted** about an emergency? Whose job will it be to alert them?
- Who will be in charge of **calling emergency services** and what device will be used?
- Who will **communicate with parents and guardians** during the emergency? How will parents and guardians receive updates?
- How will staff continue to receive updates?
- When there is no longer an emergency threat, who will **announce the next steps**?

It is possible that during an emergency, cell service, phone lines, and/or power **may be down**. This should be taken into consideration when establishing communication procedures.

For more information on establishing and maintaining effective communication during an emergency, please refer to Chapter 2 in the [Emergency Preparedness Manual for Early Childhood Programs](#).





# Module 8: Emergency Preparedness

## Emergency Accommodations

To ensure the safety of all children during emergencies, programs should give special attention to advanced considerations for infants, toddlers, and children with disabilities.

- Providers should know **which children will require special accommodations** in case of an emergency and what those accommodations will be.
- Be sure to include any **extra supplies or equipment** necessary for these children in your program's emergency plan.
- Be sure that at least **two child care professionals are present** who can assist in operating the required medical equipment (if applicable).
- **Modified evacuation routes** are needed for children with limited mobility. Children with mobility concerns or special health needs can also be carried in cribs.
- Additional **communication with the families** of children with special needs and first responders should be part of a preparedness plan.

For more information on the accommodation of infants, toddlers, and children with disabilities, visit [Emergency Preparedness, Response, and Recovery: Child Care Disaster Planning for Special Populations](#).



# Module 8: Emergency Preparedness

## Reunification

Programs must also ensure effective child-parent reunification after emergencies by:

- Having an **up-to-date emergency kit** with an emergency contact list for every child.
- Arranging an **evacuation and reunification location** (must be determined in case of emergency; not during an emergency).
- **Assigned roles** for staff including but not limited to child caretakers (who may need to have an overnight plan if children cannot be reunited the same day), someone to contact families, and someone to accompany children if medical care is necessary.

A Reunification Procedures Worksheet (shown below) for distribution to families/guardians, can be found on page 23 of the [Emergency Preparedness Manual for Early Childhood Programs](#).

## Supporting Children After an Emergency

### Continuity of Operations

Child care professionals will want to know how best to support children and families in the aftermath of an emergency.

The stage after an emergency is called **recovery**. The goals of recovery are:

- Rebuild or quickly restore any damage to the facility.
- Address the physical, health, and emotional needs of children, families, and staff.
- Foster a caring environment for children who were impacted by the emergency.

It is important to note that a provider must have plans to maintain or resume their services during the emergency (e.g. alternate location, reopening). Once the threat is removed and everyone is in a safe place, the provider's services must continue.





## Module 16: Mandated Reporting

The definition of neglect has been updated to, *Neglect occurs when a parent or caregiver fails to provide proper supervision for a child or adequate food, clothing, shelter, education or medical care, although financially able or assisted to do so.* Families should not be punished for being impoverished and we want to encourage participants to consider the protective factors they can use to support families when they consider, "is this neglect or do they not have access to resources?"

Resources for Module 16 have been updated and can be found at: <https://www.nj.gov/dcf/news/publications/dcf-materials/abuse.html>.

