

ORDINANCE NO.

FILE OF CITY COUNCIL

BILL NO. 6 - 2022

FEBRUARY 2, 2022

AN ORDINANCE

Amends Chapter 213, Child-Care Facilities, Articles 1 through 5 inclusive of the Codified Ordinances. The bill updates immunization guidelines to reflect current standards, standardizes the ordinance with PA Department of Human Service regulations, modifies language allowing for consistency with updated regulations related to food safety, fire and building codes, swimming pool safety and CPR/First Aid; and provides for the issuance of violation tickets (SWEEP).

SECTION ONE: That the following be added as Article I, Child Care Facilities:

Article I

Child-Care Facilities

§ 213-1 Adoption and purpose.

[Amended 8-8-1997 by Ord. No. 13595]

A certain ordinance, known as the "Child-Care Facility Ordinance," is to provide standards to aid in protecting the health, safety and rights of children and to reduce risks to children in child-care centers hereby adopted as the Child-Care Facility Ordinance. The Bureau of Health is hereby authorized to develop and implement a program of issuing operational certificates and inspecting child-care facilities. Providers shall make available information such as immunization status health appraisals and history of reportable and nonreportable communicable diseases concerning care recipients or staff members to the Bureau of Health upon request. Representatives of the Bureau of Health may at any reasonable time interview or require to be examined any care recipient or staff member or inspect any facility.

§ 213-2 Type of facilities.

A. Child-care center.

(1) This term applies to facilities in which out-of-home care is provided, at any one time, for part of a twenty-four-hour day to seven or more children, 15 years of age or younger, including:

(a) Care provided to a child at the parent's work site when the parent is not present in the child-care space.

(b) Care provided in private or public, profit or nonprofit facilities.

- (c) Care provided before or after the hours of instruction in public and nonpublic schools, private nursery schools and kindergartens.
- (2) This chapter does not apply to:
 - (a) Care provided by relatives.
 - (b) Care furnished in places of worship during religious services.
 - (c) Care provided in a facility where the parent is present at all times child care is being provided.
 - (d) Care provided during the hours of instruction in Head Start programs, nonpublic schools and in private nursery schools and kindergartens.
 - (e) Recreational, instructional or athletic activities provided to children.
- (3) These facilities shall be issued operational certificates and regulated in accordance with the provisions of Articles **II** and **V** of this chapter.
- B. Family child-care home. A home other than the child's own home, operated for profit or not-for-profit, in which child care is provided at any one time to four, five or six children. These facilities shall be issued operational certificates and regulated in accordance with the provisions of Articles **III** and **V** of this chapter.
- C. Group child-care home. ~~The premises~~ A residence in which care is provided at one time for more than six ~~but fewer than 16 older school-age level children or more than six but fewer than 13 children of another age level. The term includes a facility located in a residence or another premises.~~ These facilities shall be issued operational certificates and regulated in accordance with the provisions of Articles **III** and **V** of this chapter. **[Amended 8-8-1997 by Ord. No. 13595]**
- D. Special child-care programs. Special child-care programs are programs such as Night Care, Head Start, and School Age Child Care. These facilities shall be issued operational certificates and regulated in accordance with the provisions of Articles **IV** and **V** of this chapter. **[Amended 8-8-1997 by Ord. No. 13595]**

§ 213-3 Definitions.

[Amended 8-8-1997 by Ord. No. 13595]

As used in this chapter, the following terms shall have the meanings indicated:

ACIP

The Advisory Committee of Immunization Practices of the Centers for Disease Control and Prevention, United States Department of Health and Human Services.

[Amended 10-16-2008 by Ord. No. 14637]

AGE LEVEL

The grouping category appropriate for the child's age.

[Amended 10-16-2008 by Ord. No. 14637]

- A. **INFANTA** child from birth to one year of age.
- B. **YOUNG TODDLERA** child from one to two years of age.
- C. **OLDER TODDLERA** child from two to three years of age.
- D. **PRESCHOOL CHILDA** child from three years of age to the date the child enters kindergarten in a public or private school system.
- E. **YOUNG SCHOOL-AGE CHILDA** child who attends kindergarten to the date the child enters the 4th grade of a public or private school system.
- F. **OLDER SCHOOL-AGE CHILDA** child who attends the 4th grade of a public or private school system through 15 years of age.

BUREAU OF HEALTH

The Bureau of Health of the City of Allentown or any agent, employee, representative or officer thereof.

CHILD

A person 15 years of age or younger.

CHILD ABUSE

Serious physical or mental injury which is not explained by the available medical history as being accidental; sexual abuse or sexual exploitation; or serious physical neglect of a child if the injury, abuse or neglect of a child has been caused by the acts or omissions of the child's parent, by a person responsible for the child's welfare, by an individual residing in the same home as the child or by a paramour of a child's parent. A child will not be deemed to be physically or mentally abused for the sole reason that the child is in good faith being furnished treatment by spiritual means through prayer alone in accordance with the tenets and practices of a recognized church or religious denomination by an accredited practitioner thereof or is not provided specified medical treatment in the practice of religious beliefs or solely on the grounds of environmental factors which are beyond the control of the person responsible for the child's welfare, such as inadequate housing, furnishings, income, clothing and medical care.

COMMUNICABLE DISEASE

An illness due to an infectious agent or its toxic products which is transmitted directly or indirectly by the infected agent to a susceptible host. Communicable diseases are specified in 28 Pa. Code Chapter 27 (relating to communicable and noncommunicable diseases).

CRITICAL VIOLATIONS

Critical violations are those violations of this ordinance that are deemed by the Bureau of Health to pose an imminent health, injury or safety hazard, or risk of such, to children or facility persons.

FACILITY

A single-site child-care provider.

FACILITY PERSON

A staff person, a substitute staff person, a volunteer, a food service person, a janitorial person or another adult who serves in or is employed by a facility.

GROUP

Children assigned to the care of one or two staff persons. A group occupies a space or a defined part of a space.

HEAD START CHILD-CARE PROGRAM

A federally funded child development program operating for six or more hours a day that provides a comprehensive program of parental involvement, nutritional, medical, dental, psychological, social and educational services.

HEALTH REPORT

A written report assessing a child's health status.

[Amended 10-16-2008 by Ord. No. 14637]

IMMINENT HEALTH HAZARD

A condition which exists within a facility that presents a clear and obvious threat to the welfare of the children and/or staff of that facility, including but not limited to sewage backup, heating system failure or critical violations of Building and Fire Codes.

INSPECTION

An official examination of a facility that checks to assure all provisions of this chapter and other applicable rules and regulations are met.

NON-CRITICAL VIOLATIONS

Non-Critical violations are those violations of this ordinance that are not deemed by the Bureau of Health to pose an imminent health, injury or safety hazard, or risk to children or facility persons.

OPERATOR

The legal entity or a person designated by the legal entity to serve as the facility director.

PARENT

The biological or adoptive mother or father or the guardian of the child.

~~POTENTIALLY HAZARDOUS FOOD~~

~~A food that consists in whole or in part of milk or milk products, eggs, meat, poultry, fish, shellfish or other ingredients capable of supporting rapid and progressive growth of infectious or toxigenic microorganisms.~~

RELATIVE

A parent, child, stepparent, stepchild, grandparent, grandchild, brother, sister, half-brother, half-sister, aunt, uncle, niece or nephew. The term also includes a stepbrother, stepsister or first cousin.

SANITIZE

An acceptable method for effective bactericidal treatment by a process that provides enough accumulative heat or concentration of chemicals for enough time to reduce the bacterial count, including pathogens, to a safe level.

SCHOOL-AGE CARE

Supervised child care during the hours when a child is not required to attend school.

SPACE

Indoor or outdoor area designed for child care is large enough to accommodate the maximum number of children allowed under this chapter. A space may be used by more than one group of children.

STAFF PERSON

A person included in the regulatory ratio who is responsible for child-care activities.

STATE REGULATIONS

The regulations of the Pennsylvania Department of Human Services, 55 Pa. Code Chapters 3270, 3280 and 3290 and 3300.

[Amended at time of adoption of Code (see Ch. 1, General Provisions, Art. I)]

SUPERVISE

To be physically present with a group of children or with the facility person under supervision. Critical oversight in which the supervisor can see, hear, direct and assess the activity of the supervisee.

TIME/TEMPERATURE CONTROL for SAFETY (TCS) FOOD

A food that requires time and temperature control for safety to limit pathogenic microorganism growth or toxin formation as recognized by the most current version of the FDA Model Food Code.

VIOLATION TICKET

A violation ticket is a form issued by the Director of Health or his designee to a person who violates a provision of this Article. The violation ticket is an offer by the City of Allentown extended to a person to settle a violation by paying the fine in lieu of a citation being issued against the violator.

VOLUNTEER

A person 16 years of age or older who is not included in the regulatory ratio and who assists in implementing daily program activities under the supervision of a staff person.

WAIVER

The Bureau of Health's written exemption from the requirement of meeting a standard in this chapter.

Child-Care Centers

§ 213-4 Staff-child ratios.

[Amended 8-8-1997 by Ord. No. 13595; 10-16-2008 by Ord. No. 14637]

A. Child-care centers shall meet each of the following requirements:

(1) The following ratios of direct caregiving staff physically present with the children at any one time shall apply to child-care centers.

(a) Similar age level. When children are grouped in similar age levels, the following maximum child group sizes and ratios of staff persons apply:

Similar Age Levels	Staff	Children	Max Group Size	Total # of Staff Required for Maximum Group
Infant	1	4	8	2
Young toddler	1	5	10	2
Older toddler	1	6	12	2
Preschool	1	10	20	2
Young school age	1	12	24	2
Older school age	1	15	30	2

(b) Mixed age level. When children are grouped in mixed age levels, the age of the youngest child in the group determines the staff-child ratio and maximum group size in accordance with the requirements found in Subsection **A(1)(a)** above.

(2) Children of an operator or a staff person.

(a) The related or foster children of an operator and the related or foster children of a staff person shall be counted for the purpose of satisfying the staff/child ratio requirements (relating to similar age level; and mixed age level).

(b) The related or foster children of an operator and the related or foster children of a staff person shall be counted for the purpose of satisfying the allocated space capacity requirements (relating to measurement and use of indoor child-care space; and measurement and use of play space).

(3) Minimum number of facility persons in the child-care facility.

(a) At least two facility persons shall be present in the facility when two or more children are in care. At a minimum, one of the facility persons shall be a staff person.

(b) At least two facility persons shall be present when children are on an excursion away from the facility. At a minimum, one of the facility persons shall be a staff person.

(c) If the staff-child ratio warrants only one staff person, the second person may be another facility person.

(4) Ratios while children are napping.

(a) While toddlers and preschoolers are napping, the following staff-child ratios apply:

Similar Age Level	Staff	Children
Young toddler	1	10
Older toddler	1	12
Preschool	1	20

(b) Staff persons who are on duty but are not providing child care during nap time shall remain in the child-care portion of the facility premises.

**§ 213-5 Facilities, building and physical site.
[Amended 8-8-1997 by Ord. No. 13595]**

- A. Submission of plans. Whenever a child-care center is constructed or extensively remodeled and whenever an existing structure is converted to use as a child-care center, properly prepared plans including a site plan and traffic flow diagram and specifications for such construction, remodeling or conversion shall be submitted to the Bureau of Health for review and approval before construction, remodeling or conversion is begun. The plans and specifications shall indicate the proposed layout, arrangement, mechanical plans and construction materials of work areas and the type and model of proposed fixed equipment and facilities. The Bureau of Health shall approve plans and specifications which meet the requirements of this chapter. Such plans and specifications shall also be submitted to the Bureaus of Planning and Zoning, Engineering and Code Enforcement and Rehabilitation to assure compliance with all applicable Zoning and Building Codes and to secure the permits required. Permits shall not be issued until the Bureau of Health has approved such plans and specifications and found them to be in compliance with the requirements of this chapter.
- B. Plan appeals.
- (1) Plans for construction, remodeling or conversion of an existing facility to a child-care center which are denied approval by the Bureau of Health may be appealed to the Board of Health in accordance with Act 315, Local Health Administration Law, as amended, and the Third Class City Code of Pennsylvania, as amended.
 - (2) Zoning permits for child-care centers which are denied as result of noncompliance with Chapter **660**, Zoning, of the Code of the City of Allentown may be appealed to the Zoning Hearing Board in accordance with the provisions of that ordinance. **[Amended at time of adoption of Code (see Ch. 1, General Provisions, Art. I)]**
 - (3) Building permits for child-care centers which are denied as a result of noncompliance with the City of Allentown's Building Code Ordinance may be appealed to the Building Code Board of Appeals in accordance with the provisions of that ordinance.
- C. Pre-operational inspection. Whenever plans and specifications are required to be submitted, the Bureau of Health shall inspect the child-care center prior to the start of operations to determine compliance with the approved plans and specifications and with the requirements of this chapter.
- D. Indoor child-care space.
- (1) A facility shall provide indoor child-care space for individual and group small muscle activity.

- (2) Indoor child-care space may not be used simultaneously as play space.
- (3) Indoor space in which children are receiving care may not be used simultaneously for other business, commercial, social or another purpose unrelated to the child care being offered.
- (4) Preschool and school-age children may not be involved in small or large muscle activity in the same group space in which children are sleeping or resting.
- (5) The capacity established for an indoor space may not be exceeded except in the following situations:
[Amended 10-16-2008 by Ord. No. 14637]
 - (a) At nap time, when toddler or preschool children are resting on rest equipment, described in § 213-7F, if the following conditions are met:
 - [1] At nap time, the capacity is determined by the requirement for placement of rest equipment described at § 213-7F(6);
 - [2] At nap time, the capacity may be exceeded for a period not longer than 2-1/2 consecutive hours, no more than twice in a program day.
 - (b) When older toddler, preschool or school-age children are participating in a program activity if the following conditions are met:
 - [1] The capacity of the indoor child-care space may be exceeded for no more than two separate one-half-hour time periods daily;
 - [2] Each time period shall be designated on the facility's schedule of daily activities;
 - [3] The space may not be occupied by children of the infant or young toddler age levels during a time period when the capacity is exceeded;
 - [4] The number of children in the space may not be more than twice the measured capacity of the space.
 - (c) When a meal is served in a space designated and measured as indoor child-care space if the following conditions are met:
 - [1] The capacity of a space may be exceeded when children are eating for no more than one hour daily;
 - [2] The meal time shall be designated on the facility's schedule of daily activities;
 - [3] The number of children present in the space may not be more than twice the measured capacity of the space.
- (6) The total number of children receiving child day-care services at the facility at any one time may not exceed the facility's maximum capacity.
- E. Sleeping areas. The same area shall not be used for sleeping/napping and play at the same time

unless the children at rest are not being disturbed.

F. Play space.

- (1) A facility shall provide outdoor or indoor play space to be used for large muscle activity which includes running, jumping, climbing and riding.
- (2) Outdoor or indoor play space shall be safe for large muscle activity.
- (3) Outdoor or indoor play space in which children are receiving care may not be used simultaneously for other business, commercial, social or another purpose unrelated to the child care being offered.

G. Unsafe areas in outdoor space. If unsafe areas or conditions are in or near an outdoor play space, fencing or natural barriers are required to restrict children from those unsafe areas or conditions.

H. Outside walkways. Outside walkways shall be free from ice, snow, leaves, equipment and other hazards.

I. Protective electrical covers. Protective receptacle covers shall be placed in electrical outlets accessible to children five years of age or younger.

J. Toxics.

- (1) Cleaning materials and other toxic materials shall be kept in an area or container that is locked or made inaccessible to children.
- (2) Cleaning materials and other toxic materials shall be stored in an original labeled container or in a container that specifies the content. Toxics shall be stored away from food, food preparation areas and child-care spaces.
- (3) Cleaning materials and other toxic materials shall be used in a way that does not contaminate play surfaces, food, food preparation areas and does not constitute a hazard to the children.
- (4) Toxic plants are not permitted in a child-care space.
- (5) Arts and crafts materials shall be nontoxic.

K. Sanitation.

- (1) Trash shall be removed from the facility at least once per day.
- (2) Trash shall be removed from the facility grounds at least once per week.
- (3) Evidence of infestation of insects or rodents in the facility is not permitted.
- (4) Trash that has been contaminated by human secretions or excrement shall be contained in closed, plastic-lined receptacles.

L. Smoking.

- (1) ~~Cigarettes, pipes or cigars may not be smoked in a child-care space, a play space or a food-preparation area when children are in care or when food is being prepared.~~ Smoking on the premises of a child care center is prohibited.
- (2) ~~Ashes and cigarette or cigar butts are prohibited in a child-care space, a play space or a food-preparation area.~~ Staff shall not smoke in the presence of children in care.

M. Water.

- (1) A facility shall provide running water and a safe and adequate supply of drinking water that complies with the standards established under the Pennsylvania Safe Drinking Water Act (35 P. S. §§ 721.1 through 721.17).
- (2) Hot water temperature, in areas accessible to children, may not exceed 110° F.
- (3) Safe drinking water shall be made available to children of all ages throughout the day.
- (4) Drinking water shall be provided to children who are out-of-doors for a period exceeding one hour.

N. Indoor temperature.

- (1) The indoor temperature shall be at 68° F.
- (2) If the indoor temperature exceeds 85° F. in a child-care space, a means of mechanical air circulation shall be operating.

O. Hot water pipes and other sources of heat. Hot water pipes and other sources of heat exceeding 110° F. that are accessible to children shall be equipped with protective guards or shall be insulated to prevent direct contact.

P. Ventilation.

- (1) Natural or mechanical ventilation shall be provided in child-care spaces.
- (2) Windows or doors used for ventilation shall be screened when open.
- (3) Screens shall be in good repair.
- (4) Windows or doors above the ground floor that open directly to the outdoors and are accessible to children shall be constructed, modified or adapted to limit the opening to six or fewer inches.

Q. Telephone. A facility shall have an operable telephone and a published telephone number.

R. Emergency telephone numbers. The telephone number of the nearest hospital, police department, fire department, ambulance and poison control center shall be posted by each telephone in the facility.

S. First-aid kit.

- (1) A first-aid kit shall be in a child-care space.
- (2) A first-aid kit shall be inaccessible to children.
- (3) A first-aid kit shall contain the following: soap, antimicrobial wipes, an assortment of adhesive bandages, sterile gauze pads, tweezers, tape, scissors, instant cold pack and disposable, nonporous gloves. **[Amended 10-16-2008 by Ord. No. 14637]**
- (4) One first-aid kit per child-care group shall accompany children and facility persons on excursions from the facility. Each first-aid kit taken on an excursion must contain a bottle of water in addition to the items specified at Subsection **S(3)**, above. **[Amended 10-16-2008 by Ord. No. 14637]**

T. Building surface requirements. Floors, walls, ceilings and other surfaces, including the facility's outdoor play space surfaces, shall be kept clean, in good repair and free from visible hazards.

U. Paint.

- (1) Peeled or damaged paint or damaged plaster is not permitted on indoor or outdoor surfaces in the child-care facility.
- (2) When indoor or outdoor surfaces are repaired or when new indoor or outdoor surfaces are painted, the paint may not contain more than is specified in accordance with current EPA and HUD guidelines. ~~0.06% lead.~~
- (3) A child may not be present during removal of paint from the indoor or outdoor surfaces of a facility.
- (4) Removal, cleanup and disposal of leaded paint dust and debris shall be accomplished using lead-safe work practices in accordance with EPA and HUD guidelines ~~in a manner that avoids dispersal of dust and debris into the environment~~, as approved by the Bureau of Health.
- (5) Abrasive removal methods which include dry sanding, electrical sanding and sandblasting or open flame burning, or a removal process that permits the release of leaded particulate material into the environment are prohibited.
- (6) Dust and debris generated by removal shall be disposed of in accordance with applicable federal, state and local regulations.
- (7) Child care may resume when the removal process is completed when all accompanying debris is removed and approval is granted by the Bureau of Health.

V. Lighting. Rooms, hallways, stairways, outside steps, porches and ramps shall be lighted by artificial or natural light.

W. Firearms. Weapons, firearms and ammunition are prohibited in a child day-care center.

X. Stairs.

- (1) Inside and outside stairs with three or more steps shall be equipped with a handrail.
- (2) Inside stairs shall be equipped with nonskid surfaces.
- (3) A ramp shall be equipped with a handrail.
- (4) A porch shall be equipped with a handrail.

Y. Stairways. Landings must be provided beyond each interior and exterior door which opens onto a stairway, if the stairway is accessible to children. Stair guards or gates shall be provided where necessary.

Z. Glass. A visual strip or other visual identification shall be placed on glass located in a traffic area, a child-care space or a play space.

AA. Toilet areas.

- (1) The following ratio of flushing toilets to toilet-trained children applies:

Similar Age Levels	Number of Toilet-Trained Children	Toilets
Young or older toddler and preschool	15	1
School-age	20	1

- (2) The following ratio of sinks to children applies:

Similar Age Levels	Number of Toilet-Trained Children	Sinks
Young or older toddler and preschool	25	1
School-age	30	1

- (3) A sink shall be located in or near a toilet area.
- (4) A training chair is not a flushing toilet. A training chair shall be emptied and sanitized after each use. An acceptable sanitizing solution is one cup of bleach combined with one gallon of water. A sanitizing solution shall be treated as a toxic. See § 213-5J (relating to toxics).
- (5) Toilets and sinks shall be at proper heights for children using them or shall be easily approached by means of platforms or steps.
- (6) Toilets and training chairs may not be located in an area used for cooking or eating. At all times an adult shall accompany toddler and preschool children going to and from the toilet area.
- (7) Toilet areas and fixtures shall be cleaned daily and be in good repair.
- (8) A facility person and an able child shall wash his hands after toileting and before eating. A sign on which this requirement is written shall be posted at each toilet, training chair, diapering area and sink in the facility.

- (9) A toilet area, training chair area, diapering area and sink area shall be equipped with a clean, lidded waste receptacle.
- (10) A properly plumbed sink with hot and cold running water for hand washing which is properly connected to an approved sewage system shall be present in infant and toddler diapering areas in all new facilities.
- BB. Diaper changing areas. In all ~~new~~ child-care centers, each toilet and diaper changing area shall have a hand-washing sink, hand cleanser, paper towels or other approved hand-drying devices and an approved waste receptacle. ~~Existing~~ child-care centers shall have an acceptable hand-washing and/or disposable glove procedure. A written hand-washing procedure shall be posted at each diaper changing area. An approved hand-washing sign shall be posted at each hand-washing sink.
- CC. Toilet room doors. All toilet rooms are to have doors, gates or barriers of such type to prevent unattended preschoolers or younger entry.
- DD. Electrical devices. No electrical device or apparatus shall be located in such a manner that it could be simultaneously plugged into an electrical outlet and in contact with a water source such as a sink, tub, shower area, swimming pool, etc.
- EE. Toys and equipment sanitation. All toys and play objects to be used by infants and toddlers shall be cleaned and sanitized at a minimum of once a week or as needed.
- FF. Towels, wash cloths and soap. Each child shall have a separate clean towel and wash cloth. Paper towels are acceptable for use as both towels and wash cloths. Soap shall be available for use.
- GG. Cleaning methods. All floors, walls, ceilings, carpeting and other surfaces shall be maintained in reasonably clean condition and in good repair.
- HH. Cleaning and sanitizing objects. Thermometers, pacifiers and other subject objects shall be cleaned and sanitized after each use when exchanged between children and at other times where necessary.
- II. Cleaning schedule. When a child-care center is found to be in noncompliance with cleanliness and sanitary standards, a cleaning schedule shall be submitted upon request to the Bureau of Health for approval. This schedule shall include, but is not limited to, specific assignments for specific individuals.
- JJ. Anti-choking and CPR posters. Each child-care center shall have signs posted demonstrating anti-choking and cardiopulmonary resuscitation (CPR) techniques.

§ 213-6 Fire safety.

- A. Exits.
- (1) Stairways, hallways, exits from rooms, exits from the facility and other means of egress serving as an exit shall be unobstructed.
- (2) Protective gates are permitted, if they open easily and are not disapproved by building codes or local

ordinances.

- (3) If a door or doorway opens or exits directly into a stairwell and if there is no landing beyond the door or doorway, the door shall be restricted from opening or shall be removed and a secure barrier to prevent access to the stairwell shall be erected.

B. Space heaters.

- (1) Portable space heaters are not permitted.
- (2) A fixed space heater shall be insulated or equipped with protective guards. A fixed space heater shall be approved for use by the City of Allentown Bureau of Fire Inspections ~~a local fire safety professional~~. Written approval of the installation and written approval for use shall be on file at the facility.
- (3) The manufacturer's instructions for use shall be kept in an accessible area in the facility.

C. Fireplaces and wood-burning and coal-burning stoves. Fireplaces, fireplace inserts or wood-burning and coal-burning stoves, if allowed by local ordinance, shall be securely screened or equipped with protective guards while in use.

D. Fire drills.

- (1) Fire drills shall be held in a manner and frequency which is in accordance with the City Fire Code. Facility persons and children in attendance shall participate in the fire drill. Facility persons and children shall exit the building, weather permitting.
- (2) A written record shall be kept of the date, the time of day, the hypothetical location of the fire, the evacuation time, the names of facility persons and the number of children participating in the fire drill.
- (3) Fire drills shall be held at different times of the day or night, or both, if applicable.
- (4) Fire drills shall be held during various program activity times.
- (5) Hypothetical locations of the fire shall be changed for each drill.
- (6) Evacuation routes shall be posted.
- (7) Evacuation plans shall provide for removal of all persons from the facility in a single trip.

E. Fire and building codes. All facilities shall conform to at least the minimum requirements of City of Allentown Fire and Building Codes. **[Amended 8-8-1997 by Ord. No. 13595]**

F. Emergency evacuation plan. An emergency evacuation plan shall be posted in each room in use as a child-care center. **[Amended 8-8-1997 by Ord. No. 13595]**

G. Smoke detectors and Carbon Monoxide Detectors. Smoke detectors and carbon monoxide detectors

shall be present and functioning in accordance with City of Allentown Fire Codes. **[Amended 8-8-1997 by Ord. No. 13595]**

- H. Portable fire extinguisher. An operable fire extinguisher(s) shall be available in all child-care centers. Such extinguisher(s) shall be of a size and number recommended by the Bureau of Fire and shall be inspected as required by the Bureau of Fire. All child care staff members shall be familiar with the use of such equipment. **[Amended 8-8-1997 by Ord. No. 13595]**

§ 213-7 Equipment.

A. Type of play equipment.

- (1) Play equipment and materials appropriate to the developmental needs, individual interests and ages of the children shall be provided in sufficient amount and variety to preclude long waits for use.
- (2) Play equipment shall facilitate the child's emotional, cognitive, communicative, perceptual-motor, physical and social development.
- (3) Play equipment and materials shall include items from the following categories:
 - (a) Materials for dramatic role playing.
 - (b) Toys and materials for cognitive development.
 - (c) Toys and materials for visual development.
 - (d) Toys and materials for auditory development.
 - (e) Toys to handle and manipulate and art materials for tactile development.
 - (f) Toys and equipment for large muscle development.

B. Condition of play equipment.

- (1) Toys, play equipment and other indoor and outdoor equipment used by the children shall be clean, in good repair and free from rough edges, sharp corners, pinch and crush points, splinters and exposed bolts.
- (2) Toys soiled by secretion or excretion shall be cleaned with soap and water, rinsed and sanitized before being used by a child.
- (3) Outdoor equipment that requires embedded mounting shall be mounted over a loose fill or unitary playground protective surface covering that meets the recommendations of the United States Consumer Products Safety Commission. The equipment must be anchored firmly and be in good repair. **[Amended 10-16-2008 by Ord. No. 14637]**
- (4) Slides that are over four feet high shall have guards along both sides of the ladder.

- (5) Pea gravel and other materials with a diameter of less than one inch may not be used in spaces where infants or toddlers receive care.
 - (6) Indoor play equipment for climbing shall be installed or used over a protective surface covering which does not interfere with the stability of the equipment.
 - (7) Children's toys and equipment, including furniture and rest equipment, described as hazardous by the United States Consumer Product Safety Commission, may not be used by children at the facility and may not be on the premises at the facility. **[Amended 10-16-2008 by Ord. No. 14637]**
- C. Small toys and objects. Toys and objects with a diameter of less than one inch, objects with removable parts that have a diameter of less than one inch, plastic bags and ~~Styrofoam~~ expanded polystyrene foam objects may not be accessible to children who are still placing objects in their mouths.
- D. Furniture.
- (1) Furniture shall be durable, safe, easily cleaned and appropriate for the child's size, age and disability.
 - (2) Study space, tables, chairs, paper and pencils shall be provided for school-age children in care, if necessary for the program offered by the facility.
- E. High chairs. High chairs shall have a wide base and a T-shaped safety strap.
- F. Rest equipment. **[Amended 10-16-2008 by Ord. No. 14637]**
- (1) Individual, clean, age-appropriate rest equipment shall be provided for preschool, toddler and infant children as agreed between the child's parent and the operator. The rest equipment shall be labeled for the use of a specific child and used only by the specified child.
 - (2) Bed linens may not be used alone as age-appropriate rest equipment.
 - (3) Stacked cribs may not be used.
 - (4) Crib and playpen slats may be no more than 2 3/8 inches apart.
 - (5) Seasonal, appropriate covering, such as sheets or blankets, shall be provided as agreed between the child's parent and the operator.
 - (6) At least two feet of space is required on three sides of a bed, cot, crib or other rest equipment while the equipment is in use, and children shall be placed in an alternating head-to-foot position on or in the rest equipment.
 - (7) Linens, blankets and rest equipment shall be cleaned weekly, at a minimum. The operator shall arrange a cleaning schedule with the parent.
 - (8) Soiled bedding shall be cleaned before it is reused.

- (9) The upper level of double-deck beds may not be used for children eight years of age or younger.
 - (10) Toys, bumper pads, or pillows may not be present in a crib while an infant is sleeping in the crib.
- G. Refrigerator. A facility shall have an operable, clean refrigerator used to store potentially hazardous foods. The refrigerator shall be capable of maintaining food at 41° 45° F. or below. An operating thermometer shall be placed in the refrigerator.

H. Utensils.

- (1) Eating and drinking utensils shall be free from cracks and chips.
- (2) Disposable cups, plates and eating utensils may be used if discarded after each use.
- (3) ~~Styrofoam~~ Expanded polystyrene foam cups and plates may not be used.

§ 213-8 Program.

A. Supervision of children. **[Amended 10-16-2008 by Ord. No. 14637]**

- (1) Children on the facility premises and on facility excursions off the premises shall be supervised by a staff person at all times. Outdoor play space used by the facility is considered part of the facility premises.
 - (a) Each staff person shall be assigned the responsibility for supervision of specific children. The staff person shall know the names and whereabouts of the children in his assigned group. The staff person shall be physically present with the children in his group on the facility premises and on facility excursions off the facility premises.
 - (b) The requirement for supervision on and off the facility premises includes compliance with the staff-child ratio requirements in § **213-4**.
 - (2) A facility person may not use any form of physical punishment, including spanking a child.
 - (3) A facility person may not single out the child for ridicule, threaten harm to the child or the child's family and may not specifically aim to degrade the child or the child's family.
 - (4) A facility person may not use harsh, demeaning or abusive language in the presence of children.
 - (5) A facility person may not restrain a child by using bonds, ties or straps to restrict a child's movement or by enclosing the child in a confined space, closet or locked room. The prohibition against restraining a child does not apply to the use of adaptive equipment prescribed for a child with special needs.
- B. Outdoor activity. Weather permitting, children shall be taken outdoors daily.
- C. Water activity.

- (1) Swimming.
- (a) A swimming pool shall conform to ~~28 Pa. Code Chapter 18 (relating to public swimming and bathing places)~~ applicable federal, state and local laws and regulations.
- (b) An in-ground swimming pool accessible to children shall be fenced with a locked gate.
- (c) An aboveground swimming pool which is not in use shall be made inaccessible to children in accordance with the swimming pool barrier guidelines of the United States Consumer Products Safety Commission. **[Amended 10-16-2008 by Ord. No. 14637]**
- (d) An indoor swimming pool which is not in use shall be made inaccessible to children.
- (e) The following staff-child ratios apply while children are swimming:

Similar Age Level	Staff	Children
Infant	1	1
Young or older toddler	1	2
Preschool	1	5
Young school age	1	6
Older school age	1	8

- (f) When children are swimming, supervision shall include one person certified in lifeguard training.
- (g) The person certified in lifeguard training may not be included in the staff-child ratio.
- (h) A facility person who is counted in the staff-child swimming ratio shall annually complete water safety instruction.
- (2) Wading pools. A wading pool must be emptied, cleaned and sanitized daily. Pools shall be filled with fresh water from an approved source and a sanitizing solution shall be added. An acceptable sanitizing solution is 3/4 teaspoon of bleach added to 50 gallons of water. A sanitizing solution shall be handled as a toxic.
- (3) Water play table. A water play table or a container used for water play that contains unfiltered water shall be emptied daily.
- D. Release of children. A child shall be released only to the child's parent or to an individual designated in writing by the enrolling parent. A child shall be released to either parent unless a court order on file at the facility states otherwise. **[Amended 10-16-2008 by Ord. No. 14637]**
- E. Pets.
- (1) A pet or animal present at the facility, indoors or outdoors, shall be in good health, show no evidence of carrying disease and be known to be friendly to children.
- (2) Contact with pets by the children is permitted only when a staff person is physically present.
- (3) A veterinarian's certificate of current rabies immunization and any other immunizations is required for

a cat or dog at the facility. The certificate shall be on file when the cat or dog is present. Current licenses are required for any animals that are required by Chapter **163**, Animals, of the Code of the City of Allentown, or state statute to have licenses.

- (4) No animals shall be permitted which are prohibited by Chapter **163**, Animals, of the Code of the City of Allentown.

F. Emergency contact information.

- (1) Emergency contact information is required for each enrolled child. Emergency contact information shall reference who shall be contacted in an emergency.
- (2) Emergency contact information shall include the following:
 - (a) The name and birth date of the child.
 - (b) The name, address and telephone number of the child's physician or source of medical care.
 - (c) The home and work addresses and telephone numbers of the enrolling parent.
 - (d) The written consent signed by a parent for emergency medical care.
 - (e) Information of the disability of the child, as specified by the child's parent or physician, which is needed in an emergency situation.
 - (f) Health insurance coverage and policy number for a child under a family policy or medical assistance benefits, if applicable.
 - (g) The name, address and telephone number of the individual designated by the parent to whom the child may be released.
- (3) When children are in the facility, emergency contact information shall be present in a child-care space for children receiving care in the space.
- (4) When children leave the facility on walking and riding excursions, emergency contact information specific to each child on the excursion shall accompany a staff person on the excursion.
- (5) A written plan identifying the means of transporting a child to emergency care and staffing provisions in the event of an emergency shall be displayed conspicuously in every child-care space and shall accompany a staff person who leaves on an excursion with children.
- (6) The parent shall update in writing emergency contact information once in a six-month period or as soon as there is a change in the information.

G. Emergency telephone numbers. Telephone number of the nearest hospital, police department, fire department, ambulance and poison control center shall be posted by each telephone. Stickers are provided upon request.

H. Emergency medical care.

- (1) If emergency medical care is needed for a child, the parent or emergency contact person must be contacted as soon as practical to the best interests of the child. If the parent or the emergency contact person cannot be reached, the operator must record in writing the reason emergency care was required and the attempts made to inform the parent and the emergency contact person. **[Amended 10-16-2008 by Ord. No. 14637]**
 - (2) The staff person who accompanies the child to a source of emergency care must remain with the child until the parent or designated person assumes responsibility for the child's care.
- I. Infant sleep position. Infants shall be placed in the sleeping position recommended by the American Academy of Pediatrics unless there is a medical reason an infant should not sleep in this position. The medical reason shall be documented in a statement signed by a physician, physician's assistant or CRNP and placed in the child's record at the facility. **[Amended 10-16-2008 by Ord. No. 14637]**

§ 213-9 Child health.

A. Health reports. **[Amended 10-16-2008 by Ord. No. 14637]**

- (1) The operator shall require the parent of an enrolled child, including a child, foster child and a relative of an operator or a facility person, to provide an initial health report no later than 60 days following the first day of attendance at the facility.
 - (a) The initial health report for an infant must be dated no more than three months prior to the first day of attendance at the facility.
 - (b) The initial health report for a young toddler must be dated no more than six months prior to the first day of attendance at the facility.
 - (c) The initial health report for an older toddler or preschool child shall be dated no more than one year prior to the first day of attendance at the facility.
 - (d) The initial health report for a school-age child must be dated in accordance with the requirements for medical examinations for school attendance in 28 Pa. Code § 23.2 (relating to medical examinations).
- (2) The operator shall require the parent to provide an updated health report in accordance with the following schedules:
 - (a) At least every six months for an infant or young toddler;
 - (b) At least every 12 months for an older toddler or preschool child.
- (3) A health report must be written and signed by a physician, physician's assistant or a CRNP. The signature must include the individual's professional title.
- (4) The health report shall include the following information:

- (a) A review of the child's health history;
 - (b) A list of the child's allergies;
 - (c) A list of the child's current medication and the reason for the medication;
 - (d) An assessment of an acute or chronic health problem or special need and recommendations for treatment or services, including information regarding abnormal results of screening test for vision, hearing or lead poisoning;
 - (e) A review of the child's immunized status according to recommendations of the ACIP;
 - (f) A statement of the child's medical information pertinent to diagnosis and treatment in case of emergency;
 - (g) A statement that the child is able to participate in child care and appears to be free from contagious or communicable disease;
 - (h) A statement that age-appropriate screenings recommended by the American Academy of Pediatrics were conducted since the time of the previous health report required by this section.
 - (i) A review of age-appropriate screenings, including a tuberculosis test approved by Mantoux Method ~~only the American Academy of Pediatrics~~ or an acknowledgement of an assessment of tuberculosis risk if testing is deferred by the health care provider in accordance with the American Academy of Pediatrics guidelines no later than 60 days after admission.
 - (j) An assessment of a disability or any health problems found and recommendations for treatment.
 - (k) A statement of the child's medical information pertinent to diagnosis and treatment in case of emergency.
- (5) The facility may not accept or retain an infant two months of age or older, a toddler or a preschool child at the facility for more than 60 days following the first day of attendance at the facility unless the parent provides written verification from a physician, physician's assistant, CRNP, the Department of Health or a local health department of the dates (month, day and year) the child was administered immunizations in accordance with the recommendations of the ACIP.
- (a) The facility shall require the parent to provide updated written verification from a physician, physician's assistant, CRNP, the Department of Health or a local health department of ongoing vaccines administered to an infant, toddler, or preschool child in accordance with the schedule recommended by the ACIP.
 - (b) Exemption from immunization must be documented as follows:
 - [1] Exemption from immunization for religious belief or strong personal objection equated to a religious belief shall be documented by a written, signed and dated statement from the child's parent or guardian. The statement shall be kept in the child's record.

- [2] Exemption from immunization for reasons of medical need must be documented by a written, signed and dated statement from the child's physician, physician's assistant or CRNP. The statement shall be kept in the child's record.
 - [3] These children will be excluded from the center during an outbreak situation at the discretion of the Bureau of Health.
 - [4] Children with incomplete immunizations, with incomplete or noncurrent health reports and screenings, may be excluded from the child-care center at the discretion of the Bureau of Health.
- (c) The facility shall comply with the annual immunization reporting requirements in accordance with the Department of Health regulation in 28 Pa. Code § 27.77.
- B. Administration of medications.
- (1) The operator shall make reasonable accommodations in accordance with the applicable federal and state laws to facilitate administration of medication or a special diet that is prescribed by a physician, physician's assistant or CRNP as treatment related to the child's disability. Facility persons are not required to administer medication or special diets which are requested or required by a parent, physician, a physician's assistant or a CRNP but are not treatment related to the child's disability. When medication or special diets are administered, the following requirements apply:
 - (a) Prescription medication and nonprescription medications (over-the-counter medicines) shall only be dispensed to children under the direct supervision of the administrator, director, group supervisor or staff person.
 - (b) No prescription medications may be given to a child without a physician's written administration instructions and written consent from the child's parent. Instructions for administration contained on a prescription label are acceptable.
 - (c) Prescriptions shall only be used for the child for whom they are prescribed.
 - (d) No nonprescription medications or health aids (i.e., cough drops, vitamins, aspirin, ointments, ear drops, or cough syrup) may be administered to a child without written consent and written administration instructions from the child's parent.
 - (2) An operator is responsible to establish and maintain a medication log if prescription or nonprescription medication is administered. A log shall include the following minimum information:
 - (a) Name of medications;
 - (b) Name of child receiving the medication;
 - (c) Requirement for refrigeration;
 - (d) Amount to be administered;

- (e) Date and time medicine was administered;
 - (f) Initials of staff person who administered the medication;
 - (g) Notes relevant to problems in administration.
- (3) If a special diet is prescribed for a child and if the diet is administered to the child, and if the diet is administered to the child, written instructions and the parent's written consent shall be retained in the child's file.

C. Storage of medications.

- (1) All medications and health aids that do not require refrigeration must be kept in an area or container that is locked or inaccessible to children.
- (2) All prescription and nonprescription medications and health aids must be kept in their original, labeled containers. For prescription medications, the label must include the child's name, the date the prescription was issued and the prescribed dose.
- (3) All prescription and nonprescription medications and health aids must be stored under proper conditions of sanitation, temperature, light and moisture.

D. Ill children. The child-care staff shall have the option to deny entrance to any child considered ill or to request that child be removed from the facility if the child is determined by the child-care staff to be too ill to remain in their care. The parent(s) shall always be notified when a child becomes ill while in care. If the child-care staff decides that a child is too ill to remain in the facility for the remaining period of the day, the child-care staff shall notify the parent(s) immediately that the child must be picked up as soon as possible. If the child-care staff decides a child is too ill to be cared for on any given day, the child-care staff shall notify the parent(s) upon receiving the child that care will not be provided. When a facility allows admission of ill children, a plan of care of such children shall be arranged with the parent(s) to assure that the needs of the child for rest, attention and administration of prescribed medication, if applicable, are met. Contact with the parent(s) and the child's source of health care for purposes of consultation shall be readily available to the child-care staff.

- (1) A child-care center shall not accept for care, nor maintain in their care, children who have the following conditions:
 - (a) Conjunctivitis.
 - (b) Ringworm.
 - (c) Lice.
 - (d) Diarrhea.
 - (e) Oral temperature above 101.0° F.

- (f) Axillary temperature above 100.6° F.
- (g) Rectal temperature above 101.6° F.
- (h) Aural temperature above 101.0° F.
- (i) Repeated or projectile vomiting.
- (j) Upper respiratory infection with rash.
- (k) Rash accompanied by elevated temperature or behavior change.
- (l) Streptococcal infections.
- (m) Mumps.
- (n) Shingles.
- (o) Pertussis (whooping cough).
- (p) Chicken pox.
- (q) Impetigo.
- (r) Persistent cough with fever.

(s) Scabies

- (2) A facility shall, upon observing signs of one of the preceding illnesses in a care recipient, immediately notify the child's parent(s) to remove the child from the facility.
 - (3) Children with symptoms of disease. An operator who observes an enrolled child with symptoms of a communicable disease or infection that can be transmitted directly or indirectly and which may threaten the health of children in care shall exclude the child from attendance until the operator receives notification from a physician or a CRNP that the child is no longer considered a threat to the health of others. The notification shall be retained in the child's file. Diseases and conditions which require exclusion are specified in 28 Pa. Code Chapter **27** (relating to communicable and noncommunicable diseases).
- E. Discrimination based on illness. Before, during and after the admission process, an operator or facility person may not discriminate against serving a child who has an illness which is not transmitted by casual contact.
- F. Child hygiene.
- (1) A staff person shall ensure that a child's hands are washed before meals and snacks, after toileting and after being diapered.

- (2) Cloth towels and washcloths shall be labeled with the child's name, used by only the named child and laundered weekly. The director shall arrange a laundry schedule with the parent.
- (3) Paper towels may be used as towels and washcloths. Paper towels shall be discarded after each use.
- (4) Liquid or powdered soap shall be used for hand-washing.
- (5) A child shall have a labeled toothbrush if brushing teeth is a program activity.
- (6) Toothbrushes shall be stored with the bristles up and exposed to circulating air.
- (7) Paper cups, discarded after one use, or water fountains shall be used for between-meal drinking by children who are not bottle-fed.

G. Diapering requirements. **[Amended 10-16-2008 by Ord. No. 14637]**

- (1) When children are diapered, the facility shall use disposable diapers, a diaper service or arrange with the parent to provide a daily diaper supply.
 - (a) If nondisposable diapers are provided by a parent, a soiled diaper shall be placed in an individual, securely tied plastic bag and returned to the parent at the end of the day.
 - (b) If nondisposable diapers from a diaper service are provided by a facility, a soiled diaper shall be placed in the container provided by the service or in a securely tied plastic bag.
 - (c) If disposable diapers are provided by a parent or by a facility, a soiled diaper shall be discarded by immediately placing the diaper into a plastic-lined, hands-free covered can.
 - (d) A soiled diaper that is not in a tied bag may not be placed in an unlined outdoor trash container.
- (2) Diaper changing surfaces shall be cleaned after each use by wiping the surface with a sanitizing solution or by changing a pad or other surface covering.
- (3) The diapering area may not be used for food preparation or food service.
- (4) Cloth and paper materials used as diapering aids shall be stored in a manner that prevents cross-contamination from a soiled diaper, contaminated hands or other changing materials.
- (5) A staff person shall check a child's diaper at least every two hours and whenever the child indicates discomfort or exhibits behavior that suggests a soiled diaper. A staff person shall change a child's diaper when the diaper is soiled.

H. Reporting communicable diseases. Reportable communicable diseases must be reported immediately to the Bureau of Health if they occur among either child-care facility children or staff. The current list of reportable diseases, as published by the Pennsylvania Department of Health, shall be obtained from the Bureau of Health and shall be prominently displayed in all child-care centers so that it is available for easy reference. The occurrence of any unusual disease or group expression of

illness, which may be of public concern, whether or not it is known to be of a communicable nature, shall also be reported to the Bureau of Health immediately.

§ 213-10 **Staff health.**

A. Staff health assessments.

- (1) A facility person providing direct care who comes into contact with the children or who works with food preparation shall have a health assessment conducted within three months prior to providing initial service in a child-care setting and every year thereafter. A health assessment is valid for 12 months following the date of signature, if the person does not contract a communicable disease or develop a medical problem.
- (2) A health assessment shall be conducted and a report shall be written and signed by a physician, physician's assistant, or CRNP. The signature shall include the individual's professional title.
[Amended 10-16-2008 by Ord. No. 14637]
- (3) The health assessment shall include the following:
 - (a) A physical examination with a CDC-approved tuberculosis (TB) assessment report test shall be conducted at initial employment. A physical examination shall be conducted thereafter annually, with a tuberculosis assessment conducted at least once every 2 years.
 - (b) Tuberculosis screenings and follow up care shall be accomplished as follows: ~~by the Mantoux Method at initial employment and subsequently at least once every two years.~~
- [1] If a person's medical record demonstrates a positive ~~tuberculin skin~~ tuberculosis (TB) test, that record shall be placed on file at the facility.
- [2] A record of a person with a positive ~~tuberculin skin~~ tuberculosis (TB) test shall include the results of a chest X-ray and evaluation for chemoprophylaxis.
- [3] A person with a positive ~~tuberculin skin~~ tuberculosis (TB) test, ~~and a negative X-ray, and who has completed latent tuberculosis infection (LTBI) treatment~~ is not required to have further tuberculosis testing, however assessment for tuberculosis (TB) symptoms shall be required every 2 years. A chest x-ray and medical examination shall also be required for such person if: unless one of the following occurs:
 - [a] The person is exposed to an active case of tuberculosis.
 - [b] The person develops a productive cough which does not respond to medical treatment within 14 days.
- [4] A facility person with a history of a past positive tuberculosis (TB) test shall require proof of chemoprophylaxis on file at the facility. If chemoprophylaxis was not received, a chest x-ray shall be required annually.
- [5] If a tuberculosis (TB) assessment is positive, a CDC-approved tuberculosis (TB) test shall be required.

- (c) Examination for communicable diseases and the results of that examination.
 - (d) Information on medical problems that might threaten the health of the children or prohibit a staff person from providing adequate care to children.
 - (e) ~~The physician's or CRNP's~~ A health care provider's assessment of the person's suitability to provide child care.
 - (f) Proof of rubella immunity for female staff of childbearing age (15 to 44 years old).
 - (g) Proof of Hepatitis A vaccine or immunity.
 - (h) Proof of Hepatitis B vaccine or immunity.
- (4) An adult individual who is employed by a facility and who provides children with social, medical, psychological or psychiatric services in addition to this chapter is required to have a current health assessment on file at the facility. An adult individual or an employee of an agency who provides those services by contract with the child's parent or the facility is not required to have a current health assessment on file at the facility.
- B. Adult hygiene. A facility person shall wash his hands before meals and snacks, and after toileting and after diapering a child.
- C. Facility persons with symptoms of disease. A facility person with symptoms of a communicable disease or infection that can be transmitted directly or indirectly and which may threaten the health of children in care shall be excluded from attendance until the facility operator receives notification from a physician or CRNP that the person is no longer considered a threat to the health of others. The notification shall be retained in the facility person's file. Exclusion from the facility is required for diseases and conditions specified in 28 Pa. Code Chapter **27** (relating to communicable and noncommunicable diseases). The Department of Health will provide, upon request, a list of communicable diseases.
- D. Facility persons with skin disorders.
- (1) A facility person with a discharging or infected wound, sore or lesion on the hands, arms or an exposed portion of the body shall be excluded from child care and food preparation activities until the operator receives written notification from a physician or CRNP that the person may return to child care or food preparation. The notification shall be retained in the person's file.
- (2) A facility person with a herpes infection may not be present with infants younger than three months of age.
- E. Discrimination based on illness. A facility person or an individual seeking employment or placement who has an illness that is not transmitted by casual contact shall be permitted the right to continued employment, placement, employment opportunity or placement opportunity to the extent of the person's ability to perform the stated job function.

§ 213-11 CPR and first aid certification.

[Amended 8-8-1997 by Ord. No. 13595]

~~At least 25% of all child care staff present in the facility during hours of operation, but not less than one staff member shall attend sessions and update training in infant and child cardiopulmonary resuscitation (including anti-choking techniques) and first aid, at a minimum, every two years and shall be currently certified in both.~~ Child care staff shall meet the CPR and First Aid Certification requirements of the most current Pennsylvania Department of Human Services regulations. Proper certification shall be obtained through the American Red Cross, American Heart Association or any similar agencies approved by the Bureau of Health.

§ 213-12 Food service.

[Amended 8-8-1997 by Ord. No. 13595]

- A. Inspection of food service facilities. All food service facilities supplying food to the child-care facility shall comply with the requirements of Chapter **303**, Food Service and Sanitation, of the Code of the City of Allentown. These facilities shall be open for inspection to the Bureau of Health upon request.
- B. Restricted use. The diaper changing or toilet areas are not to be used as food preparation areas.

§ 213-13 Food and nutrition.

[Amended 8-8-1997 by Ord. No. 13595]

- A. Food.
 - (1) Food stored, prepared or served shall be clean, wholesome, free from spoilage, free from adulteration and safe for human consumption.
 - (2) Food-handling practices shall conform to the requirements of the Bureau of Health.
 - (3) Food that has been previously served to a person or returned from a table shall be discarded.
 - (4) Potentially hazardous food brought from the child's home or provided by the facility shall be refrigerated.
 - (5) Prepared fresh fruits and vegetables that are not used on the day of purchase shall be refrigerated.
 - (6) The only canned foods permitted for children's consumption are those commercially preserved in airtight jars or cans.
 - (7) A facility shall provide a sufficient number of refrigerators to contain foods which require refrigeration.
- B. Meals.
 - (1) If a child receives care for four or more consecutive hours, nutritional, appropriately timed meals and snacks shall be served.
 - (2) Meals and snacks may be provided by the parent, upon agreement between the parent and the operator.

(3) Food may not be withheld from children for purposes of discipline.

(4) Children may not be forced to eat food.

C. Food groups.

(1) A lunch or dinner prepared at the facility for children of toddler age or older shall have at least one item from each of the following food groups:

(a) Dairy products: milk, milk products and cheese.

(b) Protein group: meat, fish, poultry, eggs, cheese, peanut butter, dried beans, peas and nuts.

(c) Fruits and vegetables: a wide variety of green, white, yellow, red vegetables and fruits.

(d) Grain group: whole grain and enriched products, such as breads, cereals, pastas, crackers and rice.

(2) Breakfast prepared at the facility for children of toddler age or older shall have at least one item from three of the four food groups listed in Subsection **C(1)**.

D. Food servings. Food servings shall be portioned suitably for the size and age of the children in care. Additional food in reasonable amounts shall be made available to children upon the request of the parent or child.

E. Menus. An operator shall conspicuously post the menu at least one week in advance or provide a menu to each family.

F. Meals for infants. Meals for infants shall be provided in accordance with the following requirements:

(1) A written statement giving formula and feeding schedule shall be obtained from the parent.

(2) New foods shall be introduced only after consultation with the child's parent.

(3) Disposable nursers shall be used unless bottles are provided by the parent or unless a commercial dishwasher or a commercial three bay sink is used by the facility to wash, rinse and sanitize.

(4) Disposable nursers and bottles shall be labeled with the child's name.

(5) An infant six months of age or younger shall be held while being bottle fed.

(6) Neither an infant nor a toddler is permitted to sleep with a bottle in his mouth.

(7) Bottle formula may not be heated in a microwave oven.

§ 213-14 Transportation.

[Amended 8-8-1997 by Ord. No. 13595]

A. Pickup and dropoff points.

- (1) An operator shall notify local traffic safety authorities annually in writing of the location of the facility and the program's use of pedestrian and vehicular routes around the day-care facility.
- (2) Safe pedestrian crossways, pickup and dropoff points and bike routes shall be appropriately determined in the vicinity of the facility and communicated to the children and parents in writing.
- (3) Written notification of safe routes shall be posted by the operator at a conspicuous location in the child-care facility.
- (4) Children shall be picked up and discharged only at locations specified by the facility as safe locations.

B. Consent.

- (1) Transportation by the facility requires written parental consent, except for transportation of school-age children who are transported to or from a child-care facility in vehicles owned or operated by the school district.
- (2) If a child has a problem or special need such as seizures or motion sickness that may require special care during transportation, written parental instructions regarding treatment of the problem or special need shall accompany the child being transported.
- (3) Written information required in Subsection **B(1)** and **(2)** shall be given to the operator or attendant of a vehicle transporting the child.

C. Transportation ratios.

- (1) The staff-child ratios specified in § **213-4** (relating to similar age level; and mixed age level) apply when infant, young or older toddler and preschool children are transported. The maximum group size requirements in § **213-4** do not apply during transportation.
- (2) The driver may not be considered part of the staff-child ratio when infant, young or older toddler or preschool children are transported.
- (3) When school-age children are transported, the driver may be considered part of the staff-child ratio required in § **213-4**.

D. Age of driver. The operator of the vehicle shall be 18 years of age or older and shall have a valid operator's license.

E. Safety restraints.

- (1) A child seven years of age or younger shall be transported in accordance with the requirements for parents and guardians as stated in 75 Pa.C.S.A. § 4581 (relating to restraint systems.). **[Amended 10-16-2008 by Ord. No. 14637]**
- (2) Safety restraints installed in the vehicle at the time of manufacturing shall be used by all occupants. Any child under the age of 12 years shall not be permitted to travel in the front seat of a vehicle

equipped with passenger side air bags.

- (3) Manufacturers' instructions for use of safety restraints shall be kept in the vehicle at all times.
- (4) A school bus with a seating capacity of 16 or more children used in transporting preschool or school-age children is exempt from the requirements established by Subsection **E(1)** to **(3)** above.

F. Vehicles. [**Amended 10-16-2008 by Ord. No. 14637**]

- (1) A vehicle shall be insured in accordance with the requirements of current Pennsylvania state statutes.
- (2) The doors on a vehicle shall be locked whenever the vehicle is in motion.
- (3) No more than three persons may occupy the front seat of an automobile.
- (4) The back of a pickup truck may not be used to transport children.
- (5) The cargo area of a station wagon may not be used to transport children.
- (6) In accordance with the requirements of 67 Pa. Code Chapter 171 (relating to school buses and school vehicles), the facility may not transport a child in an 11- to 15-passenger van.

G. Supervision.

- (1) Children may not be left unattended in a vehicle.
- (2) Children shall be supervised during boarding and exiting vehicles by an adult who remains outside the vehicle.

H. Transportation first-aid kit. A first-aid kit, including the contents as specified in § **213-5S** (relating to first-aid kit) shall be in the vehicle when children are being transported. The kit may be the same kit described in § **213-5S**.

§ 213-15 **Records.**

[**Amended 8-8-1997 by Ord. No. 13595**]

A. Child records. There must be an individual record for each child enrolled in the child-care center. Information in these records must be kept current and checked for accuracy every six months.

B. Individual records.

- (1) An operator shall establish and maintain an individual record for each child enrolled in the facility.
- (2) Information in a child's record shall be kept current by the operator.
- (3) A parent is required to review and update the emergency contact information and the financial agreement at least once in a six-month period or as soon as there is a change in the information.

- (4) Following review, a parent shall attest to the accuracy of information in Subsection **B(3)** above by affixing a dated signature to the record.
- (5) If emergency information is updated in a master file, it shall be updated accordingly in other facility records.

C. Content of records. A child's record shall contain the following information:

- (1) Initial and subsequent health assessments.
- (2) The dates of application, admission and withdrawal of the child.
- (3) Signed parental consent for emergency medical care for the child. Written consent is required prior to admission.
- (4) Signed parental consent for administration of medications or special dietary needs.
- (5) Signed parental consent for administration of minor first-aid procedures by facility staff. Written consent is required prior to admission.
- (6) Signed parental consent for transportation, walking excursions, swimming and wading.
- (7) Reports of accidents, injuries and illnesses involving a child in care at the facility. The original report shall be given to the parent on the day of the incident. The second copy of the report shall be retained at the facility in an accident file. The third copy of the report shall be retained at the facility in the child's file.
- (8) A copy of the initial agreement and subsequent written agreements between the parent and the operator. The parent receives the original agreement.

D. Confidentiality of records.

- (1) Child records are confidential and shall be stored in a locked cabinet at the site where care is provided.
- (2) A facility person may not disclose information concerning a child or family, except in the course of inspections and investigations by agents of the Bureau of Health.

E. Release of information.

- (1) The parent shall have access to the child's complete child day-care record.
- (2) Except as provided in § **213-15D** (relating to confidentiality of records), release or dissemination of information in a child's record may be made by the operator and only with written parental consent. When file material is released, the person who authorized the release shall record the following information in the child's file:

- (a) The name and position of the individual to whom the information was released.
 - (b) The date the information was released.
 - (c) The portions of the record that were released.
 - (d) The purpose of the release.
 - (e) The signature of the person who authorized the release.
- F. Record retention. A copy of the child's and staff person's record shall be retained at the facility where care is provided to the child for at least one year after termination of service, unless the entire record is transferred by the operator to the parent or guardian or to another agency at the request of the parent or guardian.
- G. Adult records. An individual record is required for each facility person.
- H. Content of records. A record shall include a copy of the following information:
- (1) The name, address and telephone number of the facility person.
 - (2) Verification as follows:
 - (a) Verification of age.
 - (b) Verification of child-care experience, education and training prior to service at the facility.
 - (c) Verification of child-care experience, education and training following the outset of service at the facility.
 - (d) Acceptable verification of experience, education or training is a transcript or a diploma or a letter signed by a representative of the experiential, educational or training entity.
 - (3) A written report of initial and subsequent health assessments, including the results of initial and subsequent tuberculin skin tests, X-rays or other medical documentation necessary to confirm freedom from communicable tuberculosis.
 - (4) A copy of requests for the criminal history record and child abuse registry clearance information, a copy of the disclosure statement and a copy of the completed clearance information required under the Child Protective Services Law.
 - (5) Two written, nonfamily references from individuals attesting to the person's suitability to serve as a facility person.
- I. Confidentiality of records.
- (1) Facility person's records are confidential and shall be stored in a locked cabinet at the site where the

person is working.

- (2) A facility person may not disclose information concerning another facility person or adult providing a service at the facility, except in the course of investigations or inspections by representatives of the Bureau of Health.

Article III

Group Child-Care Homes and Family Child-Care Homes

§ 213-16 Staff-child ratios.

[Amended 8-8-1997 by Ord. No. 13595; 10-16-2008 by Ord. No. 14637]

A. Group child-care homes shall meet the staff-child ratios in accordance with the following:

- (1) Maximum number of children. No more than 12 children unrelated to the operator may simultaneously receive care except in a facility serving older school-age children. In a facility serving only older school-age children, a certificate of compliance may be issued for up to 15 children.

(2) Ratio requirements.

(a) The minimum number of facility persons is as follows:

[1] A primary staff person shall be present in a facility when six or fewer children are in care, unless the staff-child ratio specified in Subsection **A(2)(b)** or **(c)** requires a second or third staff person.

[2] At least two facility persons shall accompany any number of children on an excursion away from a facility.

(b) When children are grouped in similar age levels, the following child group sizes and ratios of staff persons apply:

<u>Age Level Similar</u> <u>Age Group</u>	<u>Staff</u>	<u>Children</u>	<u>Maximum Group Size</u>	<u>Total Number of Staff Required for the Maximum Group Size</u>
Infant	1	4	12	3
Young toddler	1	5	12	3
Older toddler	1	6	12	2
Preschool	1	10	12	2
Young school age	1	12	12	1
Older school age	1	15	15	1

(c) When children are grouped in mixed age levels, the age of the youngest child in the group determines the staff/child ratio and maximum group size in accordance with the requirements in Subsection **A(2)(b)** above.

(3) Children of an operator or a staff person.

(a) The related or foster children of an operator and the related or foster children of a staff person shall be counted for the purpose of satisfying the staff/child ratio requirements (relating to similar age level; and mixed age level).

- (b) The related or foster children of an operator and the related or foster children of a staff person shall be counted for the purpose of satisfying the allocated space capacity requirements (relating to measurement and use of indoor child-care space; and measurement and use of play space).
- (4) Minimum number of facility persons in the child-care facility.
 - (a) At least two facility persons shall be present in the facility when two or more children are in care. At a minimum, one of the facility persons shall be a staff person.
 - (b) At least two facility persons shall be present when children are on an excursion away from the facility. At a minimum, one of the facility persons shall be a staff person.
 - (c) If the staff-child ratio warrants only one staff person, the second person may be another facility person.

B. Family child-care homes shall meet the staff-child ratios in accordance with the following:

- (1) Maximum number of children. The number of children in care may not exceed six children at any one time.
- (2) Ratio requirements. The operator may provide care to no more than five related and unrelated infants and toddlers at any one time. No more than two related and unrelated infants may receive care at any one time. The following number of infants and toddlers are permitted in a family day-care home:
 - (a) If no infants are in care, five toddlers are permitted.
 - (b) If one infant is in care, four toddlers are permitted.
 - (c) If two infants are in care, three toddlers are permitted.

§ 213-17 Facilities, building and physical site.
[Amended 8-8-1997 by Ord. No. 13595]

A. Use of indoor child-care space. **[Amended 10-16-2008 by Ord. No. 14637]**

- (1) A facility shall provide indoor child-care space for individual and group small muscle activity.
- (2) Indoor child-care space may not be used simultaneously as play space.
- (3) Indoor space in which children are receiving care may not be used simultaneously for other business, commercial, social or another purpose unrelated to the child care being offered.
- (4) Preschool and school-age children may not be involved in small or large muscle activity in the same group space in which children are sleeping or resting.
- (5) The capacity established for an indoor space may not be exceeded except in the following situations:
 - (a) At naptime, when toddler or preschool children are resting on rest equipment described in § 213-7F

(relating to rest equipment) if the following conditions are met:

- [1] The capacity is determined by the requirement for placement of rest equipment described in § **213-7F(6)**.
 - [2] The capacity may be exceeded for no longer than 2 1/2 consecutive hours and no more than twice in a program day.
- (b) When older toddler, preschool or school-age children are participating in a program activity if the following conditions are met:
- [1] The capacity of the indoor child-care space may be exceeded for no more than two separate one-half-hour time periods daily;
 - [2] Each time period shall be designated on the facility's schedule of daily activities;
 - [3] The space may not be occupied by children of the infant or young toddler age levels during a time period when the capacity is exceeded;
 - [4] The number of children present in the space may not be more than twice measured capacity of the space.
- (c) When a meal is served in a space designated and measured as indoor child-care space if the following conditions are met:
- [1] The capacity of a space may be exceeded when children are eating for no more than one hour daily;
 - [2] The meal time shall be designated on the facility's schedule of daily activities;
 - [3] The number of children present in the space may not be more than twice the measured capacity of the space.
- B. Use of play space in group child-care homes. **[Amended 10-16-2008 by Ord. No. 14637]**
- (1) A facility shall provide outdoor or indoor play space to be used for large muscle activity which includes running, jumping, climbing and riding.
 - (2) Outdoor or indoor play space shall be safe for large muscle activity.
 - (3) Outdoor or indoor play space in which children are receiving care may not be used simultaneously for other business, commercial, social or another purpose unrelated to the child care being offered.
- C. The following sections of § **213-5**, Facilities, building and physical sites, are applicable to group and family child-care homes:
- (1) Relating to physical site: § **213-5G** through **V**, inclusive, and § **213-5CC** through **JJ**, inclusive.

- (2) Relating to fire safety: § **213-6A** through **C**, inclusive, and § **213-6E** through **H**, inclusive.
- (3) Relating to equipment: § **213-7A** through **C** inclusive, and § **213-7D** through **H**, inclusive.
- D. Toilet area.
 - (1) A facility shall have at least one indoor flushing toilet and one sink. Running water shall be available at the sink.
 - (2) A training chair is not a flushing toilet. Training chairs may be used, if emptied and sanitized after each use. A sanitizing solution of one cup bleach to one gallon of water may be used. A sanitizing solution shall be treated as a toxic.
 - (3) Toilets and training chairs shall be located in rooms separate from rooms used for cooking or eating.
- E. Toilet room fixture condition. Toilet rooms and fixtures shall be kept clean and in good repair. Toilet rooms shall have easily cleanable waste receptacles.
- F. Fire drills.
 - (1) Fire evacuation plans shall be developed and posted.
 - (2) Evacuation plans shall provide for removal of persons from the facility in a single trip.
 - (3) Fire evacuation drills shall be conducted in a manner and frequency which is in accordance with the City Fire Code.
- G. Firearms.
 - (1) If the facility is located in a building or a space which is not a residence, weapons, firearms and ammunition are prohibited.
 - (2) If the facility is located in a residence, weapons and firearms shall be contained in a locked cabinet.
 - (3) If the facility is located in a residence, ammunition shall be contained in a locked area separate from weapons and firearms.
 - (4) If the facility is located in a residence, the operator shall notify the parent when weapons, firearms or ammunition are present at the facility.

§ 213-18 Program.

[Amended 8-8-1997 by Ord. No. 13595; 10-16-2008 by Ord. No. 14637]

- A. The following sections of § **213-8**, Program, are applicable to group and family child-care homes:
 - (1) Relating to supervision of children: § **213-8A**.
 - (2) Relating to outdoor activity: § **213-8B**.

- (3) Relating to release of children: § 213-8D.
- (4) Relating to pets: § 213-8E.
- (5) Relating to emergencies: § 213-8F through H, inclusive.
- (6) Relating to infant sleep position: § 213-8I.

B. Water activity.

(1) For group child-care homes, the applicable water activity regulation is § 213-8C. For family child-care homes the applicable regulation is § 213-18B(2) below.

(2) Swimming or wading.

- (a) An in-ground swimming pool accessible to children shall be fenced with a locked gate.
- (b) An aboveground swimming pool which is not in use shall be made inaccessible to children.
- (c) An indoor swimming pool which is not in use shall be made inaccessible to children.
- (d) Swimming and wading ratios shall be maintained as follows:

	Staff	Children
Infant	1	1
Young or older toddler	1	2
Preschool	1	5
Young school age	1	6
Older school age	1	6

- (e) When children are swimming, supervision shall include at least one person who has completed lifeguard training.
- (f) The person certified in lifeguard training may not be included in the staff-child ratio.
- (g) A facility person who is counted in the staff/child ratio shall annually complete water safety instruction.
- (h) All swimming pools must be provided with a recirculation and filtration system capable of providing a uniform circulation and uniform disinfectant residual throughout the entire pool.
- (i) The pH value of the water shall be not less than 7.2 and not more than 8.2.
- (j) All water in the pool shall be sufficiently clear to permit a clear view of the entire pool bottom.
- (k) Every pool shall be equipped with an approved device to provide continuous disinfection to the pool. Disinfectant levels must be provided at all times that are equivalent to the effectiveness of a chlorine or hypochlorite compound with a free chlorine residual parameters as recommended by the PA Department of Health's Pool Operation and Maintenance Manual. ~~not less than 0.4 mg/l and not greater than 6.0 mg/l.~~

- (3) Wading pools.
 - (a) Facility persons shall supervise children using wading pools. The staff-child ratios in § **213-18B(2)(d)** above applies when children are wading.
 - (b) A wading pool shall be emptied, cleaned and sanitized daily. Pools shall be filled with fresh water from an approved source and a sanitizing solution shall be added. An acceptable sanitizing solution is 3/4 teaspoon of bleach added to each 50 gallons of water. A sanitizing solution shall be handled as a toxic.
- (4) Water play table. A water play table or a container used for water play that contains unfiltered water shall be emptied daily and sanitized before its next use.

§ 213-19 Child health.

[Amended 8-8-1997 by Ord. No. 13595]

Section **213-9**, Child health, is applicable in its entirety to group and family child-care homes.

§ 213-20 Staff health.

[Amended 8-8-1997 by Ord. No. 13595; 10-16-2008 by Ord. No. 14637]

Section **213-10**, Staff health, is applicable in its entirety to group and family child-care homes.

§ 213-21 CPR and first aid certification.

[Amended 8-8-1997 by Ord. No. 13595]

Section **213-11**, CPR and first aid certification, is applicable in its entirety to group and family child-care homes.

§ 213-22 Food service.

[Amended 8-8-1997 by Ord. No. 13595]

Section **213-12**, Food service, is applicable in its entirety to group and family child-care homes.

§ 213-23 Food and nutrition.

[Amended 8-8-1997 by Ord. No. 13595]

A. The following sections of § **213-13**, Food and nutrition, are applicable to group and family child-care homes:

(1) § **213-13A** through **D**, inclusive, and Subsection **F**.

B. Menus. The operator shall discuss the general menu plan with the parent so that the daily nutritional needs of the child can be met.

§ 213-24 Transportation.

[Amended 8-8-1997 by Ord. No. 13595]

Section **213-14**, Transportation, is applicable in its entirety to group and family child-care homes.

§ 213-25 Records.

[Amended 8-8-1997 by Ord. No. 13595]

Section **213-15**, Records, is applicable in its entirety to group and family child-care homes.

- A. An operator of a Group or Family Child Care Home shall maintain a current criminal history record and child abuse record for every individual 18 years of age or older who resides in the home for at least 30 days in a calendar year.

Article IV
Special Child-Care Programs

§ 213-26 School-age programs.
[Amended 8-8-1997 by Ord. No. 13595]

- A. Requirements specific to school-age programs.
- (1) If a child is required to be enrolled in public or private school under the Public School Code of 1949 (24 P.S. §§ 1-101 to 27-2702) and if the child is not enrolled and if the child is not exempted from enrollment under the Public School Code, a child day-care facility may not admit the child for care during the hours when the child is required by law to attend public or private school.
 - (2) A facility or a space in a facility in which care is provided exclusively to school-age children shall comply only with the following sections:
 - (a) General provisions: §§ **213-1**, **213-2**, **213-3** (relating to general provisions).
 - (b) General Requirements: Article **V** of this chapter (relating to general requirements, inspections and compliance procedures).
 - (c) Staff-child ratio: § **213-4A(1)** through **(3)** (relating to similar age level; children of an operator or a staff person; and minimum number of facility persons in the child-care facility).
 - (d) Physical site.
 - [1] Physical site requirements do not apply for a school-age program located in a school building that is under Section 776.1 of the Public School Code of 1949 (24 P.S. § 7-776.1); specifically, a program operated for school-age children in a public or private school building, a building used by an intermediate unit, or an area vocational-technical school building which meets the physical site requirements acceptable to the Department of Education.
 - [2] A school-age program not located in a school building referenced in Subsection **A(2)(d)[1]** shall comply with requirements of § **213-5A** through **JJ**.
 - (e) Fire safety: § **213-6A** through **H** (relating to fire safety).
 - (f) Equipment: § **213-7A** through **H**.
 - (g) Program: § **213-8A** through **G**.
 - (h) Child health: § **213-9**. An equivalent age-appropriate health assessment completed by a school is acceptable as documentation of child health for a school-age child. **[Amended 10-16-2008 by Ord. No. 14637]**

- (i) Staff health: § 213-10.
- (j) CPR and first aid certification § 213-11.
- (k) Nutrition.
 - [1] In a facility operating a school-age program for fewer than four consecutive hours, none of the nutrition requirements applies.
 - [2] If a program operates for four or more consecutive hours or if a program provides meals or snacks, the facility director shall comply with §§ 213-12 and 213-13.
- (l) Transportation.
 - [1] A facility is exempt from transportation requirements when children attending care at the facility are transported in vehicles owned and operated by the school district in which the facility is located.
 - [2] A facility not operating under the provisions referenced in Subsection A(2)(l)[1] shall comply with requirements in § 213-14 (relating to transportation).
- (m) Child records: § 213-15A through F (relating to child records).
- (n) Adult records: § 213-15G through I (relating to adult records).

§ 213-27 **Head Start programs.**
[Amended 8-8-1997 by Ord. No. 13595]

- A. Exemption. Head Start programs are exempted from regulation under this article. The Bureau of Health will perform courtesy environmental and personal health assessments upon request. When child-care services are operated before or after the Head Start program, that portion of the extended day which meets the definitions of this article shall receive an operational certificate.

Article V

General Requirements, Inspections and Compliance Procedures

§ 213-28 **General requirements.**

- A. Pertinent laws and regulations. A facility shall be operated in conformity with applicable federal and state local laws and regulations. State agencies whose regulations may relate to the operation of a facility include the Department of Environmental Protection, the Department of Labor and Industry, the Department of Health, the Department of Education and the Department of Transportation.
- B. Child abuse reporting.
 - (1) An operator or a staff person who has reason to believe that a child enrolled in the facility has been abused is required to report suspected child abuse to ChildLine as mandated by the Child Protective Services Law.
 - (2) A staff person may be designated by the operator as the person responsible to notify ChildLine of

suspected child abuse. The operator or designated staff person with this responsibility shall immediately notify ChildLine at (800) 932-0313 or electronically through the Department of Human Services Welfare Portal.

- (3) Within 48 hours, a written report regarding the suspected child abuse shall be submitted by the operator or designated staff person to the Child Protective Service unit which has responsibility for investigating the report.

C. Reporting injury, death or fire.

- (1) The operator shall immediately notify a child's parent and shall telephone notice to the Bureau of Health within 24 hours if one or more of the following occurs:

- (a) Inpatient hospitalization or emergency room treatment of a child receiving care at the facility.

- (b) A death of a child receiving care at the facility.

- (c) A facility fire that requires the service of the Fire Department.

- (2) The operator shall mail or deliver a written report to the Bureau of Health within 72 hours after the occurrence of an event listed in Subsection **C(1)**.

- (3) The report shall include the following information:

- (a) The name, address and telephone number of the facility.

- (b) The name, address and birth date of the child.

- (c) The name and address of the child's parent or guardian.

- (d) A description of the incident, including the date, time and location of the incident and the equipment involved.

- (e) The name and telephone number of local authorities notified.

- (f) The nature of the treatment.

- (g) The name and address of the place where the treatment was received.

- (h) The required follow-up.

- (4) The staff person who prepared the report shall sign and date it.

- (5) Copies of reports shall be kept in a file at the facility.

D. General health and safety. Conditions at the facility may not pose a threat to the health or safety of the children.

- E. Communication with parents. The operator shall establish oral or written communication in the language or mode of communication which is understandable to the parent.
- F. Parent access and participation. A parent of a child in care shall be permitted free access, without prior notice, throughout the center whenever children are in care, unless a court of competent jurisdiction has limited the parental right of access to the child and a copy of the order is on file at the facility. Opportunity shall be provided for parents to participate in the facility's program. The operator shall maintain a yearly file which documents general announcements to promote parent participation. The file shall be updated annually. **[Amended 8-8-1997 by Ord. No. 13595]**
- G. Emergency plan. **[Amended 10-16-2008 by Ord. No. 14637]**
 - (1) The facility shall have an emergency plan that provides for:
 - (a) Shelter of children during an emergency including shelter in place at the facility and shelter at locations away from the facility premises;
 - (b) Evacuation of children from the facility building and evacuation of children to a location away from the facility premises. The evacuation routes and evacuation plans to exit the building may be the same as those required by § 213-6D(6) and (7) relating to fire drills;
 - (c) A method for facility persons to contact parents as soon as reasonably possible when an emergency situation arises;
 - (d) A method for facility persons to inform parents that the emergency has ended and to provide instruction as to how parents can safely be reunited with their children.
 - (2) The operator shall review the emergency plan at least annually and update the plan as needed. Each review and update of the emergency plan shall be documented in writing and kept on file at the facility.
 - (3) Each facility person shall receive training regarding the emergency plan at the time of initial employment, on an annual basis and at the time of each plan update. The date of each training and the name of each facility person who received the training shall be documented in writing and kept on file at the facility.
 - (4) The emergency plan shall be posted in the facility at a conspicuous location.
 - (5) The operator shall provide to the parent of each enrolled child a letter explaining the emergency procedures described in Subsection **G(1)**. The operator shall also provide to the parent of each enrolled child a letter explaining any subsequent update to the plan.
 - (6) The operator shall send a copy of the emergency plan and subsequent plan updates to the county emergency management agency.

§ 213-29 Inspections.
[Amended 8-8-1997 by Ord. No. 13595]

- A. Inspection frequency. An inspection of a child-care facility shall be conducted at least once a year. Additional inspections of the child-care facility shall be conducted as often as deemed necessary.
- B. Access. Representatives of the Bureau of Health, after proper identification, shall be permitted to enter any child-care facility at any reasonable time for the purpose of making inspections to determine compliance with this chapter.
- C. Report of inspections. Whenever an inspection of child-care facility is made, the findings shall be recorded on the inspection report form. A copy of the completed inspection report form shall be furnished to the person in charge of the facility at the conclusion of the inspection. The operator shall post a copy of each inspection report issued by the Bureau of Health in a conspicuous location used by parents. The inspection report shall remain posted until the Bureau of Health verifies that each violation cited on the report has been corrected. The completed inspection report form is a public document that shall be made available for public disclosure to any person who requests it according to law. **[Amended 10-16-2008 by Ord. No. 14637]**
- D. Correction of violations. The completed inspection report form shall specify a reasonable period of time for the correction of the violations found. The correction of the violations shall be accomplished within the period specified. If an imminent health hazard exists, the facility shall immediately cease operations. Operations shall not be resumed until authorized by the Bureau of Health.

**§ 213-30 Compliance procedures; operational certificate.
[Amended 11-3-1994 by Ord. No. 13285; 8-8-1997 by Ord. No. 13595]**

- A. Issuance of operational certificate.
 - (1) No person shall operate a child-care facility who does not have a valid operational certificate issued by the Bureau of Health. Only a person who complies with the requirements of this chapter, and all other applicable City ordinances and regulations, including but not limited to Building, Planning and Zoning and Fire Prevention Codes, Engineering, Business Privilege Tax, Earned Income Tax and Local Services Tax, shall be entitled to receive or retain such a certificate. Operational certificates are not transferable. A valid operational certificate shall be posted in every child-care facility. **[Amended at time of adoption of Code (see Ch. 1, General Provisions, Art. I)]**
 - (2) Any person desiring to operate a child-care facility shall make written application for an operational certificate annually on forms provided by the Bureau of Health. Such application shall include, but not limited to, the name and address of each applicant, the location and type of the facility and the signature of each applicant.
 - (3) Prior to approval of an application for an operational certificate, the Bureau of Health shall inspect the proposed facility to determine compliance with the requirements of this chapter. An ~~inspection~~ inquiry of City tax compliance shall also be made prior to approval of an application for an operational certificate to determine compliance with the requirements of the Business Privilege Tax, Earned Income Tax and Local Services Tax Ordinances. **[Amended at time of adoption of Code (see Ch. 1, General Provisions, Art. I)]**
 - (4) The Bureau of Health shall issue an operational certificate to the applicant if the inspection reveals

that the proposed facility complies with the requirements of this chapter and is currently licensed or registered by the Pennsylvania Department of Human Services.

B. Suspension of operational certificate and issuance of conditional operational certificate.

- (1) The Director of the Health Bureau, or in their absence, their designee, may suspend any certificate to operate a child-care facility if the operation of the facility constitutes a substantial hazard to public health. Notice of intention to suspend shall be given in all cases except those where delay would result in the risk of substantial, immediate or imminent health hazard. Suspension is effective upon service of the notification of suspension. When an operational certificate is suspended due to a public health hazard, child-care operations shall immediately cease. Whenever a certificate is suspended, the holder of the operational certificate shall be afforded an opportunity for a hearing before the Allentown Board of Health. The Bureau of Health may end the suspension at any time if reasons for the suspension no longer exist.
- (2) The Bureau of Health may, in its discretion, issue a conditional operational certificate where operation of the proposed facility constitutes a possible hazard to public health, or where an applicant requires additional time to comply with other applicable City ordinances or regulations. A conditional operational certificate shall be issued for a period not to exceed 60 calendar days.
 - (a) The Bureau of Health may issue an operational certificate at any time during the pendency of the conditional operational certificate, if the reasons for the conditional issuance no longer exist; namely, that the operator has brought the facility and its operation into compliance with all applicable City ordinances and regulations.
 - (b) Upon the expiration of the conditional operational certificate, the child-care operation shall immediately cease operation until all issues of noncompliance with any applicable City ordinance or regulation have been satisfied and the facility receives regulatory approval to resume operation. At that time, the Bureau of Health shall issue a license for the balance of the year for which a license was originally sought.

C. Revocation of operational certificate.

- (1) The Bureau of Health may, after providing opportunity for a hearing, revoke an operational certificate or a conditional operational certificate for serious or repeated violations of any of the requirements of this chapter or for interference with the Bureau of Health in the performance of duty.
- (2) Prior to revocation, the Bureau of Health shall notify the operator in writing as to the specific reason(s) for which the operational certificate or conditional operational certificate is to be revoked.
- (3) Whenever a revocation of an operational certificate has become final, the holder of the revoked certificate may make written application for a new operational certificate.

D. Service of notices. A notice provided for in this chapter is properly served when it is personally delivered to the holder of the operational certificate or conditional operational certificate, or the person in charge, or when it is sent by registered or certified mail, return receipt requested, to the last known

address of the holder of the certificate, or is conspicuously posted at the child-care facility. A copy of the notice shall be filed in the records of the Bureau of Health.

- E. Appeal procedure. The operator of a child-care facility shall be provided the opportunity for a hearing before the Board of Health to appeal a suspension or revocation of their operational certificate. The request for a hearing must be made in writing and filed with the Bureau of Health within 10 days of the service of any notice of suspension or revocation. If no written request for a hearing is filed within 10 days, the suspension or revocation is sustained. The Board of Health shall schedule any requested hearing within ~~20 days~~ 30 days receipt of a request for a hearing.
- F. Waivers.
- (1) A waiver excuses an operator from meeting a regulatory standard and substitutes another standard which the operator shall meet. The substituted standard has the same legal effect as the regulatory standard.
 - (2) The operator shall submit the request for waiver to the Bureau of Health before the facility is inspected for issuance or renewal of an operational certificate.
 - (3) An operator may request a waiver of only the regulatory standards in the following sections:
 - (a) Physical site requirements.
 - (b) Equipment requirements.
 - (c) Program requirements.
 - (4) The Bureau of Health will grant a waiver only if the following conditions are met:
 - (a) The waiver is not requested as a substitute for correcting a Bureau of Health citation of noncompliance.
 - (b) The request for waiver does not alter the applicability or purpose of a regulation.
 - (c) The request shows evidence that the operator has a plan to achieve the objective of the regulation.
 - (d) The request certifies that the operator will meet regulatory standards related to the health, safety and rights of children.
 - (e) The request for waiver does not violate or condone noncompliance with another federal or state statute or regulation.
 - (f) The request for waiver may not jeopardize federal or state funding.
 - (5) A waiver previously granted for staff person qualifications remains in effect for the staff person at the location specified.

§ 213-31 (Reserved)

§ 213-32 Effective date.

[Amended 8-8-1997 by Ord. No. 13595; 10-16-2008 by Ord. No. 14637]

The provisions of this chapter become effective 10 days after final passage. ~~except for § 213-7B(3) and (5), which shall take effect on September 22, 2010.~~

§ 213-33 Violations and penalties.

[Amended 8-8-1997 by Ord. No. 13595]

A. Summary Offense. Any person violating the provisions of this chapter or sections of this chapter shall upon conviction be fined not less than \$30 nor more than \$1,000 and, in default thereof, to undergo imprisonment of not less than 10 days nor more than 90 days. ~~In addition thereto, such persons may be enjoined from continuing such violations.~~ Each day upon which such a violation occurs constitutes a separate violation.

B. Injunctions. The Bureau of Health may seek to enjoin violations of this article or may proceed in any court of law or equity to obtain any additional and cumulative remedies to abate any violation under this article. Nothing in this article shall in any way alter rights or actions or remedies now or hereafter existing in equity, or under the common law or statutory law, criminal or civil.

C. Violation Tickets

(1) Enforcement

(a) In addition to any other enforcement actions (e.g., suspensions, summary citations) imposed by the Bureau of Health in accordance with this Article for violations, any violation of the provisions of this Article may also be cause for a violation ticket and/or notice of violation to be issued to the violator.

(b) A violation ticket shall be served upon a violator by handing it to the violator, by handing to the person-in-charge of the child care facility, by leaving or affixing violation ticket to the property where the violation exists, by handing it at any office or usual place of business of the violator, to his/her agent or the person for the time being in charge thereof, or by mailing the violation ticket to the violator's address of record.

(c) Each day a violation continues or is permitted to continue may constitute a separate offense for which a separate fine may be imposed.

(d) The Director of Health or his designee is authorized and empowered to cause a violation to be corrected.

(e) If the City has affected the correction of the violation, the cost thereof may be charged to the owner of the facility or offending party. The cost shall be compensated for both direct and indirect costs and expenses incurred.

D. Violation Ticket Fines and Penalties

(1) Violation Ticket Fines

(a) Tickets issued for violations deemed as Non-Critical by the Bureau of Health shall be \$45.00.

(b) Tickets issued for violations deemed as Critical by the Bureau of Health shall be \$100.00

(c) Any person who receives a violation ticket for any violation of this Article, may within 10 days, admit the violation, waive a hearing and pay the fine in full as indicated on the violation ticket.

(2) Violation Ticket Late Payment Penalties

(a) If the person in receipt of a violation ticket issued for a Non-Critical violation does not pay the fine or request a hearing within 10 days, the person will be subject to a late payment penalty of \$10.00 for days 11 through 20.

(b) If the person in receipt of a violation ticket issued for a Critical violation does not pay the fine or request a hearing within 10 days, the person will be subject to a late payment penalty of \$25.00 for days 11 through 20.

(c) Failure of the person to make payment within 20 days shall make the person subject to a Summary Offense under subparagraph A. of the Article.

(3) Violation Process Ticket Appeals

(a) A person in receipt of a violation ticket may appeal to the Bureau of Health by filing a request within 10 days of receipt of the violation ticket.

(b) A Hearing Officer, designated by the Director of Health may uphold the appeal, deny the appeal or modify the violation ticket and/or any associated costs, fines or penalty amounts.

SECTION TWO: That all Ordinances inconsistent with the above provisions are repealed to the extent of their inconsistency.

SECTION THREE: That this ordinance take effect 10 days after final passage.

- **What Department or bureau is Bill originating from? Where did the initiative for the bill originate?**

HEALTH

- **Summary and Facts of the Bill**

Amendments to Child Care Facility Ordinance (old Articles 1141 to 1149, new codified Chapter 213)

- **Purpose – Please include the following in your explanation:**
 - **What does the Bill do – what are the specific goals/tasks the bill seek to accomplish**
 - **What are the Benefits of doing this/Down-side of doing this**
 - **How does this Bill related to the City’s Vision/Mission/Priorities**

The purpose of the bill accomplishes the following:

- Amends the Child Care Facility Ordinance to update immunization guidelines to current standards. Note these are not covid-related.
- Standardizes the ordinance with PA Department of Human Service regulations
- Modifies language allowing for consistency with updated regulations related to food safety, fire and building codes, swimming pool safety and CPR/First Aid
- And provides for the issuance of violation tickets (SWEEP).

Benefits of this bill will result in:

- Best practices in child care facility operations improving the health and safety of the children and staff
- Minimized discrepancies between State child care regulations and City regulations
- Additional tools to achieve compliance

The downside of this bill is negligible. Child care operators will have small adjustments in operational procedures, but most already will be familiar with the changes or are already implementing them.

This bill will further the City's vision by providing for safer, improved services for Allentown families relying on child care.

- **Financial Impact – Please include the following in your explanation:**
 - **Cost (Initial and ongoing)**
 - **Benefits (initial and ongoing)**

There is no initial or ongoing cost to this bill. While the intent of violation tickets is to gain compliance, not generate revenues, small financial benefits will occur when collecting ticket fees.

- **Funding Sources – Please include the following in your explanation:**
 - **If transferring funds, please make sure bill gives specific accounts; if appropriating funds from a grant list the agency awarding the grant.**

N/A

- **Priority status/Deadlines, if any**

ASAP

- **Why should Council unanimously support this bill?**

This bill will improve the safety and health of children and staff in child care facilities as well as provide a tool to gain compliance if necessary.