

Public Health and Health Planning Council
Codes, Regulations and Legislation Committee Meeting Agenda

September 17, 2026
10:15 a.m.

Empire State Plaza, Concourse Level, Meeting Room 6, Albany

I. WELCOME AND INTRODUCTION

Thomas Holt, Chair, Committee on Codes, Regulations and Legislation

II. REGULATIONS

For Adoption

24-05 Amendment of Subpart 7-2 of Title 10 New York Codes, Rules and Regulations
(Children's Camps)

25-19 Amendment of Section 415.26 of Title 10 New York Codes, Rules and Regulations
(Nurse Aide Training Program)

III. ADJOURNMENT

Summary of Express Terms

The following are the substantive proposed amendments to Subpart 7-2 (Children's Camps) of the New York State Sanitary Code. In addition, existing gender specific pronouns in the regulation will be replaced with gender neutral pronouns.

New subdivision (d) is added to Section 7-2.1, to read as follows:

(d) The regulatory authority or designated representative is to be permitted access to the facility for inspection or investigation at all times when the children's camp is in operation. Refusal of admittance, after proper identification, is cause for immediate closure and permit suspension, or permit revocation as provided in section 7-2.4(g) of this Subpart.

New subdivisions (o), (p) and (q) are added to section 7-2.2, to read as follows:

(o) *Camp staff* or *staff* shall mean an employee or volunteer working at the camp, except as otherwise defined for purposes of Children's Camps for Children with Developmental Disabilities pursuant to section 7-2.25(b) of this Subpart.

(p) *Automated external defibrillator* (AED) shall mean a medical device that complies with section 3000-f of the Public Health Law.

(q) *Acceptable training in the use of an automated external defibrillator* (AED) shall mean successful completion of an AED training course by a nationally-recognized organization accepted by the State Department of Health for the purpose of training people in the use of an AED. AED certificates shall be valid as specified by the provider but shall not exceed 24 months from the date of course completion.

Section 7-2.3 is amended and renumbered, to read as follows:

7-2.3 Applicability and Exclusions.

(a) The requirements of this Subpart shall apply to all children's overnight camps, summer day camps, and traveling summer day camps as defined in section 7-2.2 of this Subpart, except that the following types of operations and programs are excluded:

(1) any camp occupied by or maintained for occupancy by fewer than 10 children;

* * *

(5) unscheduled or drop-in programs, such as in neighborhood-center settings, providing recreational activity without requiring program enrollment for participants, and where children are free to come and go at will;

(6) day programs providing single-purpose activity, such as training and competition in a single sport (e.g., little league baseball or Pop Warner football), or a single organized tournament competition which may include multiple individual events (e.g. Special Olympics);

(7) venues, including those with overnight lodging facilities subject to Subpart 7-1 of this Title, that provide for athletic tournament play, competition, or any associated training, and where children are registered as part of independently formed teams accompanied by coaches or other adults associated with the team who have responsibility for the well-being, safety, and behavior of the participating children;

* * *

Subdivision (g) of section 7-2.4 is amended to add denial of access to camp facilities to the permit-issuing official or their representative to the list of reasons that a permit may be denied, revoked, or suspended.

Subdivisions (h) and (i) of section 7-2.4 are renumbered to subdivisions (i) and (j), and a new subdivision (h) is added to section 7-2.4, to read as follows:

7-2.4 (h) The permit-issuing official may deny a permit for any operation where a prior operator/operation has outstanding enforcement actions or unpaid fines, or for which the permit was revoked, unless the applicant provides adequate documentation demonstrating that the

operation was acquired through an arm's length transaction. For purposes of this paragraph, "arm's length transaction" means a sale of real property, or lease of any part thereof, or a sale of a business, in good faith and for valuable consideration, that reflects the fair market value of such real property or lease or business on the open market, between two informed and willing parties, where neither is under any compulsion to participate in the transaction, unaffected by any unusual conditions indicating a reasonable possibility that the sale or lease was made for the purpose of allowing the prior operator to avoid the effect of enforcement actions, unpaid fines, or permit revocation.

The following sales or leases shall be presumed not to be arm's length transactions:

- (i) a sale or lease between relatives; or
- (ii) a sale or lease between related companies or partners in a business; or
- (iii) a sale or lease affected by other facts or circumstances that would indicate that the sale or lease is entered into for the primary purpose of allowing the original operator to avoid the effect of enforcement actions, unpaid fines, or permit revocation for the operation.

Subdivisions (g) and (l) of section 7-2.5 are amended to read as follows:

(g) Qualified lifeguard - Qualified lifeguards shall actively supervise participants in the camp's aquatic activities, as detailed in the camp's approved safety plan. While on duty at the waterfront, qualified lifeguards shall not be engaged in duties or activities which distract them from the direct supervision of the waterfront. A qualified lifeguard shall:

- (1) be at least 17 years of age, except:
 - (i) for a maximum of 50 percent of the required total number of lifeguards on duty at beaches requiring supervision level IIb, who may be at least 16 years of age; and
 - (ii) for a maximum of 50 percent of the required total number of lifeguards on duty at swimming pools requiring supervision level IIa, who may be at least 15 years of age, provided their duties

comply with Federal or State laws or regulations governing fair labor standards and employment of minors; and

* * *

(l) Records identifying staff qualifications shall be maintained in the camp for inspection by the permit-issuing official or their designated representative. The camp operator shall ascertain whether an employee or volunteer is listed on the New York State Division of Criminal Justice Services (DCJS) Sex Offender Registry and United States Department of Justice (USDOJ) National Sex Offender Public Website prior to the first day such employee or volunteer commences work at camp and annually thereafter prior to their arrival at camp. A written record of the employee and volunteer names that were submitted to the DCJS and USDOJ for checking against the State Sex Offender Registry and National Sex Offender Public Website. The search results from both the State registry and national public website shall be kept on file at the site and made available to the permit-issuing official upon request.

* * *

(n) Paragraph (4) of subdivision (n) of section 7-2.5 is amended to add location and use of AED(s) to the medical requirements component of the camp safety plan.

New subdivisions (e) and (f) are added to section 7-2.8 to read as follows:

(e) The camp owner/operator shall cooperate fully with the investigation of any injury or illness, or any incident which might evidence a lack of compliance with law or regulation by the permit-issuing official and their designated representatives, and shall provide all necessary information and access to conduct such investigation.

(f) Each camp shall provide at least one AED, as defined in section 7-2.2(p) of this Subpart, onsite or describe reasonable access to an AED acceptable to the permit issuing official.

(1) Each camp shall have one or more staff possessing an acceptable training in the use of an AED as defined in subdivision 7-2.2(q) of this Subpart. Records of the training shall be available for review during inspections.

(2) Each camp shall include an implementation plan in its approved safety plan which includes:

(i) a description of the location and/or availability of and access to the AED;

(ii) an equipment checklist which includes records of automated external defibrillator maintenance and testing specified by the manufacturer's standards; and

(iii) protocols for AED use during cardiac emergencies.

Section 7-2.20 is amended to read as follows:

7-2.20 Pesticides and hazardous materials.

(a) All pesticides must be applied by a New York State licensed commercial applicator in accordance with Public Health Law § 1396 and Title 6 NYCRR 325.

(b) The application of pesticides is prohibited on any playground, turf or athletic or playing field at any camp. This prohibition shall not apply to the application of exempt pesticides; an emergency application of a pesticide provided such application has been approved by the permit issuing official; or to camps located on publicly-owned or publicly-leased property in a city with a population of more than one million.

(1) for purposes of this subdivision, exempt pesticides shall mean:

(i) the application of anti-microbial pesticides as defined in 7 USC sections 136(mm) and 136q(h)(2);

(ii) the use of an aerosol product with a directed spray, in containers of 18 fluid ounces or less, when used to protect individuals from an imminent threat from stinging and biting insects, including venomous spiders, bees, wasps and hornets;

(iii) the use of non-volatile insect or rodent bait in a tamper resistant container;

- (iv) the application of a pesticide classified by the United States Environmental Protection Agency as an exempt material under 40 CFR section 152.25;
 - (v) the use of boric acid and disodium octaborate tetrahydrate; or
 - (vi) the use of horticultural soap and oils that do not contain synthetic pesticides or synergists.
- (c) In addition to the prohibitions specified Public Health Law section 1396 and subdivision (b) of this section, during the operation of a children's camp, the application of non-exempt pesticides to any playground, turf or athletic or playing field is prohibited at least 30 days prior to the operation of a children's camp on such property.
- (d) All pesticides and toxic chemicals shall be adequately stored in their original containers where they cannot cause air, surface water or groundwater contamination, in accordance with manufacturer's specifications, and not be potentially hazardous to the occupants of the camp.

Paragraph (3) of subdivision 7-2.25(b) is amended to read as follows:

(3) Medical Requirements. The camp health director shall be a physician, nurse practitioner, physician's assistant, registered nurse or licensed practical nurse and shall be on-site for the entire period the camp is in operation.

A new section 7-2.26 is added to read as follows:

7-2.26 – Incorporation by reference.

(a) The provisions of the Code of Federal Regulations which have been incorporated by reference in Subpart 7-2 have been filed with the Office of the Secretary of State of the State of New York, the publication so filed being the booklet entitled: Code of Federal Regulations, Title 40, Part 152, revised as of November 8, 2022, published by the Office of the Federal Register, National Archives and Records Administration. The regulations incorporated by reference may be examined at the Records Access Office, New York State Department of Health, ESP Corning

Tower, Albany, New York, 12237 or can be directly obtained from the Superintendent of Documents, US Government Printing Office, Washington, D.C. 20402.

(b) The provisions of the United State Code which have been incorporated by reference in Subpart 7-2 have been filed with the Office of the Secretary of State of the State of New York, the publication so filed being entitled: United States Code, Title 7, Section 136 as revised Aug. 3, 1996, and Section 136q as revised June 18, 2008, published by the Office of the Law Revision Counsel of the U.S. House of Representatives. The statutes incorporated by reference may be examined at the Records Access Office, New York State Department of Health, ESP Corning Tower, Albany, New York, 12237 or can be directly obtained from the Superintendent of Documents, US Government Printing Office, Washington, D.C. 20402.

Pursuant to the authority vested in the Public Health and Health Planning Council and the Commissioner of Health by Public Health Law sections 225 and 1394, Subpart 7-2 of Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York, is amended, to be effective upon publication of a Notice of Adoption in the New York State Register, as follows:

Section 7-2.1 is amended to read as follows:

(a) Enforcement. The enforcement procedures delineated in sections 12, 12-a, 16, 206, 225, 308, 309, 348, 373, 1308, 1393, and 1395 of the Public Health Law shall be followed where the permit-issuing official or [his]their representative determines that closing of a children's camp is necessary to protect the public health or safety of the occupants of the camp. Where a public health hazard is found on the property, the building or portion of the property constituting the hazard shall be placarded against occupancy until the hazard is corrected. The closure provisions of Part 14 of this Title shall be utilized for public health hazards occurring in food service facilities. When a placard is used to protect the occupants from a public health hazard, it shall be conspicuously posted at each entrance or walkway leading to the portion of the property that constitutes the hazard. The placard shall state the authority for its placement and indicate that concealment, mutilation, alteration or removal of it by any person without permission of the permit-issuing official shall constitute a violation of this Subpart and the Public Health Law. The permit-issuing official or [his]their representative shall inspect the premises within three working days of posting the placard to assure compliance with terms of the order, and shall inspect the premises within two working days of notification that the hazard has been eliminated to remove them after verifying the correction.

(b) Public health hazards.

* * *

(2) Any of the following violations are public health hazards which require the permit-issuing official or [his]their designated representative to order immediate correction or to immediately institute action as provided in the law and in this Subpart:

(i) supervision of children is not in accordance with the supervisory or personnel qualification standards prescribed in sections 7-2.5, 7-2.11 and 7-2.25 of this Subpart resulting in a child not being protected from any unreasonable risk to [his or her]their health or safety;

* * *

(xi) camp swimming pool or bathing beach not under the direct supervision of the camp aquatics director or [his]their assistant;

* * *

(xxvii) failure to implement the approved camp safety plan resulting in a child not being protected from any unreasonable risk to [his or her]their safety; or

* * *

(d) The regulatory authority or designated representative is to be permitted access to the facility for inspection or investigation at all times when the children's camp is in operation. Refusal of admittance, after proper identification, is cause for immediate closure and either permit suspension or permit revocation as provided in section 7-2.4(g) of this Subpart.

New subdivisions (o), (p) and (q) are added to Section 7-2.2 to read as follows:

(o) Camp staff or staff shall mean an employee or volunteer working at the camp, except as otherwise defined for purposes of Children's Camps for Children with Developmental Disabilities pursuant to section 7-2.25(b) of this Subpart.

(p) Automated external defibrillator (AED) shall mean a medical device that complies with section 3000-f of the Public Health Law.

(q) Acceptable training in the use of an automated external defibrillator (AED) shall mean successful completion of an AED training course by a nationally recognized organization accepted by the State Department of Health for the purpose of training people in the use of an AED. AED certificates shall be valid as specified by the provider but shall not exceed 24 months from the date of course completion.

Section 7-2.3 is amended to read as follows:

7-2.3 [Application]Applicability and Exclusions.

(a) The requirements of this Subpart shall apply to [a camp occupied or maintained for occupancy by 10 or more children except] all children's overnight camps, summer day camps, and traveling summer day camps as defined in section 7-2.2 of this Subpart, except that the following types of operations and programs are excluded:

(1) any camp occupied by or maintained for occupancy by fewer than 10 children;

[(1)](2) any place occupied by children under 18 years of age for overnight occupancy of 72 consecutive hours or less;

[(2)](3) day camps operating less than all or part of five days in any two-week period;

[(3)](4) child care facilities licensed or registered by the New York State [Department of Family Assistance,] Office of Children and Family Services;

[(4)](5) [activities at] unscheduled or drop-in programs, such as in neighborhood-center settings[; single-purpose activity such as athletic events, which are held for the sole purpose of tournament play or competition, and associated training practice, "Special Olympics," little league baseball, Pop Warner football; and recreational activity without a specified time period of attendance required], providing recreational activity without requiring program enrollment for participants, and where children are free to come and go at will;

(6) day programs providing single-purpose activity, such as training and competition in a single sport (e.g., little league baseball or Pop Warner football), or a single organized tournament competition which may include multiple individual events (e.g. Special Olympics);

(7) venues, including those with overnight lodging facilities subject to Subpart 7-1 of this Title, that provide for athletic tournament play, competition, or any associated training, and where children are registered as part of independently formed teams accompanied by coaches or other adults associated with the team who have responsibility for the well-being, safety, and behavior of the participating children;

[(5)](8) college level educational programs provided by schools that are accredited by the Regents of the University of the State of New York;

[(6)](9) school districts, Boards of Cooperative Educational Services (BOCES) or nonpublic schools providing instruction to satisfy, enrich, accelerate or improve skills in accordance with New York State education requirements;

[(7)](10) day programs conducted for the purpose of classroom educational instruction, including but not limited to traditional academic subjects, religious instruction, and computer training, that have one or more nonpassive recreational activities with significant risk of injury when such activities are conducted as part of a one hour or less recess period constituting no more than one fifth of the program's daily operation, and which occur on a playground, in a gymnasium, or similar setting; and

[(8)](11) any operation or use of a tract of land or property determined by the State Commissioner of Health as not being within the intent of or regulated by this Subpart.

Section 7-2.4 is amended to read as follows:

* * *

(b) The permit-issuing official is the State Health Commissioner or [his]their designee and those persons defined as officers in subdivision (4) of section 1392 of the Public Health Law.

* * *

(d) The permit-issuing official shall issue a permit if the children's camp conforms or will conform at the time of operation to the requirements of this [S]subpart and will not present a danger to the health and safety of the camp occupants. An applicant's past history of compliance or non-compliance will be a consideration in evaluating each of the previously mentioned criteria. The person to whom the permit is issued shall comply with this Subpart and with all conditions stated in the permit and shall allow the permit-issuing official or [his]their representative to enter the premises to ascertain compliance. The permit-issuing official may, at [his]their discretion, deem either of the following an inspection of the facility to ascertain that the camp conforms or will conform with the requirements of this Subpart at the time of operation:

(1) the permit-issuing official or [his]their representative has inspected the facility and determined that it conforms or will conform with the requirements of this Subpart; or

* * *

(g) A permit may be denied, revoked or suspended by the permit-issuing official or the State Commissioner of Health if the children's camp is maintained, operated or occupied in violation of the Public Health Law or this [Chapter]Title. Before denial, suspension or revocation of a permit, or after receipt of a notice of violation, the permittee shall have the right to appeal to the permit-issuing official, except that when the Commissioner of Health determines that a public health hazard exists or access is denied to the permit-issuing official or their representative, a permit may be temporarily suspended pending a hearing. A permit will also be revoked upon

request of the operator or upon abandonment of the camp. Following the revocation, an application shall be filed for a new permit before resumption of operation.

(h) The permit-issuing official may deny a permit for any operation where a prior operator/operation has open enforcement actions or unpaid fines, or for which the permit was revoked, unless the applicant provides adequate documentation demonstrating that the operation was acquired through an arm's length transaction. For purposes of this paragraph, "arm's length transaction" means a sale of real property, or lease of any part thereof, or a sale of a business, in good faith and for valuable consideration, that reflects the fair market value of such real property or lease, or business, in the open market, between two informed and willing parties, where neither is under any compulsion to participate in the transaction, unaffected by any unusual conditions indicating a reasonable possibility that the sale or lease was made for the purpose of allowing the prior operator to avoid the effect of enforcement actions, unpaid fines, or permit revocation.

The following sales or leases shall be presumed not to be arm's length transactions:

- (i) a sale or lease between relatives; or
- (ii) a sale or lease between entities having common ownership or partners of the business; or
- (iii) a sale or lease affected by other facts or circumstances that would indicate that the sale or lease is entered into for the primary purpose of allowing the original operator to avoid the effect of enforcement actions, unpaid fines, or permit revocation for the operation.

[(h)](i) A permit shall expire one year from the date of issuance, at the close of a camp's normal operating season, upon a change of the operator, a date stipulated by the permit-issuing official, or upon revocation. No permit shall expire during the camping period except by revocation.

[(i)](j) A separate permit shall not be required for a bathing beach, swimming pool or food service operated as part of a children's camp for which a permit is required under this Subpart.

Subdivisions (g), (l), (n) and (o) of section 7-2.5 are amended to read as follows:

(g) Qualified lifeguard - Qualified lifeguards shall actively supervise participants in the camp's aquatic activities, as detailed in the camp's approved safety plan. While on duty at the waterfront, qualified lifeguards shall not be engaged in duties or activities which distract them from the direct supervision of the waterfront. A qualified lifeguard shall:

(1) be at least 17 years of age, except:

(i) for a maximum of 50 percent of the required total number of lifeguards on duty at beaches requiring supervision level IIb, who may be at least 16 years of age; [and]

(ii) for a maximum of 50 percent of the required total number of lifeguards on duty at swimming pools requiring supervision level IIa, who may be at least 15 years of age, provided their duties comply with Federal or State laws or regulations governing fair labor standards and employment of minors; and

[(ii)](iii) lifeguards required for wilderness swimming who must be at least 18 years of age;
and].

(2) meet lifeguarding, first aid and CPR certification requirements as detailed in Part 6 of this Title:

Bathing Facility Type	Minimum Lifeguard Supervision Level
Ocean Surf	Supervision Level I
Pool Only	Supervision Level IIa
Pool and/or Beach	Supervision Level IIb

* * *

(l) Records identifying staff qualifications shall be maintained in the camp for inspection by the permit-issuing official or [his]their designated representative. The camp operator shall ascertain whether an employee or volunteer is listed on the New York State Division of Criminal Justice

Services (DCJS) Sex Offender Registry and United States Department of Justice (USDOJ)
National Sex Offender Public Website prior to the first day such employee or volunteer
commences work at camp and annually thereafter prior to their arrival at camp. A written record
of the employee and volunteer names that were submitted to the DCJS and USDOJ for checking
against the State Sex Offender Registry and [DCJS's] National Sex Offender Public Website.
The search results from both the State registry and national public website shall be kept on file at
the site and made available to the permit-issuing official upon request.

* * *

(n) Camp safety plan. The camp operator must develop, review annually and update, as required,
a camp safety plan, which shall be submitted for review and approval to the permit-issuing
official as described in paragraph 7-2.4(c)(1) of this Subpart. A camp safety plan shall be
considered satisfactory for approval when it is found to include all the information required in
this section and accurately reflects the children's camp's compliance with this Subpart. The
camp's approved safety plan shall be implemented by the camp operator and kept on file at the
children's camp. The camp safety plan shall consist of, at a minimum, a table of contents and the
following components:

* * *

(4) Medical requirements: review of camper confidential medical histories to address restrictions
and special needs; initial health screening of campers; daily health surveillance of campers;
procedures for providing basic first aid, handling medical emergencies, including outbreaks and
procedures for response to allegations of child abuse; identification of and provisions for
medical, nursing and emergency medical services; identity, qualifications and outline of duties of
health director and health personnel certified in first aid and CPR; description of health center;
storage and administration of medicines; location and use of first aid, AED(s), and CPR supplies;

maintenance of a medical log; description of universal precautions for bloodborne pathogens; reporting of illness and injuries, including camper abuse/ allegations to the permit-issuing official within 24 hours; and provisions to supervise sanitation at the children's camp;

* * *

(o) The camp operator shall provide adequate supervision. Adequate supervision shall mean:

(1) supervision such that a camper is protected from any unreasonable risk to [his or her]their health or safety, including physical or sexual abuse or any public health hazard; and

* * *

New subdivisions (e) and (f) are added to section 7-2.8 to read as follows:

(e) The camp operator shall cooperate fully with the investigation of any injury or illness, or any incident which might evidence a lack of compliance with law or regulation, by the permit-issuing official and their designated representatives, and shall provide all information and access needed to conduct such investigation.

(f) Each camp shall provide at least one AED, as defined in section 7-2.2(p) of this Subpart, onsite or describe reasonable access to an AED acceptable to the permit issuing official.

(1) Each camp shall have one or more staff possessing an acceptable training in the use of an AED as defined in subdivision 7-2.2(q) of this Subpart. Records of the training shall be available for review during inspections.

(2) Each camp shall include an implementation plan in its approved safety plan which includes:

(i) a description of the location and/or availability of and access to the AED;

(ii) an equipment checklist which includes records of automated external defibrillator maintenance and testing specified by the manufacturer's standards; and

(iii) protocols for AED use during cardiac emergencies.

Section 7-2.20 is amended to read as follows:

7-2.20 Pesticides and [H]azardous materials. [Agricultural, commercial or household pesticides and toxic chemicals shall be stored and/or used to cause no air, surface water or ground water pollution or be hazardous to the occupants of the camp. They shall be stored in their original containers in areas designated for such use.]

(a) All pesticides must be applied by a New York State licensed commercial applicator in accordance with Public Health Law § 1396 and Title 6 NYCRR Part 325.

(b) The application of pesticides is prohibited on any playground, turf or athletic or playing field at any camp. This prohibition shall not apply to the application of exempt pesticides; an emergency application of a pesticide provided such application has been approved by the permit issuing official; or to camps located on publicly-owned or publicly-leased property in a city with a population of more than one million.

(1) for purposes of this subdivision, exempt pesticides shall mean:

(i) the application of anti-microbial pesticides as defined in 7 USC sections 136(mm) and 136q(h)(2);

(ii) the use of an aerosol product with a directed spray, in containers of 18 fluid ounces or less, when used to protect individuals from an imminent threat from stinging and biting insects, including venomous spiders, bees, wasps and hornets;

(iii) the use of non-volatile insect or rodent bait in a tamper resistant container;

(iv) the application of a pesticide classified by the United States Environmental Protection Agency as an exempt material under 40 CFR sections 152.25;

(v) the use of boric acid and disodium octaborate tetrahydrate; or

(vi) the use of horticultural soap and oils that do not contain synthetic pesticides or synergists.

(c) In addition to the prohibitions specified in Public Health Law section 1396 and subdivision

(b) of this section, during the operation of a children's camp the application of non-exempt

pesticides to any playground, turf or athletic or playing field is prohibited at least 30-days prior to the operation of a children's camp.

(d) All pesticides and toxic chemicals shall be adequately stored in their original containers where they cannot cause air, surface water or groundwater contamination, used in accordance with manufacturer's specifications, and not be potentially hazardous to the occupants of the camp.

Subdivision (b) of section 7-2.25 is amended to read as follows:

(b) Children's Camps for Children with Developmental Disabilities. In addition to the requirements listed in subdivision (a), the following requirements shall apply to all Children's Camps for Children with Developmental Disabilities, as defined as defined in section 7-2.2 of this Subpart:

* * *

(3) Medical Requirements. The camp health director shall be a physician, nurse practitioner, physician's assistant, registered nurse or licensed practical nurse and shall be on-site for the entire period the camp is in operation.

* * *

(6) Camp Staff Screening, Training, and Code of Conduct.

* * *

(iii) The camp operator shall ensure that all camp staff are provided with a copy of the code of conduct established by the Justice Center pursuant to section 554 of Executive Law. Such code of conduct shall be provided at the time of initial employment, and at least annually thereafter during the term of employment. Receipt of the code of conduct shall be acknowledged and the recipient shall further acknowledge that [he or she has]they have read and understand[s] such code of conduct.

* * *

(8) Incident Management.

* * *

(ii) Unless delegated by the Justice Center to the Department, an allegation of abuse or neglect as defined in section 7-2.25(b)(1)(iv)(a) of this Subpart, shall be investigated by the Justice Center.

With regard to an alleged significant incident, as defined in section 7-2.25(b)(1)(iv)(b) of this Subpart, the permit-issuing official shall initiate a prompt investigation of the allegation, unless the Justice Center agrees that it will undertake such investigation. An investigation conducted by the permit-issuing official shall commence no later than five business days after notification of such an incident. Additional time for completion of the investigation may be allowed, subject to the approval of the department, upon a showing of good cause for such extension. At a minimum, the investigation of any reportable incident shall comply with the following:

(a) Investigations shall include a review of medical records and reports, witness interviews and statements, expert assessments, and the collection of physical evidence, observations and information from care providers and any other information that is relevant to the incident. Interviews should be conducted by qualified, objective individuals in a private area which does not allow those not participating in the interview to overhear. Interviews must be conducted of each party or witness individually, not in the presence of other parties or witnesses or under circumstances in which other parties or witnesses may perceive any aspect of the interview. The person alleging the incident, or who is the subject of the incident, must be offered the opportunity to give [his/her]their version of the event. At least one of the persons conducting the interview must have an understanding of, and be able to accommodate, the unique needs or capabilities of the person being interviewed. The procedures required by this clause may be altered if, and only to the extent necessary to, comply with an applicable collective bargaining agreement.

A new section 7-2.26 is added to read as follows:

7-2.26 – Incorporation by reference.

(a) The provisions of the Code of Federal Regulations which have been incorporated by reference in Subpart 7-2 have been filed with the Office of the Secretary of State of the State of New York, the publication so filed being the booklet entitled: Code of Federal Regulations, Title 40, Part 152, revised as of November 8, 2022, published by the Office of the Federal Register, National Archives and Records Administration. The regulations incorporated by reference may be examined at the Records Access Office, New York State Department of Health, ESP Corning Tower, Albany, New York, 12237 or can be directly obtained from the Superintendent of Documents, US Government Printing Office, Washington, D.C. 20402.

(b) The provisions of the United State Codes which have been incorporated by reference in Subpart 7-2 have been filed with the Office of the Secretary of State of the State of New York, the publication so filed being entitled: United States Code, Title 7, Section 136 as revised Aug. 3, 1996, and Section 136q as revised June 18, 2008, published by the Office of the Law Revision Counsel of the U.S. House of Representatives. The statutes incorporated by reference may be examined at the Records Access Office, New York State Department of Health, ESP Corning Tower, Albany, New York, 12237 or can be directly obtained from the Superintendent of Documents, US Government Printing Office, Washington, D.C. 20402.

REGULATORY IMPACT STATEMENT

Statutory Authority:

The Public Health and Health Planning Council (PHHPC) is authorized by Section 225 of the Public Health Law (PHL) to establish, and from time to time amend, the State Sanitary Code with respect to any matters affecting the security of life or health or the preservation and improvement of public health in the State of New York, including designation and control of communicable diseases. PHL § 1394 authorizes the PHHPC to establish regulations for children's overnight, summer day and traveling summer day camps concerning such matters as may be appropriate for the protection and security of the life, health, and safety of the occupants of such camps.

Legislative Objectives:

The legislative objectives of PHL §§ 225 and 1394 are to protect the health and safety of children who attend children's overnight, summer day and traveling summer day camps.

Needs and Benefits:

The proposed amendments enhance the health and safety of children attending children's camps and are consistent with New York State's declared policy and recent legislation amending Public Health Law.

In accordance with amendments made to PHL § 225(5-d), amendments are being made to Subpart 7-2 of Title 10 to allow 15 year-old lifeguards at traditional camp swimming pools to be included in the 50 percent of the total number of required lifeguards who may be younger than 17 years old. This lowers the minimum age from at least 16 years old to 15 years old, provided the duties comply with the United States Department of Labor child labor regulations. Currently

the regulations contain restrictions on the use of 15-year-old lifeguards, mandating that 15-year-old lifeguards may not be employed as lifeguards at the top of elevated water slides and must be prohibited from entering or working in any chemical storage areas, including any areas where the filtration and chlorinating systems are housed. Although allowed by PHL § 225, an amendment to Subpart 7-2 is not being made to allow 15-year-old lifeguards at bathing beaches because federal fair labor regulations prohibit youth under 16 years old from being employed as lifeguards at “natural environment facilities” such as rivers, streams, lakes, ponds, quarries, reservoirs, wharfs, piers, or ocean-side beaches.

The amendments pertaining to pesticides are made in response to changes to PHL § 1396, which prohibits, with some exceptions, the application of pesticides to any playground, turf or athletic or playing field at children's camps other than those on publicly owned or publicly-leased property in a city of more than one million. The amendments identify pesticides that are exempt from the prohibition, and provide that an emergency application of a pesticide may be approved by the permit issuing official to, e.g., prevent the spread of a novel bacterium carried by ticks or mosquitos. In addition to the PHL § 1396 prohibition of specified pesticides during the camp's operation, the proposed amendments prohibit pesticide applications thirty days prior to a camp's operation to ensure children are protected from residual pesticide exposure upon arrival to camp. The regulation now specifies that pesticides must be applied by a New York State licensed commercial applicator and proper storage requirements.

In response to amendments to PHL §§ 1392 and 1394, a requirement is added to Subpart 7-2 for camp operators to ascertain whether an employee or volunteer is listed on the United States Department of Justice (USDOJ) National Sex Offender Public Website prior to the day such employee or volunteer commences work at camp and annually thereafter. Camp operators must maintain written records of the employee and volunteer names that were submitted to the

USDOJ National Sex Offender Public Website and the search results must be kept on file at the camp and made available to the permit-issuing official (PIO) upon request.

In response to the addition of PHL § 3000-F, a requirement is added to Subpart 7-2 for all regulated children's camps to provide an automated external defibrillator (AED) or describe a reasonable means of ready access to an AED, and have one or more staff possessing an acceptable training in the use of an AED. Additionally, camps must have an implementation plan which identifies the location and/or availability of the AED and includes an equipment checklist and protocols for the use of the AED during cardiac emergencies.

Further amendments add necessary administrative requirements for program oversight and implementation. These include adding the authority for PIOs to deny, suspend, or revoke a permit for non-compliance, outstanding enforcement actions or unpaid fines, or for interference with the PIO's performance of its duties, including refusal of admittance to campgrounds and buildings. The PIO will be empowered to deny a permit for any operation where a prior operator/operation has outstanding enforcement actions or unpaid fines, or for which the permit was revoked, unless the applicant provides adequate documentation demonstrating that the operation was acquired through an arm's length transaction. The amendments will require camp operators to cooperate fully with the PIO's investigation of any reportable injury or illness, or any incident that might reveal a lack of compliance with law or regulation, and to provide all necessary information and access to conduct the investigation. Existing code language with gender-specific pronouns is being replaced with gender neutral pronouns.

The applicability section is being amended to better clarify the applicability of the regulations and the types of operations which are and are not exempt from regulation. The proposed amendments separate out types of programs and operations that are currently grouped together, and provide relevant details describing these programs and operations.

Nurse practitioners are added to the list of medical personnel allowed to be the camp health director at a Children's Camp for Children with Developmental Disabilities. This addition corrects an unintended omission in the regulation.

Costs for the Implementation of and Continuing Compliance with these Regulations to the Regulated Entity:

There are no anticipated costs to incorporate these statutory requirements into the regulation. The only costs associated with the proposed regulation were imposed when relevant Public Health Law provisions were amended. The requirement for ascertaining whether an employee or volunteer is listed on the USDOJ National Sex Offender Public Website is a Public Health Law mandate. There will be minimal costs to the operators of children's camps to ascertain whether an employee or volunteer is listed on the USDOJ National Sex Offender Public Website. There is no cost to check the USDOJ National Sex Offender Public Website; however, there will likely be additional staff time associated with conducting checks. The exact cost for staffing is unknown but will likely be based on the number of staff and volunteers. There are no costs associated with the amendments pertaining to lifeguard age, or to pesticides as this is already required under public health law.

The requirement for providing an AED is a Public Health Law mandate. For camps that provide an AED because an AED isn't otherwise readily accessible, there will be a cost of between \$1200 to \$3000 to purchase one. There will be additional expenses related to maintenance and service of the AED including periodic replacement of the battery and defibrillation pads. The cost and time frame for maintenance and service will vary by unit. Some AEDs have the option of using rechargeable batteries. Alternatively, AEDs can be leased for approximately \$100 to \$350 per month. Although the law only requires one AED per facility, some camps may choose to provide more than one AED to facilitate a timely response.

Training and certification in the use of the AED are incorporated in most cardiopulmonary resuscitation (CPR) certification programs and are not expected to add any additional expenses to camps because all camps are already required to have CPR certified staff. Additionally, camps with swimming activities have lifeguards with CPR/AED training. Some camps may choose to provide additional training to staff to ensure someone is always available in an emergency. CPR/AED training courses range from \$70 to \$125.

In addition to the cost for purchasing an AED, camp operators that provide their own AED must develop an implementation plan, which includes protocols for the use of the AED during cardiac emergencies. Public Health Law §3000-F requires camps to have a NYS licensed physician or NYS based hospital knowledgeable and experienced in emergency cardiac care to serve as an Emergency Health Care Provider (EHCP) and establish the protocols for AED use during cardiac emergencies. Costs for an EHCP will vary and cannot be accurately estimated. Camps operated by municipalities that have physicians serving as health officers and camps with physicians serving as camp health directors may have no additional expenses associated with obtaining the service of an EHCP.

Cost to State and Local Government:

The only costs associated with the proposed regulation were imposed when the aforementioned Public Health Law provisions were amended. There are no anticipated costs to incorporate these statutory requirements into the regulation. The Department of Health (Department) will use existing resources to work with camp operators and local health departments to ensure that they are aware of the regulations and have the information needed to comply.

There will be a minimal cost increase for State and local health department staffing to review emergency pesticide applications, but this activity is already mandated in Public Health

Law and expected to be limited based on the number of emergency applications received for schools and day care programs which have similar requirements.

Local Government Mandates:

There are no new local mandates. Local health departments already regulate children's camps and will implement the changes through existing inspection programs.

Paperwork:

A camp operator must maintain written records of the employee and volunteer names that were submitted to the USDOJ National Sex Offender Public Website and the search results. Camps that obtain an AED to satisfy PHL § 3000-F requirements will have additional paperwork to establish an implementation plan including an equipment checklist and protocols for AED use during cardiac emergencies. Camps are already required to maintain CPR/AED training records.

Duplication:

This proposed regulation does not duplicate or conflict with any State or federal rules.

Alternative Approaches:

The amendments are largely mandated by Public Health Law. An alternative considered was to prohibit the application of non-exempt pesticides prior to camp operation based on the manufacturer's recommendations regarding re-entry/use of an area where the product is applied instead of prohibiting all pesticides for 30 days prior to a camp's operation. The Department decided to prohibit application of the specified pesticides for 30 days based on the best management plans developed by Cornell and other State cooperative extensions. These

management plans are more protective and would result in a significant reduction in pesticide residue and minimize potential exposures to children.

Federal Requirements:

There are no minimum standards established by the federal government for the same or similar subject areas.

Compliance Schedule:

This regulatory amendment will go into effect upon publication of a Notice of Adoption in the New York State Register.

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REGULATORY FLEXIBILITY ANALYSIS FOR SMALL BUSINESS AND LOCAL GOVERNMENTS

Effect of Rule

There are approximately 2,000 children's day and 500 overnight camps operating in New York State. Most camps are small businesses or are operated by municipalities. All camps will be affected by the rule although most of the requirements being added to the regulation are based on recent amendments to the Public Health Law.

There are 37 local health departments that regulate camps in their jurisdiction. There are no new local mandates. Local health departments already regulate children's camps and will implement the changes through existing inspection programs.

Compliance Requirements:

Camp operators must ascertain whether an employee or volunteer is listed on the United States Department of Justice (USDOJ) National Sex Offender Public Website prior to the day they commence work at camp and annually thereafter prior to their arrival at camp. Camp operators must also maintain written records of the employee and volunteer names that were submitted to the USDOJ National Sex Offender Public Website and the search results must be kept on file at the camp and made available to the permit-issuing official (PIO) upon request.

All regulated children's camps must provide an automated external defibrillator (AED) or describe reasonable access to an AED and must have one or more staff possessing an acceptable training in the use of an AED. Additionally, camps must have an implementation plan, which identifies the location and/or availability of the AED and includes an equipment checklist and protocols for the use of the AED during cardiac emergencies.

Other than those on publicly-owned or publicly-leased property in a city of more than one million, camps will be prohibited from applying certain pesticides during operation and for thirty

days prior to operation. Local health departments are required to review emergency pesticide applications by camps and issue waivers when determined to be acceptable. Although always required by the Department of Environmental Conservation in Part 325 of 6 NYCRR, the regulation now specifies that pesticides must be applied by a New York State licensed commercial applicator and proper storage requirements.

Amendments are being made to Subpart 7-2 to add necessary administrative requirements for program oversight and implementation. These include adding the authority for PIOs to deny, suspend, or revoke a permit for non-compliance, outstanding enforcement actions or unpaid fines, or for interference with the PIO's performance of its duties, including refusal of admittance. The PIO will be empowered to deny a permit for any operation where a prior operator/operation has outstanding enforcement actions or unpaid fines, or for which the permit was revoked, unless the applicant provides adequate documentation demonstrating that the operation was acquired through an arm's length transaction.

Camp operators are now required by regulation to cooperate fully with the investigation of any reportable injury or illness, or any incident that might reveal a lack of compliance with law or regulation, and to provide all necessary information and access to conduct the investigation. Existing code language with gender specific pronouns is being replaced with gender neutral pronouns. Nurse practitioners are added to the list of medical personnel allowed to be the camp health director at a Children's Camp for Children with Developmental Disabilities.

Professional Services:

There are no additional professional services required as a result of this regulation. Nurse practitioners are added to the list of medical personnel allowed to be the camp health director at a

Children's Camp for Children with Developmental Disabilities but does not impose a new professional service requirement.

Compliance Costs:

There are no anticipated costs to incorporate these statutory requirements into the regulation. The only costs associated with the proposed regulation were imposed when relevant Public Health Law provisions were amended. The requirement for ascertaining whether an employee or volunteer is listed on the USDOJ National Sex Offender Public Website is a Public Health Law mandate. There will be minimal costs to the operators of children's camps to ascertain whether an employee or volunteer is listed on the USDOJ National Sex Offender Public Website. There is no cost to check the USDOJ National Sex Offender Public Website; however, there will likely be additional staff time associated with conducting checks. The exact cost for staffing is unknown but will likely be based on the number of staff and volunteers. There are no costs associated with the amendments pertaining to lifeguard age, or to pesticides as this is already required under public health law.

The requirement for providing an AED is a Public Health Law mandate. For camps that provide an AED because an AED isn't otherwise readily accessible, there will be a cost of between \$1200 to \$3000 to purchase one. There will be additional expenses related to maintenance and service of the AED including periodic replacement of the battery and defibrillation pads. The cost and time frame for maintenance and service will vary by unit. Some AEDs have the option of using rechargeable batteries. Alternatively, AEDs can be leased for approximately \$100 to \$350 per month. Although the law only requires one AED per facility, some camps may choose to provide more than one AED to facilitate a timely response.

Training and certification in the use of the AED are incorporated in most cardiopulmonary resuscitation (CPR) certification programs and are not expected to add any

additional expenses to camps because all camps are already required to have CPR certified staff. Additionally, camps with swimming activities have lifeguards with CPR/AED training. Some camps may choose to provide additional training to staff to ensure someone is always available in an emergency. CPR/AED training courses range from \$70 to \$125.

In addition to the cost for purchasing an AED, camp operators that provide their own AED must develop an implementation plan, which includes protocols for the use of the AED during cardiac emergencies. Public Health Law § 3000-f requires camps to have a NYS licensed physician or NYS based hospital knowledgeable and experienced in emergency cardiac care to serve as an Emergency Health Care Provider (EHCP) and establish the protocols for AED use during cardiac emergencies. Costs for an EHCP will vary and cannot be accurately estimated. Camps operated by municipalities that have physicians serving as health officers and camps with physicians serving as camp health directors may have no additional expenses associated with obtaining the service of an EHCP.

There will be a minimal cost increase for State and local health department staffing to review emergency pesticide applications, but this activity is already mandated in Public Health Law and expected to be limited based on the number of emergency applications received for schools and day care programs which have similar requirements.

Economic and Technological Feasibility:

This proposal is economically and technically feasible, as it does not require any special technology and does not impose an unreasonable financial burden on local health departments or children's camps.

Minimizing Adverse Impact:

The Department of Health will develop guidance for camp operators to ensure that they are aware of the requirements and have the information necessary to comply. Guidance has already been developed to assist with complying with the new pesticide law and for ascertaining if an employee or volunteer is listed on the USDOJ National Sex Offender Public Website.

Small Business and Local Government Participation:

On May 16, 2022 and May 17, 2022, the Department requested comments on draft amendments from local health departments and interested parties, respectively. Comments were also requested from local health departments and interested parties on February 5, 2024, after additions and amendments were made to the 2022 proposal. Amendments pertaining to Public Health Law have been discussed at the State Camp Safety Advisory Council meetings which are open to the public. Children’s camps, local health departments, and the public are also invited to comment during the Codes and Regulations Committee meeting of the Public Health and Health Planning Council and as part of the formal public comment process.

Cure Period:

Chapter 524 of the Laws of 2011 requires agencies to include a “cure period” or other opportunity for ameliorative action to prevent the imposition of penalties on a party subject to enforcement when developing a regulation or explain in the Regulatory Flexibility Analysis why one is not included. As this proposed regulation does not create a new penalty or sanction, no cure period is necessary.

RURAL AREA FLEXIBILITY ANALYSIS

Types and Estimated Numbers of Rural Areas:

This rule applies uniformly throughout the State, including rural areas. Rural areas are defined as counties with a population less than 200,000 and counties with a population of 200,000 or greater that have towns with population densities of 150 persons or fewer per square mile. The following 44 counties have a population of less than 200,000 based upon the United States Census estimated county populations for 2020 (<https://www.census.gov/quickfacts/>).

Allegany County	Greene County	Schoharie County
Broome County	Hamilton County	Schuyler County
Cattaraugus County	Herkimer County	Seneca County
Cayuga County	Jefferson County	St. Lawrence County
Chautauqua County	Lewis County	Steuben County
Chemung County	Livingston County	Sullivan County
Chenango County	Madison County	Tioga County
Clinton County	Montgomery County	Tompkins County
Columbia County	Ontario County	Ulster County
Cortland County	Orleans County	Warren County
Delaware County	Oswego County	Washington County
Essex County	Otsego County	Wayne County
Franklin County	Putnam County	Wyoming County
Fulton County	Rensselaer County	Yates County
Genesee County	Schenectady County	

The following counties have a population of 200,000 or greater and towns with population densities of 150 persons or fewer per square mile. Data is based upon the United States Census estimated county populations for 2020.

Albany County	Niagara County	Orange County
Dutchess County	Oneida County	Saratoga County
Erie County	Onondaga County	Suffolk County
Monroe County		

There are approximately 2,000 children's day and 500 overnight camps operating in New York State. There are an estimated 411 day camps and 360 overnight camps operating in the 44 counties that have population less than 200,000. There are an additional 475 day camps and 90

overnight camps in the nine counties identified to have townships with a population density of 150 persons or less per square mile.

Reporting, Recordkeeping and Other Compliance Requirements; and Professional Services

Compliance Requirements:

Camp operators must ascertain whether an employee or volunteer is listed on the United States Department of Justice (USDOJ) National Sex Offender Public Website prior to the day they commence work at camp and annually thereafter prior to their arrival at camp. Camp operators must also maintain written records of the employee and volunteer names that were submitted to the USDOJ National Sex Offender Public Website and the search results must be kept on file at the camp and made available to the permit-issuing official (PIO) upon request.

All regulated children's camps must provide an automated external defibrillator (AED) or describe reasonable access to an AED and must have one or more staff possessing an acceptable training in the use of an AED. Additionally, camps must have an implementation plan, which identifies the location and/or availability of the AED and includes an equipment checklist and protocols for the use of the AED during cardiac emergencies. Camps that obtain an AED to satisfy Public Health Law requirements will have additional paperwork to establish an implementation plan including an equipment checklist and protocols for AED use during cardiac emergencies. Camps are already required to maintain CPR/AED training records.

Other than those on publicly-owned or publicly-leased property in a city of more than one million, camps will be prohibited from applying certain pesticides during camp operation and for thirty days prior to operation. Although always required by the Department of Environmental Conservation in 6 NYCRR 325, the regulation now specifies that pesticides must be applied by a New York State licensed commercial applicator and proper storage requirements.

Amendments are being made to Subpart 7-2 to add necessary administrative requirements for program oversight and implementation. These include adding the authority for PIOs to deny, suspend, or revoke a permit for non-compliance, outstanding enforcement actions or unpaid fines, or for interference with the PIO's performance of its duties, including refusal of admittance. The PIO will be empowered to deny a permit for any operation where a prior operator/operation has outstanding enforcement actions or unpaid fines, or for which the permit was revoked, unless the applicant provides adequate documentation demonstrating that the operation was acquired through an arm's length transaction.

Camp operators are now required by regulation to cooperate fully with the investigation of any reportable injury or illness, or any incident that might reveal a lack of compliance with law or regulation, and to provide all necessary information and access to conduct the investigation. Existing code language with gender-specific pronouns is being replaced with gender neutral pronouns.

There are no additional professional services required as a result of this regulation. Nurse practitioners are added to the list of medical personnel allowed to be the camp health director at a Children's Camp for Children with Developmental Disabilities but does not impose a new professional service requirement.

Compliance Costs:

There are no anticipated costs to incorporate these statutory requirements into the regulation. The only costs associated with the proposed regulation were imposed when relevant Public Health Law provisions were amended. There will be minimal costs to the operators of children's camps to ascertain whether an employee or volunteer is listed on the USDOJ National Sex Offender Public Website. The requirement for ascertaining whether an employee or volunteer is listed on the USDOJ National Sex Offender Public Website is a Public Health Law

mandate. There is no cost to check the USDOJ National Sex Offender Public Website; however, there will likely be additional staff time associated with conducting checks. The exact cost for staffing is unknown but will likely be based on the number of staff and volunteers. There are no costs associated with the amendments pertaining to lifeguard age, or to pesticides as this is already required under public health law.

The requirement for providing an AED is a Public Health Law mandate. For camps that provide an AED because an AED isn't otherwise readily accessible, there will be a cost of between \$1200 to \$3000 to purchase one. There will be additional expenses related to maintenance and service of the AED including periodic replacement of the battery and defibrillation pads. The cost and time frame for maintenance and service will vary by unit. Some AEDs have the option of using rechargeable batteries. Alternatively, AEDs can be leased for approximately \$100 to \$350 per month. Although the law only requires one AED per facility, some camps may choose to provide more than one AED to facilitate a timely response.

Training and certification in the use of the AED are incorporated in most cardiopulmonary resuscitation (CPR) certification programs and are not expected to add any additional expenses to camps because all camps are already required to have CPR certified staff. Additionally, camps with swimming activities have lifeguards with CPR/AED training. Some camps may choose to provide additional training to staff to ensure someone is always available in an emergency. CPR/AED training courses range from \$70 to \$125.

In addition to the cost for purchasing an AED, camp operators that provide their own AED must develop an implementation plan, which includes protocols for the use of the AED during cardiac emergencies. Although not part of Subpart 7-2 SSC, PHL §3000-F requires camps to have a NYS licensed physician or NYS based hospital knowledgeable and experienced in emergency cardiac care to serve as an Emergency Health Care Provider (EHCP) and establish the protocols for AED use during cardiac emergencies. Costs for an EHCP will vary and cannot

be accurately estimated. Camps operated by municipalities that have physicians serving as health officers and camps with physicians serving as camp health directors may have no additional expenses associated with obtaining the service of an EHCP.

There will be a minimal cost increase for State and local health department staffing to review emergency pesticide applications, but this activity is already mandated in Public Health Law and expected to be limited based on the number of emergency applications received for schools and day care programs which have similar requirements.

Minimizing Adverse Impact:

The Department of Health (Department) will develop guidance for camp operators to ensure that they are aware of the requirements and have the information necessary to comply. Guidance has already been developed to assist with complying with the new pesticide law and for ascertaining if an employee or volunteer is listed on the USDOJ National Sex Offender Public Website.

Rural Area Participation:

On May 16, 2022 and May 17, 2022, the Department requested comments on draft amendments pertaining to the application of pesticides from local health departments and interested parties, respectively. Comments were also requested from local health departments and interested parties on February 5, 2024, after additions and amendments were made to the 2022 proposal. Amendments pertaining to changes in the Public Health Law have been discussed at the State Camp Safety Advisory Council meetings which are open to the public. Children's camps, local health departments and the public are also invited to comment during the Codes and Regulations Committee meeting of the Public Health and Health Planning Council and as part of the formal public comment process.

**STATEMENT IN LIEU OF
JOB IMPACT STATEMENT**

No Job Impact Statement is required pursuant to section 201-a(2)(a) of the State Administrative Procedure Act (SAPA). It is apparent, from the nature of the proposed amendment, that it will have no impact on the number of jobs and employment opportunities.

Pursuant to the authority vested in the Public Health and Health Planning Council and the Commissioner of Health by section 2803 of the Public Health Law, section 415.26 of Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York, is hereby amended, to be effective upon publication of a Notice of Adoption in the New York State Register, as follows:

The first sentence of subparagraph (i) of paragraph (3) of subdivision (d) of section 415.26 is amended to read as follows:

The nurse aide training program shall include classroom and clinical training which enhances both skills and knowledge and, when combined, shall be of at least [100] 75 hours' duration.

REGULATORY IMPACT STATEMENT

Statutory Authority:

Public Health Law (PHL) section 2803 authorizes the Public Health and Health Planning Council (PHHPC) to adopt and amend rules and regulations, subject to the approval of the Commissioner of Health, to implement the purposes and provisions of PHL Article 28, including the establishment of uniform standards governing the operation of health care facilities.

Legislative Objectives:

The legislative objectives of PHL Article 28 include protecting the health of the residents of the State by assuring the efficient provision of health services by nursing homes. The establishment of nurse aide certifications and training programs that promote the necessary skills and abilities to demonstrate competent provision of appropriate tasks for certified nurse aids (CNAs) working in nursing homes, meets these legislative objectives.

Needs and Benefits:

Since 2022, the Office of Healthcare Workforce Innovation in the New York State Department of Health (Department) has advanced various initiatives to meet the evolving demands of the healthcare workforce across the State. This regulation furthers the Department's effort to expand the healthcare workforce by easing the requirements for CNA candidates. This regulation will increase the pool of qualified CNAs to deliver needed services to nursing home residents.

These regulations will align the State's required hours of training for CNAs with the requirements of the Federal government in 42 CFR § 483.152(a)(1). Reducing the required hours

of training from 100 to 75 will help attract prospective candidates to become CNAs, while still ensuring an adequate level of training.

Costs for the Implementation of and Continuing Compliance with these Regulations to the Regulated Entity:

The Department anticipates no costs for nursing homes to comply with the amended regulation.

Cost to State and Local Government:

The Department does not anticipate costs to State or local governments to comply with the amended regulation.

Cost to the Department of Health:

There are no expected additional costs to the Department as any necessary programmatic updates will be completed using existing resources.

Local Government Mandates:

This amendment does not impose any new programs, services, duties, or responsibilities on local governments, including those that may operate a nursing home.

Paperwork:

The Department will be required to update forms, order new applications, and update its website. These changes will be completed using existing resources.

Duplication:

These amendments align with the coinciding Federal requirement and do not conflict with any State or Federal rules.

Alternatives:

An alternative would be to leave current standards in place. Leaving the current standards in place is not consistent with the Department's goal to implement creative solutions to expand the number of CNAs throughout the State. Therefore, the Department decided that revising the current regulation was the most appropriate approach.

Federal Requirements:

This regulation aligns with Federal regulations and does not overlap or conflict with any legal requirements.

Compliance Schedule:

This regulation will go into effect upon publication of a Notice of Adoption in the New York State Register.

Contact Person:

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**STATEMENT IN LIEU OF
REGULATORY FLEXIBILITY ANALYSIS**

No Regulatory Flexibility Analysis is required pursuant to section 202-b(3)(a) of the State Administrative Procedure Act. This regulation does not impose an adverse economic impact on small businesses or local governments, nor does it require any new reporting, record keeping, or other compliance requirements on small businesses or local governments.

**STATEMENT IN LIEU OF
RURAL AREA FLEXIBILITY ANALYSIS**

A Rural Area Flexibility Analysis for this amendment is not being submitted because the amendment will not impose any adverse impact or new, significant reporting, record keeping or other compliance requirements on public or private entities in rural areas. There are no professional services, capital, or other compliance costs imposed on public or private entities in rural areas as a result of this regulation.

JOB IMPACT STATEMENT

A Job Impact Statement for this amendment is not being submitted because it is apparent from the nature and purposes of the amendment that it will not have a substantial adverse impact on jobs and/or employment opportunities.