

*Regulations of Connecticut State Agencies*

TITLE 19a. Public Health and Well-Being

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*Agency*

**Office of Early Childhood**

*Subject*

**Child Day Care Centers & Group Day Care Homes**

*Inclusive Sections*

**§§ 19a-79-1—19a-79-13**

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**Child Day Care Centers & Group Day Care Homes**

**Sec. 19a-79-1—19a-79-8. Repealed**

Repealed July 27, 1993.

**Sec. 19a-79-1a. Child Care Centers and Group Child Care Homes**

**Definitions.**

As used in sections 19a-79-1a to 19a-79-13, inclusive, of the Regulations of Connecticut State Agencies:

(1) “Administration of medication” means the direct application of a medication by inhalation, ingestion or any other means to the body of a person;

(2) “Advanced practice registered nurse” means an individual licensed pursuant to section 20-94a of the Connecticut General Statutes;

(3) “Alteration” means remodeling or revision that does not change the physical plant of the licensed space;

(4) “Alternate staff” means a substitute;

(5) “Ambient air” means the surrounding air;

(6) “Attendance” means the names and number of children and staff present at the facility on a daily basis;

(7) “Authorized prescriber” means a physician, a dentist, an advanced practice registered nurse or a physician assistant;

(8) “Business day” means the normal and customary workday schedule;

(9) “Certified playground safety inspector” means an individual certified by the National Playground Safety Institute, a program of the National Recreation and Park Association;

(10) “Child care center” means a program of supplementary care for more than twelve related or unrelated children outside their own homes on a regular basis;

(11) “Child or children with special health care needs” means a child or children who have or are at risk for chronic physical, developmental, behavioral or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally;

(12) “Commissioner” means the Commissioner of Early Childhood or the commissioner’s designated representative;

(13) “Conspicuous place” means an area that is easy to notice;

(14) “Construction” means the act or process of building;

(15) “Days” means calendar days unless otherwise noted;

(16) “Dental hygienist” means an individual licensed to practice dental hygiene in this or another state;

(17) “Dentist” means an individual licensed to practice dentistry in this or another state;

(18) “Developmentally appropriate practice” means a framework for working with young children to apply current knowledge about how children develop based upon age and the individual needs of each child;

(19) “Director” means the program administrator or person responsible for the day-to-

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day administrative operation of the program, who may be the head teacher;

(20) “Disability” means a physical or mental impairment that substantially limits one or more major life activity;

(21) “Disinfection” means the process in which most microorganisms (except for bacterial spores) on inanimate surfaces are destroyed using products that are (A) registered as disinfectants by the United States Environmental Protection Agency (EPA) and (B) used in accordance with the manufacturer’s directions for use listed on the product label;

(22) “Education consultant” means an individual who has been approved by the Office based on the submission of an application and meeting the requirements of subsection (i) of section 19a-79-4a of the Regulations of Connecticut State Agencies and is available to the operator and staff for advice and support regarding the educational content and practice of the program;

(23) “Emergency medical technician” means an individual certified pursuant to chapter 384d of the Connecticut General Statutes or licensed in another state;

(24) “Employment” means working at a child care center or group child care home and includes staff, program staff, volunteers and alternate staff;

(25) “Endorsement” means the specific services for which a program has applied, have been approved by the Office and are listed on the face of the license;

(26) “Enrollment” means the number of children registered and who have been admitted to the child care center or group child care home for any given period of time;

(27) “Expansion” means an increase in the physical size or licensed capacity of the child care center or group child care home;

(28) “Facility” means the building in which the child care center or group child care home is housed;

(29) “Field trip” means a program activity for enrolled children that (A) is conducted at a postal address other than that of the facility or (B) is conducted at the same postal address as the facility but such activity is conducted in space not inspected and approved by the Office.

(30) “Foster child” shall have the same meaning as provided in section 19a-79 of the Connecticut General Statutes;

(31) “Group child care home” means a program of supplementary care for not less than seven nor more than twelve related or unrelated children on a regular basis that operates in either a commercial or residential facility, or that meets the definition of a family child care home as provided in section 19a-77 of the Connecticut General Statutes except that it operates in a facility other than a private family home;

(32) “Group size” means the maximum number of children allowed to be cared for together at a given time in a specific area;

(33) “Hazard” means a potential source of harm that can jeopardize the health, safety, or well-being of a child in care;

(34) “Head teacher” means the person responsible for the day to day educational portion of the child care center or group child care home that meets the requirements of sections

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19a-79-8a and 19a-79-11(c) of the Regulations of Connecticut State Agencies who shall be on site for sixty percent of the hours the center is in operation on a weekly basis, who may also be the director;

(35) “Health consultant” means a physician, physician assistant, advanced practice registered nurse or registered nurse holding a current and valid license in this state;

(36) “Ill child” means one who is excluded from a child care program or school due to discomfort, injury or other symptoms of short term contagious illness;

(37) “Illness” means fever, vomiting, diarrhea, rash, headache, persistent coughing, persistent crying or any other condition deemed an illness by the commissioner;

(38) “Investigational drug” means any medication with an approved investigation new drug application on file with the federal Food and Drug Administration (FDA), that is being scientifically tested and clinically evaluated to determine its efficacy, safety and side effects and that has not yet received FDA approval;

(39) “Job description” means a written outline developed for each position in the facility, containing the qualifications, duties, responsibilities and accountability required of all staff and program staff in that position;

(40) “Legal representative” means a person authorized by the operator to represent and act on behalf of the operator, including but not limited to, the signing of licensure applications and renewals;

(41) “License” means the form of permission issued by the Office that authorizes the operation of a child care center or group child care home;

(42) “Licensed capacity” means the maximum number of children allowed under the license to be in the licensed premises at any one time;

(43) “Licensed premises” means the space identified in the license application in which child care services are provided;

(44) “Local director of health” means the person appointed as the director of health for a city, town or borough pursuant to section 19a-200 of Connecticut General Statutes or for a health district pursuant to section 19a-242 of the Connecticut General Statutes;

(45) “Meal” means the food served and eaten in one sitting containing three food components for breakfast, five food components for lunch, and five food components for supper as provided in 7 CFR 226.20;

(46) “Medication” means any legend drug or nonlegend drug, as those terms are defined in section 20-571 of the Connecticut General Statutes, including any controlled substance, as defined in section 21a-240 of the Connecticut General Statutes;

(47) “Medication error” means the (A) failure to administer medication to a child; (B) failure to administer medication within one hour of the time designated by the authorized prescriber; (C) failure to administer the specific medication prescribed for a child; (D) failure to administer the medication by the correct route; (E) failure to administer the medication according to generally accepted medical practices; or (F) failure to administer the correct dosage of medication;

(48) “Night care” means the supplemental care provided for one or more hours between

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the hours of 10:00 P.M. and 5:00 A.M.;

(49) “Office” means the Office of Early Childhood;

(50) “Operator” means a person, group of persons, association, organization, corporation, institution or agency, public or private, who has the legal responsibility for the overall operation of the child care center or group child care home and to whom the license is issued;

(51) “Paramedic” means an individual licensed in accordance with section 20-206*ll* of the Connecticut General Statutes or in another state;

(52) “Parent(s)” means the person(s) responsible for the child and may include the legally designated guardian(s) of such child;

(53) “Pharmacist” means an individual licensed to practice pharmacy under the provisions of sections 20-590, 20-591, 20-592 or 20-593 of the Connecticut General Statutes;

(54) “Physician” means an individual licensed to practice medicine in this or another state;

(55) “Physician assistant” means an individual licensed in accordance with section 20-12b of the Connecticut General Statutes;

(56) “Premeasured commercially prepared auto-injector” means an automatic pre-filled cartridge injector or similar automatic injectable equipment;

(57) “Primary health care provider” means the person who is responsible for the health care of the child outside the center;

(58) “Professional development” means attendance at classes, seminars, workshops, conferences or forums, coaching, and participation in distance learning activities that improve one’s knowledge, skills and abilities;

(59) “Program” means the group of services and activities provided in the child care center or group child care home;

(60) “Program space” means the defined area within a child care center or group child care home in which a safe nurturing environment planned in accordance with the age, group size and child staff ratio promotes physical, social, emotional and cognitive development;

(61) “Program staff” means those persons, sixteen years of age or older, responsible for the direct care of children, including alternate staff and volunteers;

(62) “Quarterly” means approximately once every three months;

(63) “Registered dietitian” means a person certified as a dietitian-nutritionist in this or another state;

(64) “Registered nurse” means a person with a license to practice as a registered nurse in Connecticut in accordance with chapter 378 of the Connecticut General Statutes;

(65) “Renovation” means remodeling or revision that changes the physical plant of the licensed premises;

(66) “Sanitize” means to reduce the numbers of disease-causing microorganisms on inanimate surfaces using products that are (A) registered as sanitizers by the EPA and (B) used in accordance with the manufacturer’s directions for use listed on the product label to

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achieve sanitation of surfaces;

(67) “School age” means at least five years of age by September 1 of the current school year, and less than thirteen years of age or less than twenty-two years of age with special needs requiring the child to receive supplementary care for completion of a high school diploma with a current individualized education plan or a plan under Section 504 of the Rehabilitation Act, and attending school;

(68) “Self-administer medication” means that the child (A) is able to identify and select the appropriate medication by size, color, amount, or other label information, (B) knows the frequency and time of day for which the medication is ordered, and (C) is able to administer the medication appropriately;

(69) “Semi-annual” means two times per calendar year, approximately six months apart;

(70) “Services” means those specific activities that contribute to the health, education and welfare of the children;

(71) “Significant medication error” means a medication error, which is potentially serious or has serious consequences for a child, including but not limited to, the administration of medication (A) by the wrong route; (B) to a child with a known allergy to the medication; (C) given in a lethal or toxic dosage; or (D) causing serious medical problems resulting from the error;

(72) “Snack” means a light meal containing two food components as provided in 7 CFR 226.20;

(73) “Social service consultant” means a person who holds a baccalaureate degree in social work with at least one year of social work experience under social work supervision, or a baccalaureate degree in a field that the commissioner deems related to social work with at least two years of social work experience under social work supervision;

(74) “Staff” means personnel employed by the child care center or group child care home, sixteen years of age or older, who provide a service to the program that does not involve the direct care of children or having unsupervised access to children

(75) “Staff child ratio” means the maximum number of children per program staff person;

(76) “Supervision” means the direction and on-site observation of the functions and activities of staff or children;

(77) “Supplementary care” means out-of-home care where an individual or organization takes responsibility for the child’s activities;

(78) “Vector” means an organism that carries pathogens from one individual or object to another such as flies, mosquitoes, ticks and rodents; and

(79) “Visitor” is a person who is not employed by a program but provides a service to a program or child. A visitor neither provides direct care to children, nor has unsupervised access to children.

(Effective July 27, 1993; Amended August 8, 1995; Amended November 3, 1997; Amended April 29, 2002; Amended November 6, 2008; Amended October 16, 2024)

**Sec. 19a-79-2a. Licensure procedures**

(a) No person, group of persons, association, organization, corporation, institution or agency, public or private, shall operate a child care center or group child care home without a license issued by the Office in accordance with sections 19a-77 to 19a-80, inclusive, and 19a-82 to 19a-87, inclusive, of the Connecticut General Statutes and 19a-79a-1a to 19a-79-13, inclusive, of the Regulations of Connecticut State Agencies.

**(b) Application for licensure**

(1) Application for initial licensure or renewal of a license to operate a child care center or a group child care home shall be on forms provided by the commissioner.

(2) The application for initial licensure shall be signed by the operator, who shall be twenty years of age or older if the operator is an individual, or by the legal representative of the operator if the operator is a group of persons, association, organization, corporation, institution or agency, public or private, and shall contain the following information:

(A) A notarized affidavit on a form supplied by the Office;

(B) The name of the child care center or the group child care home and address and telephone number (and mailing address, if different) of the facility;

(C) The name, home address and home phone number of the operator, if the operator is an individual, or of the legal representative of the operator, if the operator is a group of persons, association, organization, corporation, institution or agency, public or private;

(D) A copy of the current fire marshal certificate of approval, written verification of compliance with state and local building codes, local zoning requirements and local health ordinances;

(E) Proposed licensed capacity;

(F) Ages of children to be served;

(G) Days, hours and months of program operation;

(H) Background checks as required by section 19a-79-4a(b) of the Regulations of Connecticut State Agencies; and

(I) All other documentation that the commissioner deems necessary to establish that the operator will meet the health, educational and social needs of the children likely to attend the child care center or group child care home.

**(c) Issuance and renewal of a license**

(1) Upon determination by the Office that a child care center or group child care home is in compliance with the state statutes and regulations and local health codes pertaining to its licensure, the Office shall issue a four year license for all new programs.

(2) Renewal of a license shall be contingent upon payment of the licensure fee for the period specified in section 19a-80 of the Connecticut General Statutes.

(3) The license shall be issued to the operator in the name of the child care center or group child care home and premises as listed on the affidavit. The license shall not be transferable.

(4) Each license shall list:

(A) The operator;

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- (B) The location;
- (C) The licensed capacity;
- (D) The name of the child care center or group child care home;
- (E) The date of expiration of the license; and
- (F) The services offered.

(5) The license shall be posted in a conspicuous place in the child care center or group child care home in an area accessible to the public.

(6) Each operator who desires to make application for a license shall submit a complete application to the commissioner at least sixty days prior to the anticipated date of opening.

(7) At least every year, the commissioner shall make unannounced visits, inspections or investigations of a licensed child care center or group child care home, including viewing the records required by sections 19a-79-1a to 19a-79-13, inclusive, of the Regulations of Connecticut State Agencies.

(8) At least every two years, the local health director shall make unannounced visits, inspections or investigations of a licensed child care center or group child care home, including viewing the records required by sections 19a-79-1a to 19a-79-13, inclusive, of the Regulations of Connecticut State Agencies.

(9) If a completed application for renewal of the license has been submitted in a timely manner to the Office, but has not been acted upon by the commissioner, the license shall be valid until the commissioner makes a decision on such application.

**(d) Civil Penalties and Other Disciplinary Remedies**

(1) In accordance with the procedures set forth in sections 19a-79(b) and 19a-84 of the Connecticut General Statutes, if the Office finds that the operator of a child care center or group child care home has failed substantially to comply with sections 19a-79-1a to 19a-79-13, inclusive, of the Regulations of Connecticut State Agencies, the Office may, following a contested case hearing only, take any of the following actions, singly or in combination, against the license of the operator:

- (A) Revocation of the license;
- (B) Suspension of the license for a specific time period, or until regulatory compliance is secured or conditions deemed necessary to protect the health, safety and welfare of the children cared for in the child care center or group child care home are met;
- (C) The imposition of a civil penalty of up to one hundred dollars per day for each day of violation of sections 19a-79-1a to 19a-79-13, inclusive, of the Regulations of Connecticut State Agencies; or

(D) Place the license on probationary status and impose such conditions or corrective measures which the Office deems necessary to assure the health, safety and welfare of the children cared for in the child care center or group child care home, including, but not limited to:

- (i) Reporting regularly to the Office upon the matters, which are the basis of probation;
- (ii) Placement of restrictions upon the operation of the child care center or group child care home deemed necessary to protect the health, safety and welfare of the children cared

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for in the facility; and,

(iii) Continue or renew professional education until a satisfactory degree of skill has been attained in those areas which are the basis for the probation.

(2) The commissioner may initiate action against a license, whenever in the judgment of the commissioner, the operator or a person who has an ownership interest or serves as an officer, corporate director, managing member or managing partner of the operator:

(A) Fails or previously failed to substantially comply with:

(i) All applicable federal, state or local laws;

(ii) Ordinances or regulations related to the building, health, fire protection, safety, sanitation or zoning codes;

(iii) Sections 19a-79-1a to 19a-79-13, inclusive, of the Regulations of Connecticut State Agencies; or

(iv) Sections 19a-87b-1 to 19a-87b-18, inclusive, of the Regulations of Connecticut State Agencies.

(B) Knowingly furnishes or makes any false or misleading statements to the Office in order to obtain or retain the license.

(3) The commissioner may refuse to grant a license to an applicant whenever, in the judgment of the commissioner, the applicant:

(A) Fails or previously failed to substantially comply with:

(i) All applicable federal, state or local laws;

(ii) Ordinances or regulations related to the building, health, fire protection, safety, sanitation or zoning codes;

(iii) Sections 19a-79-1a to 19a-79-13, inclusive, of the Regulations of Connecticut State Agencies; or

(iv) Sections 19a-87b-1 to 19a-87b-18, inclusive, of the Regulations of Connecticut State Agencies.

(B) Knowingly furnishes or makes any false or misleading statements to the Office in order to obtain the license.

(C) For the purposes of this section, the history of an operator of which an officer, corporate director, managing member or managing partner of the applicant or the applicant had an ownership interest or served as an officer, corporate director, managing member or managing partner shall be considered as attributable to the applicant in assessing compliance under subparagraph (A) of this subdivision.

(4) The operator has a right to a hearing regarding any licensure action as stated in section 19a-84 of the Connecticut General Statutes.

(5) The child care center or group child care home shall notify the parent(s) of the children using the child care center or group child care home within twenty-four hours of the Office's revocation or suspension order.

(6) After issuance of the commissioner's decision to suspend or revoke a license to operate, the license shall be surrendered to the Office on demand in accordance with section 19a-84 of the Connecticut General Statutes.

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**(e) Program closure**

(1) At least thirty days prior to the voluntary closure of the child care center or group child care home, the Office, program staff, staff and the parent(s) of all enrolled children shall be notified in writing by the child care center or group child care home of its intended date of closing.

(2) When a child care center or group child care home discontinues the operation for which it is licensed, a written notice of the closing accompanied by the license shall be sent to the commissioner not later than ten days after the date of closing.

(Effective July 27, 1993; Amended March 4, 1999; Amended March 29, 2001; Amended March 8, 2004; Amended November 6, 2008; Amended October 16, 2024)

**Sec. 19a-79-3a. Administration**

(a) The operator of the child care center or group child care home shall be responsible for compliance with the requirements of sections 19a-79-1a to 19a-79-9a, inclusive, and section 19a-79-13 of the Regulations of Connecticut State Agencies and applicable endorsements in sections 19a-79-10 to 19a-79-12, inclusive, of the Regulations of Connecticut State Agencies in such a manner as to ensure the safety, health and development of the children while in the operator's care.

(b) The operator shall be responsible for the overall management and operation of the child care center or group child care home in accordance with applicable federal, state and local laws and regulations and shall:

- (1) Provide and maintain a safely equipped facility or licensed premises, as applicable;
- (2) Provide programs and services to meet the needs of the children;
- (3) Employ program staff and alternate staff in accordance with section 19a-79-4a of the Regulations of Connecticut State Agencies;
- (4) Develop and implement a written organizational chart that establishes a clear line of authority;
- (5) Define in writing and ensure the performance of the duties and responsibilities of all employment classifications;
- (6) Require participation by new program staff in employee orientation, and assure annual training for all current program staff on the child care center or group child care home policies, plans and procedures; and
- (7) Be responsible for managing children using techniques based on developmentally appropriate practice and communicate acceptable techniques to all program staff.
  - (A) The operator and program staff shall manage child behavior using techniques based on developmentally appropriate practice, including positive guidance, redirection and setting clear limits that encourage children to develop self-control, self-discipline and positive self-esteem.
  - (B) The operator shall document that the child's parent(s) has been informed of the techniques used to manage child behaviors in the facility prior to enrollment and reviewed as needed during the period of the child's enrollment.

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(C) While children are in attendance at the program the operator, staff, and program staff shall not engage in, nor allow, abusive, neglectful, physical, corporal, humiliating or frightening treatment or punishment, including, but not limited to, spanking, slapping, pinching, shaking or striking children, and shall not tie nor bind children and shall not physically restrain children except for the protection and safety of the child or others, using least restrictive methods, as appropriate.

(D) The operator, staff, and program staff shall not engage in, nor allow, anyone else to engage in any sexual activity with the children in care while in attendance at the program.

(E) The operator, staff and program staff shall report actual or suspected child abuse or neglect, or the imminent risk of serious harm of any child to the Department of Children and Families as mandated by sections 17a-101 to 17a-101e, inclusive, of the Connecticut General Statutes.

(c) The operator shall notify the Office, the parent(s), staff and program staff of any changes in programs or services.

(1) Notification of personnel changes shall be made not later than five business days after the change.

(A) If the change is for a head teacher, a plan for interim head teacher coverage shall be submitted to the Office.

(B) A qualified head teacher or a plan approved by the commissioner shall be in place not later than thirty days after change of a qualified head teacher.

(2) Notification of changes related to the licensed capacity, services or voluntary closing shall be made at least thirty days prior to the effective date of the proposed change. A change of location, change of operator or a change of ownership requires a new initial application.

(3) Notification of changes related to the fees shall be made to the parent(s) at least thirty days prior to the effective date of the proposed change.

(4) Notification of changes related to the legal representative shall be made to the Office not later than five business days after the change.

(d) The operator shall implement and annually review specific written policies, plans and procedures required by any applicable statute or regulation. The operator shall notify the parent(s), and program staff not later than five days after changes in these policies, plans and procedures. The policies, plans and procedures shall include, but not be limited to:

(1) Daily attendance records for both children and program staff, recorded daily at the time of arrival and departure and kept on file at the facility for at least one year, showing the specific times of arrival and departure;

(2) Discipline as referenced in section 19a-79-3a(b)(8) of the Regulations of Connecticut State Agencies including, but not limited to:

(A) Positive guidance, redirection, setting clear limits and continuous supervision by program staff during disciplinary action;

(B) The prohibition of abusive, neglectful, physical, corporal, humiliating or frightening treatment or punishment including, but not limited to, spanking, slapping, pinching, shaking or striking children, and physical restraint, unless such restraint is necessary to protect the

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health and safety of the child or others; and

(C) Child abuse and neglect, including child protection and mandated reporting.

(3) When a child is not picked up as planned, including, but not limited to:

(A) Staffing of at least two program staff eighteen years of age or older on the licensed premises;

(B) Time frames (for when the policy will be implemented);

(C) Parents or emergency contacts;

(D) Alternate pick up person; and

(E) Notification of police department.

(4) Emergencies, including, but not limited to:

(A) Medical emergencies, including, but not limited to, the designation of a licensed physician or hospital emergency service to be available, transportation to medical services and notification of the parents; and

(B) Multi-hazards, including man-made disasters, natural disasters, weather related emergencies, fire emergencies and acts of terrorism including, but not limited to, the assignment of staff and program staff responsibilities, identification of means of egress, identification of evacuation sites to provide safe temporary care for children, transportation, plans for sheltering in place if evacuation is not feasible, lock-down procedures, plans for continuation of operations, communication and reunification with parents, accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions developed in consultation with the child's parent(s). Development of the multi-hazard policies, plans and procedures shall include contact with the local emergency management director. A multi-hazard emergency drill shall be practiced at least annually which includes the demonstration of all staff, program staff and children sheltering, locking down and evacuating the facility.

(5) Supervision of children, including, but not limited to:

(A) Group size;

(B) Staff child ratio;

(C) Indoor and outdoor supervision;

(D) Nap time; and

(E) Bathroom areas.

(6) General operating policies, including, but not limited to:

(A) Admission which includes a health record and the ages of children enrolled;

(B) Agreements with the parent(s);

(C) A written plan for the administrative oversight of the facility which includes who is in charge in the absence of the director. This information shall be posted in a conspicuous location;

(D) Parent involvement;

(E) Medication policies if applicable;

(F) Content and times of meals and snacks;

(G) Provisional enrollment period;

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- (H) Days and hours of operation, including sick days, holidays and vacations;
- (I) Voluntary withdrawal and disenrollment of children; and
- (J) Access to the program and facility.
- (7) Personnel policies, including, but not limited to:
  - (A) Job descriptions;
  - (B) Employee benefits;
  - (C) Supervision and discipline of staff and program staff;
  - (D) Probationary period of staff and program staff; and
  - (E) Communication with the parent(s).
- (e) The operator shall post the following items in a conspicuous place, accessible to the public:
  - (1) The license;
  - (2) The Office complaint procedure;
  - (3) Menus;
  - (4) No smoking signs at entrances;
  - (5) The most recent Office inspection report posted or made available for review upon request of the parents of a child receiving child care services or any parents who wish to place their child in the child care center or group child care home; and
  - (6) The document regarding developmental milestones created by the Office pursuant to section 10-514 of the Connecticut General Statutes, unless the program serves school age children only.
- (f) The parent(s) shall have immediate access to the child care center or group child care home during the hours of operation, unless otherwise prohibited by law.
- (g) The operator shall keep on file at the child care center or group child care home all inspection reports, copies of the original licensing application and correspondence related to licensure, and the policies, plans and procedures required by subsection (d) of this section, which shall be available to the Office on request.
- (h) Failure to grant the Office immediate access to the child care center or group child care home, its staff or program staff, or its records or failure to provide the Office with documentation obtained by the operator about child abuse or neglect or conviction records, upon request of the Office, shall be grounds for suspension or revocation of the license or denial of issuance or renewal of the license. The operator may deny access to inspections or investigations if Office staff fails to show official identification.
- (i) The operator shall:
  - (1) Notify the parent(s), if the Office issues a notice of hearing for the suspension or revocation of the license pursuant to section 19a-84 of the Connecticut General Statutes, of the proceeding and the alleged violation. The notification to parents shall be in writing and sent by United States mail, certified or registered, postage prepaid, return receipt requested not later than ten days before the scheduled hearing date. The operator shall demonstrate compliance with this subsection at the commencement of the hearing. Inability to do so shall be construed as a substantial failure to comply with the regulations and may constitute

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an additional basis for suspension or revocation of the license in that proceeding without a new statement of charges.

(2) Notify the parent(s) in writing of the final decision of the Office if one is rendered, not later than fourteen days after the receipt of the decision.

(j) The operator shall provide to the Office copies of all service contracts or current agreements with consultants, practitioners and agencies used on a regular or consultative basis in the delivery of services upon request of the Office.

(k) The operator shall enroll only children for whom the child care center or group child care home is licensed to provide services. No services that require an endorsement shall be provided without the applicable endorsement from the Office. Categories for licensure are:

- (1) Six weeks to three years;
- (2) Preschool age three to five years;
- (3) School age; and
- (4) Night care.

(l) A child care center or group child care home with a preschool endorsement may deem a child who is thirty-two to thirty-six months of age, inclusive, to be three years of age for purposes of enrolling such child in a preschool program provided such child care center or group child care home receives written authorization from such child's parent and the director to so enroll such child in the preschool program. The written authorization shall be kept on file at the child care center or group child care home and available to the Office upon request.

(m) The operator shall be responsible for compliance with all applicable motor vehicle laws when transporting children enrolled in any child care center or group child care home.

(n) The operator shall not exceed the licensed capacity allowed under the license.

(o) Unless otherwise specified in sections 19a-79-1a to 19a-79-13, inclusive, of the Regulations of Connecticut State Agencies, the operator shall respond to Office requests for information or documentation related to compliance with sections 19a-79-1a to 19a-79-13, inclusive, of the Regulations of Connecticut State Agencies and chapter 368a of the Connecticut General Statutes within the time period and in the manner specified by the Office. The operator shall not furnish any false or misleading documents or make any false or misleading statements to the Office in order to obtain or retain the license.

(Effective July 27, 1993; Amended November 6, 2008; Amended October 16, 2024)

**Sec. 19a-79-4a. Staffing and Consultants**

(a) A file shall be kept on the licensed premises for each program staff of the child care center or group child care home which shall include:

(1) A medical statement signed by a physician, advanced practice registered nurse or physician assistant, completed within twelve months before the date of employment for new program staff, and every thirty six months for current program staff and at any other time requested by the commissioner, such statement to document the presence of any known medical or emotional illness or disorder that would currently pose a risk to children in care

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or would currently interfere with effective functioning as a program staff of a child care center or group child care home;

(2) Documentation of professional development for each program staff who cares for the children, including new employee orientation and annual training for current program staff on the child care center or group child care home policies, plans and procedures; and

(3) Disciplinary actions.

(b) The operator shall:

(1) Submit the necessary documentation and information, consistent with section 10-530 of the Connecticut General Statutes, including current employment status of prospective and existing employees in a position that requires the provision of care to a child or involves unsupervised access to any child in such child care center or group child care home, as specified by the Office, to comply with the provisions of section 19a-80 of the Connecticut General Statutes that pertain to comprehensive background checks, including but not limited to state and national criminal history and sex offender records checks and the state child abuse registry established under section 17a-101k of the Connecticut General Statutes.

(2) Obtain from each prospective employee, who is eighteen years of age or older, for a position that requires the provision of care to a child or involves unsupervised access to a child, a listing of all employment held in the United States for an organization that provides care or services to children in the preceding five years. The operator shall take reasonable steps to contact each previous employer provided by the prospective employee to verify at a minimum the prospective employee's job title, description of his/her regular duties, confirmation of employment dates, and whether such previous employer would recommend the prospective employee for rehire. This information shall be made accessible to the Office upon request.

(3) Not employ program staff, including volunteers, who have a record that the commissioner reasonably believes renders such program staff unsuitable to be employed in a child care center or group child care home.

(4) Maintain at the child care center or group child care home evidence of compliance with the provisions of this subsection.

(5) Provide to the Office any information obtained concerning such comprehensive background checks or employment history checks, upon request of the Office.

(c) In accordance with the provisions of 45 CFR 98.43, as amended from time to time, a comprehensive background check shall include:

(1) A search of state criminal records in any state of residency for the past five years;

(2) A search of the abuse and neglect registry or database in any state of residency for the past five years;

(3) A search of the sex offender registry or repository in any state of residency for the past five years;

(4) A Federal Bureau of Investigation fingerprint check using Next Generation Identification; and (5) A search of the National Crime Information Center National Sex Offender Registry.

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(d) The operator shall maintain program staff adequate for the number, ages and developmental needs of the children to be accommodated.

(1) A designated head teacher shall be on site for sixty percent of the time the child care center or group child care home is in operation on a weekly basis.

(2) There shall be at least two program staff eighteen years of age or older on the licensed premises when one or more children are in attendance. The program staff shall be available to care for the children.

(3) All staff in the child care center and group child care home shall demonstrate the personal qualities necessary to:

- (A) Care for and work with children;
- (B) Relate to adults; and
- (C) Relate to the parent(s).

(4) Proper staff child ratios shall be maintained at all times, indoors and outdoors

(A) There shall be at least one program staff for every ten children, or fraction thereof in attendance.

(B) When there is a mixed age group, the lower required ratio for the age of the youngest child shall prevail.

(C) When children are participating in swimming or wading as part of the program, whether at the facility or on a field trip, the following staff child ratios, at a minimum, shall be maintained at all times with the children:

(i) All non-swimmers shall be clearly identified as non-swimmers in a way that is visually and easily recognized by lifeguards and program staff;

(ii) For infants twelve months of age and younger, there shall be at least one program staff with every child who is in direct physical contact with the child;

(iii) For children under three years of age, there shall be at least one program staff with every two children;

(iv) For preschool children (three years to five years of age) there shall be at least one program staff with every four children; and

(v) For school-age children there shall be at least one program staff with every six children.

(D) Children shall be supervised at all times while at the facility, indoors or outdoors, or on field trips. At no time shall a child be left unsupervised.

(5) Group size shall be maintained at all times, indoors and outdoors

(A) The group size shall not exceed twenty children except for field trips exclusively for school age children, outdoor play exclusively for school age children, and activities organized by program staff exclusively for school age children, none of which shall exceed thirty children. Staff child ratios shall be maintained during these activities.

(B) When there is a mixed age group, the smaller required group size shall prevail.

(6) During nap time, when all of the children in the group are sleeping, the overall staff child ratios shall be maintained on the licensed premises. At no time shall a group of children be left unsupervised.

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(e) Programs shall have the following program staff:

(1) The child care center or group child care home shall maintain documentation on site that there is a designated director who is twenty years of age or older. Any director hired or newly designated on or after January 1, 2010 shall have not later than one year of being hired or designated at least three credits in the administration of early childhood education programs or educational administration from a regionally accredited higher education institution. Any person designated as director at a specific child care center or group child care home prior to January 1, 2010 shall not be required to meet such educational requirements for director for the duration of their employment as director at that child care center or group child care home.

(2) A designated head teacher who has been approved by the Office as a head teacher based on the submission of an application, being twenty years of age or older, having the personal qualifications needed to supervise people, and having one of the following:

(A) In a child care center:

(i) A high school diploma or equivalency certificate; and

(ii) At least one thousand and eighty hours of documented supervised experience working directly with children in a legally operating child care center, which program serves children under the age of six, and one of the following: a current center-based Child Development Associate Credential issued from the Council for Professional Recognition, or twelve credits in early childhood education or child development from a regionally accredited institution of higher education; or

(iii) Approval by the Office as a head teacher prior to January 1, 1994.

(B) In a group child care home:

(i) A high school diploma or equivalency certificate; and

(ii) At least one thousand and eighty documented hours of experience working directly with children in a legally operating family child care home, child care center or group child care home which program serves children under the age of thirteen.

(C) In a child care center or group child care home:

(i) A bachelor's degree or higher in early childhood education or child development from a regionally accredited institution of higher education; and

(ii) At least three hundred sixty hours of documented supervised experience working directly with children in a legally operating child care center or group child care home which program serves children under the age of six and at least one semester of student teaching with children under the age of six.

(3) A second program staff person who shall work under supervision of the head teacher shall be eighteen years of age or older and have at least one of the following:

(A) A high school diploma;

(B) An equivalency certificate; or

(C) At least five hundred and forty hours documented experience in working with unrelated children of the same age(s) to be served in this child care center or group child care home.

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(4) Other program staff shall work under supervision and shall be at least sixteen years of age.

(5) Additional program staff shall be sufficient to provide care of children during all hours of operation in keeping with group size and ratio.

(6) When children are participating in swimming or wading as part of the program, whether at the facility or on a field trip, there shall be a qualified program staff member present and directly supervising the children who shall be at least twenty years of age and certified in cardiopulmonary resuscitation in accordance with section 19a-79 of the Connecticut General Statutes. The operator shall verify that there is a person directly supervising the children who holds a current lifeguard certification accepted by the Office.

(f) The operator shall ensure:

(1) At all times the child care center or group child care home is in operation there shall be present at least one program staff member who has current certification in cardiopulmonary resuscitation from an organization specified in section 19a-79 of the Connecticut General Statutes, appropriate for all of the children served at the child care center or group child care home and the certification shall be based on a hands-on demonstration of the program staff member's ability to provide cardiopulmonary resuscitation. Such a program staff member shall respond to all medical emergencies.

(2) In addition, at all times the child care center or group child care home is in operation, there shall be present at least one program staff member who holds current certification in first aid based on a first aid course appropriate for all of the children served at the child care center or group child care home by the American Red Cross, the American Heart Association, the National Safety Council, or Health and Safety Institute. Any first aid course approved by the Office under this subdivision as of March 17, 2018 shall continue to be acceptable for purposes of this subdivision. Such certification shall be based on a hands-on demonstration of the program staff member's ability to provide first aid. Such program staff member shall respond to all situations requiring first aid.

(g) The child care center or group child care home shall keep on file written verification of compliance with subsection (f) of this section for each program staff member who the child care center or group child care home designates to meet the requirements of such subsection. Such verification shall be maintained for three years after the date that the training was completed.

(h) The child care center or group child care home shall maintain on site at the facility, and submit upon request and in a manner specified by the Office, verification of professional development for each program staff member, and the designated Director. Such verification of professional development shall include:

(1) Written verification of completion not later than three months after the date of hire or not later than April 1, 2025 health and safety training in accordance with 45 CFR § 98.44(b)(1) designated by the Office. Program staff hired after April 1, 2025 shall complete, not later than three months after the date of hire, the health and safety training in accordance with 45 CFR §98.44(b)(1); and

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(2) Written verification of ongoing training that is at least one percent of the total annual hours worked. On and after April 1, 2025, such annual training shall include content as defined in 45 CFR § 98.41(a)(1)(i) to (a)(1)(xi). Such training may include, but is not limited to, early education and child development, licensing and regulations, emergency preparedness, prevention and control of infectious diseases, prevention of sudden infant death syndrome and use of safe sleep practices, administration of medication, prevention and response to emergencies due to food and allergic reactions, building and physical premises safety, protection from hazards, bodies of water, and vehicular traffic; handling and storage of hazardous materials and the appropriate disposal of bio contaminants; child maltreatment, prevention of shaken baby syndrome and abusive head trauma, precautions in transporting children, pediatric first aid and cardiopulmonary resuscitation, nutrition and programming for children with disabilities or special health care needs.

(3) Any program staff member or the designated director who was identified in the Office's Early Childhood Professional Registry as having satisfied the health and safety training on or prior to April 1, 2025 shall not be required to meet the professional development requirement specified in subdivision (1) of this subsection.

(i) A written plan for consultation services shall be developed, signed annually by the consultant and implemented.

(1) These services shall include:

(A) An education consultant available to the operator and program staff for advice and support regarding the educational content and practice of the program;

(i) A person seeking to become an education consultant shall apply for approval to be an education consultant and shall have an associate, bachelors, masters, or doctoral degree in early childhood education, child development or human development with one or more years overseeing and managing a legally operating child care center that meets standards comparable to those in Connecticut, or a four year degree in a related field with at least twelve credits in child development or early childhood education from an accredited college or university. Such person shall have two or more years' experience overseeing and managing a legally operating child care center that meets standards comparable to those in Connecticut. The degree and credits of the education consultant used in a program that serves exclusively school age children may be in elementary education, after school education or other fields that specialize in the development and education of children ages five to twelve years as recognized by the Office.

(ii) Anyone approved as an early childhood consultant prior to January 1, 2009, will continue to be an approved education consultant, except for good cause shown;

(iii) Program staff shall not serve as education consultants for programs in which they provide direct care or direct program supervision in a non-consultative role; or in a program with the same operator as a program in which they provide direct care or direct program supervision in a non-consultative role;

(B) A health consultant available to the operator and program staff for advice regarding the health of the children and the health program;

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(C) A social service consultant available to the operator and program staff for advice regarding the emotional needs, program staff support and the social service program; and

(D) A registered dietitian consultant available to the operator and program staff for advice regarding nutrition and food service for those programs that prepare or plan meals.

(2) Consultative service shall include, but not be limited to:

(A) Annual review of written policies, plans and procedures that relate to the services provided by the consultant;

(B) Availability by telecommunication for advice regarding problems;

(C) Availability, in person, of the consultant to the program;

(D) Consulting with administration and program staff about specific problems;

(E) Acting as a resource person to program staff and the parent(s), including, but not limited to, coordinating services and assisting families and program staff in identifying necessary resources;

(F) Documenting the activities and observations required in this subsection in a consultation log that is kept on file at the facility for two years;

(G) Seeking and supporting the collaboration of multiple consultants serving the program;

(H) Specific duties of the health consultant shall include, but not be limited to:

(i) Making, at a minimum, quarterly site visits to facilities that serve children three years of age and older; or for group child care homes, facilities that operate no more than three hours per day, or facilities that enroll only school age children, semi-annual site visits. Facilities that are closed during the summer months may omit the summer quarterly visit. Site visits shall be made by the health consultant during customary business hours when the children are present at the facility;

(ii) Reviewing health and immunization records of children and program staff;

(iii) Reviewing the contents, storage and plan for maintenance of first aid kits;

(iv) Observing the indoor and outdoor environments for health and safety;

(v) Observing children's general health and development;

(vi) Observing diaper changing and toileting areas and diaper changing, toileting and hand washing procedures;

(vii) Reviewing the policies, procedures and required documentation for the administration of medications, including petitions for special medication authorizations needed for programs that administer medication;

(viii) Assisting in the review of individual care plans for children with special health care needs or children with disabilities, as needed; and

(ix) Quarterly review of all injury, illness, incident and accident reports.

(I) Specific duties of the education consultant shall include, but not be limited to:

(i) Making, at a minimum, annual site visits to the facility;

(ii) Reviewing daily plans, curriculum documents, and educational policies for the developmental and age appropriate practices;

(iii) Observing program staff interactions, use of materials and equipment,

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implementation of plans and approaches to classroom management; and

(iv) Providing feedback on documentation review and classroom observations to the director and head teacher.

(Effective July 27, 1993; Amended August 8, 1995; Amended March 4, 1999; Amended December 23, 2002; Amended November 6, 2008; Amended October 16, 2024)

**Sec. 19a-79-5a. Record keeping**

(a) The operator of a child care center or group child care home shall be responsible for maintaining on the licensed premises a current record for each child enrolled. The operator shall not release medical or other personal information pertaining to the child or family except in emergencies, or upon request of the Office, law enforcement, local director of health, Department of Public Health or Department of Children and Families, unless the parent of the child gives the operator written permission to release such information. A copy of the record shall be available for at least thirty days after the child's last day of enrollment and provided upon request to the Office, the child's parent(s) and the local director of health. The record shall include, but not be limited to:

(1) Enrollment information and permission forms signed and dated by the parent(s) that shall include, but not be limited to:

(A) The child's name, address, date of birth and date enrolled;

(B) The residence, business address(es) and telephone number(s) of the parent(s);

(C) The name and telephone number of the child's physician or other primary health care provider; and

(D) Specific written permission forms signed by the parent(s) authorizing:

(i) The operator to use emergency policies as described in section 19a-79-3a(d)(4) of the Regulations of Connecticut State Agencies, which shall accompany the child on trips away from the licensed premises;

(ii) The name and telephone number of one responsible person other than the parent(s) who can remove the child from the child care center or group child care home;

(iii) Any activity away from the licensed premises; and

(iv) Transportation services;

(2) A health record that shall include, but not be limited to:

(A) Date of birth;

(B) Except as provided in subsection (b) of this section, a physical examination form signed by a physician, physician assistant or advanced practice registered nurse documenting an examination completed within one year prior to enrollment, and yearly from the date of the initial physical examination thereafter, with a thirty-day allowance, which form shall provide a statement about the child's general health and the presence of any known medical or emotional illness or disorder that would currently pose a risk to other children or which would currently affect this child's functional ability to participate safely in a child care setting.

(C) An immunization record that includes the month, day and year of each immunization

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required for admission as specified in subdivision (1) of subsection (e) of section 19a-79-6a of the Regulations of Connecticut State Agencies and such documentation as is required to confirm age appropriate immunization, immunization in progress or exemption to immunization as defined in subdivision (3) of subsection (e) of section 19a-79-6a of the Regulations of Connecticut State Agencies. The immunization record and said documentation of immunizations shall be submitted to the Office upon request;

(D) A school age child's physical examination and health assessment form, as described in section 10-206 of the Connecticut General Statutes that is required for school purposes may be used to satisfy the physical examination and immunization requirements of this subdivision; and

(E) Information regarding disabilities or special health care needs such as, allergies, special dietary needs, dental problems, hearing or visual impairments, chronic illness, developmental variations or history of contagious disease when it is necessary that special care be taken or provided while a child is in attendance at the child care center or group child care home, and an individual plan of care for a child with special health care needs or disabilities, developed with the child's parent(s) and health care provider, implemented and updated, as necessary. The individual plan of care shall include appropriate care of the child to prevent and respond to a medical or other emergency and shall be signed by the parent(s) and program staff responsible for the care of the child.

(3) Injury, illness, incident and accident reports:

(A) The facility shall produce and maintain on the licensed premises, for a period of not less than two years, a written report of any injuries or accidents that result in an injury to a child or illness of a child enrolled at the facility that occur on or off site as part of the child care program, an incident that is required to be reported to the Department of Children and Families pursuant to sections 17a-101 to 17a-101e, inclusive, of the Connecticut General Statutes, or any behavior exhibited by a child while at the facility that prompts the program staff to alter the manner in which care is provided to the child. The written report shall also include, but not be limited to, a description of the injury, illness, behavior or accident, the date, time of occurrence and location of such illness or injury and any responsive action taken by the facility including, but not limited to, whether the child was transported to a hospital emergency room, doctor's office or other medical facility as a result of such illness or injury. The written report for an individual child shall be available to the Office immediately upon request and a copy shall be provided to the child's parent(s) no later than the next business day.

(B) The operator shall immediately notify the parent of a child enrolled if such child exhibits or develops an illness or is injured while in the care of the child care center or group child care home.

(C) The operator shall notify the Office no later than the next business day of:

(i) The death of a child enrolled at the facility, if the child died while at the facility, or at a facility sponsored event; and

(ii) Any injury of a child that occurs while the child is at the facility, or at a facility

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sponsored event, that results in a diagnosed fracture, diagnosed second or third degree burn, diagnosed concussion or the child's admission to a hospital.

(D) The operator of a child care center or group child care home shall report each case occurring at the facility of any disease listed on the commissioner's list of reportable diseases and laboratory findings issued pursuant to section 19a-2a of the Connecticut General Statutes to the local director of health and the Connecticut Department of Public Health in accordance with sections 19a-36-A3 and 19a-36-A4 of the Regulations of Connecticut State Agencies.

(4) The operator shall maintain any video recordings created at such child care center or group child care home for a period of not less than thirty days and make such recordings immediately available upon the request of the Office but no later than the next business day.

(b) A child that has been determined by the child care center or group child care home to meet the definition of homeless children and youths in 42 USC 11434a, as amended from time to time, may be allowed to attend the child care center or group child care home for up to ninety days without meeting the physical examination requirements of section 19a-79-5a(a)(2)(B) of the Regulations of Connecticut State Agencies. A child that is a foster child may be allowed to attend the child care center or group child care home for up to forty-five days without meeting the physical examination requirements of subsection 19a-79-5a(a)(2)(B) of this section. A record of such determinations under this subsection shall be maintained on file at the child care center or group child care home for a period of two years after such child is no longer receiving child care services at such child care center or group child care home.

(Effective July 27, 1993; Amended August 8, 1995; Amended August 29, 1996; Amended March 8, 2004; Amended November 6, 2008; Amended October 16, 2024)

**Sec. 19a-79-6a. Health and safety**

**(a) Food service**

(1) Preparation and transportation of food(s) not prepared on the licensed premises shall satisfy all applicable requirements of the Department of Public Health's Model Food Code, set forth in sections 19a-36h-1 to 19a-36h-7, inclusive, of the Regulations of Connecticut State Agencies.

(2) A nutritionally adequate meal and snack shall be provided by the child care center or group child care home, or the parent(s) according to the following schedule:

(A) Children who stay on the licensed premises less than five hours shall have a nutritious snack.

(B) Children who stay on the licensed premises five hours or more but less than eight hours shall have one meal and one nutritious snack.

(C) Children who stay on the licensed premises eight hours or more shall have one meal plus two nutritious snacks, or two meals plus one nutritious snack.

(D) Meals and snacks provided by the child care center or group child care home shall meet the nutrition standards in 7 CFR 226.20, as amended from time to time.

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(3) There shall be proper refrigeration of no more than forty-one degrees Fahrenheit for perishable foods in all child care centers and group child care homes and on field trips.

(4) When a child care center or group child care home provides either meals or snacks, menus shall be prepared at least one week in advance, dated and copies posted in a conspicuous place. Changes shall be documented by the end of the program day. A copy of what was served shall be kept on file for three months.

(5) All areas used for the preparation and serving of meals in child care centers shall meet the requirements as set forth in the Department of Public Health's Model Food Code, set forth in sections 19a-36h-1 to 19a-36h-7, inclusive, of the Regulations of Connecticut State Agencies. Child care centers that prepare food shall maintain at the child care center and make available to the Office upon request a copy of a current and full food service inspection report issued by the local director of health verifying compliance with this subsection.

(6) The kitchen in child care centers or group child care homes that is used for the preparation and serving of food to children shall be clean, well-lighted and ventilated, protected by window screening and provided with hot and cold running water, adequate and safe storage for food and supplies and refrigeration.

(7) Separate hand washing facilities shall be located convenient to the room where food is prepared in child care centers and group child care homes.

(8) All multi-use eating and drinking utensils shall be thoroughly washed, rinsed and sanitized after each use in child care centers and group child care homes.

(9) The kitchen in child care centers or group child care homes shall not be used as a playroom, but may be used for a specific program activity room under supervision. Except for programs that serve exclusively school age children, the kitchen shall be separated by a door or a gate from the rooms used by the children in the child care center or group child care home to prevent them from entering the kitchen except under supervision.

(10) Children in child care centers or group child care homes shall not be left unsupervised during meal preparation.

(11) Children and staff shall wash their hands with soap and water before eating or handling food.

**(b) Procedures in case of illness**

(1) Program staff shall be knowledgeable about signs and symptoms of childhood illness and shall be responsible for the initial observation of each child upon arrival and continued observation throughout the day for such signs and symptoms.

(2) Any child showing suspicious signs or symptoms of short-term contagious illness shall be placed in a designated isolation area with continual visual supervision by program staff. The parent(s) or other authorized adult shall be called immediately to remove the child from the child care center or group child care home.

**(c) First aid supplies for facility.**

The facility shall maintain at least one portable, readily accessible first aid kit wherever children are in care, including field trips. A first aid kit shall be located outside and readily

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accessible wherever and whenever children are outside. A first aid kit shall be located indoors and readily accessible wherever and whenever children are indoors. Each first aid kit shall be a closed container for storing first aid supplies, accessible to staff at all times but out of the reach of children. The first aid kit shall contain at least the following items:

- (1) Assorted sizes of non medicated adhesive strips;
- (2) Sterile, individually wrapped, three or four inch gauze squares;
- (3) A two inch gauze roller bandage;
- (4) One roll of adhesive tape (hypoallergenic);
- (5) Scissors;
- (6) Tweezers;
- (7) Two instant cold packs;
- (8) A non-glass thermometer to measure a child's temperature;
- (9) Disposable, nonporous gloves; and
- (10) Cardiopulmonary resuscitation mouth barrier.

(d) **First aid supplies for field trips shall also include:**

- (1) Water, if water is not readily accessible at the field trip location;
- (2) Reliable communication device;
- (3) Liquid soap, if liquid soap is not readily accessible at the field trip location;
- (4) Emergency contact numbers for each child;
- (5) Medications, as needed, if the child care center or group child care home administers medications and any items needed to administer medications; and
- (6) Plastic bags, for storage.

(e) **Immunization requirements**

(1) A child seeking admission to or attending a child care center or group child care home shall be protected as age-appropriate by adequate immunization against any disease for which vaccination is recommended in the current schedule for active immunization adopted by the Commissioner of Public Health pursuant to section 19a-7f of the Connecticut General Statutes.

(2) The operator shall admit no child to a child care center or group child care home unless such child's parent(s) furnishes documentation of age-appropriate immunization, immunization-in-progress or exemption from immunization as specified in subdivision (3) of this subsection. No child shall be permitted to continue to attend a child care center or group child care home for more than thirty days unless such child continues to meet said requirements of subdivision (3) of this subsection.

(3) For each enrolled child, the operator shall obtain from the child's parent(s) and keep on file at the child care center or group child care home one or more of the following types of documentation for each of the diseases for which vaccination is recommended in the current schedule for active immunization adopted by the Commissioner of Public Health pursuant to section 19a-7f of the Connecticut General Statutes:

(A) A certificate in accord with section 19a-79 of the Connecticut General Statutes signed by a physician, physician assistant or an advanced practice registered nurse indicating that

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the child is current or in process with immunizations according to the schedule adopted by the Commissioner of Public Health pursuant to section 19a-7f and section 19a-7q of the Connecticut General Statutes and that names the appointment date for the child's next immunization within thirty days of the minimum interval time period set by said schedule;

(B) A statement signed and dated by a physician, physician assistant or an advanced practice registered nurse indicating that the child has laboratory confirmed proof of immunity to natural infection, or, in the case of varicella, a statement signed and dated by a physician, physician assistant or an advanced practice registered nurse indicating that the child has already had chickenpox based on family or medical history;

(C) A certificate pursuant to sections 19a-7q and 19a-79 of the Connecticut General Statutes signed by a physician, physician assistant or an advanced practice registered nurse indicating that the child has a medical contraindication to immunization; or

(D) A written statement presented prior to April 28, 2021 and made in accordance with the provisions of section 19a-79 of the Connecticut General Statutes that immunization is contrary to the religious beliefs and practices of the child or the parent of such child, and a written declaration stating that immunizations required under section 19a-7f of the Connecticut General Statutes have been given and that any additional necessary immunizations of such child are in process, made in accordance with the provisions of section 19a-79(b) of the Connecticut General Statutes.

(4) For each child to whom subparagraph (A) of subdivision (3) of this subsection applies, continued enrollment in child care for more than thirty days after the named immunization appointment shall be contingent on the operator receiving written documentation from a physician, physician assistant or an advanced practice registered nurse stating either: that the named appointment was kept and the child received the scheduled immunizations, or that the child was unable to receive the scheduled immunizations for medical reasons and a new appointment date is named.

(5) A child that has been determined by the child care center or group child care home to meet the definition of homeless children or youths in 42 USC 11434a, as amended from time to time, may be allowed to attend the child care center or group child care home for up to ninety days without meeting the immunization requirements of subsection (e) of this section. A child that is a foster child may be allowed to attend the child care center or group child care home for up to forty-five days without meeting the immunization requirements of subsection (e) of this section. A record of such determinations under this subdivision shall be maintained on file at the child care center or group child care home for a period of two years after such child is no longer receiving child care services at such child care center or group child care home.

(Effective July 27, 1993; Amended August 29, 1996; Amended December 28, 1999; Amended November 6, 2008; Amended October 16, 2024)

**Sec. 19a-79-7a. Physical plant**

(a) The standards established by the following sources for the construction, renovation,

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alteration, expansion, maintenance and licensure of child care centers and group child care homes, as they are amended from time to time, are incorporated and made a part of this section by reference:

- (1) State of Connecticut Basic Building Code;
- (2) State of Connecticut Fire Safety Code;
- (3) State of Connecticut Public Health Code; and
- (4) Local codes and ordinances.

(b) All indoor and outdoor space used for child care services as identified in the application shall be inspected and approved by the Office prior to use.

(1) Plans for new construction, expansion or renovation, indicating the proposed use and accompanied by a written narrative shall be submitted to the Office prior to the start of construction, expansion, or renovation.

(2) Completed plans and specifications shall be submitted to and reviewed by the Office on the basis of compliance with the Public Health Code.

(3) Written approval by the local building inspector, local director of health or designee, local zoning and local fire marshal shall be submitted to the Office, upon request of the Office.

(4) Approval by the Office is required prior to the use of any space that has been newly constructed, expanded or renovated. The Office may refuse to grant approval to increase space or licensed capacity if, in the judgment of the commissioner, the operator has failed to comply with sections 19a-79-1a to 19a-79-13, inclusive, of the Regulations of Connecticut State Agencies.

(5) All construction, expansions, renovation, repairs or alterations of structures shall be done in such a manner to prevent hazards or unsafe physical or environmental conditions during periods of operation.

(6) Indoor or outdoor space not inspected or approved by the Office at the same address as the facility shall not be used for field trips unless the program takes reasonable efforts to ensure the health and safety of all children using such space. Written permission from the parent(s) of children having access to such space shall be obtained and kept on file for Office review and such parent(s) shall be advised such space is not inspected or approved by the Office.

**(c) General requirements**

(1) Each operator is responsible for maintaining the child care center or group child care home in compliance with section 19a-79-1a to section 19a-79-13, inclusive, of the Regulations of Connecticut State Agencies.

(2) For programs serving children younger than school age, the building, equipment and furnishings shall be maintained in a good state of repair. A maintenance program shall be established that ensures that the interior, exterior and grounds of the building are maintained, kept clean and orderly, free from accumulations of refuse, dampness, stagnant water, dilapidated structures and other health and safety hazards.

(3) For programs serving exclusively school age children, the building, equipment and

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furnishings shall be maintained sanitary and free of health and safety hazards.

(4) The operator shall conduct testing of the building interior, exterior and grounds when the commissioner has reason to suspect that chemicals may be present in soil, soil gas, groundwater, or water served by a public water company, indoor air or other media and the commissioner has requested such testing.

(5) Water supply, food service and sewage disposal facilities shall be adequate, safe and in compliance with all applicable sections of the Regulations of Connecticut State Agencies.

(A) Water from at least one drinking fountain or drinking, beverage and food preparation sink, and from two such sources if the facility has more than one, shall be tested every two years for lead content. The water sample shall have been standing in plumbing pipes at least six hours and the results shall be submitted to the local director of health and kept on file at the facility. New child care facilities shall submit lead test results from each drinking, beverage and food preparation sink to the Office with the facility's initial application.

(B) Whenever water is obtained from other than a public water system that is regulated by the Connecticut Department of Public Health, it shall be of a safe and sanitary quality and tested every two years for bacterial and chemical quality and the results submitted to the local director of health. The water analysis shall include tests for bacteria, physical parameters (color, odor, turbidity, pH), and sanitary chemicals (nitrogen series, chloride, hardness, iron, manganese and sodium). Additional tests may be required as deemed necessary by the Office.

(C) Drinking water shall be available and accessible to children at all times including at all meals and snacks.

(D) The analysis of samples shall be conducted by an environmental laboratory registered by the Department of Public Health pursuant to section 19a-29a of the Connecticut General Statutes.

(E) Subparagraphs (A) and (B) of this subdivision shall not apply to programs in a public school or private school in compliance with section 10-188 of the Connecticut General Statutes and approved by the State Board of Education or accredited by an accrediting agency recognized by the State Board of Education.

(6) If the child care center or group child care home is housed in any portion of a building that was constructed prior to 1978, the operator shall submit to the Office and maintain documentation on file at the child care center or group child care home of the following:

(A) Prior to use, all space used by staff, program staff, and children shall have undergone a comprehensive lead inspection by a lead consultant licensed by the Department of Public Health. Such lead inspection shall include (i) testing of representative components of each type of painted surface throughout the facility, (ii) dust wipes sampling of a window well, window sill and floor in each room, hallway and entry/egress areas, and (iii) testing of bare soil areas in the child play areas.

(B) Identified toxic level(s) of lead on defective surface(s) as those terms are defined in section 19a-111-1 of the Regulations of Connecticut State Agencies shall be remediated by an Environmental Protection Agency (EPA) Certified Renovation, Repair and Painting

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(RRP) Firm using lead-safe work practice standards as defined in 40 CFR 745.85.

(C) All intact surfaces as defined in section 19a-111-1 of the Regulations of Connecticut State Agencies, including areas that have undergone remediation pursuant to section 19a-111c of the Connecticut General Statutes for paint and soil shall be documented on a lead management plan as defined in 19a-111-1 of the Regulations of Connecticut State Agencies that has been approved by the local director of health and shall be monitored in accordance with the approved plan by the operator.

(D) A letter issued by the local director of health confirming that appropriate action to remediate identified lead hazards has been completed, that clearance dust wipes have passed and that an approved lead management plan is on file.

**(d) Basic requirements**

(1) Emergency vehicles shall have access to all child care centers or group child care homes.

(2) Established walkways shall be provided and properly maintained for each entrance and exit leading to a driveway or street.

(3) All windows shall be protected to prevent falls. For programs serving children less than school age, windows that open to the outside and are used for ventilation shall be equipped with sixteen mesh screening.

(4) Any unprotected glass doors, windows or mirrors to which children have access shall be protected to a height of thirty six inches from the floor or surface on which a child stands.

(5) Where overhead doors are accessible to the children, they shall be equipped with locking devices and spring protectors.

(6) Exit doorways, stairs or hallways shall not be blocked by furniture, toys or play equipment.

(7) There shall be an area available for the individual storage of each child's clothing and bedding.

(8) No person shall smoke or use an electronic nicotine delivery system or vapor product as defined in section 21a-415 of the Connecticut General Statutes within or on the grounds of the child care center or group child care home, including areas used for child care purposes and areas under the operator's control for which staff, program staff, and children enrolled in the program enter. Signs shall be posted, visible to the public, on entrance to the facility indicating that smoking is prohibited. Matches and lighters shall be inaccessible to children at all times.

(9) The use and maintenance of electrical cords, appliances and adaptors shall be in full compliance with state codes. For programs serving children less than school age, electrical outlets shall be made inaccessible by use of a safety device or covering that prevents access to the receptacle opening.

**(10) Toilet and washing facilities**

(A) Where toilets and sinks are shared by children and adults, a written policy shall be developed and implemented that requires supervision of children when using the shared toilet room.

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(B) Programs shall provide changing and sanitary facilities appropriate to meet the individual needs of children who are enrolled at the facility who need assistance with toileting or who are not independent with toileting.

(C) For programs serving children under five years of age there shall be at least one toilet and one sink with hot and cold running water for every sixteen children, or fraction thereof. Standard size toilets and sinks shall be adapted for children's use. Facilities using potty chairs in addition to the required toilets shall ensure that they are of a nonporous, synthetic product, and emptied into the toilet, cleaned and disinfected after each individual use.

(D) For programs serving only school age children, there shall be at least one toilet and one sink with running water for every twenty-five children, or fraction thereof. Toilet facilities shall be designed in such a manner to allow individual privacy.

(E) Sinks with running water shall be readily accessible to the toilet rooms if not located within them. Toilet tissue, soap, a mechanism for individual hand drying and a waste receptacle shall be accessible to the toilets and sinks. Staff, program staff, and children shall wash their hands with soap and water after toileting.

(F) Each toilet and sink shall be located at the facility or licensed premises, as applicable, of the child care center or group child care home.

(G) Each toilet room shall be well lighted and ventilated to the outside atmosphere. (H) In child care centers constructed or renovated after January 1, 1994, all toilet facilities shall be mechanically ventilated to the outside atmosphere.

(11) Backpacks, handbags, purses or other bags belonging to adults, staff or program staff for carrying personal articles shall not be accessible to children.

**(e) Environmental requirements**

(1) Every area used by children shall be adequately ventilated and programs serving children younger than school age shall have a non-mercury thermometer affixed to the wall. The ambient air temperature shall be at least sixty-five degrees Fahrenheit as measured three feet from the floor. Programs that serve exclusively school age children may utilize program space with the ambient air temperature less than sixty-five degrees Fahrenheit provided the temperature is warm enough to accommodate the activities with comfort.

(2) When the temperature exceeds eighty degrees Fahrenheit, the operator shall provide more fluids and increase ventilation.

(3) The water heating equipment shall deliver water at the tap, the temperature of which shall be within a range of sixty degrees Fahrenheit to one hundred twenty degrees Fahrenheit. The water heating equipment shall have the capacity to deliver the required amounts at all times in conformance with the State of Connecticut Basic Building Code.

(4) Only central heating or permanently installed heating systems shall be used. Portable space heaters are prohibited.

(5) Walls, ceilings, floors and rugs shall be maintained in a state of good repair and be washable or easily cleanable. Rugs, if used, shall not present a tripping or slipping hazard.

(6) Hot water or steam pipes located in areas accessible to children shall have adequate protective covering which is maintained safely and in good repair.

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(7) Each level of the child care center or group child care home shall be provided with a telephone in working order accessible to staff and program staff for emergency purposes and other communication. Emergency telephone numbers shall be posted in an area adjacent to the phone. The child care center or group child care home shall provide direct on-site telephone contact to parents and the Office at all times when children are present.

(8) All spaces occupied by people, equipment within buildings, approaches to buildings and parking lots shall have a minimum of one foot candle or equivalent of lighting per square foot.

(9) Child care centers and group child care homes shall have at least fifty foot candles or equivalent of light per square foot in rooms used by children for reading, painting and other close work. There shall be at least thirty foot candles of light or equivalent in other work or play areas. Programs that serve exclusively school age children may utilize program space with less lighting provided the lighting is bright enough to accommodate the activities with comfort. In child care centers and group child care homes constructed or renovated after January 1, 1994, all rooms and toilet rooms shall have at least one light fixture switch at each entrance. All areas accessible to children shall have light fixtures that are shielded or shatter proof. During napping and resting, lighting shall be maintained at a level that will enable children to be visible.

(10) Potentially hazardous substances and materials in the child care centers and group child care homes shall be stored in a labeled container identifying the exact contents and dilutions, used according to the manufacturer's instructions and for the intended purpose, handled in a safe manner and inaccessible to children.

(11) Garbage and rubbish shall be kept in containers constructed of durable material approved by the local health director. Receptacles shall be in good repair to prevent infestations by rodents, insects and other pests and to prevent odors, injuries and other nuisance conditions. The garbage and rubbish shall be moved to an exterior waste storage area at least daily.

(12) Stairs must be properly protected and maintained in good repair. There must be handrails installed at a height usable by children.

(13) Toxic plants and materials are prohibited in areas accessible to children.

(14) Any pet or animal present at the facility, indoors or outdoors, shall be in good health, show no evidence of carrying disease and be a friendly companion for the children.

(15) When pets are kept on the licensed premises, procedures for their care and maintenance and access to the children shall be written and implemented.

(16) There shall be effective measures taken to prevent vermin from entering or breeding in the child care center or group child care home. All openings to the outer air used for ventilation shall be screened with a minimum of sixteen mesh screening and doors shall be provided to prevent the entrance of vectors.

(17) If the child care center or group child care home uses the basement level or the first floor of a building, a minimum of one radon test shall be conducted using a device or service listed by one of the national radon proficiency programs except if the facility is subject to

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the requirements related to radon testing in school buildings pursuant to section 10-220 of the Connecticut General Statutes and regulations adopted pursuant to section 19a-37b of the Connecticut General Statutes. This test shall be completed during the months of November through April and the results posted with the license. Radon testing shall occur in the lowest level of the facility where child care services are provided. The Office and Department of Public Health shall be notified of the results.

When confirmatory sampling results of radon gas in the air are equal to or greater than 4.0 picocuries per liter (pCi/L), the operator shall ensure that the radon gas is reduced to below 4.0 pCi/L. A qualified residential mitigation service provider as defined in sections 19a-14b and 20-420 of the Connecticut General Statutes shall be hired to reduce the level of radon gas in the air.

(18) Child care centers and group child care homes that utilize combustible fuel shall be equipped with at least one operable carbon monoxide (CO) detector on each occupied level of the licensed premises. CO detectors shall comply with Underwriters Laboratories (UL) Standards for Safety, and shall be operated in accordance with the manufacturer's instructions.

**(f) Program space**

(1) The requirements of this subdivision shall apply to a child care center or group child care home operating in a facility first licensed after January 1, 1986.

(A) The operator shall provide a minimum of thirty-five square feet of total indoor usable program space per child. The total licensed capacity shall be determined on a room-by-room basis measuring from interior wall to interior wall.

(B) Within the allowance for total indoor usable program space, there may be furniture used by other individuals as well as the children; but there shall be open program space available which allows for freedom of movement by the children.

(C) The following items shall be deducted from the total indoor usable square footage of program space:

- (i) Bathrooms, hallways, kitchen and food service areas;
- (ii) Refrigerators;
- (iii) Heating and cooling units;
- (iv) Staff desks and storage units;
- (v) Any space or equipment used for other than the activities of the children; and
- (vi) Large indoor activity room or room used for an exclusive purpose, including but not limited to, napping or eating.

(2) The requirements of this subdivision shall apply to a child care center or group child care home operating in a facility first licensed before January 1, 1986.

(A) The operator shall provide a minimum of thirty square feet of total indoor usable program space per child. Measurements to determine total indoor usable program space shall be taken from interior walls.

(B) Such space shall be free of furniture except that needed for the children's purposes, exclusive of toilet rooms, bathrooms, coat rooms, kitchens, halls, isolation room or other

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rooms used for purposes other than the activities of the children.

(3) Cots, cribs and playpens shall be placed so that walkways are clear for emergencies and evacuation.

(g) **Equipment.** All equipment shall be of such design and material as to be readily cleaned and safe for children.

(1) Equipment shall not be colored or covered by any poisonous material. All solid constituents of paint for equipment and toys, and pigment coloring in paints, pencils, crayons and inks, to be used by the children shall be non-toxic. Equipment shall be sturdy, safely constructed and free from protruding nails, rust, toxic material and other hazards.

(2) Adequate equipment for rest shall be provided. An individual cot shall be provided for any child who regularly remains five hours or longer per day. When cots are shared, all metal, plastic and sealed wood bed frames shall be thoroughly wiped down with a general purpose cleaning agent, and linens changed between children. In a group child care home, an individual mat or individual sleeping bag may be substituted for the individual cot.

(3) Hardware such as air conditioners, water heaters or fuse boxes shall be inaccessible to children.

(4) The materials and equipment available and used by children shall be developmentally appropriate for the ages of the children served.

(5) All manufacturer guidelines shall be followed for furniture, equipment and any toy that is used by, or around, children. Any furniture, equipment and toy that has been identified by the United States Consumer Product Safety Commission as unsafe or subject to recall shall be removed or repaired as indicated.

(6) Indoor play equipment for climbing shall have a shock absorbing surface, under and around, that shall effectively cushion the fall of a child. Carpet is not considered a shock absorbing surface.

(h) **Outdoor play space**

(1) There shall be access to a minimum of seventy-five square feet per child of outdoor space for the number of children using the space at any one time. This could include parks, school yards, parking areas or elevated or roof top play areas. The outdoor area shall be fenced or protected for safety.

(2) Outdoor play equipment shall have a shock absorbing surface, under and around, that shall effectively cushion the fall of a child, except where the child is sitting or standing at ground level. The shock absorbing surface shall be maintained at a depth of at least eight inches, be free of water and not allowed to become compacted. Acceptable shock absorbing surfaces may include mulch, sand, and wood chips. Synthetic material that is less than eight inches in depth, including but not limited to, rubber mats or tiles may be acceptable surfaces provided the operator maintains documentation on the licensed premises that the synthetic material is manufactured for this purpose, installed in accordance with the manufacturer's specifications and sufficient to cushion the fall of a child. Concrete, asphalt, grass and dirt shall not be considered a shock absorbing surface.

(3) The playground shall be free of glass, debris, holes and other hazards.

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(4) Nuts, bolts and screws shall be tight; and those that protrude shall be covered or protected.

(5) Outside equipment shall be anchored for stability when recommended by the manufacturer. Anchors shall be buried below ground level.

(6) The operator shall provide documentation to the Office, upon request, by a certified playground safety inspector that newly constructed playgrounds and all newly installed playground equipment that are set in position and anchored in such a way to last indefinitely are designed and installed in accordance with U.S. Consumer Product Safety Commission and the American Society for Testing and Materials Standards.

(7) The outdoor play area shall be protected from traffic, bodies of water, gullies and other hazards by barriers in a manner safe for children.

(A) Fences used to protect children from hazards shall be at least four feet in height.

(B) Unless otherwise specified in this subdivision, when there is a swimming pool or any other body of water at the facility or near enough to the facility to attract or be accessible to children at any time of the year, there shall be a sturdy fence or barrier, four feet high or higher, which totally and effectively bars access to the water by children. All entries and exits through such fence or barrier shall have self-closing, self-latching devices or locks. When an outside wall of the child care center or group child care home that serves as one side of the fence or barrier to the body of water has a doorway, such doorway shall remain locked. Decorative ponds, fishponds, fountains or similar bodies of water that do not have a fence or barrier as required in this subdivision, shall be completely covered with a childproofing grate or other barrier to prevent access to children. Locks shall be openable with a key, combination, fingerprint, magnet or other unlocking mechanism that prevents an unauthorized person from obtaining access.

(C) On and after January 1, 2010, a rooftop used as a play area shall be enclosed with a wall, fence or permanent physical barrier not less than six feet high and the bottom edge shall be no more than three and one half inches from the base or floor. The wall, fence or permanent physical barrier shall be designed to prevent children from climbing it.

(8) Drinking water shall be available and accessible.

(9) Outdoor equipment shall be arranged in such a way as to avoid accidents. All play equipment, fences, and structures shall not pose a hazard.

(i) **Public swimming pools, wading and public swimming areas.** Public swimming pools, wading and public swimming areas, if provided, shall comply with the provisions of sections 19-13- B33b and 19a-36-B61 of the Regulations of Connecticut State Agencies. No wading pools shall be used. No child in care shall be permitted in a hot tub, spa or sauna. Hot tubs, spas and saunas shall be locked and inaccessible to children. Locks shall be openable with a key, combination, fingerprint, magnet or other unlocking mechanism that prevents an unauthorized person from obtaining access.

(j) No dangerous weapon as described in section 53-206 of the Connecticut General Statutes or facsimile of a firearm as defined in section 53-206c of the Connecticut General Statutes shall be permitted on the licensed premises of the child care center or group child

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care home unless the carrier of such weapon or facsimile firearm is a peace officer as defined in section 53a-3 of the Connecticut General Statutes.

(k) The provisions of subsections (d)(4), (d)(7), (e)(3) in regards to water temperature only, (e)(5), (e)(16), (g)(2), (g)(3), and (h)(7)(A) of this section shall not apply to programs serving exclusively school age children.

(Effective July 27, 1993; Amended August 8, 1995; Amended November 6, 2008; Amended March 17, 2014; Amended October 16, 2024)

**Sec. 19a-79-8a. Educational requirements**

Each child care center and group child care home that serves children younger than school age shall develop and implement a written daily or weekly plan that is developmentally appropriate and shall be available to parent(s) and program staff. Such plans shall reflect the learning and developmental needs of the diverse population of children in the setting, which includes children with cultural, language and developmental differences, and shall incorporate skills across multiple domains, including but not limited to, social and emotional development, cognition, physical development and health, language and literacy, mathematics, creative arts, science and social studies.

(a) The written plan shall include:

(1) The use of a variety of indoor and outdoor environments based on the children's interest, individual needs and the learning to be addressed;

(2) A flexible schedule that allows time for children to make choices, continue projects over time, and transition from one activity to another;

(3) Learning experiences that are relevant to the children's lives and cultural context.

(4) A balance of child-initiated and teacher-initiated experiences;

(5) Exploration and discovery;

(6) The use of a variety of materials that support active engagement and promote skills across areas of learning and development;

(7) Rest, sleep or quiet activities;

(8) Nutritious meals and snacks;

(9) Toileting and clean up;

(10) Individual and small group activities; and

(11) Moderate and vigorous physical activity for children three years of age and older unless a child has a disability or is experiencing a developmental delay, as defined in section 10-76a of the Connecticut General Statutes, which prevents such child from engaging in such physical activity. Such activity shall take place outdoors.

(b) No child care center or group child care home shall provide access to mobile cellular telephones, laptops and desktop computers or equipment that is capable of playing a video game or digital video disk to children under two years of age. Each child care center and group child care home shall restrict access to mobile cellular telephones, laptop and desktop computers or equipment that is capable of playing a video game or digital video disk by children two years of age and older except for educational or physical activity purposes.

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This subsection shall not apply to a child in the care of such child care center or group child care home that has a disability or is experiencing a developmental delay, as defined in section 10-76a of the Connecticut General Statutes, and requires the use of such devices as a result of such disability or delay.

(Effective July 27, 1993; Amended November 6, 2008; Amended October 16, 2024)

**Sec. 19a-79-9. Repealed**

Repealed November 3, 1997.

**Sec. 19a-79-9a. Administration of medications**

Group child care homes and child care centers that administer medications of any kind shall comply with all requirements of this section and shall have written policies and procedures at the facility governing the administration of medications which shall include, but not be limited to, the types of medication that shall be administered, parental responsibilities, program staff responsibilities, proper storage of medication and record keeping. Such policies and procedures shall be available for review by the Office during inspections or upon demand and shall reflect best practice. A group child care home or child care center shall not deny services to a child on the basis of a child's known or suspected allergy or because a child has a prescription for a premeasured, commercially prepared auto-injector used to treat an allergic reaction or for injectable equipment used to administer glucagon. A group child care home or child care center shall not deny services to a child on the basis of a child's diagnosis of asthma or because a child has a prescription for an inhalant medication to treat asthma.

**(a) Administration of Nonprescription Topical Medications Only**

(1) For the purposes of this section nonprescription topical medications shall include, but not be limited to:

(A) Diaper changing or other ointments free of antibiotic, antifungal or steroidal components;

(B) Medicated powders; and

(C) Teething, gum or lip medications.

**(2) Nonprescription Topical Medications Administration/Parent Permission Records**

The written permission of the parent(s) shall be required prior to the administration of the nonprescription topical medication and shall be kept on file at the facility for each child administered a nonprescription topical medication. The medication shall be administered only in accordance with the written permission of the parent(s). The parent(s) shall be immediately notified of any medication error, and notified of such error in writing not more than seventy two hours after the medication error occurred, and such medication error shall be documented in the child's record.

**(3) Nonprescription Topical Medications/Labeling and Storage**

(A) The medication shall be stored in the original container and shall contain the following information on the container or packaging indicating:

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- (i) The individual child's name;
- (ii) The name of the medication; and
- (iii) Directions for the medication's administration.
- (B) The medication shall be stored away from food and inaccessible to children.
- (C) Any unused portion of the medication shall be returned to the parent(s). Any expired medication shall be destroyed in a safe manner or returned to the parent.

**(b) Administration of Medications Other Than Nonprescription Topical Medications**

(1) Training Requirements

(A) Prior to the administration of any medication, the director(s), head teacher(s), program staff or group care home provider(s) who are responsible for administering the medications shall first be trained by a pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse in the methods of administration of medications and shall receive written approval from the trainer which indicates that the trainee has successfully completed a training program as required herein. A director, head teacher, program staff or group child care home provider trained and approved to administer medication shall also be present whenever a child who has orders to receive medication is enrolled and present at the facility.

(B) The training in the administration of medications shall be documented and shall include, but not be limited to, the following:

- (i) Objectives;
- (ii) A description of methods of administration including principles and techniques;
- (iii) Administering medication to an uncooperative child;
- (iv) Demonstration of techniques by the trainer and return demonstration by participants, assuring that the trainee can accurately understand and interpret orders and carry them out correctly;
- (v) Recognition of side effects and appropriate follow up action;
- (vi) Avoidance of medication errors and the action to take if an error occurs;
- (vii) Abbreviations commonly used;
- (viii) Documentation including parent permission, written orders from authorized prescribers and the record of administration;
- (ix) Safe handling including receiving medication from the parent(s), safe disposal and standard precautions; and
- (x) Proper storage including controlled substances, in accordance with section 21a-262-10 of the Regulations of Connecticut State Agencies.

(C) Oral, Topical and Inhalant Medications.

In addition to the training requirements set forth in subparagraphs (A) and (B) of this subdivision, before a director, head teacher, program staff or group child care home provider may administer oral, topical or inhalant medications, he or she shall have successfully completed a training program on the administration of oral, topical and inhalant medications. The trainer, who shall be a pharmacist, physician, physician assistant, advanced practice

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registered nurse or registered nurse, shall ensure that the director, head teacher, program staff or group child care home provider understands the indications, side effects, handling and the methods of administration for oral, topical and inhalant medication. After completing such training, the director, head teacher, program staff or group child care home provider shall have his or her skills and competency in the administration of oral, topical and inhalant medications reviewed and validated by a pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse every three years. The facility shall have program staff trained in the administration of oral, topical and inhalant medication on site during all hours when a child with a prescription for oral, topical or inhalant medication is on-site.

(D) *Injectable Medications by a Premeasured Commercially Prepared Auto-Injector*

In addition to the training requirements set forth in subparagraphs (A) and (B) of this subdivision, before a director, head teacher, program staff or group child care home provider may administer injectable medications, he or she shall have successfully completed a training program on the administration of injectable medications by a premeasured, commercially prepared auto-injector. The trainer, who shall be a pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse, shall ensure that the director, head teacher, program staff or group child care home provider understands the indications, side effects, handling and methods of administration for injectable medication. After completing such training, the director, head teacher, program staff or group child care home provider shall annually have his or her skills and competency in the administration of injectable medication validated by a pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse. Injectable medications by a premeasured commercially prepared auto-injector shall only be given in emergency situations. The facility shall have program staff trained in the use of a premeasured, commercially prepared auto-injector used to treat an allergic reaction on site during all hours when a child with a prescription for an automatic prefilled cartridge injector or similar automatic injectable equipment used to treat an allergic reaction is on-site.

(E) *Rectal Medications*

In addition to the training requirements set forth in subparagraphs (A) and (B) of this subdivision, before a director, head teacher, program staff or group child care home provider may administer rectal medications, he or she shall have successfully completed a training program on the administration of rectal medications. The trainer, who shall be a pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse, shall ensure that the director, head teacher, program staff or group child care home provider understands the indications, side effects, handling and the methods of administration for rectal medication. After completing such training, the director, head teacher, program staff or group child care home provider shall have his or her skills and competency in the administration of rectal medications reviewed and validated by a pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse every three years. The facility shall have program staff trained in the administration of rectal medication on

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site during all hours when a child with a prescription for rectal medication is on-site.

(F) **Injectable Medications Other than by a Premeasured Commercially Prepared Auto-Injector**

In addition to the training requirements set forth in subparagraphs (A) and (B) of this subdivision, before a director, head teacher, program staff or group child care home provider may administer injectable medications other than by a premeasured commercially prepared auto-injector, he or she shall have successfully completed a training program on the administration of injectable medications other than by a premeasured commercially prepared auto-injector. The trainer, who shall be a pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse, shall ensure that the director, head teacher, program staff or group child care home provider understands the indications, side effects, handling and the methods of administration for injectable medication. After completing the training, the director, head teacher, program staff or group child care home provider shall have his or her skills and competency in the administration of injectable medications other than by a premeasured commercially prepared auto-injector reviewed and validated by a pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse every three years. The facility shall have program staff trained in the administration of injectable medication other than by a premeasured commercially prepared auto-injector, on site during all hours when a child with a prescription for injectable medication other than by a premeasured commercially prepared auto-injector is on-site.

(G) A program staff member currently certified by the Department of Developmental Services, or the Department of Children and Families, to administer medications shall be considered qualified to administer medications for the modalities in which they have been trained at child care centers or group child care homes.

(2) **Training Approval Documents/Training Outline**

(A) Upon completion of the required training program or the review and validation of the required training, the pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse who conducted the training shall issue a written approval to each director, head teacher, program staff or group child care home provider who has demonstrated successful completion of the required training. Approval for the administration of oral, topical, inhalant medications, rectal medications and injectable medications other than by a premeasured commercially prepared auto-injector shall remain valid for three years. Approval for the administration of injectable medications by a premeasured commercially prepared auto-injector shall be valid for one year. A copy of the approval shall be on file at the facility for a period of three years and shall be available to Office staff upon request.

(B) The written approval shall include:

(i) The full name, signature, title, license number, address and telephone number of the pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse who gave the training;

(ii) The location and date(s) the training was given;

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(iii) A statement that the required curriculum areas listed in subdivision (1) of this subsection when applicable were successfully mastered, and indicating the route(s) of administration the trainee has been approved to administer;

(iv) The name, address and telephone number of the director, head teacher, program staff or group child care home provider who completed the training successfully; and

(v) The expiration date of the approval.

(C) The trainer shall provide the trainee with an outline of the curriculum content which verifies that all mandated requirements have been included in the training program. A copy of said outline shall be on file at the facility for a period of three years for Office review. The Office may require at any time that the operator obtain the full curriculum from the trainer for review by the Office.

(3) Order From An Authorized Prescriber/Parent's Permission

(A) Except for nonprescription topical medications described in subsection (a)(1) of this section, no medication, prescription or nonprescription shall be administered to a child without the written order of an authorized prescriber and the written permission of the child's parent(s) which shall be on file at the facility for at least two years after the child is no longer attending the program. Such medications may include:

(i) Oral medications;

(ii) Topical medications;

(iii) Inhalant medications;

(iv) Injectable medications, by a premeasured, commercially prepared auto-injector, to a child with a medically diagnosed condition who may require emergency treatment;

(v) Rectal medications; or

(vi) Injectable medication other than by a premeasured commercially prepared auto-injector.

(B) The written order from an authorized prescriber shall be on a form or forms that indicates that the medication is for a specific child and that contains the following information:

(i) The name, address and date of birth of the child;

(ii) The date the medication order was written;

(iii) The medication or drug name, dose and method of administration;

(iv) The time the medication is to be administered;

(v) The date(s) the medication is to be started and ended;

(vi) Relevant side effects and the authorized prescriber's plan for management if they occur;

(vii) Notation if the medication is a controlled drug;

(viii) A listing of any allergies, reactions to or negative interactions with foods or drugs;

(ix) Specific instructions from the authorized prescriber who orders the medication regarding how the medication is to be given;

(x) The name, address and telephone number of the authorized prescriber ordering the drug;

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(xi) The authorized prescriber's signature; and

(xii) The name, address, telephone number, signature and relationship to the child of the parent(s) giving permission for the administration of the drug by the director, head teacher, program staff or group child care home provider.

(C) If the authorized prescriber determines that the training of the director, head teacher, program staff or group child care home provider is inadequate to safely administer medication to a particular child, or that the means of administration of medication is not permitted under these regulations, that authorized prescriber may order that such administration be performed by licensed medical personnel with the statutory authority to administer medications.

(D) The director, head teacher, program staff or group child care home provider shall administer medication only in accordance with the written order of the authorized prescriber and shall not administer the first dose of any medication, except in an emergency. The parent(s) shall be notified immediately of a significant medication error or a medication error, and notified of such error in writing not later than seventy-two hours after the significant medication error or medication error occurred, and the error shall be documented in the medication administration record. Significant medication errors shall also be reported immediately to the Office by telephone and in writing no later than the next business day.

(E) Investigational drugs shall not be administered.

(4) Required Records

(A) Except for nonprescription topical medications described in subsection (a)(1) of this section, individual written medication administration records for each child shall be maintained, reviewed prior to administering each dose of medication and kept on file at the facility for at least two years after the child is no longer attending the program. The medication administration record shall become part of the child's health record when the course of medication has ended.

(B) The individual written administration record for each child shall include:

(i) The name, address and date of birth of the child;

(ii) The name of the medication;

(iii) The dosage ordered and method of administration;

(iv) The pharmacy and prescription number if applicable;

(v) The name of the authorized prescriber ordering the medication;

(vi) The date, time and dosage at each administration;

(vii) The signature in ink, or in another manner that prevents alteration of the information, of the director, head teacher, program staff or group care home provider giving the medication;

(viii) Food and medication allergies;

(ix) Level of cooperation from the child in accepting the medication;

(x) The date and time the medication is started and ended; and

(xi) Medication administration errors.

(5) Storage and Labeling

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(A) Medication shall be stored in the original child-resistant safety container. The container or packaging shall have a label which includes the following information:

- (i) The child's name;
- (ii) The name of the medication;
- (iii) Directions for the medication's administration; and
- (iv) The date of the prescription.

(B) Except for nonprescription topical medications described in subdivision (1) of subsection (a) of this section, and medication described in subsection (b)(5)(C) of this section, medication shall be stored in a locked area or a locked container in a refrigerator in keeping with the label directions away from food and inaccessible to children. Only personnel authorized to administer medication may be provided with the means to access such medication. Controlled substances as defined in section 14-1 of the Connecticut General Statutes shall be stored in accordance with section 21a-262-10 of the Regulations of Connecticut State Agencies.

(C) Equipment and medications prescribed to treat asthma, administer glucagon, control seizures, or as an emergent first line of defense medication against an allergic response or a diabetic reaction shall be stored in a safe manner, inaccessible to other children, to allow for quick access in an emergency.

(D) All unused or expired medication, except for controlled substances as defined in section 14-1 of the Connecticut General Statutes, shall be returned to the parent(s) or disposed of if it is not picked up within one week following the termination of the order, in the presence of at least one witness. The facility shall keep a written record of the medications destroyed for three years which shall be signed by both parties.

(E) The facility shall require the parent(s) of a child who has a prescription for a premeasured, commercially prepared auto-injector used to treat an allergic reaction or injectable equipment used to administer glucagon or other injectable medication or rectal medication or inhalant medication to treat asthma, to provide the injector or equipment labeled with the information from the prescriber upon enrollment and attendance of such child at the facility, and replace such medication and equipment prior to its expiration date.

(6) Children enrolled at the facility may self-administer medications with documented parental and authorized prescriber's permission. Children may request and receive assistance from program staff in opening containers or packages or replacing lids. Medication to be self-administered shall be stored in accordance with subdivision (5) of this subsection.

(7) Petition For Special Medication Authorization

(A) The operator of a child care center or group child care home may petition the Office to administer medications to a child cared for at the child care center or group child care home by a modality which is not specifically permitted under these regulations by submitting a written application to the Office including the following information:

(i) A written order from an authorized prescriber containing the information for the specific child set forth in subdivision (3)(B) of this subsection and a statement that the administration by the requested modality is the only reasonable means of providing

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medication and that the administration must occur during hours of the child's attendance at the facility;

(ii) A written training plan including the full name, signature, title, license number, address and telephone number of the pharmacist, physician, advanced practice registered nurse, physician assistant or registered nurse who shall provide the training, a detailed outline of the curriculum areas to be covered in training and a written statement by the authorized prescriber that the proposed training is adequate to assure that the medication shall be administered safely and appropriately to the particular child;

(iii) Name, address and telephone number of the person(s) who shall participate in the training;

(iv) Written permission from the child's parent(s); and

(v) Such other information that the Office deems necessary to evaluate the petition request.

(B) After reviewing the submitted information, if the Office determines that the proposed administration of medication for the particular child can be provided in a manner to assure the health, welfare and safety of the child, it may grant the petition. The Office may grant the petition with any conditions or corrective measures which the Office deems necessary to assure the health, safety and welfare of the child. The Office shall specify the curriculum that the training program shall cover and the expiration date of the authorization provided in granting the petition. If the Office grants the petition, no medication may be administered until after the proposed training program has been successfully completed and a written certification from the pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse who provided the training is submitted to the Office. The certification shall include:

(i) The full name, signature, title, license number, address and telephone number of the pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse who provided the training;

(ii) The location and date(s) the training was given;

(iii) A statement that the curriculum was successfully mastered and stating the modality of administration of medication that the trainee has been approved to administer; and

(iv) The name, address and telephone number of the person(s) who successfully completed the training.

(C) Copies of all documentation required under this subdivision shall be maintained for a period of two years at the facility. The requirements of subsection (b) (4) and (b) (5) of this section shall apply to the administration of medication authorized by petition.

**(c) Cease and Desist Orders**

If the Office determines that the health, safety or welfare of a child in the child care center or group child care home imperatively requires emergency action to halt the administration of medications by a director, head teacher, program staff or group child care home provider in a child care center or group child care home, the Office may issue a cease and desist order requiring the immediate cessation of the administration of medications by a director,

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head teacher, program staff or group child care home provider in the facility. The Office shall provide an opportunity for a hearing regarding the order within ten business days of date the order is issued. Upon receipt of the order, the operator shall cease the administration of all medications and provide immediate notification to the parent(s) of all children under his or her care that no medications may be administered at the child care center or group child care home until such time as the cease and desist order is terminated.

**(d) Emergency Distribution of Potassium Iodide**

Notwithstanding any other provisions of the Regulations of Connecticut State Agencies, during a public health emergency declared by the Governor pursuant to section 19a-131a of the Connecticut General Statutes and if authorized by the Commissioner of Public Health pursuant to section 19a-131k of the Connecticut General Statutes via the emergency alert system or other communication system, a child care center or group child care home licensed in accordance with section 19a-80 of the Connecticut General Statutes and located within a ten mile radius of the Millstone Power Station in Waterford, Connecticut shall notify parents and guardians of enrolled minors, program staff and other persons present of the statutory requirement to provide potassium iodide, and shall designate program staff members to distribute and administer potassium iodide to adults present or to a child in attendance at the child care center or group child care home during such emergency. Such distribution of potassium iodide shall comply with the following:

(1) Prior to distribution, each child care center or group child care home shall notify parents and guardians of minors currently enrolled, and program staff currently employed, of the requirement to distribute and administer potassium iodide. Such notification shall also be made upon enrolling a new minor or hiring a new program staff member;

(2) Upon notification made pursuant to subdivision (1) of this subsection, and prior to distribution, the child care center or group child care home shall obtain written permission or written objection for such administration. Written documentation of such notification and permission or objection shall be kept at the child care center or group child care home;

(3) Prior to obtaining written permission or written objection, each child care center and group child care home shall advise each such person, in writing, that the ingestion of potassium iodide is voluntary;

(4) Prior to obtaining written permission or written objection, each child care center and group child care home shall advise each such person about the contraindications and the potential side effects of taking potassium iodide, according to current guidelines on exposure, dosage, contraindications and side effects issued by the Food and Drug Administration;

(5) Child care centers and group child care homes shall designate program staff members to distribute and administer potassium iodide to minors, program staff, and other persons present at the child care center or group child care home when directed by the Commissioner during a public health emergency. Such designated program staff members shall be eighteen years of age or older and shall have been instructed by the child care center or group child care home in the administration of potassium iodide. Such instruction shall include, but not

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be limited to, the following:

- (A) The proper use and storage of potassium iodide;
- (B) The recommended dosages of potassium iodide to be administered to children and adults as prescribed by the Food and Drug Administration; and
- (6) Potassium iodide shall be stored in a locked storage area or container, inaccessible to children.

(Adopted effective November 3, 1997; Amended March 8, 2004; Amended January 4, 2005; Amended November 6, 2008; Amended August 10, 2023; Amended October 16, 2024)

**Sec. 19a-79-10. Under three endorsement**

(a) The operator of a program caring for children under three years of age shall comply with sections 19a-79-1a to 19a-79-10, inclusive, and section 19a-79-13 of the Regulations of Connecticut State Agencies.

(b) A program caring for children under three years of age shall have a separate endorsement by the Office.

**(c) Infants and toddlers**

(1) Age. Children from six weeks to thirty six months of age shall be considered infants and toddlers.

(2) Ratio. There shall be at least one program staff qualified under section 19a79-4a(e) of the Regulations of Connecticut State Agencies for every four children or fraction thereof who are under the age of two years in attendance and for every five children or fraction thereof who are two years old in attendance, indoors and outdoors.

(3) Group size. The group size shall not exceed eight for children that are under the age of two years and shall not exceed ten for children that are two years old, indoors and outdoors.

(4) There shall be a physical barrier separating each group of children, indoors and outdoors.

**(d) Special equipment**

Each child care center and group child care home shall have equipment and furniture to meet the developmental needs of the children served and shall be used in accordance with manufacturer guidelines.

**(1) Sinks**

(A) In child care centers there shall be a sink with hot and cold running water designated for diaper changing and hand washing of program staff and children. This sink shall be located in the program space. Child care centers which have three program staff for a group of infants or toddlers may use an accessible diaper changing facility if it is immediately adjoining the program area.

(B) Separate sinks shall be available for purposes other than hand washing after diaper changing within child care centers.

(C) Group child care homes shall have a sink accessible for hand washing other than the sink used for food preparation.

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(2) Furniture shall include:

(A) Cribs or other furniture intended for infant sleeping that meet the United States Consumer Product Safety Commission (CPSC) requirements. All cribs shall comply with the CPSC crib standards. To demonstrate that a crib meets the current CPSC crib standards, one of the following shall be maintained on the licensed premises for each crib that is used or accessible to any child in care:

(i) A tracking label, which is a permanent, distinguishing mark on the crib which verifies a date of manufacture on or after June 28, 2011;

(ii) A registration form including the manufacturer's name and contact information, model name, model number, and a date of manufacture on or after June 28, 2011; or

(iii) A Children's Product Certificate (CPC) or test report from a CPSC-accepted third party lab demonstrating compliance with federal crib standards under 16 CFR 1219, for full-size baby cribs, or 16 CFR 1220, for non-full-size baby cribs.

(B) Washable cots for toddlers;

(C) Chairs for feeding, each of which has a stable base, safety straps on all high chairs attached to the chair and a tray which locks securely;

(D) Low tables and chairs according to children's size and development; and

(E) A refrigerator and facilities to store and heat food and bottles.

(3) Furniture may include but not be limited to:

(A) Strollers, each of which has a stable base, firmly attached safety straps and tightly locking brakes;

(B) Play pens, each of which has either small weave mesh netting or slats no more than two and three-eighths inches apart, a firm floor with a secured foam pad and hinges that lock tightly; and

(C) An adult rocking chair.

(e) **Diapering and toileting**

(1) The diapering area shall be an elevated sturdy table or counter equipped with a safety rail.

(2) Infants and toddlers shall be diapered at a diapering area used only for this purpose and located in the program area.

(3) Each diapering area shall have a non-porous surface and be kept in good repair.

(4) Diapering areas shall be washed and disinfected after each use.

(5) Disposable paper sheets shall be used and discarded immediately after each diapering.

(6) A covered washable lined waste receptacle shall be available and located in a convenient place for soiled waste material. These materials shall be removed to an exterior waste storage area at least daily.

(7) The hands of the program staff and the children shall be washed after each diaper change.

(8) Diapering and hand washing policies and procedures shall be posted in each diapering area and followed.

(9) Disposable diapers shall be discarded in a covered receptacle immediately after

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diapering.

(10) When cloth diapers or training pants are used, a written plan for their use and care shall be developed and implemented. This plan shall include, but not be limited to, these procedures:

(A) Placing soiled clothing and diapers in a sealed air tight container;

(B) Removing soiled clothing and diapers from the child care center or group child care home daily; and

(C) Cleaning and sanitizing the container daily.

(f) **Linens and clothing and bedding**

(1) A supply of linen and emergency clothing shall be available for each child in the child care center or group child care home at all times.

(2) All children's linens shall be washed at least weekly and as needed.

(3) Each child's linens and clothing shall be stored individually.

(4) When cribs and cots are shared, all metal, plastic and sealed wood bed frames shall be thoroughly wiped down with a general purpose cleaning agent and linens changed between children.

(g) **Sleep arrangements**

(1) Infants under twelve months of age shall be placed in a supine (back) position for sleeping in a well-constructed, free standing crib or other piece of equipment designed for infant sleeping and appropriate for the particular child, with a snug fitting mattress covered by a tightly-fitted sheet unless the child has written documentation from a physician, physician assistant or advanced practice registered nurse specifying a medical reason for an alternative sleep position or alternate piece of equipment.

(2) When infants can easily turn over from the supine to the prone position, they shall be put down to sleep on their back, but allowed to adopt whatever position they prefer for sleep.

(3) No items including, but not limited to, pillows, soft bumpers, toys and blankets, including weighted blankets, weighted sleepers, and weighted swaddles, shall be placed with an infant in a crib or hung over the side of a crib or other piece of equipment designed for sleeping except for a pacifier without attachments unless the child has written documentation from a physician, physician assistant or advanced practice registered nurse specifying a medical reason for its use. Bibs and garments with ties or hoods shall be removed from infants that are placed to sleep. No toys or objects shall be attached to sleeping or rest equipment.

(4) No infant shall be put to sleep on a sofa, bed, couch, soft mattress, waterbed or other soft surface. No infant shall be put to sleep or allowed to remain asleep in a child restraint system intended for use in a vehicle, an infant carrier, a swing or any place that is not specifically designed to be an infant bed unless the child has written documentation from a physician, physician assistant or advanced practice registered nurse specifying a medical reason for their use.

(5) No infant shall be swaddled unless the child has written documentation from a

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physician, physician assistant or advanced practice registered nurse specifying instructions and a timeframe for swaddling the infant.

(6) Infants under twelve months of age shall be physically observed at least every fifteen minutes to assess the infants breathing, color, temperature and comfort.

(7) No child under three years of age shall have access to teething necklaces, teething bracelets or other jewelry that could present a choking or strangulation hazard.

(8) Written policies and procedures for sleep arrangements shall include the requirements of this subsection and shall be posted in a conspicuous place in the areas where infants under twelve months of age sleep. The operator shall document that the child's parent(s) has been informed of the child care center or group child care home's policies and procedures for sleep arrangements prior to enrollment and reviewed as needed during the period of the child's enrollment.

**(h) Toys and other objects**

(1) Toys used for infants shall be kept separate, washed and sanitized at least daily. Toys for toddlers, including floor and riding toys, shall be washed and sanitized at least weekly and as needed.

(2) Toys and other objects with a diameter of less than one and one-quarter inches, objects with removable parts that have a diameter of less than one and one-quarter inches, balloons and Styrofoam objects shall not be accessible to children under three years of age unless such objects are part of a designated and directly supervised activity. Plastic bags, not in use, shall be stored out of reach and inaccessible to children under three years of age. Plastic bags, while in use, may be stored within reach of children under three years of age provided access to such bags is only under direct and immediate supervision.

**(i) Health consultant**

(1) A health consultant shall visit the facility on the days and times children under the age of three are present. The scheduled times of the visits shall be arranged so that all children under the age of three are observed. The health consultant shall prepare and maintain signed documentation of visits which shall be kept on the licensed premises.

(2) The health consultant shall visit the facility according to the following schedule:

(A) Once a week for children up to twenty-four months of age;

(B) Once a week if children two to three years of age, attend five hours or more per day; and

(C) Once a month if children two to three years of age attend less than five hours per day.

(j) Infants shall be removed from their cribs and held for all bottle feedings. They may be placed in chairs for all other feedings. Infants and toddlers shall be removed from their cribs or playpens at other intervals during the day for individual cuddlings and for verbal communication. They shall be allowed to crawl and toddle as age and development permit. Each infant shall be placed in a prone (front) position part of the time when awake.

(k) Foods and Liquids. When food and liquids are served:

(1) A written statement specifying the formula, breast milk or other liquids and the

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feeding schedule for infants shall be obtained from the parent(s), updated as necessary and followed by program staff;

(2) Unused portions of formula, breast milk or other liquids shall be discarded after each feeding;

(3) Clean bottles shall be provided by the parent(s) unless the facility uses disposable bottles or has a dishwasher or dishwashing system approved by the local director of health to wash bottles;

(4) Baby food shall be served from a dish unless the whole contents of the jar will be served; and

(5) Each child's bottle shall be individually identified with the child's name.

**(l) Outdoor play space**

(1) All infant toddler play space shall be fenced. Space licensed on and after January 1, 2025 shall be enclosed with a fence at least four feet in height.

(2) The equipment available to the infants and toddlers shall be developmentally appropriate for the ages of the children.

(3) Measures shall be in place to ensure the health and safety of children under three years of age who have access to play areas that contain impact absorbing materials that consist of uniform pieces of material that have a diameter of less than one and one-quarter inches.

(Effective July 27, 1993; Amended August 8, 1995; Amended November 6, 2008; Amended October 16, 2024)

**Sec. 19a-79-11. School age children endorsement**

(a) The operator of a child care center or group child care home caring for children of school age shall comply with sections 19a-79-1a to 19a-79-9a, inclusive, this section and section 19a-79-13 of the Regulations of Connecticut State Agencies.

(b) A program providing care for school age children shall have a separate school age children endorsement by the Office.

(c) The program shall develop and implement a written plan for the daily program that includes a flexible schedule and shall be available to parent(s) and program staff. The program shall provide adequate opportunities for enrichment, recreational, and academic activities as appropriate to meet the individual needs of the children.

(1) These activities shall not be a duplication of the child's school day.

(2) These activities shall reflect the interests of the children enrolled in the program and shall include the cognitive, physical, social, and emotional needs of the children. These activities shall promote and encourage the development of creativity, personal responsibility, self direction, higher level thinking, and leadership skills.

(3) The program shall include:

(A) Free time;

(B) Creative activities;

(C) Opportunities for homework assignments;

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- (D) Nutritional snacks;
  - (E) Physical activities
  - (F) Small group activities;
  - (G) Special events which may include field trips; and
  - (H) Self-concept activities.
- (d) There shall be at least one qualified program staff person for every fifteen children or fraction thereof.
- (e) The group size shall not exceed thirty (30) children.
- (f) Children born in September, October, November and December who are not enrolled in kindergarten but who will turn five by January 1 shall be deemed eligible to enroll as a school age child provided such program receives written authorization from such child's parent and the director to enroll such child in the school age program. The written authorization shall be kept on file at the program and available to the Office upon request.
- (g) When a program serves school age children only, the designated head teacher shall be on site for sixty percent of the time the child care center or group child care home is in operation on a weekly basis, and shall submit written verification of the following qualifications and experiences:
- (1) The age of twenty years or older;
  - (2) The personal qualities needed to supervise others;
  - (3) A high school diploma or equivalency certificate and one of the following:
    - (A) Approval by the Office as a head teacher prior to October 30, 2024; or
    - (B) Completion of forty-five hours of school age or elementary education training designated by the Office or a three credit course in school age or elementary education programming from a regionally accredited higher education institution; and
    - (C) At least two hundred and forty hours of documented supervised experience working directly with a group of school age children in a licensed child care program, licensed youth camp program or an equivalent program as determined at the sole discretion of the office.
- (h) When a program for school age children is located in a public or private school facility currently used as a school, the local health, building and zoning regulations pertaining to school facilities shall apply. Under these circumstances, written verification of building and zoning approval is not required. A fire marshal certificate of approval and written approval from the local director of health are required for the facility pursuant to section 19a-79- 2a(b)(2)(D) of the Regulations of Connecticut State Agencies.

(Effective July 27, 1993; Amended November 6, 2008; Amended October 16, 2024)

**Sec. 19a-79-12. Night care endorsement**

(a) The operator of a child care center or group child care home providing night care shall comply with section 19a-79-1a to section 19a-79-13, inclusive of the Regulations of Connecticut State Agencies.

(b) The program providing care for one or more hours between the hours of ten P.M. and five A.M. shall have a separate night care endorsement by the Office.

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(1) There shall be a person on the licensed premises designated as the person in charge who shall meet the head teacher qualifications in section 19a-79-4a(e)(2) of the Regulations of Connecticut State Agencies.

(2) There shall be a written plan for program activities to meet the needs of the individual child, including individual sleep patterns and quiet activities.

(3) There shall be a written plan for continuous supervision of sleeping children including cot placement and evacuation from the building.

(4) A child shall not be in care for more than twelve hours in a twenty-four hour period on a regular basis.

(5) All program staff persons shall be awake and available to work with children in care.

(6) There shall be an individual cot or crib with bedding for each child, in accordance with section 19a-79-10(d)(2)(A) and 19a-79-10(d)(2)(B) of the Regulations of Connecticut State Agencies. Bunk beds shall not be used.

(A) Sleeping apparel and toiletries shall be individually labeled and stored.

(B) Bedding for children over twelve months of age shall consist of a blanket and sheet or a sleeping bag, with a pillow in a pillowcase.

(C) Toiletries shall include a towel, washcloth, toothbrush, toothpaste and soap.

(D) Bedding and sleeping apparel shall be laundered weekly and as needed.

(7) Sleep arrangements for infants shall comply with section 19a-79-10(g) of the Regulations of Connecticut State Agencies.

(8) The ambient air temperature shall be maintained to at least sixty-five degrees Fahrenheit measured at thirty six inches from the floor.

(9) There shall be written approval from the local fire marshal specifying the hours of operation.

(10) There shall be written approval from the local director of health for night care.

(Effective July 27, 1993; Amended November 6, 2008; Amended October 16, 2024)

**Sec. 19a-79-13. The monitoring of diabetes in child care centers and group child care homes**

**(a) Policy and Procedures**

(1) All child care centers and group child care homes at which designated program staff members will be administering finger stick blood glucose tests shall have written policies and procedures governing the administration of finger stick blood glucose tests to children diagnosed with diabetes mellitus. The policies and procedures shall address at least the following areas:

(A) Parental responsibilities;

(B) Program staff training and responsibilities;

(C) Proper storage, maintenance and disposal of test materials and supplies;

(D) Record keeping;

(E) Reporting test results, incidents and emergencies to the child's parent(s) and the child's physician, physician assistant or advanced practice registered nurse; and

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(F) A location where the tests occur that is respectful of the child's privacy and safety needs.

(2) Said policies and procedures shall be available for review by the Office during inspections or upon demand.

**(b) Training**

(1) Prior to the administration of finger stick blood glucose tests, the director, head teacher, program staff or group child care home provider shall have completed the following training requirements:

(A) A first aid course as described in section 19a-79- 4a(f)(2) of the Regulations of Connecticut State Agencies, as verified by a valid first aid certificate on file at the facility; and

(B) Additional training given by a pharmacist, physician, physician assistant, advanced practice registered nurse, registered nurse, certified emergency medical technician or the child's parent(s) according to written guidelines provided by the child's physician, physician assistant or advanced practice registered nurse. The additional training shall include, but not be limited to:

(i) The proper use, storage and maintenance of the child's individual monitoring equipment;

(ii) Reading and correctly interpreting test results; and

(iii) Appropriate actions to take when test results fail to fall within specified ranges indicated in the written order from the child's physician, physician assistant or advanced practice registered nurse.

(2) The training shall be updated at least every three years when a child with diabetes mellitus who requires finger stick blood glucose testing is present at the facility.

(3) Documentation that the director, head teacher, program staff or group child care home provider has been trained to administer finger stick blood glucose tests shall be in writing and kept at the facility for a period of three years for review by the Office. Such documentation shall indicate:

(A) The subjects covered in training;

(B) The signature and title of the instructor;

(C) The signature and title of the trainee; and

(D) The date the training was given.

**(c) Administration of Finger Stick Blood Glucose Test**

(1) Except as provided in subdivision (3) of this subsection, only the director, head teacher, program staff or group child care home provider staff members trained in accordance with subsection (b) of this section may administer the finger stick blood glucose test in a child care center or group child care home.

(2) Whenever a child diagnosed with diabetes mellitus who has orders to receive finger stick blood glucose monitoring is enrolled and present at the facility, a director, head teacher, program staff or group child care home provider designated and trained to administer finger stick blood glucose tests shall be present at the facility.

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(3) Upon the written authorization of the child's physician, physician assistant or advanced practice registered nurse and the child's parent(s), a child may self-administer the finger stick blood glucose test under the direct supervision of a director, head teacher, program staff or group child care home provider who has met the training requirements in subsection (b) of this section.

**(d) Equipment**

(1) The child's parent(s) shall supply the operator with the necessary equipment and supplies to meet the child's individual needs.

(2) Such equipment and supplies shall be labeled with the child's name and shall remain inaccessible to other children when not in use.

(3) The operator shall obtain a signed agreement from the child's parent(s) that the parent(s) agrees to check and maintain the child's equipment in accordance with manufacturer's instructions, restocks supplies and removes material to be discarded from the facility on a daily basis. All materials to be discarded shall be kept locked until it is given to the child's parent(s) for disposal.

**(e) Record Keeping**

The operator shall keep the following records at the facility as part of the child's medical record, and shall update them annually or when there is any change in the information.

(1) A current, written order signed and dated by the child's physician, physician assistant or advanced practice registered nurse indicating:

- (A) The child's name;
- (B) The diagnosis of diabetes mellitus;
- (C) The type of blood glucose monitoring test required;
- (D) The test schedule;
- (E) The target ranges for test results;
- (F) Specific actions to be taken and carbohydrates to be given when test results fall outside specified ranges;
- (G) Diet requirements and restrictions;
- (H) Any requirements for monitoring the child's recreational activities; and
- (I) Conditions requiring immediate notification of the child's parent(s), emergency contact, the child's physician, physician assistant or advanced practice registered nurse.

(2) An authorization form signed by the child's parent(s) which includes the following information:

- (A) The child's name;
- (B) The parent(s) name;
- (C) The parent(s) address;
- (D) The parent(s) telephone numbers at home and at work;
- (E) Two adult, emergency contact people including names, addresses and telephone numbers;
- (F) The names of a director, head teacher, program staff or group child care home provider designated to administer finger stick blood glucose tests and provide care to the

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child during testing;

(G) Additional comments relative to the care of the child, as needed;

(H) The signature of the parent(s);

(I) The date the authorization is signed; and

(J) The name, address and telephone number of the child's physician, physician assistant or advanced practice registered nurse.

(3) The operator shall ensure that the child's parent(s) receive daily the results of all blood glucose tests and any action taken based on the test results, and shall document the test results and any action taken in the child's medical record.

(Adopted effective June 30, 1998; Amended November 6, 2008; Amended October 16, 2024)