

Regulations of Connecticut State Agencies

TITLE 19a. Public Health and Well-Being

Agency

Department of Public Health

Subject

Family Day Care Homes

Inclusive Sections

§§ 19a-87b-1—19a-87b-18

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Family Day Care Homes

Sec. 19a-87b-1. Purpose

The purpose of registration of family day care homes is to assure that family day care homes meet the health, educational and social needs of the children utilizing such homes.

(Effective September 1, 1993; Transferred January 29, 1996)

Sec. 19a-87b-2. Definitions

For the purpose of Sections 19a-87b-2 through 19a-87b-17 of the Regulations of Connecticut State Agencies, the following definitions shall apply:

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

(2) “Adult” means a person eighteen (18) years of age or over.

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

(4) “Applicant” means a person, twenty (20) years of age or older, who has completed, signed and submitted an application to the department to obtain a family day care home registration.

(5) “Application” means the forms prescribed by the Commissioner which are to be used by applicants for initial registration, by providers for registration renewal, and by family day care staff for staff approval. Forms may be changed by the Department from time to time.

(6) “Assistant” means an adult approved in writing by the Commissioner, who assists the provider or substitute in caring for children in the registered facility, while the provider or substitute is present.

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

(8) “Child” means any person under eighteen (18) years of age.

(9) “Commissioner” means the Commissioner of the Department of Public Health or the commissioner’s designee(s) or representative(s).

(10) “Customary Business Hours” means the hours in which the family day care home is in operation caring for children.

(11) “Department” means the Department of Public Health.

(12) “Emergency Caregiver” means a person twenty (20) years of age or older, who can assume the provider’s duties in an unforeseen emergency situation.

(13) “Facility” means the entire premises, identified on the registration application, indoors and outdoors, including space not directly used for child care.

(14) “Family Day Care Home” means a facility so designated under Connecticut General Statute 19a-77 as same may be amended.

(15) “Family Day Care Services” means care of not more than six children, including provider’s own children not in school full time, where the children are cared for not less than three nor more than twelve hours during a twenty-four-hour period and where care is

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given on a regularly recurring basis. During the regular school year, a maximum of three additional children who are in school full time, including the provider's own children, shall be permitted, except that if the provider has more than three children who are in school full time, all of the provider's children shall be permitted.

(16) "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.

(17) "Home Visit" means a visit to the family day care home of an applicant or provider by department staff. Said home visit may be announced, as when the initial application inspection is performed; or unannounced, when performed in response to a complaint or as a spot inspection. All home visits shall be performed during customary business hours.

(18) "Household member" means any person other than the provider who resides in or has a right to reside in the family day care home, such as the provider's spouse or children, boarders, and any other occupant.

(19) "Medication" means any medicinal preparation including controlled substances, as defined in section 21a-240 of the Connecticut General Statutes.

(20) "Medication error" means failure to administer the medication to a child, or failure to administer medication within one (1) hour of the time designated by the prescribing practitioner, or failure to administer the specific medication prescribed for a child, or failure to administer the medication by the correct route or failure to administer the medication according to generally accepted medical practices, or failure to administer the correct dosage of medication.

(21) "Night Care" means family day care services provided during a child's normal night time sleeping hours.

(22) "Parent" means the person who retains custody of the child; i.e. the mother, father, supervising relative, legal guardian or foster parent.

(23) "Physician" means a doctor of medicine or osteopathy licensed to practice medicine in this or another state.

(24) "Physician assistant" means an individual licensed pursuant to section 20-12b of the Connecticut General Statutes.

(25) "Primary health care provider" means the individual who is responsible for the health care of the child outside the facility.

(26) "Provider" means the person registered by the department to provide family day care services, and who may substitute for another registered provider.

(27) "Registered Capacity" means the number of day care children that the provider is authorized to care for as contained in the registration certificate.

(28) "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.

(29) "Registration" means the official process by which an applicant has been given a license granting legal permission by the Commissioner to operate a family day care home.

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(30) “Residence” means a home occupied by the provider or approved for occupancy as a home as evidenced by a valid certificate of occupancy.

(31) “Substitute” means a person approved in writing by the Commissioner who may assume the provider’s responsibilities in the provider’s absence, and who meets the same qualifications as a provider.

(Effective September 1, 1993; Amended August 8, 1995; Transferred January 29, 1996; Amended November 3, 1997)

Sec. 19a-87b-3. Application for a registration to operate a family day care home

(a) Registration Required to Operate

No person, group of persons, association, organization, corporation, institution or agency, public or private, may operate a family day care home in the State of Connecticut without a registration issued by the Commissioner. Only one registration shall be issued per residence.

(b) Relative Providers who are Required to Register

An individual who provides child care at a home other than the child’s own for children who are not his/her grandchild(ren), niece(s), nephews(s), sibling(s), son(s) or daughter(s) by blood, adoption or marriage is required to register. The Department may require documentation verifying the relationship.

(c) Application Form

A person may apply for a family day care home registration by completing, signing and submitting to the Department an application to obtain a family day care home registration. Only one registration shall be issued per residence. The application forms are available through any office of the Department. The application forms, which may be modified by the Commissioner from time to time, shall contain information that the Commissioner deems necessary to determine whether the applicant or provider shall be issued or re-issued a family day care home registration. The application forms shall contain a notice that false statements made therein are punishable in accordance with Section 53a-157 of the Connecticut General Statutes, and that false statements may also be grounds for the denial of the registration. The application forms shall contain a certification that the applicant or provider is familiar with the family day care home regulations, agrees to abide by them, and will allow home visits by Department staff to the family day care home.

(d) Release Forms

The applicant, household members, and proposed family day care staff, as part of the application process, shall also agree to provide and/or authorize Department access to any information or records that the Commissioner deems necessary to investigate and/or verify that the applicant meets the requirements of Section 19a-87b-6 through 19a-87b-8 of the Regulations of Connecticut State Agencies, inclusive, including, but not limited to, medical information, police records and records of the Department of Children and Families.

If the applicant, household members and proposed day care staff refuse to cooperate with the Department in completing this process, or fail to provide the required information, such

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failure shall constitute sufficient reason for denial of the application.

(e) Interview and Inspection

The applicant shall be interviewed as part of the application process, and shall allow Department personnel to inspect thoroughly the entire premises.

(f) Denial of Application - Request for a Fair Hearing

An applicant who is aggrieved by the Department's denial of his/her application for family day care home registration may submit to the Commissioner a written request for a fair hearing on the denial, which shall state in simple language the reasons why the aggrieved person is seeking to have the denial reviewed by the Department. The request for a fair hearing shall be mailed to the Commissioner within sixty (60) days from the date of the denial letter.

(g) Reapplication Process

A provider who has voluntarily withdrawn or terminated an application or registration may reapply by filing a new application with the Department at any time.

(Effective September 1, 1993; Amended August 8, 1995; Transferred January 29, 1996)

Sec. 19a-87b-4. Renewal of registration

(a) Renewal Application

A registered provider of family day care home services who desires to renew a registration shall submit before the expiration date an unaltered, completed and signed application for renewal on the forms prescribed by the Commissioner. Information requested at renewal includes, but is not limited to:

- (1) Current enrollment
- (2) A statement that all children in facility are up to date on immunizations
- (3) Information on staff
- (4) Statement of change in any household member's health status
- (5) Physical changes made to the facility
- (6) Changes in family situation
- (7) Statement of compliance with the regulations for family day care homes.

(b) Registration to Remain in Effect

In the event that an unaltered, completed and signed application for a renewal of a registration to operate a family day care home has been submitted in a timely manner to the Department, but has not been acted upon by the Commissioner before the expiration date, the registration shall remain in effect until the Commissioner makes his decision on such application. During this period, all laws and regulations, as amended, governing the operation of a day care home shall remain in effect and be binding upon the provider.

(Effective September 1, 1993; Transferred January 29, 1996)

Sec. 19a-87b-5. Terms of the registration

(a) Registration Term and Fee

The registration shall be for a term of one year from the date of issuance and the

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Commissioner shall collect a fee of ten dollars for such registration from the applicant or provider. Only one registration at a time shall be issued per residence.

(b) Suitability

A registration will not be issued to any applicant, or renewed for a provider, unless the Commissioner finds that such applicant or provider is a suitable person to care for children in a family day care home and meets and agrees to comply with Sections 19a-87b-1 to 19a-87b-16 inclusive of these regulations. Suitability shall be determined by a review of the application materials, references, any criminal records, law enforcement records, medical records, protective services records and any other relevant material obtained by the Department. The Commissioner shall, after reviewing all the circumstances, make a determination whether the applicant or provider is a suitable person to care for children in a family day care home and whether the children's health and safety would be at risk under said applicant or provider's care.

(c) Nontransferability of the Registration

An applicant may apply for a registration only in his/her own name and only for the premises indicated on the application, which premises shall be a residence.

(1) A registration shall not be assigned by a provider to any other person under any circumstances. A provider shall not use a substitute on a regularly, recurring basis which effectively franchises or transfers the family day care services to the substitute.

(2) When the provider moves the family day care home to another facility, the old registration is no longer valid as issued. A new application to change the address shall be filed with the Department immediately. No fee is charged for this application, but a home visit is required to operate. The provider must notify the Department immediately to schedule a home visit.

(d) Factors in Determining the Registered Capacity

(1) The registered capacity of the facility shall be indicated by two (2) numbers on the registration certificate:

(A) Regular capacity defines the maximum number of infants, toddlers, preschoolers, kindergarten and school age children that a provider may care for together at any time during the year, including the provider's own children not in school full time. School age children who are not the provider's own children and receive family day care services for three (3) or more hours before school or three (3) or more hours after school shall be counted in the regular capacity. The regular capacity of a family day care home shall not exceed six (6) children.

(B) School age capacity defines the maximum number of additional children attending school full time that a provider may care for together before and after school during the school year only, including the provider's own school age children. The school age capacity shall not apply during the summer school vacation; however, the provider's own school age children shall be permitted without counting them in the regular capacity. The school age capacity of a family day care home shall not exceed three (3) children.

(2) Children attending full day kindergarten shall be counted in the school age capacity;

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children attending half day kindergarten shall be counted as preschoolers in the regular capacity until graduation from kindergarten.

(3) Staff members' children present at the facility shall be counted in the capacity like the other children receiving care.

(4) Foster children and children who reside at the facility shall be counted as household members in the same manner as the provider's own children.

(5) The provider's own children twelve (12) years of age and older shall not count in the capacity.

(6) The registered capacity shall be determined at the Commissioner's discretion taking into account the indoor and outdoor space and other accommodations available for child care at the facility and the qualifications of the applicant or provider.

(e) Infant and Toddler Restriction

The provider shall care for no more than two (2) children under the age of two (2) years at one time, including his/her own children, except that the provider may care for up to six (6) children under the age of two (2) years when an assistant is present.

(f) Variance of Requirements

A family day care home and provider shall comply with all family day care regulations unless a variance for specific requirement(s) has been granted through a prior written agreement with the Commissioner. This agreement shall specify the particular requirement(s) affected, the duration of the variance, and the terms under which the variance is granted. Variance of specific requirements shall be granted only when the home and provider have documented that the intent of the specific requirement(s) affected will be satisfactorily achieved in a manner other than that prescribed by the requirement(s). A variance shall not be given to allow a provider to care for more children than indicated by the registered capacity. When the home or provider fail to comply with the variance agreement in any particular, the agreement shall be subject to immediate cancellation.

(g) Registration Certificate

Upon approval of the initial application and or renewal application, and payment of the fee, a registration certificate shall be signed by the Commissioner and issued to the provider. The registration certificate shall identify the provider's name, the address of the facility, the registered capacity of the family day care home, the registration number and the expiration date.

(1) The registration certificate remains the property of the Department and shall be surrendered to the Commissioner if the registration is suspended, revoked, or voluntarily terminated.

(2) The registration certificate shall be displayed conspicuously in a location visible to the Department Staff and to parents whose children are in care or who are considering placing their children in the provider's care.

(3) The registration number shall be used in any advertisement of services.

(h) Parental Access to the Department

When a child is enrolled, the provider shall furnish the parent(s) with the telephone

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number of the local office of the Department. The provider shall explain that any person with good cause and in good faith may file a complaint about a registered or unregistered provider with the Department.

(i) Consent to Home Visits

The provider and substitute shall consent in writing and agree to allow Department staff to inspect the facility and have access to day care records for the performance of home visits during customary business hours.

(j) Notification of Change

The applicant or provider shall notify the Commissioner in writing within five (5) working days of any change in circumstances which alters or affects the day care service as registered or as stated in the application. Changes of circumstances which shall be reported include, but are not limited to, the following: change of address, renovation of facility, the addition of household members, or changes in the health status of the provider, staff, or household members that may affect the provision of family day care services.

(Effective September 1, 1993; Transferred January 29, 1996)

Sec. 19a-87b-6. Qualifications of the applicant and provider

(a) Awareness of Regulations

The applicant and provider shall have a copy of the regulations at the facility and shall have read and understood the family day care standards set forth in these regulations.

(b) Health

The applicant and provider shall be physically, emotionally and mentally able to handle child care responsibilities and emergencies and shall be free from any mental, emotional or physical health problems which might impair such ability or otherwise adversely affect the day care children. In order to enable the Commissioner to determine that the provider meets these requirements, the following shall be provided upon request:

(1) Medical Statements

The applicant shall furnish, at the time of initial application, a medical statement signed by a physician, physician assistant or advanced practice registered nurse based on an examination conducted within the past twelve (12) months, documenting the presence of any known medical or emotional illness or disorder that would currently pose a risk to children in care or would currently interfere with effective functioning as a provider. Thereafter, the provider shall submit a medical statement, described above, every two (2) years and at any other time requested by the Commissioner.

(2) Tuberculosis

The applicant shall furnish a negative skin test for tuberculosis or, for a known reactor, evidence of no active tuberculosis on a chest x-ray, based on a test or x-ray given during the past twelve (12) months, and thereafter upon the request of the Commissioner.

(3) Medical Records

The applicant and provider shall supply to the Commissioner on request any medical records regarding his/her physical, emotional or mental health. The applicant and provider

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shall execute a release authorizing access to his/her medical records upon request of the Commissioner when the Commissioner deems the applicant or provider's medical history may reveal a risk to children in care.

(4) Medications

At the Commissioner's request the applicant and provider shall furnish information and/or shall supply or authorize the release of medical records regarding any ongoing medications being used by the applicant or provider.

(c) **Trainings Requirements**

(1) Any application for registration submitted to the Department on or after January 1, 1994 shall, before final approval of the application is given, include a copy of a valid certificate from an approved course in basic first aid appropriate for child care providers.

(2) Providers registered prior to January 1, 1994 shall furnish to the Department a copy of a valid certificate documenting successful completion of such training by September 1, 1994.

(3) Thereafter, as part of the renewal application, the provider shall furnish a copy of a valid certificate of such training to the Department as necessary to verify continuous certification.

(4) The Department shall approve a course in basic first aid if it meets the standards set for Group Homes and Day Care Centers as specified in the Child Day Care Unit Policy Manual of the Department of Health Services.

(d) **References**

The applicant shall submit at least three (3) reliable and satisfactory references from individuals who have known the applicant for at least three (3) years. The references shall indicate the applicant's interest in, and affection for children, their understanding of children's developmental needs, good judgment about supervision and safety for children, personal competence, emotional stability and dependability. Only one reference may be from a person related to the applicant by blood or marriage. The Commissioner may request additional references as needed to verify continuing compliance with the regulations during the registration period.

(e) **Personal Qualities**

The applicant and provider shall have the personal qualities appropriate for working and communicating with children and their families. The Commissioner will review all application materials, personal references, medical records, criminal records and Department of Children and Families records submitted on an applicant and provider to determine if he/she has an interest in and liking for children, understanding of children and their developmental needs, good judgement about supervision and safety for children, personal competence, emotional stability and dependability. Suitability shall also be determined from a review of any complaint investigation and any law enforcement or protective services records.

(f) **Criminal Record Check**

National, state and local police records shall be checked by the department. The applicant,

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provider, or any person working in the family day care home shall not have a criminal record that the Commissioner reasonably believes renders such applicant, provider, assistant or substitute unsuitable to own, conduct, operate, or maintain or be employed by a family day care home.

(g) Protective Services Check

(1) The applicant and provider shall be checked with the Department of Children and Families to determine whether:

(A) There is a Department of Children and Families record of child abuse, neglect or risk thereof, or whether there is an ongoing investigation for such offenses.

(B) A child has been removed from care or custody for reasons of abuse, neglect or risk thereof.

(2) A finding that there is a Department of Children and Families record or an on-going Department of Children and Families investigation or that a child has been removed from care or custody, as set forth in subdivision (1) of this subsection (h), shall provide a sufficient basis for the Commissioner to take immediate action against the registration. The Commissioner may deny a day care application, summarily suspend and/or propose to revoke a registration, or immediately revoke permission for a family day care home staff member to provide care under this section, depending on the particular circumstances of a given case.

(3) In keeping with the confidentiality provisions of Section 17a-101 of the Connecticut General Statutes, the Department will hold confidential information obtained under this section.

(h) Offenses or Information from Other Jurisdictions

The Commissioner may request that a screening for child abuse, neglect, or criminal conviction records be done in another state as necessary to ensure the applicant or provider's background does not present a risk to children. If the Commissioner obtains information of conduct in another jurisdiction by an applicant or provider that would have resulted in a denial of a family day care home registration to such an applicant or provider if such conviction or conduct had occurred in this state, it may be grounds for denial or suspension or revocation of such a registration.

(Effective September 1, 1993; Amended August 8, 1995; Transferred January 29, 1996; Amended June 4, 1999)

Sec. 19a-87b-7. Members of the household

(a) Health

The members of the household shall be free from any mental, emotional or physical health problems which might adversely affect the day care children. The following documentation shall be part of the initial application process and updated as deemed necessary by the Commissioner:

(1) Medical statements and children's immunization records

A medical statement signed by a physician, physician assistant or advanced practice

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registered nurse, based on an examination conducted within the past twelve (12) months. The statement shall document, for each household member, the presence of any known medical or emotional illness or disorder that would currently pose a risk to children in care or would currently interfere with, or otherwise put in jeopardy, the provider's ability to render proper care to the day care children in the day care facility. All adult members of the household shall furnish a negative skin test for tuberculosis or, for a known reactor, no evidence of active tuberculosis on a chest x-ray, based on a test or x-ray given during the past twelve (12) months, and thereafter upon request of the Commissioner. The provider shall maintain forms for each child in the household including the provider's own children present at the facility as specified in subdivisions (2) and (3) of subsection (b) of section 19a-87b-10. The forms shall also state that the child is current with all required immunizations and shall indicate the date for the next scheduled immunization.

(2) Medical and medication records

A medical history and medication records for each member of the household, if requested by the Commissioner, or authorizations from such members allowing the release of these records, when the Commissioner deems the household member's medical history may reveal a risk to children in care.

(b) **Criminal record check**

The members of the household in a family day care home shall not have been convicted of any offenses which the Commissioner reasonably believes renders such household unsuitable for the provision of family day care services, including but not limited to:

- (1) Cruelty to persons under Section 53-20 of the Connecticut General Statutes.
- (2) Injury or risk of injury to or impairing morals of children under Section 53-21.
- (3) Abandonment of children under the age of six (6) years under Section 53-23.
- (4) Sexual assault in the fourth degree under Section 53a-73a, as same may be amended.
- (5) Illegal manufacture, distribution, sale, prescription, dispensing or administration of controlled substances under Section 21a-277, 21a-278 or 21a-278a.
- (6) Illegal possession under Section 21a-279, as same may be amended.

(c) **Protective Services Check**

All members of the household shall meet the same standards as required for the provider by Section 19a-87b-6 (h).

(d) **Offenses or Information from other Jurisdictions**

All members of the household shall meet the same standards as required for the provider by Section 19a-87b-6 (i).

(e) **Household Environment**

The environment in the household shall foster the health, growth and development of children. Evidence of violent or threatening behavior by household members will be reviewed by the Commissioner for its impact on the health and safety of the day care children and may be grounds for denial, suspension, or revocation of the registration.

(Effective September 1, 1993; Amended August 8, 1995; Transferred January 29, 1996)

Sec. 19a-87b-8. Qualifications of staff

The provider may have substitutes and assistants in the facility only after the intended staff member has submitted a staff approval application to the Department and it has been approved in writing by the Commissioner.

(a) Substitute

Any person twenty (20) years of age or older who meets all of the requirements set forth in Section 19a-87b-6, “Qualifications of the Applicant and Provider,” may apply to be a substitute for a family day care provider. A registered provider may substitute for another provider without filing a separate staff approval application.

(b) Assistant

Any adult who meets the requirements set forth in Section 19a-87b-6, “Qualifications of the Applicant and Provider,” except for subsection (a) pertaining to age and (d) pertaining to training, may apply to be an assistant in a family day care home. An assistant is required to be present when more than two (2) children under (2) years of age receive family day care services at the same time at the facility.

(c) Emergency Caregiver

Each provider shall identify to the Department at least one emergency caregiver who shall be available and on call during customary business hours to provide child care only for unscheduled, unforeseen emergencies.

(1) The emergency caregiver shall be a responsible person who is twenty (20) years of age or older and known to the provider. The provider shall list at least one potential emergency provider with the Department, but may use others as necessary.

(2) The emergency caregiver shall be able to arrive at the facility within ten (10) minutes of being summoned by the provider.

(3) The Commissioner may disallow any emergency caregiver who had a family day care home registration revoked or denied, or who has a substantiated child abuse/neglect or a criminal conviction record that the Commissioner deems would put children at risk.

(d) Knowledge of Regulations and Operative Procedures

All staff members shall have read and understood the regulations for family day care homes and shall be familiar with the operating procedures of the facility.

(e) Staff Approval Process

Staff approvals for substitutes, assistants, and helpers shall be for a period of two (2) years from the date of the approved staff application. Approvals may be renewed by submitting to the Department a new staff renewal application and a new medical statement as described in Section 19a-87b-6 subsection (c) for substitutes and assistants, and in Section 19a-87b-10 subsection (2) for helpers. Emergency providers may remain on call as long as they continue to meet the requirements of that position. The Commissioner may at any time deny or revoke the approval of any staff member who fails to meet the requirements of the position.

(Effective September 1, 1993; Transferred January 29, 1996)

Sec. 19a-87b-9. Requirements for the physical environment

(a) Cleanliness

The facility and equipment shall be kept in a clean and sanitary condition and shall not pose a health hazard to children. The Commissioner, upon inspection, may require the provider to correct any condition that may put children at risk of injury.

(b) Freedom from Hazards

The facility and equipment shall be in good repair, and reasonably free from anything that would be dangerous to children. The Commissioner, upon inspection, may require the provider to correct any condition that may put children at risk of injury.

(c) Absence of poisonous substances

Poisonous substances shall not be accessible to children enrolled in the facility. Poisonous and unidentified plants and plant parts shall be removed from the area, protected by barriers, or kept out of the reach of children.

(d) Fire Safety

The provider shall ensure that the home and grounds provide a reasonable degree of safety from fire, which shall include, but not be limited to the following requirements:

(1) Safe Storage of Flammable Materials

Materials such as, but not limited to, flammable or combustable liquids, cleaning solvents, paints, excess amounts of combustable solids and fabrics shall be properly stored and out of reach of children.

(2) Safe Door Fasteners

Fasteners for doors to cupboards, closets and rooms shall be designed so that it is impossible for a child to become locked in the enclosed area.

Every room used for child care or capable of access by children, when provided with a door latch or lock, shall be of a type that children can open from the inside and each lock shall be designed to permit opening of the locked door from the outside in an emergency. The opening device shall be readily accessible to the provider and staff.

(3) Electrical Safety

Electrical cords and appliances shall be in good repair.

Special protective covers for all electrical receptacles shall be installed in all areas occupied by children.

(4) Safe Exits

There shall be two (2) readily accessible, passable, remotely located and safe means of escape from each room used for day care in the facility.

Every room used by children for sleeping, living, or dining purposes shall have at least two (2) means of escape, at least one of which shall be a door or stairway providing a means of unobstructed travel to the outside of the building at street or ground level.

The second means of escape shall be permitted to be a window that is accessible and openable from the inside without the use of tools and provides a clear opening.

(A) The provider shall remain with the children at all times, when the children are being cared for in space below ground level, to assist with emergency exiting.

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(B) Passageways leading to means of escape shall have adequate lighting and be kept free from barriers or obstructions.

(C) All means of escape shall be easily opened and kept free of obstructions at all times.

(D) Every stairway shall have a sturdy handrail for children to use, shall provide safe passageway and be maintained free of obstructions. Sturdy child-safe gates shall be placed at the top and bottom of stairways to prevent falls.

(E) During a home visit Department Staff may require the provider to demonstrate the safety and feasibility of children and child care staff using intended escape routes.

(5) Evacuation Plan

The provider shall establish a written plan for the protection of occupants in the event of fire or other emergency evacuation from the building. All child care staff shall be periodically instructed and kept informed of their duties under the plan and shall practice at least quarterly an emergency evacuation drill.

(6) Smoke Detectors

The provider shall have smoke detectors, in operating condition, placed in the home so as to protect day care children's sleeping areas, play areas and the basement. There shall be at least one smoke detector on each level of the facility.

(7) Fire Extinguisher

(A) The provider shall have easily accessible to the area of child care at least one five (5) pound ABC multi-purpose fire extinguisher in operating condition and shall have knowledge of its use.

(B) Each fire extinguisher shall be installed using the hanger or brackets supplied, at a height not to exceed five (5) feet above the floor. Extinguishers shall not be obstructed or obscured from view.

(8) Safe Heating Systems and Devices

(A) The provider shall show documentation that any new heating system or auxiliary heater installed after original construction of the facility has been inspected and approved for proper and safe installation by an authorized licensed professional and, where applicable the local building official. All devices shall be safely located, shall be properly cleaned and maintained with a barrier where necessary for the protection of day care children.

(B) There shall be no kerosene heaters or unsafe space heaters used during the hours of day care.

(e) **Safe Storage of Guns, Ammunition and other Weapons**

The provider shall protect children from guns, ammunition and weapons stored at the facility.

(1) All guns shall be stored unloaded.

(2) Ammunition shall be stored in a separate location away from the guns and inaccessible to children.

(3) All guns and weapons shall be kept locked or stored in a locked storage area. Locks shall be openable with a key or combination only.

(f) **Safe Space**

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(1) There shall be sufficient indoor and outdoor play space to ensure appropriate activities, safety and comfort for the day care children. The indoor and outdoor play space shall be neither isolated nor remote from the primary care areas. The outdoor play area shall be protected from traffic, bodies of water, gullies, and other hazards by barriers, in a manner safe for children.

(2) 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/barrier, four (4) feet high or higher, with locked entrances, which totally and effectively bars access to the water by the day care children. Shallow wading pools that are not fenced shall be emptied after each use and shall not collect water.

(g) Proper Ventilation, Light and Temperature

The ventilation, light and temperature of the facility shall ensure the health and comfort of the day care children. The room temperature where children are present at the facility shall not be lower than 68 degrees Fahrenheit.

(h) Adequate Washing, Toileting, Sewage and Garbage Facilities

The bathroom washing and toileting facilities shall be adequate to ensure the health, safety and comfort of the day care children. Sewage and garbage disposal systems shall ensure a sanitary environment. Garbage and trash shall be disposed of properly and kept covered.

(i) Adequate and Safe Water

If the facility is not served by a public water supply, the provider shall show proof from analysis by a state certified laboratory dated no more than one year prior to the application date at initial registration and as often as the Department deems necessary, that its water supply is potable, adequate, and safe. The water test shall include, but not be limited to tests for bacteria, physical parameters (color, odor, turbidity, pH), and sanitary chemicals (nitrogen series, chloride, surfactants, hardness, iron, manganese and sodium). Additional tests may be required as deemed necessary by the Commissioner.

(j) Pasteurization or Licensed Milk Supply

If milk or milk products provided by the family day care home provider for consumption by the children in care are not pasteurized, the provider shall submit to the Department proof that the milk products are licensed by the Department of Agriculture.

(k) Working Telephone

The provider shall have a working telephone at the facility, with emergency numbers (fire, ambulance, police or 911, parents, emergency caregivers, and poison control) posted nearby in an easily visible location.

(l) Safe Transportation

The provider shall utilize safe transportation for children when transportation is required for an emergency or a day care activity. This shall include, but not be limited to, the use of child auto safety restraints according to Section 14-100a (c) of the Connecticut General Statutes. Any vehicles used to transport day care children shall be properly registered and insured.

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(m) First Aid Supplies

The provider shall have easily available, but out of reach of young children, adequate first aid supplies and current information about medical emergencies and appropriate first aid procedures.

(n) Protection from Pets

The provider shall be responsible for protecting the health and safety of the children from household pets and other animals at the facility. A current rabies vaccination certificate shall be kept on file at the facility for each dog and cat over fourteen (14) weeks of age. The provider shall be responsible for maintaining household pets in accordance with all applicable local and state laws and to have such documentation on file. The Commissioner has the discretion to deny, suspend or revoke a registration if he deems that the type, number or condition of the pets at the facility presents a health or safety hazard to children.

(o) Smoking

The provider shall protect children from hazards associated with tobacco use in the facility.

(1) If the provider, household members, or staff members smoke cigarettes, cigars, or pipes, the provider shall make this known in advance to parents who are considering placing their children in the provider's care.

(2) The provider or staff members may not smoke while engaged in caregiving activities requiring direct physical contact with children, including, but not limited to feeding, diapering, dressing and rocking.

(3) The provider shall ensure that all cigarettes, cigars, pipes, ashes, butts, lighters and matches are kept out of the reach of children.

(Effective September 1, 1993; Transferred January 29, 1996)

Sec. 19a-87b-10. Responsibilities of the provider and substitute

(a) Registered Capacity and Maintaining Compliance with the Regulations

The provider shall maintain the family day care home within the registered capacity, and in compliance with the regulations for family day care.

(b) Maintaining records on children

The provider shall maintain the following records for each child enrolled in day care, or who has been in day care at the facility, and shall keep them current and available in the facility. Forms may be obtained from the Department.

(1) Enrollment Form

The provider shall have on file an enrollment form including the schedule of days and hours of care, the parent's name, address, telephone numbers and the child's date of birth and date of enrollment at the facility. This form shall be kept for one year after a child ceases to be cared for in the facility.

(2) General health record

(A) The provider shall have a complete and current general health record on file when the child begins attending the family day care home, signed and dated by a physician,

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physician assistant or advanced practice registered nurse, based on an examination within the past year for preschoolers or within the period allowed by schools for older children. A complete and current general health record shall include but not be limited to, the following information pertaining to the child:

(i) 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 in care or which would currently affect the child's functional ability to participate safely in a day care setting.

(ii) Allergies.

(iii) Disabilities.

(iv) Ongoing medications.

(v) An immunization record that includes the month, day, and year of each immunization required for admission as specified in subdivision (1) of subsection (k) of this section, 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 (k) of this section. The immunization record and said documentation of immunizations shall be submitted to the department upon request.

(B) Medical records for infants/toddlers and preschoolers shall be updated at least annually, and for school age children according to the schedule required by the public school system.

(C) These records shall be returned to the parent when the child is withdrawn from the family day care home.

(D) The physical examination requirements of this subdivision shall be waived when such examination is contrary to the religious beliefs and practices of the child or the parents of such child. A statement requesting such waiver shall be submitted and shall be maintained in the child's general health record. Such statement shall be signed by the parent and shall include affirmation of church membership by an appropriate church authority. The parent shall certify that he or she accepts complete responsibility for the health of the child and that, to the best of the parent's knowledge, the child is in good health.

(3) Written Permission from the Parent

The provider shall have on file and shall keep updated the parent's written permission and instructions specifying, but not limited to, the following:

(A) Any persons permitted to remove the child from the day care home on behalf of the parent.

(B) Emergency health care for the child, including information about the child's dentist, physician or other primary health care provider, and adults to be contacted if the parent cannot be reached.

(C) Transportation for children leaving the home as part of the day care program.

(D) The conditions under which the parent will allow swimming when recreational swimming is part of the family day care program.

(4) Incident Log

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The provider shall have on file an incident log for each enrolled child to record accidents, illnesses, unusual behaviors that occur at the facility and observations of the child made by the provider.

(5) Confidentiality of Records

The provider and day care staff shall not release any records pertaining to the child or family except in emergencies, or upon request of the Department, police, or Department of Children and Families, unless the parent of the child gives the provider and staff written permission to release this information.

(c) **Meeting Children's Physical Needs**

The provider is responsible for seeing that the day care children's physical needs are adequately met while in the facility including the following:

(1) Sufficient Play Equipment

There shall be a sufficient quantity and variety of indoor and outdoor equipment which is appropriate to the needs of the children, their developmental levels and interests. There shall be equipment which encourages large and fine muscle activity, solitary and group play and quiet play.

(2) Good Nutrition

The family day care program shall include adequate and nutritious meals and snacks, prepared and stored in a safe and sanitary manner including proper refrigeration for perishable foods. Readily available drinking water shall be accessible to children at all times.

(3) Flexible and Balanced Schedule

The schedule shall remain flexible, with time for free choice play, snacks, meals and a rest period.

(4) Proper Rest

There shall be a bed, cot, mat or other provision for each child for napping or resting which is comfortable, clean, safe, and allows for minimal disturbance for each day care child. Day care children shall not be napped directly on carpeting or flooring.

(5) Personal Articles

For each day care child, there shall be an individual blanket, towel and toilet articles appropriate to the needs of the child.

(d) **Individual Plan for Care**

The provider shall establish a planned program of developmentally appropriate activities at the facility, which promotes the social, intellectual, emotional and physical development of each child.

(1) The provider shall have an understanding and respect for the needs of children and their families who are bilingual and/or whose culture may differ from their own.

(2) The provider shall have an understanding of the special needs of children with disabilities receiving family day care services.

(3) An appropriate plan for each child's care shall be developed with the child's parent(s) at intake and updated as necessary to meet the child's changing needs.

(e) **Planning for the Special Needs of Infants**

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The provider shall allow infants to crawl or toddle, shall hold them for bottle feedings and at other times during the child care period, and shall give them individual attention, and verbal communication.

(f) Diaper Changing

The provider shall change an infant's diapers frequently for the child's comfort, shall cleanse and disinfect the surface of the changing area after changing each diaper, shall dispose of waste material in a sanitary manner out of reach of the children, and shall wash his/her own hands with soap and hot water after changing and disposing of each diaper.

(g) Giving Parents Information and Access

The provider shall furnish each child's parent(s) with the following:

(1) Opportunities to observe the day care home in operation prior to enrollment, as well as following enrollment.

(2) Immediate access to their child while the child is at the facility.

(3) Opportunities prior to enrollment as well as following enrollment to discuss the child's needs and the family day care program and policies, including the type of records the provider is required to keep and registered capacity.

(4) Daily information about the child.

(5) Immediate information about any accident involving the child, or any illness or injury to the child which occurred at, or was detected in, the day care home.

(6) Information about the names of substitutes, assistants, helpers, emergency providers and household members who have contact with the day care children.

(7) Information about the presence of enrolled children, or children of the provider, who are not properly immunized and any contagious illness affecting children, staff or household members at the facility, that could pose a health hazard to day care children.

(8) The provider shall allow the parents of all children receiving family day care services or wishing to place a child in the facility to see the provider's copy of the last interview/home visit report completed by Department Staff upon request.

(h) Supervision

The provider shall be responsible for the supervision of the children at all times while the children are at the facility, indoors or outdoors or on excursions. Supervision means guidance of the children's behavior and activities to insure their health, safety, and well being. It is done by a provider who is within effective sight or sound of the children.

(1) Personal Schedule

The provider's personal schedule shall ensure that the provider has sufficient rest for alert and competent attention to the children at the facility.

(2) Full Attention

The provider shall not engage in any activity while on duty during customary business hours that distracts his/her attention from providing family day care services. Such activities shall include but not be limited to other employment, volunteer services, recreation, hobbies, or frequent or prolonged socialization with adults.

(3) Immediate Attention

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The provider shall give an injured, ill, or distressed child immediate appropriate attention.

(4) **Substitute Care**

The provider shall not leave the presence of the day care children unless and until the substitute or emergency provider has assumed the provider's responsibilities and is actually present with the day care children.

(i) **Appropriate Discipline Practices**

The provider is responsible for the behavior management methods used in the family day care home and shall communicate them to staff members.

(1) The provider shall use only developmentally appropriate behavior management methods such as positive guidance, redirection, and setting clear limits that encourage children to develop self-control, self-discipline, and positive self-esteem, while also protecting them from harm to themselves or others.

(2) The provider shall discuss behavior management methods used in the facility with the child's parents prior to enrollment and regularly during the period a child remains enrolled.

(j) **Child Protection**

(1) The provider shall not engage in, nor allow, abusive, neglectful, physical, corporal, humiliating or frightening treatment or punishment, and shall not tie nor bind children and shall not restrain children except in appropriate circumstances for the protection and safety of the children or others. The provider shall not engage in nor allow anyone else to engage in any sexual activity with the day care children.

(2) The provider or substitute shall notify the Department within twenty-four (24) hours of:

(A) The death of any child enrolled in the family day care home, if the child died while at the facility or if the child died of a contagious disease.

(B) Any injury to a child that occurs while the child is at the facility which results in the child being admitted to a hospital or the child's death.

(3) The provider shall report actual or suspected child abuse or neglect of any child to the nearest office of the Department of Children and Families as mandated by Section 17a-101 and 17a-102 of the Connecticut General Statutes. An oral report shall be made immediately by telephone or otherwise to the State Commissioner of the Department of Children and Families or his representative, or the local police department, or the state police, to be followed by a written report as required by law.

(k) **Immunization requirements**

(1) A child seeking admission to or attending a family day care home shall be protected as age-appropriate by adequate immunization against diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, hemophilus influenzae type b, hepatitis b if such child was born after December 31, 1993, and varicella if such child was born after December 31, 1996, and against any other disease for which vaccination is recommended in the current schedule for active immunization adopted by the Commissioner in accordance with Connecticut General Statutes Section 19a-7f.

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(2) The provider shall admit no child to a family day care home unless such child's parent furnishes documentation of age-appropriate immunization, immunization-in-progress or exemption to immunization as specified in subdivision (3) of this subsection.

(3) For each enrolled child, the provider shall obtain from the child's parent and keep on file at the family day care home one or more of the following types of documentation for each of the diseases listed in subdivision (1) of this subsection:

(A) a statement signed and dated by a physician, physician assistant, or an advanced practice registered nurse indicating that the child is current or in progress with immunizations according to the schedule adopted by the Commissioner in accordance with Connecticut General Statutes Section 19a-7f and that names the appointment date for the child's next immunization;

(B) a statement signed and dated by a physician, physician assistant, or an advanced practice registered nurse indicating that the child has an appointment that will keep the immunizations current or in progress as required by said schedule and that names the date for the child's next immunization;

(C) 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 and/or medical history;

(D) a statement signed and dated by a physician, physician assistant, or an advanced practice registered nurse indicating that the child has a medical contraindication to immunization;

(E) a written statement that immunization is contrary to the religious beliefs and practices of the child or the parent of such child. Such statement shall be signed by the child's parent.

(4) For each child to whom subparagraph (B) of subdivision (3) of this section applies, continued enrollment in day care for more than thirty days after the named immunization appointment shall be contingent on the provider 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.

(Effective September 1, 1993; Amended August 8, 1995; Transferred January 29, 1996; Amended August 29, 1996; Amended December 28, 1999)

Sec. 19a-87b-11. Sick child care

(a) A family day care provider may choose to continue caring for a mildly ill child under the following circumstances:

(1) The child does not have a fever exceeding 101 degrees F, more than one undiagnosed episode of diarrhea or vomiting, or an undiagnosed skin rash.

(2) The child attends the facility on a regular basis. No child shall be accepted for sick

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child care on a drop in basis.

(3) Universal precautions and sanitary practices are used to prevent the spread of infection.

(Effective September 1, 1993; Transferred January 29, 1996)

Sec. 19a-87b-12. Night care

(a) The provider is responsible for meeting the following additional conditions if care extends into the child's normal sleeping hours:

(1) **A Separate Bed**

A separate bed, appropriate to the child's age, with individual, clean bedding, shall be provided.

(2) **Proper Location of the Bed**

The bed shall be located in a quiet part of the facility, and for a child six (6) years of age or older, shall not be in a room shared with another child of the opposite sex nor with any adult. For a child younger than three (3) years of age, the bed shall be on the same floor as the provider or a responsible adult.

(3) **Appropriate, Comfortable Sleepwear**

In preparation for sleep, the child shall be dressed in appropriate, comfortable sleep wear as agreed to by the parent of the child.

(Effective September 1, 1993; Transferred January 29, 1996)

Sec. 19a-87b-13. Department access, inspection and investigation during home visits

(a) **Access**

The provider or substitute shall allow Department staff access to the facility named on the registration, whenever Department staff seeks to perform home visits. The provider may request to see a picture identification card identifying the Department staff member. If a provider does not consent to departmental access for the performance of a home visit, Department staff will not enter the residence. However, failure of the provider to allow access to the facility for a home visit is deemed substantial noncompliance with this regulation and is an automatic ground for the Commissioner to initiate registration suspension or revocation proceedings.

(b) **Inspection of Facility**

The provider or substitute shall allow Department staff to inspect, upon request, any part of the family day care facility during the performance of a home visit. If a provider does not consent to departmental inspection of a part of the day care facility, Department staff will not inspect that part of the facility. However, failure of the provider to allow a complete inspection may be grounds for the initiation of registration suspension or revocation proceedings. A copy of the interview/home visit report form completed during the home visit shall be left with the provider.

(c) **Inspection of Records; Right to Contact Parents**

The provider or substitute shall allow Department staff to inspect, upon request, any

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records required to be maintained under Section 19a-87b-10 of these regulations, including enrollment records with information on the parents' names, addresses and telephone numbers. The Commissioner shall have the right at any time to contact and/or interview parents of any child who is receiving, or who has received, family day care services from the facility. With parental permission, the Commissioner may also talk to day care children who are receiving such services or who have received said services concerning the operation of the family day care home.

(d) Announced Home Visits

The Commissioner shall make announced home visits to inspect the facility at the time of initial application by a prospective provider or when there is a change of circumstances affecting the provider's registration such as a move to a new address where day care services are to be provided.

(e) Spot Inspections

The Commissioner shall make unannounced home visits, during customary business hours, to at least thirty-three and one-third (33.3%) percent of the registered family day care homes each year.

(f) Complaint Home Visits

The Commissioner shall make unannounced home visits to the family day care homes of registered or unregistered providers against whom complaints are lodged.

(Effective September 1, 1993; Transferred January 29, 1996)

Sec. 19a-87b-14. Complaint investigations

(a) Anonymity of Complainant

Any individual making a complaint against a day care applicant or provider may do so anonymously. If a complainant reveals his/her identity and requests confidentiality, the Department will not disclose the complainant's identity unless mandated by state or federal law.

(b) Confidentiality of Child Abuse and/or Neglect Investigations

For complaints that allege or that may constitute allegations of child abuse or neglect, detailed information, including but not limited to the identity of the complainant, shall be confidential. Information that can be disclosed would include the number, types and dates of the Department's contact with the provider about the complaint issues, the general status of a current investigation about the complaint or the Department's findings if the investigation has been completed.

(c) Duty to Investigate

The Department shall investigate each complaint that it receives concerning a registered or unregistered family day care home provider who is allegedly out of compliance with the requirements set forth in these regulations and any applicable provisions of the Connecticut General Statutes.

(d) Unannounced Home Visit; Notice and Interview

The investigation of a complaint may involve an unannounced home visit to the facility

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of the provider against whom the complaint was made. Department staff shall inform the provider that the home visit is being conducted pursuant to a complaint, and shall describe the nature of the complaint and alleged violations. The provider shall consent to an interview regarding the complaint, and shall discuss the subject matter of the complaint, so that the Department can assess its validity.

(e) Interviews

The investigation may include contacts and interviews with persons who have knowledge or information concerning the family day care home or provision of care including, but not limited to, the following:

- (1) parents and relatives of children receiving care;
- (2) children receiving care with parental permission;
- (3) social workers from the Department of Children and Families;
- (4) persons mentioned in the complaint;
- (5) fire inspectors, sanitarians or public health officials;
- (6) law enforcement personnel;
- (7) the registered provider and/or current or past substitutes and assistants; and
- (8) other individuals who may have information which may assist in the investigation of a complaint.

(f) Complaints Referred to Department of Children and Families

Complaints that allege and/or complaints that the Department determines may constitute child abuse or neglect shall be immediately reported to the Department of Children and Families.

(Effective September 1, 1993; Amended August 8, 1995; Transferred January 29, 1996)

Sec. 19a-87b-15. Agency action and appeal rights

(a) In accordance with the procedures set forth in sections 19a-79(b) and 19a-87e of the Connecticut General Statutes, if the department finds that the provider in the family day care home has failed to substantially comply with sections 19a-87b-1 through 19a-87b-18 of the Regulations of Connecticut State Agencies or conducts, operates or maintains a family day care home in a manner which endangers the health, safety and welfare of the children receiving family day care services, the department may, following a contested case hearing only, take any of the following actions singly or in combination against the license of the provider:

- (1) Revocation of the license;
- (2) 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 family day care home are met;
- (3) The imposition of a civil penalty of up to one hundred dollars (\$100.00) per day of violation of sections 19a-87b-1 to 19a-87b-18, inclusive, of the Regulations of Connecticut State Agencies; or
- (4) Place the license on probationary status and impose such conditions or corrective

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measures which the department deems necessary to assure the health, safety and welfare of the children cared for in the family day care home, including but not limited to:

(A) Reporting regularly to the department upon the matters which are the basis of probation;

(B) Placement of restrictions upon the operation of the family day care home deemed necessary to protect the health, safety and welfare of the children cared for in the family day care home; and

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

(b) Denial of applications and renewals

A license may be denied or its renewal refused whenever the Commissioner is satisfied that the family day care provider fails to substantially comply with the regulations prescribed by the Commissioner or conducts, operates or maintains a family day care home in a manner which endangers the health, safety and welfare of the children receiving family day care services.

(c) Summary Suspension of a License

Summary suspension of a family day care home license, pending proceedings for revocation or other action, including the completion of a Department of Children and Families investigation, may be ordered pursuant to subsection (c) of section 4-182 of the Connecticut General Statutes, whenever the Commissioner finds that the health, safety, or welfare of day care children requires emergency action and incorporates a finding to that effect in his order.

(d) Request for a Hearing

The provider may, within thirty (30) days after receipt of notification of an intended licensure action by the commissioner, send a written request to the Commissioner asking for a hearing. The Department's hearing procedures are governed by applicable provisions of the Uniform Administrative Procedure Act and the Department's Rules of Practice. In the absence of a timely request for a hearing one or more licensure actions shall be imposed.

(e) Parental Notification

In all cases where a summary suspension order has been issued in conjunction with a notice of proposed agency action, the provider shall so notify the parents of all children who would be expected to use the day care facility during the period of suspension. Such notification shall also be required when so ordered by the Commissioner in any notice of proposed agency action, which does not contain a summary suspension order. The notification described in this section shall be given within 24 hours of receipt by the provider of the notice of proposed agency action. Nothing in this section shall prevent the Department from directly notifying parents of day care children.

(f) Operating a Family Day Care Home Without a License; Civil Penalty

Any person or officer of an association, organization or corporation who shall establish, conduct, maintain or operate a family day care home without a current and valid license or in violation of these regulations is subject to a civil penalty of not more than one hundred

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dollars (\$100) a day for each day that such facility is operated without a license or in violation of these regulations pursuant to sections 19a-79(b) and 19a-87c of the Connecticut General Statutes.

(g) Operating a Family Day Care Home Without a License; Court Action by Attorney General

When evidence indicates that the provider is operating a family day care home without a valid license or in violation of the adopted regulations, the Commissioner may request the Attorney General to bring an action in the Superior Court for the judicial district in which the facility is located, to enjoin the provider from maintaining the family day care home without a license or in violation of the regulations pursuant to Section 19a-87d of the Connecticut General Statutes.

(Effective September 1, 1993; Amended August 8, 1995; Transferred January 29, 1996; Amended March 29, 2001)

Sec. 19a-87b-16. Public access to information

(a) Routine Requests

Any person may request and receive the following information about a family day care home from the Department on a routine basis:

- (1) Registration status, which indicates whether the facility is unregistered, registered, applying for registration, or is no longer registered due to suspension, revocation or voluntary withdrawal;
- (2) registration number;
- (3) capacity of the facility;
- (4) expiration date of the registration;
- (5) listing of substantiated complaints against a provider during the past year, excluding complaints for child abuse and neglect;
- (6) the date of the last home visit made by the Commissioner;
- (7) the status of any existing corrective action plan required to bring the provider into compliance with regulations;
- (8) any variances that have been granted by the Commissioner.

(b) Freedom of Information Requests

Any person requiring more detailed case specific information about a family day care home may file a written request with the Department in accordance with the Freedom of Information Act. A per page charge will be assessed for any information released, according to Departmental policies. A record of all freedom of information requests shall be kept by the Department. Providers shall be notified of all freedom of information requests concerning their case file, specifically the name of the person requesting the information, the date of the request and the information released.

(Effective September 1, 1993; Transferred January 29, 1996)

Sec. 19a-87b-17. Administration of medications

Family day care home providers are not required by this section to administer medications to children. If the provider accepts responsibility for the administration of medications of any kind, the provider shall comply with all requirements of this section and shall have a written policy 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, staff responsibilities, proper storage of medication and record keeping. Said policies and procedures shall be available for review by the Commissioner during site inspections or upon demand and shall reflect best practice.

(a) Administration of Nonprescription Topical Medications Only

(1) Description

For the purposes of this section nonprescription topical medications shall include:

- (A) Diaper changing ointments free of antibiotic, antifungal, or steroidal components;
- (B) Medicated powders; and
- (C) Teething medications.

(2) Nonprescription Topical Medications Administration/Parent Permission Records

The written permission of the parent shall be required prior to the administration of the nonprescription topical medication and a medication administration record shall be written in ink and kept on file at the facility for each child administered a nonprescription topical medication. The medication administration record and parent permission shall become part of the child's health record when the course of medication has ended. The parent shall be notified of any medication administration errors immediately in writing and the error shall be documented in the record. The following information shall be included on a form as part of the medication administration record:

- (A) The name, address, and date of birth of the child;
 - (B) The name of the medication;
 - (C) The schedule and site of administration of the medication;
 - (D) A statement indicating that the medication has been previously administered to the child without adverse effect;
 - (E) The signature in ink of the family day care home provider or substitute receiving the parent permission form and the medication;
 - (F) The name, address, telephone number, signature and relationship to the child of the parent(s) authorizing the administration of the medication;
 - (G) The date and time the medication is started and ended;
 - (H) Medication administration errors; and
 - (I) The name of the person who administered the nonprescription topical medication.
- (3) Nonprescription Topical Medication/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 :
 - (i) the individual child's name;
 - (ii) the name of the medication; and

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(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.

(b) **Administration of medications other than nonprescription topical medications.**

(1) Training Requirements

(A) Prior to the administration of any medication, the licensed provider and any substitute(s) who are responsible for administering the medications shall first be trained by a 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 provider or substitute 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, application and installation of oral, topical, and inhalant medication, including the use of nebulization machines, with respect to age groups;

(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 physicians, and the record of administration;

(ix) safe handling including receiving medication from a parent, safe disposal, and universal precautions; and

(x) proper storage including controlled substances, in accordance with Section 21a-262-10 of the Regulations of Connecticut State Agencies.

(C) **Injectable Medications**

In addition to the above training, before a family day care provider or substitute may administer injectable medications, he shall have successfully completed a training program on the administration of injectable medications by a premeasured, commercially prepared syringe. The trainer who shall be a physician, physician assistant, advanced practice registered nurse or registered nurse, shall assure that the provider or substitute understands the indications, side effects, handling and methods of administration for injectable medication. Thereafter, on a yearly basis, the provider or substitute shall have their skills and competency in the administration of injectable medication validated by a physician,

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physician assistant, advanced practice registered nurse or registered nurse. Injectable medications shall only be given in emergency situations, by a premeasured commercially prepared syringe, unless a petition for special medication authorization is granted by the department.

(2) Training Approval Documents/Training Outline

(A) Upon completion of the required training program, the physician, physician assistant, advanced practice registered nurse or registered nurse who conducted the training shall issue a written approval to each provider or substitute who has demonstrated successful completion of the required training. Approval for the administration of oral, topical, and inhalant medications shall remain valid for three (3) years. Approval for the administration of injectable medications shall be valid for one (1) year. A copy of the approval shall be on file at the facility where the provider or substitute is employed and shall be available to department staff upon request.

(B) The written approval shall include:

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

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

(iii) a statement that the required curriculum areas listed in Sec. 19a-87b-17(b) (1) (B) and Sec. 19a-87b-17(b) (1) (C) 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 provider or substitute 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 where the trainee is employed for department review. The department may require at any time that the provider obtain the full curriculum from the trainer for review by the department.

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

(A) Except for nonprescription topical medications described in Section 19a-87b-17(a) (1), 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 which shall be on file at the facility. Such medications may include:

(i) oral medications;

(ii) topical medications;

(iii) inhalant medications; or

(iv) injectable medications, by a premeasured, commercially prepared syringe, to a child with a medically diagnosed condition who may require emergency treatment.

(B) The written order from an authorized prescriber shall be on one form which shall indicate that the medication is for a specific child and shall contain the following

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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;
- (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 provider or substitute.

(C) If the authorized prescriber determines that the training of the provider or substitute 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 provider or substitute 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 shall be notified of any medication administration errors immediately in writing and the error shall be documented in the record.

(E) Investigational drugs shall not be administered.

(4) Required Records

(A) Except for nonprescription topical medications described in Section 19a-87b-17(a)(1), individual written medication administration records for each child shall be written in ink, reviewed prior to administering each dose of medication and kept on file at the facility. 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 or drug;
- (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 drug;
- (vi) the date, time, and dosage at each administration;
- (vii) the signature in ink of the family day care provider or substitute giving the

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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

(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 Section 19a-87b-17(a) (1), 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. Keys to the locked area or container shall be accessible only to personnel authorized to administer medication. Controlled drugs shall be stored in accordance with Section 21a-262-10 of the Regulations of Connecticut State Agencies.

(C) All unused medication shall be returned to the parent or destroyed if it is not picked up within one (1) week following the termination of the order, by flushing into sewerage or a septic system in the presence of at least one witness. The facility shall keep a written record of the medications destroyed which shall be signed by both parties.

(6) Petition For Special Medication Authorization

(A) A provider may petition the department to administer medications to a child cared for at the family day care home by a modality which is not specifically permitted under these regulations by submitting a written application to the department including the following information:

(i) a written order from an authorized prescriber containing the information for the specific child set forth in subsection (b) (3) (B) and a statement that the administration by the requested modality is the only reasonable means of providing medication and that the administration must occur during hours of the child's attendance at the family day care home;

(ii) a written training plan including the full name, signature, title, license number, address and telephone number of the 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) the name, address and telephone number of the person(s) who shall participate in the training;

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

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(v) such other information that the department deems necessary to evaluate the petition request.

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

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

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

(iii) a statement that the curriculum approved by the department 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 subsection shall be maintained at the family day care home. The requirements of subsection (b) (4) and (b) (5) shall apply to the administration of medication authorized by petition.

(c) Department Action

(1) Cease and Desist Orders

(A) If the department determines that the health, safety or welfare of a child in the family day care home imperatively requires emergency action to halt the administration of medications by a provider or substitute in a family day care home, the department may issue a cease and desist order requiring the immediate cessation of the administration of medications by a provider or substitute in the family day care home. The department shall provide an opportunity for a hearing regarding the order within 10 business days of the date the order is issued. Upon receipt of the order, the provider or substitute shall cease the administration of all medications and provide immediate notification to the parents of all children under his care that no medications may be administered at the family day care home until such time as the cease and desist order is terminated.

(2) Other Action

In accord with the procedures set forth in Connecticut General Statutes Section 19a-87e, if the department finds that the provider or substitute in the family day care home fails to substantially comply with the regulations in this section or fails to administer medications

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in compliance with policies or procedures adopted for the family day care home, or administers medications in a manner which endangers the health, welfare or safety of the children cared for in the family day care home, the department may take any of the following actions singly or in combination against the license of the provider:

- (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 family day care home are met;
- (C) The imposition of a civil penalty of up to one hundred dollars (\$100.00) per day of violation of these regulations; or
- (D) Place the licensee on probationary status and impose such conditions or corrective measures which the department deems necessary to assure the health, safety and welfare of the children cared for in the family day care home including but not limited to:
 - (i) reporting regularly to the department upon the matters which are the basis of probation;
 - (ii) placement of restrictions upon the operation of the family day care home deemed necessary to protect the health, safety and welfare of the children cared for in the family day care home; 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.

(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 2 of public act 03-236 and, if authorized by the Commissioner of Public Health via the emergency alert system or other communication system, a family day care home provider licensed in accordance with section 19a-87b of the Connecticut General Statutes, or a substitute or an assistant approved in accordance with section 19a-87b-8 of the Regulations of Connecticut State Agencies and located at a family day care home, within a 10-mile radius of the Millstone Power Station in Waterford, Connecticut, shall be permitted to distribute and administer potassium iodide tablets to adults present or to a child in attendance at the family day care home during such emergency, provided that:

- (1) Prior written consent has been obtained by the family day care home provider for such provision. Written consent forms shall be provided by the family day care home provider to the parent(s) or guardian(s) each child currently enrolled or employees currently employed by the family day care home provider promptly upon the effective date of this subdivision. Thereafter, written consent forms shall be provided by the family day care home provider to the parent(s) or guardian(s) of each minor child upon enrollment and to each new employee upon hire. Such documentation shall be kept at the facility;
- (2) Each person providing consent has been advised in writing by the family day care home provider that the ingestion of potassium iodide is voluntary;
- (3) Each person providing consent has been advised in writing by the family day care

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home provider about the contraindications and the potential side effects of taking potassium iodide, which include:

- (A) persons who are allergic to iodine should not take potassium iodide;
- (B) persons with chronic hives, lupus, or other conditions with hypocomplementemic vasculitis should not take potassium iodide;
- (C) persons with Graves disease or people taking certain heart medications should talk to their physician before there is an emergency to decide whether or not to take potassium iodide; and,
- (D) side effects including minor upset stomach or rash.

(4) Only family day care home providers who have read the regulations pertaining to the administration of potassium iodide and approved substitutes and approved assistants who have been instructed by the family day care home provider in the administration of potassium iodide may distribute and administer potassium iodide to adults or minors for whom written consent has been obtained. Such instruction shall include, but not 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.
- (5) Potassium iodide tablets shall be stored in a locked storage area or container, inaccessible to children.

(Adopted effective November 3, 1997; Amended January 4, 2005)

Sec. 19a-87b-18. The monitoring of diabetes in family day care homes

(a) Policy and Procedures

(1) All family day care homes at which the provider or substitute, as defined in section 19a-87b-2 of the Regulations of Connecticut State Agencies, 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) 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 or guardian and the child's physician, physician assistant, or advanced practice registered nurse; and
- (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 Department during facility inspections or upon demand.

(b) Training

(1) Prior to the administration of finger stick blood glucose tests, the provider or

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substitute shall have completed the following training requirements:

(A) a course approved by the Department in first aid, as verified by a valid first aid certificate on file at the facility; and

(B) additional training given by a physician, physician assistant, advanced practice registered nurse, registered nurse, certified emergency medical technician, or the child's parent or guardian 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 provider or substitute has been trained to administer finger stick blood glucose tests shall be in writing and kept at the facility for review by the Department. 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 providers and substitutes trained in accordance with subsection (b) of this section may administer the finger stick blood glucose test in a family day 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 provider or substitute designated and trained to administer finger stick blood glucose tests shall be present at the facility.

(3) Upon the written authorization of the child's physician, physician assistant, or advanced practice registered nurse, and the child's parent or guardian, a child may self administer the finger stick blood glucose test under the direct supervision of the designated provider or substitute who has met the training requirements in subsection (b) of this section.

(4) Only those providers and substitutes trained to administer injectable medications as described in section 19a-87b-17(b) of the Regulations of Connecticut State Agencies and authorized to do so in writing by the child's parent or guardian and physician, physician assistant, or advanced practice registered nurse may administer glucagon in a prefilled syringe in emergency situations only.

(d) Equipment

(1) The child's parent or guardian shall supply the provider with the necessary equipment

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and supplies to meet the child's individual needs. Such equipment and supplies shall include at least the following items:

- (A) the child's blood glucose meter and strips;
- (B) an appropriate retracting lancing device used in accordance with infection control procedures;
- (C) tissues or cotton balls; and
- (D) fast acting carbohydrates to be given to the child as indicated in the written order from the child's physician, physician assistant, or advanced practice registered nurse for hypoglycemia.

(2) Such equipment and supplies shall be labeled with the child's name and shall remain in a locked storage area when not in use.

(3) The provider shall obtain a signed agreement from the child's parent or guardian that the parent or guardian agrees to check and maintain the child's equipment in accordance with manufacturer's instructions, restock 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 or guardian for disposal.

(e) Record Keeping

The provider 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, guardian, emergency contact, the child's physician, physician assistant, or advanced practice registered nurse.

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

- (A) the child's name;
- (B) the parent's or guardian's name;
- (C) the parent's or guardian's address;
- (D) the parent's or guardian's telephone numbers at home and at work;
- (E) two adult, emergency contact people including names, addresses and telephone numbers;
- (F) the names of the provider and substitutes designated to administer finger stick blood

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glucose tests and provide care to the child during testing;

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

(H) the signature of the parent or guardian;

(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 provider or substitute shall notify the child's parent or guardian daily in writing of 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)