

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

(a) License Capacity and Maintaining Compliance with the Regulations

The provider shall maintain the family child care home within the license capacity, and in compliance with the regulations for family child care homes.

(b) Maintaining Records on Children

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

(1) Enrollment Form

The provider shall have on file a current enrollment form, including the schedule of days and hours of care, the parent's name, address, telephone numbers, place and telephone number of employment and emergency contact numbers and the child's date of birth and date of enrollment at the family child care home. This form shall be kept for one year after a child ceases to be enrolled in the family child care home.

(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 child care home, signed and dated by a physician, physician assistant or advanced practice registered nurse, based on an examination within the past year for infants, toddlers and 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 child care setting;

(ii) Allergies;

(iii) Disabilities;

(iv) Ongoing medication; and

(v) An immunization record that includes the month, day, and year of each immunization required for admission as specified in subdivision (1) of subsection (l) 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 (l) of this section. The immunization record and said documentation of immunizations shall be submitted to the Office 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. An expired health assessment form, as described in section 10-206 of the Connecticut General Statutes, for a school age child may be used to satisfy the physical examination and immunization requirements of this subdivision for a period not to exceed thirty days from the date such form expired.

(C) These records shall be returned to the parent when the child is withdrawn from the family child care home.

(D) A child that has been determined by the provider to meet the definition of homeless

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

(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) Name, address and telephone numbers of persons permitted to remove the child from the family child care home on behalf of the parent.

(B) Name, address and telephone numbers of emergency medical care provider 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) Any activity away from the family child care home, including days and times.

(D) Transportation of the child from the family child care home by the provider or staff.

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

(F) Arrangements for transitioning children to and from school including, but not limited to, transportation, exact bus pick up and drop off locations, and supervision to be provided during transitioning.

(4) Incident Log

The provider shall have on file an incident log for each enrolled child to record accidents, incidents leading to a report made to the Department of Children and Families pursuant to sections 17a-101 to 17a-101e, inclusive, of the Connecticut General Statutes, injuries, illnesses or unusual behaviors that occur and observations of the child made by the provider during business hours. The incident log shall include a description of the accident, incident, injury, illness or unusual behavior, the date, time of occurrence and location and any action taken by the provider including, but not limited to, whether the child was transported to a hospital emergency room, doctor's office or other medical facility. The incident log shall be available upon request to the Office, and shared with the parent(s) no later than the next business day.

(5) Confidentiality

The provider and staff shall not release any information pertaining to the child or family except in emergencies, or upon request of the Office, 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 ensuring that the physical needs of the children are adequately met while receiving family child care services, 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 and is available for their use. There shall be equipment that encourages large and fine muscle activity, solitary and group play and quiet play. All manufacturer guidelines shall be followed for furniture, equipment and any toy that is accessible to children. Any furniture, equipment or toy that has been identified by the United States Consumer Product Safety Commission as unsafe or subject to recall shall be removed from the facility or repaired as indicated.

(2) Good Nutrition and Hygiene

The family child 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. Drinking water shall be made available and offered to children throughout the day.

(3) Proper Hygiene

The provider, staff and children shall wash their hands with soap and water before eating or handling food and after toileting.

(4) Flexible and Balanced Schedule

The provider shall develop and implement a written schedule that is flexible, with time for free choice play, outdoor play, snacks, meals and a rest period.

(5) Proper Rest and Crib Safety

(A) There shall be an individual crib, bed, cot, mat or other provision intended for each child for napping or resting which is age appropriate, comfortable, clean, safe, and allows for minimal disturbance. Children shall nap or rest on such crib, bed, cot, mat, or other provision.

(B) All cribs shall comply with the United States Consumer Product Safety Commission (CPSC) crib standards. To demonstrate that a crib meets the current CPSC crib standards, one of the following must be maintained on file at the family child care home for each crib that is used or accessible to any child in care:

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

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

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

(6) Personal Articles

For each child in care, there shall be individual bedding, 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 family child care home, 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 or whose culture may differ from their own.

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

(3) The provider shall maintain in the family child care home a written individual plan of care for each child with disabilities or special health care needs, including but not limited to, allergies, special dietary needs, dental problems, hearing or visual impairments, chronic illness, developmental variations or history of contagious disease who requires special care be taken or provided while the child is at the family child care home. Such plan shall be based on the recommendations of the child's primary health care provider, developed with the child's parent(s) at intake, implemented and updated as necessary to meet the child's changing needs. Such plan shall include appropriate care of the child in the event of a medical or other emergency and shall be signed by the provider, parent(s) and any approved staff members responsible for the care of the child.

(e) Planning for the Special Needs of Infants

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

(f) Sleep Arrangements for Infants

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

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

(3) Notwithstanding the provisions of subdivision (1) of this subsection, no items, including, but not limited to, pillows, soft bumpers, toys and blankets, shall be placed with an infant under twelve months of age in a crib or hung over the side of a crib or other piece of equipment designed for sleeping, except for a pacifier without attachments, unless the infant under twelve months of age has written documentation from a physician, physician assistant or advanced practice registered nurse specifying a medical reason for such item's use. Bibs and garments with ties or hooks shall be removed from infants under twelve months of age that are placed to sleep. No toys or objects shall be attached to cribs or others pieces of equipment designed for sleeping.

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

(5) No infant under twelve months of age shall be swaddled unless the infant under twelve months of age has written documentation from a physician, physician assistant or advanced practice registered nurse specifying instructions and a time frame for swaddling the infant under twelve months of age.

(6) Infants under twelve months of age shall be physically observed by the provider or staff at least every fifteen minutes to assess the infant's breathing, color, temperature and comfort.

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

(8) The provider shall post in a conspicuous place in the family child care home the requirements of this subsection pertaining to sleep arrangements and discuss with the child's parent(s) the requirements of this subsection pertaining to sleep arrangements prior to enrollment and reviewed as needed during the period of the child's enrollment.

(g) Diaper Changing

The provider shall change a child's diapers frequently for the child's comfort. The hands of the provider and child shall be washed with soap and water after each diaper change. Each diapering surface shall be nonporous and disinfected after each use. Waste materials shall be disposed of in a sanitary manner out of the reach of children.

(h) Giving Parents Information and Access

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

(1) Opportunities to observe the child 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 child care program and policies, including the type of records the provider is required to keep and license 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 or was detected while the child was receiving family child care services.

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

(7) Dates and times staff will be providing child care services.

(8) Information about the presence of any contagious illness affecting children, staff or household members at the family child care home.

(9) An opportunity to see and review the provider's copy of the last inspection form completed by Office staff, upon the request of the parents of a child receiving family child care services or any parents who wish to place their child in the family child care home.

(10) Access to observe and review, in accordance with the provisions of section 10-514 of the Connecticut General Statutes, the document regarding developmental milestones, created by the Office pursuant to said section 10-514.

(11) Notice of toxic level(s) of lead identified on defective surfaces.

(i) Supervision

The provider shall be responsible for the supervision of the children at all times, indoors,

outdoors and on excursions. The provider shall be either indoors or outdoors with all children in care unless an approved staff is present to provide supervision. For purposes of this subsection, “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. Monitoring devices shall not replace supervision by the provider.

(1) Personal Schedule

The provider’s personal schedule shall ensure that the provider has sufficient rest for alert and competent attention to the children receiving family child care services.

(2) Full Attention

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

(3) Immediate Attention

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 children in care unless and until the substitute or emergency caregiver has assumed the provider’s responsibilities and is actually present with the children in care.

(j) **Appropriate Discipline Practices**

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

(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 family child care home with the child’s parent(s) prior to enrollment and regularly during the period a child remains enrolled.

(k) **Child Protection**

(1) The provider shall not engage in, nor allow, abusive, neglectful, physical, corporal, humiliating or frightening treatment or punishment, including, but not limited to, spanking, slapping, pinching, shaking or striking children, and shall not tie nor bind children and shall not 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 children in care.

(2) The provider or substitute shall notify the Office no later than the next business day of:

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

(B) Any injury to a child that occurs while the child is receiving family child care services which results in a diagnosed fracture, diagnosed second or third degree burn,

diagnosed concussion, the child being admitted to a hospital or the child's death.

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

(l) Immunization Requirements

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

(2) The provider shall admit no child to a family child 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. No enrolled child shall be permitted to attend a family child care home for more than thirty days after such enrolled child fails to meet the requirements of 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 child care home one or more of the following types of documentation for each immunization against any disease for which vaccination is recommended in the current schedule for active immunization adopted by the Commissioner of Public Health in accordance with section 19a-17f of the Connecticut General Statutes:

(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 of Public Health in accordance with section 19a-7f of the Connecticut General Statutes 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 shall 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 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, made in accordance with the provisions of section 19a-87b of the Connecticut General Statutes. 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 family child care home 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

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nurse stating either: that the named appointment was kept and the child received the scheduled immunizations, or that the child was unable to receive the scheduled immunizations for medical reasons and a new appointment date is named.

(5) The immunization requirements described in this subsection may be temporarily waived for homeless children and youth and foster children in accordance with the provisions of section 19a-87b of the Connecticut General Statutes.

(Effective September 1, 1993; Amended August 8, 1995; Transferred January 29, 1996; Amended August 29, 1996; Amended December 28, 1999; Amended March 19, 2021)