State of Connecticut
Regulation of
Office of Early Childhood
Concerning
Family Child Care Homes

Section 1. Sections 19a-87b-1 to section 19a-87b-17(c), inclusive, of the Regulations of Connecticut State Agencies are amended to read as follows:

Sec. 19a-87b-1. Purpose

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

Sec. 19a-87b-2. Definitions

For the purpose of [Sections] sections 19a-87b-2 [through 19a-87b-17] to19a-87b-18, inclusive, of the Regulations of Connecticut State Agencies, the following definitions shall apply:

(1) "Administration of [Medication] medication" means the direct application of a medication by inhalation, [injection] ingestion or any other means to the body of a person[.];

(2) "Adult" means a person eighteen [(18)] years of age or [over] older[.];

(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] Office to obtain or renew a family [day] child care home [registration] license[.];

(5) "Application" means the forms prescribed by the [Commissioner] commissioner which are to be used [by applicants] for initial [registration] licensure, [by providers for registration] license renewal, [and by family day care staff for] staff approval, and staff renewal of approval. Forms may be changed by the [Department] Office from time to time[.];

(6) "Assistant" means [an adult] a person, eighteen years of age or older approved in writing by the [Commissioner] commissioner, who assists the provider or substitute in caring for children [in]at the [registered facility] licensed family child care home, while the provider or substitute is present at the family child care home[.];

(7) "Authorized prescriber" means a physician, a dentist, an advanced practice registered nurse or a physician assistant[.];

(8) "Child" means any person under [eighteen (18)] nineteen years of age or under twenty-one years of age with special needs requiring the person to receive supplemental care and attending school for completion of a high school diploma with an approved individualized education plan[.];

(9) "Commissioner" means the Commissioner of [the Department of Public Health] Early Childhood or the commissioner's designee(s) or representative(s)[.];

(10) "Customary [Business Hours] business hours" means the hours [in] reported to the Office which the family [day] child care home is normally in operation, [caring for children.] which includes scheduled and unscheduled days off, regardless if children are in care;

[(11)] ["Department" means the Department of Public Health.]

[(12)](11) "Emergency [Caregiver] caregiver" means a person twenty [(20)] years of age or older, who can assume the provider's duties in an unforeseen emergency situation[.];

(12) "Enrollment" means the period of time when a child is registered to receive family child care services at the family child care home;

(13) "Facility" means the entire premises, identified on the [registration] license application, indoors and outdoors, including space not directly used for child care[.];

(14) "Family [Day Care Home] child care home" [means a facility so designated under Connecticut General Statute 19a-77 as same may be amended.] shall have the same meaning as used in section 19a-77 (a) (3) of the Connecticut General Statutes;

(15) "Family [Day Care Services] child 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 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.] provided by a family child care home provider, substitute, or assistant;

(16) "Foster child" shall have the same meaning as used in section 19a-79 of the Connecticut General Statutes;

[(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)](17) "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.] shall have the same meaning as used in section 19a-87b(c) of the Connecticut General Statutes;

(18) "Inspection" means a visit to the family child care home of an applicant or provider by Office staff. Said inspection 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 inspections shall be performed during customary business hours[.];

(19) "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[.];

(20) "License" means the form of permission issued by the Office that authorizes the operation of a family child care home[.];

(21) "License capacity" means the maximum number of children that the provider is authorized to care for under the license[.];

[(19)](22) "Medication" means any [medicinal preparation] legend drug or nonlegend drug, as those are defined in section 20-571 of the Connecticut General Statutes, including any controlled [substances] substance, as defined in section 21a-240 of the Connecticut General Statutes[.];

[(20)](23) "Medication error" means the failure to administer [the] (A) medication to a child, [or failure to administer] (B) medication within one [(1)] hour of the time designated by the [prescribing practitioner, or failure to administer the] authorized prescriber, (C) the specific medication prescribed

for a child, [or failure to administer the] (D) medication by the correct route, [or failure to administer the] (E) medication according to generally accepted medical practices, or [failure to administer] (F) the correct dosage of medication[.];

[(21)](24) "Night [Care] care" means family [day] child care services provided [during a child's normal night time sleeping hours] for one or more hours between the hours of 10:00 pm and 5:00 am[.];

(25) "Office" means the Office of Early Childhood[.];

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

(27) "Pharmacist" means an individual licensed to practice pharmacy under the provisions of section 20-590, 20-591, 20-592 or 20-593 of the Connecticut General Statutes[.];

[(23)](28) "Physician" means [a doctor of medicine or osteopathy] an individual licensed to practice medicine in this or another state[.];

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

[(25)](30) "Primary health care provider" means the individual who is responsible for the health care of the child outside the [facility] family child care home[.];

[(26)](31) "Provider" means the person [registered] twenty years of age or older, licensed by the [department] Office to provide family [day] child care services, and who may substitute for another [registered] licensed 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)](33) "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.;]

[(30)](34) "Residence" means a home occupied by the provider or approved for occupancy as a home as evidenced by a valid certificate of occupancy[.];

(35) "School age" means at least five years of age by January 1 of the current school year, and less than thirteen years of age or less than twenty-one years of age with special needs requiring the child to receive supplementary care, and attending school for completion of a high school diploma with an approved individualized education plan[.];

(36) "Self-administer medications" means that the child (A) is able to identify and select the appropriate medication by size, color, amount, or other label identification, (B) knows the frequency and time of day for which the medication is ordered, and (C) is able to administer the medication appropriately[.];

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

(38) "Staff" means an assistant or substitute approved by the Office[.]; and

[(31)](39) "Substitute" means a person twenty years of age or older approved in writing by the [Commissioner] commissioner who may assume the provider's responsibilities in the provider's absence, and who meets the same qualifications as a provider.

Sec. 19a-87b-3. Application for a [registration to operate a family day care home] License to Operate a Family Child Care Home

(a) [**Registration] License Required to Operate**

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

(b) **Relative Providers who are Required to [Register] be Licensed**

[An individual] A person who provides child care services as defined in section 19a-77 of the Connecticut General Statutes at a private family home other than the child's own for children who are not [his/her] the person's grandchild(ren), great grandchild(ren), foster child(ren), niece(s), nephews(s), sibling(s), son(s) or daughter(s) by blood, adoption [or] , marriage or court decree is required to [register] be licensed. The [Department] Office may require documentation verifying the relationship.

(c) **Application Form**

A person may apply for a family [day] child care home [registration] license by [completing, signing and] submitting an unaltered, completed application to the [Department] Office. [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] Office. The application forms, which may be modified by the [Commissioner] commissioner from time to time, shall contain information that the [Commissioner] commissioner deems necessary to determine whether the applicant or provider shall be issued or re-issued a family [day] child care home [registration] license. The application forms shall contain a notice that false statements made therein are punishable in accordance with [Section 53a-157] section 53a-157b of the Connecticut General Statutes, and that false statements may also be grounds for the denial of the [registration] license. The application forms shall contain a certification that the applicant or provider is familiar with, has read and understands [the family day care home regulations] sections 19a-87b-1 to 19a-87b-18, inclusive, of the Regulations of Connecticut State Agencies, agrees to abide by them, and [will] shall allow [home visits] inspections by [Department] Office staff to the family [day] child care home.

(d) **Release Forms**

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

If the applicant, household members and proposed [day] child care staff refuse to cooperate with the [Department] Office in completing this process, or fail to provide the required information, such 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] Office staff to inspect thoroughly the entire [premises] facility.

[(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)](f) **Reapplication Process**

[A provider who has voluntarily withdrawn or terminated an application or registration] An

applicant who withdraws an application or a provider who voluntarily relinquishes a license may reapply by filing a new application with the [Department] Office at any time.

Sec. 19a-87b-4. Renewal of [registration] License

(a) **Renewal Application**

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

[(1)] [Current enrollment]

[(2)] (1) A statement that all children enrolled in [facility] the family child care home are up to date on immunizations; and

[(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)](2) [Statement] A statement of compliance with the regulations for family [day] child care homes.

(b) [**Registration] License to Remain in Effect**

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

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

(a) [**Registration] License Term and Fee**

The [registration] license shall be [for a term of one year from the date of issuance and the 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.] for the period specified in section 19a-87b of the Connecticut General Statutes.

(b) **Suitability**

A [registration will] license shall not be issued to any applicant, or renewed for a provider, unless the [Commissioner] commissioner finds that such applicant or provider is a suitable person to care for children in a family [day] child care home and meets and agrees to comply with [Sections] sections 19a-87b-1 to [19a-87b-16] 19a-87b-18, inclusive, of [these regulations] the Regulations of Connecticut State Agencies. Suitability shall be determined by a review of the application materials, references, any criminal records, law enforcement records, medical records, protective services records, records pertaining to compliance with sections 19a-79-1a to 19a-79-13, inclusive, of the Regulations of Connecticut State Agencies and any other relevant material obtained by the [Department] Office. The [Commissioner] 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] child 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] License**

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

(1) A [registration] license shall not be assigned by a provider to any other person under any circumstances. A provider shall not use a substitute for more than one hour per day on a regularly, recurring basis which effectively franchises or transfers the family [day] child care services to the substitute.

(2) [When the provider moves the family day child 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.] A family child care home license is only valid for the residence for which it has been issued. If the provider desires to change the residence to which the license is issued, the provider shall provide notice to the Office, submit an application, successfully complete an inspection at the new residence and obtain approval by the Office. If the provider operates the family child care home at the new residence without providing notice, fails to submit an application, arrange or complete an inspection, or obtain approval by the Office, that shall constitute grounds to annul the license, take action in accordance with section 19a-87b-15 of the Regulations of Connecticut State Agencies, or deny the application. In addition, the operation of the family child care home at the new residence without approval by the Office may subject the provider to penalties for operation without a license in accordance with section 19a-87c of the Connecticut General Statutes.

(d) **Factors in Determining the [Registered] Licensed Capacity**

(1) The [registered] license capacity of the [facility] family child care home shall be indicated [by two (2) numbers] on the [registration certificate] license:

(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 one 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] child 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] child 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 who attend school full time. 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.] unless all of the children counted in the school age capacity are the provider's own children or an assistant or substitute staff member approved by the Commissioner is present and assisting the provider. The school age capacity of a family [day] child care home shall not exceed three [(3)] children unless all of the school age children are the provider's own children.

(2) Children attending full day kindergarten shall be counted in the school age capacity; 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] license capacity shall be determined at the [Commissioner's] 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] eighteen months at one time, including [his/her] the provider's own children, except that the provider may care for up to six [(6)] children under the age of [two (2) years] eighteen months when an assistant is present and assisting the provider.

[(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)](f) [**Registration Certificate] License**

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

(1) The [registration certificate] license remains the property of the [Department] Office and shall be [surrendered] returned to the [Commissioner] commissioner if the [registration] license is suspended, revoked, surrendered or voluntarily [terminated] relinquished.

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

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

[(h)](g) **Parental Access to the [Department] Office**

When a child is enrolled, the provider shall furnish the parent(s) with the telephone number of the [local office of the Department] Office. The provider shall explain that any person with good cause and in good faith may file a complaint about a [registered] licensed or [unregistered] unlicensed provider with the [Department] Office.

[(i)](h) **Consent to [Home Visits] Inspect**

The provider and substitute shall consent in writing and agree to allow [Department] Office staff to inspect the facility and have access to all [day] child care records required to be maintained under sections 19a-87b-1 to 19a-87b-18, inclusive, of the Regulations of Connecticut State Agencies for the performance of [home visits] inspections during customary business hours. The provider, substitute and assistant shall, upon request, show photo identification to Office staff.

[(j)](i) **Requests for Information**

The applicant and provider shall respond to Office requests for information or documentation related to compliance with sections 19a-87b-1 to 19a-87b-18, inclusive, of the Regulations of Connecticut State Agencies as specified by the Office. Failure by the provider to respond to Office correspondence within a timeframe designated by the Office in such correspondence shall constitute sufficient grounds for denial, suspension, or revocation of the license.

(j) **Notification of Change**

The applicant or provider shall notify the [Commissioner] commissioner in writing within five [(5)] working days of any change in circumstances which alters or affects the [day] provision of family child care [service] services as [registered] licensed or as stated in the application. Changes of circumstances [which] that shall be reported include, but are not limited to, the following: change of address, [renovation of] remodeling that changes the physical plant of the facility, installation of a swimming pool, change of customary business hours, the addition of any household members, criminal convictions or Department of Children and Families investigation of the provider, staff or household members or changes in the health status of the provider, staff, or household members that may affect the provision of family [day] child care services.

Sec. 19a-87b-6. Qualifications of the [applicant] Applicant and [provider] Provider

(a) **Awareness of Regulations**

The applicant and provider, who shall be twenty years of age or older, shall have a copy of [the regulations] sections 19a-87b-1 to 19a-87b-18, inclusive, of the Regulations of Connecticut State Agencies at the [facility] family child care home and shall have read and understood the family [day] child care standards set forth in [these regulations] sections 19a-87b-1 to 19a-87b-18, inclusive, of the Regulations of Connecticut State Agencies.

(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] may impair such ability or otherwise adversely affect the [day care] children in care. In order to enable the [Commissioner] commissioner to determine, in accordance with applicable state and federal laws, 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] or jeopardize the applicant's ability to render proper care for children. Thereafter, the provider shall [submit] have on file at the family child care home for Office review a medical statement, described above, [every two (2) years] signed within the past thirty six months and at any other time requested by the [Commissioner] 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)](2) Medical Records

The applicant and provider shall supply to the [Commissioner] commissioner on request any medical records regarding [his/her] the applicant's or provider's physical, emotional or mental health. The applicant and provider shall execute a release authorizing access to [his/her] the applicant's or provider's medical records upon request of the [Commissioner] when the [Commissioner] commissioner deems the applicant [or] and provider's medical history may reveal a risk to children in care.

[(4)](3) Medications

At the [Commissioner's] 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) **Training Requirements**

(1) Any application for [registration] licensure submitted to the [Department on or after January 1, 1994] Office 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] verification of the applicant's current certification in first aid by the American Red Cross, the American Heart Association, the National Safety Council, American Safety and Health Institute, Medic First Aid International, Inc. or current certification based on a first aid course approved on or before March 17, 2018 by the Office under section 19a-79-4a(e) of the Regulations of Connecticut State Agencies. Any such application shall also include verification of the applicant's current certification in cardiopulmonary resuscitation in accordance with section 19a-79 of the Connecticut General Statutes, appropriate for all of the children served at the family child care home. Such first aid and cardiopulmonary resuscitation certifications shall be based on a hands-on demonstration of the applicant's ability to provide first aid and cardiopulmonary resuscitation.

[(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.]

(2) Thereafter, the provider shall maintain verification of current certification in first aid and cardiopulmonary resuscitation as specified in this subdivision and written verification of such training shall be kept on file at the family child care home.

(d) **References**

The applicant shall submit at least three [(3) reliable and satisfactory] current 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] commissioner may request additional references as needed to verify continuing compliance with [the regulations] sections 19a-87b-1 to 19a-87b-18, inclusive, of the Regulations of Connecticut State Agencies during the [registration] license period.

(e) [**Personal Qualities] Judgment**

The applicant and provider shall [have] demonstrate the personal qualities appropriate for working and communicating with children [and] , their families and other adults. The [Commissioner will] commissioner shall review all application materials, personal references, medical records, criminal records, sex offender records check and Department of Children and Families records submitted on an applicant and provider to determine if [he/she] he or she has an interest in and liking for children, understanding of children and their developmental needs, good judgment about supervision and safety for children, personal competence, emotional stability and dependability. Such review shall be conducted in accordance with applicable state and federal laws. Suitability shall also be determined from a review of any inspection(s), complaint [investigation] investigations, [and any] law enforcement or protective services records and any other relevant material obtained by the Office. The applicant and provider shall not knowingly furnish any false documents or make any false or misleading statements to the Office in order to obtain or retain the license.

[(f)] **Criminal Record Check]**

[National, state and local police records shall be checked by the department.]

[(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.]

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

(a) **Health**

[The members of the household] Household members shall be free from any mental, emotional or physical health problems [which] that might adversely affect [the day care] children receiving family child care services. [The] In order for the commissioner to determine, in accordance with applicable state and federal laws, that household members meet these requirements, the following documentation shall be part of the initial application process and updated as deemed necessary by the [Commissioner] commissioner:

(1) Medical statements and children's immunization records

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. 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 family [day] child care [facility] home. [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 of the Regulations of Connecticut State Agencies. 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 household member [of the household] shall be provided, if requested by the [Commissioner] commissioner, or authorizations from such members

allowing the release of these records, when the [Commissioner] 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)](b) **Household Environment**

The environment in the household shall foster the health, safety, growth and development of children. Evidence of violent [or], threatening or any other behavior by household members [will] shall be reviewed by the [Commissioner] commissioner for its impact on the health and safety of the [day care] children receiving family child care services and may be grounds for denial, suspension, or revocation of the [registration] license.

Sec. 19a-87b-8. Qualifications of [staff] Staff

The provider may have substitutes and assistants in the [facility] family child care home only after the intended staff member has submitted a staff approval application and accompanying fee to the [Department] Office and it has been approved in writing by the [Commissioner] commissioner.

(a) **Substitute**

Any person twenty [(20)] years of age or older who meets all of the requirements set forth in [Section] section 19a-87b-6[, "Qualifications of the Applicant and Provider,"] of the Regulations of Connecticut State Agencies may apply to be a substitute for a family [day] child care home provider. A [registered] licensed 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] section 19a-87b-6 [, "Qualifications of the Applicant and Provider,"] of the Regulations of Connecticut State Agencies except for subsection [(a) pertaining to age and (d)](c) of that section pertaining to training, may apply to be an assistant in a family [day] child care home. An assistant is required to be present and to assist the provider or substitute when more than two [(2)] children under [(2) years of age] eighteen months receive family [day] child care services at the same time at the [facility] family child care home.

(c) **Emergency Caregiver**

Each provider shall identify to the [Department] Office 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] caregiver with the [Department] Office, but may use others as necessary.

(2) The emergency caregiver shall be able to arrive at the [facility] family child care home [within] not more than [ten (10)] fifteen minutes [of] after being summoned by the provider and be able to immediately notify parents of all children present of the emergency.

(3) The [Commissioner] commissioner may disallow any emergency caregiver who had a family [day] child care home [registration] license revoked or denied, or who has a substantiated child [abuse/neglect] abuse, neglect or a criminal conviction record that the [Commissioner] 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] sections 19a-87b-1 to 19a-87b-18, inclusive, of the Regulations of Connecticut State Agencies and shall be familiar with the operating procedures of the [facility] family child care home.

(e) Substitutes shall meet the same requirements and qualifications required of the provider in section 19a-87b-6 of the Regulations of Connecticut State Agencies. Assistants shall meet the same requirements and qualifications required of the provider in section 19a-87b-6 of the Regulations of Connecticut State Agencies except for subsection (c) of section 19a-87b-6 of the Regulations of Connecticut State Agencies pertaining to training.

[(e)](f) **Staff Approval Process**

Staff approvals for substitutes[,] and 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] Office a [new] staff renewal application and accompanying fee, and a [new] medical statement as described in [Section] section 19a-87b-6(b)(1) [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.] of the Regulations of Connecticut State Agencies. For substitutes, proof of current first aid and cardiopulmonary resuscitation certification in accordance with section 19a-87b-6(c) of the Regulations of Connecticut State Agencies shall also be submitted.

(NEW) Sec. 19a-87b-8a. Comprehensive Background Check

(a) The applicant, provider, prospective employees of the family child care home in a position requiring the provision of care to a child, including assistants and substitutes, and each household member of the age specified in section 19a-87b of the Connecticut General Statutes shall submit to a comprehensive background check as specified by the Office to comply with the provisions of section 19a-87b of the Connecticut General Statutes that pertain to comprehensive background checks, including but not limited to, state and national criminal history record checks and the state child abuse and neglect registry established under section 17a-101k of the Connecticut General Statutes. The applicant, provider, prospective employees of the family child care home in a position requiring the provision of care to a child, including assistants and substitutes, and each household member of the age specified in section 19a-87b of the Connecticut General Statutes shall not have a criminal record, or record of child abuse or neglect, in this state or any other state that the commissioner reasonably believes renders such applicant, provider, assistant, substitute or household member ineligible to own, conduct, operate, maintain, be employed by or reside in a family child care home.

(b) The provider shall not employ program staff who have a record the commissioner reasonably believes renders such staff ineligible to be employed in a family child care home.

(c) The provider shall maintain at the family child care home evidence of compliance with the

provisions of this subsection.

(d) The provider shall make available to the Office any information obtained concerning comprehensive background checks, upon request of the Office.

(e) The applicant and provider shall provide to the Office, information concerning, sex offender status, criminal convictions, or child protective services records pertaining to themselves, staff or household members upon request of the Office. Failure by the provider to respond to Office correspondence within a timeframe designated by the Office in such correspondence shall constitute sufficient grounds for denial, suspension, or revocation of the license.

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

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

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

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

(4) A Federal Bureau of Investigation fingerprint check using Next Generation Identification; and

(5) A search of the National Crime Information Center National Sex Offender Registry.

Sec. 19a-87b-9. Requirements for the [physical environment] 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] commissioner, upon inspection, may require the provider to correct any condition under this section 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] may be potentially dangerous to children. The [Commissioner] commissioner, upon inspection, may require the provider to correct any condition under this section that may put children at risk [of injury].

(c) **Absence of [poisonous substances] Potentially Harmful Substances and Materials**

[Poisonous substances shall not be accessible to children enrolled in the facility] All potentially harmful substances and materials, including but not limited to, cleaning supplies, cosmetics, toiletries, medication, alcoholic beverages and other toxins shall be inaccessible to children. Poisonous and unidentified plants [and plant parts] shall be removed from the area, protected by barriers, or kept out of the reach of children. Bio contaminants, including but not limited to, blood, bodily fluids or excretions that may spread infectious disease, shall be disposed of in a safe manner and in accordance with manufacturer's instructions, when applicable.

(d) **Fire Safety**

The provider shall ensure that the [home and grounds provide] family child care home provides 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] combustible liquids, cleaning solvents, paints, excess amounts of [combustable] combustible 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 secured and in good repair.

[Special protective covers] Electrical cords shall not hang within reach of children. Protective covers or approved safety outlets shall be provided for all electrical receptacles [shall be installed] in all areas [occupied by] accessible to 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] child care in the [facility] family child care home. 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. Such window shall have an area not less than 5.7 square feet and shall measure not less than twenty inches in width and twenty four inches in height. The bottom of the opening of the window shall be not more than forty-four inches above the floor or fixed landing, and any latching device shall be capable of being used from not more than fifty-four inches above the floor or fixed landing.

(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.

(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] with no areas in which a child may fall through, shall provide safe passageway and be maintained free of obstructions. [Sturdy child-safe gates shall be placed at the top and bottom of stairways] There shall be a gate or other structure in place that may be hung, drawn or lowered at the entry of stairways accessible to children to prevent falls. If only school aged children are present, gates or other structures at stairway entries are not required to be in place but shall be available at the family child care home.

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

(5) [Evacuation Plan] Emergency 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.] The provider shall develop a written plan for the protection of children and child care staff in the event of emergencies, including but not limited to, fire, medical, weather related, man-made disaster, natural disasters or acts of terrorism. The plan shall address the evacuation and removal of children to a safe location, sheltering in place if evacuation is not feasible, lock-down procedures, plans for continuation of operations, communication and reunification with parents, accommodations for infants and toddlers, children with disabilities and children with chronic medical conditions in consultation with the child's parent(s). The provider and 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 which includes the demonstration of the provider, staff and children exiting the residence of the family child care home. A written log of the practiced drills shall be maintained at the family child care home for one year.

(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] family child care home.

(7) Carbon Monoxide Detector

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

[(7)](8) Fire Extinguisher

(A) The provider shall have easily accessible to the area of child care [at least one five (5) pound] a minimum of one ABC multi-purpose fire extinguisher in operating condition that contains at least five pounds of fire extinguishing agent and shall have knowledge of its use and the ability to manage its use.

(B) Each fire extinguisher shall be installed [using the hanger or brackets supplied,] according to the manufacturer's instructions, at a height not to exceed five [(5)] feet above the floor. Extinguishers shall not be obstructed or obscured [from view] in order to allow for immediate access.

[(8)](9) 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 receiving family child care services.

(B) [There shall be no kerosene heaters or unsafe space heaters used during the hours of day care.] All heating systems and devices shall not pose a hazard to children.

(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 and locked 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 that is known to the provider.

(4) Locks shall be openable with a key, [or combination only] combination, or other similar unlocking mechanism that prevents unauthorized persons from obtaining access.

(f) **Safe Space**

(1) There shall be sufficient indoor and outdoor play space to ensure appropriate activities, safety and comfort for the [day care] children at the facility. [The indoor and outdoor play space shall be neither isolated nor remote from the primary care areas.] When outdoor play space does not exist at the facility, the provider shall identify alternate outdoor play space and develop a written plan that ensures the safe transportation of children to and from the alternate outdoor play space. The outdoor play [area] space shall be protected from traffic, bodies of water, gullies, and other hazards by barriers, which effectively bar access in a manner safe for children.

(2) When there is a swimming pool or any other [body] bodies 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] fence or barrier, four [(4)] feet high or higher, [with locked entrances,] which totally and effectively bars access to the water by the [day care] children. All entries and exits through such fence or barrier shall have self-closing, self-latching devices or locks. When an outside wall of the facility that serves as one side of the fence or barrier to the body of water has a doorway,

such doorway shall remain locked. Shallow wading pools that are not fenced shall be emptied after each use and shall not collect water. Decorative ponds, fish ponds, fountains or similar bodies of water that do not have a fence or barrier as required in this subdivision, shall be completely covered with a childproofing grate or other barrier to prevent access to children.

(3) No child in care shall be permitted in a hot tub, spa or sauna. Hot tubs, spas and saunas shall be locked and inaccessible to children.

(4) Locks shall be operable with a key, combination, or other similar unlocking mechanism that prevents unauthorized persons from obtaining access.

(g) **Proper Ventilation, [Light and Temperature,] Light, Temperature, and Window Safety**

The ventilation, light and temperature of the facility shall ensure the health and comfort of the [day care] children in care. When the temperature exceeds eighty degrees Fahrenheit, the provider shall provide more fluids and increase ventilation. The room temperature where children are present at the [facility] family child care home shall not be lower than [68] sixty five degrees Fahrenheit when measured three feet from the floor. The provider shall implement measures that prevent children from falling from accessible windows above the ground floor.

(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 in care. The water temperature at the tap shall be within the range of sixty degrees Fahrenheit to one hundred twenty degrees Fahrenheit. A mechanism for individual hand drying shall be accessible. 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**

The water from at least one drinking, beverage and food preparation sink shall be tested for lead and results submitted at the time of initial application. The water sample shall have been standing in plumbing pipes at least six hours and the test must be conducted not more than twelve months prior to the date of application. If the [facility] family child care home is not served by a public water [supply] system that is regulated by the Department of Public Health, the provider shall also show proof from analysis [by a state certified laboratory] dated [no more than one year prior to] not more than twelve months prior to the date of initial application [date at initial registration] and as often as the [Department] Office deems necessary, that [its] the 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] commissioner. The analysis of samples shall be conducted by an environmental laboratory registered by the Connecticut Department of Public Health pursuant to section 19a-29a of the Connecticut General Statutes.

(j) **Pasteurization [or Licensed] of Milk Supply**

[If milk] 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] receiving family child care services shall be pasteurized.

(k) **Working Telephone**

The provider shall have a working telephone at the [facility] family child care home, with emergency numbers [(] for fire, ambulance, police or 911, parents, emergency caregivers, and poison control [)] posted [nearby in an easily visible location] in a readily accessible location in an area where family child care services are provided which is known to the provider and all staff.

(l) **Safe Transportation**

The provider shall utilize safe transportation for children when transportation is required for an

emergency or a [day] child care activity. This shall include, but not be limited to, the use of child auto safety restraints according to [Section] section [14-100a (c)] 14-100a(c) of the Connecticut General Statutes. [Any vehicles used to transport day care children shall be properly registered and insured.] The provider shall be responsible for compliance with all applicable motor vehicle laws when transporting children.

(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] at least one portable, readily accessible first aid kit whenever children are in care, including field trips. Each kit shall be a closed container for storing first aid supplies, accessible to the provider and substitute at all times but out of the reach of children. First aid kits shall be restocked after use. The first aid kit shall contain at least the following first aid supplies:

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

(n) **First Aid Supplies for Field Trips:**

In addition to the requirements contained in subsection (m) of this section, the first aid kit shall also include the following first aid supplies:

(1) Water;
(2) Reliable communication device;
(3) Liquid soap;
(4) Emergency contact numbers for each child;
(5) Medications, as needed, if the program administers medications under section 19a-87b-17 of the Regulations of Connecticut State Agencies and any needed items to administer medications or monitor blood glucose levels; and
(6) Plastic bags, for storage.

[(n)](o) **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. Animal waste shall be kept inaccessible to children. The provider shall develop and implement a written plan to keep any animal kept at the facility inaccessible to the children if the animal is known to be dangerous or aggressive. A current rabies vaccination certificate shall be kept on file at the [facility] family child care home for each dog and cat over fourteen [(14)] weeks of age. The provider shall be responsible for maintaining [household pets] any animal kept at the facility in accordance with all applicable local and state laws and to have such documentation on file. The [Commissioner] commissioner has the discretion to deny, suspend or revoke a [registration] license if he or she deems that the type, number or condition of the pets at the facility presents a health or safety hazard to children.

[(o)](p) **Smoking**

[The provider shall protect children from hazards associated with tobacco use in the facility.] The provider, household member, staff member or other person shall not smoke or use an electronic nicotine delivery system or vapor product as defined in section 21a-415 of the Connecticut General

Statutes when a child enrolled in the family child care home is present while family child care services are being provided.

[(1)] [If the provider, household members, or staff members smoke cigarettes, cigars, or pipes, or uses an electric device that simulates smoking in the delivery of nicotine or other substance 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, an electronic nicotine delivery system, or vapor products as defined in section 21a-415 of the Connecticut General Statutes are kept out of the reach of children.

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

(a) [**Registered] License Capacity and Maintaining Compliance with the Regulations**

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

(b) **Maintaining [records on children] Records on Children**

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

(1) Enrollment Form

The provider shall have on file [an] 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 [facility] family child care home. This form shall be kept for one year after a child ceases to be [cared for] enrolled in the [facility] 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 [day] 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 [day] child 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)] (*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 [(k)] (*l*) of this section. The immunization record and said documentation of immunizations shall be submitted to the [department] Office upon request.

(B) Medical records for [infants/toddlers] 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. With a thirty day allowance, a school age child's health assessment form, as described in section 10-206 of the Connecticut General Statutes that is required for school purposes, may be used to satisfy the physical examination and immunization requirements of this subdivision.

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

(D) A child that has been determined by the provider to meet the definition of homeless children and youths as 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 subsection 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) [Any] Name, address and telephone numbers of persons permitted to remove the child from the [day] family child care home on behalf of the parent.

(B) [Emergency health] 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.

[(C)](D) Transportation for children leaving the family child care home [as part of the day care program] by the provider or staff.

[(D)](E) The conditions under which the parent [will] may allow swimming when recreational swimming is part of the family [day] 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 that shall be reported 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 [at the facility] 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 for an individual child shall be available upon request to the Office, and shared with the parent(s) no later than the next business day.

(5) Confidentiality [of Records]

The provider and [day care] staff shall not release any [records] information pertaining to the child or family except in emergencies, or upon request of the [Department] 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 [seeing] ensuring that the [day care children's] physical needs of the children are adequately met while [in the facility] 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 [which] 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

The family [day] 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. [Readily available drinking] Drinking water shall be made available and [accessible] offered to children [at all times] throughout the day.

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

[(3)](4) Flexible and Balanced Schedule

[The schedule shall remain flexible,] 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.

[(4)](5) Proper Rest

(A) There shall be [a] an individual 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. [for each day care child. Day care children shall not be napped directly on carpeting or flooring.] Children shall nap or rest on such 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, for full-size baby cribs, or 16 CFR 1220, for non-full size baby cribs.

[(5)](6) Personal Articles

For each [day care] child in care, there shall be [an] individual [blanket] 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

[facility] 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 [and/or] or whose culture may differ from their own.

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

(3) [An appropriate plan for each child's care] 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 developed with the child's parent(s) and health care provider 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 [during the child care period] 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 child, with a snug fitting mattress covered by a tightly-fitted sheet unless the child has written documentation from a physician, physician assistant or advanced practice registered nurse specifying a medical reason for an alternative sleep position or alternate piece of equipment.

(2) When infants can easily turn over from the supine to the prone position, infants 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 in a crib or hung over the side of a crib or other piece of equipment designed for sleeping except for a pacifier without attachments unless the child has written documentation from a physician, physician assistant or advanced practice registered nurse specifying a medical reason for its use. Bibs and garments with ties or hooks shall be removed from infants that are placed to sleep. No toys or objects shall be attached to sleeping or rest equipment.

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

(5) No infant shall be swaddled unless the child has written documentation from a physician, physician assistant or advanced practice registered nurse specifying instructions and a timeframe for swaddling the infant.

(6) Infants under twelve months of age shall be physically observed at least every fifteen minutes to assess the 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.

[(f)](g) **Diaper Changing**

The provider shall change [an infant's] a child'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.] 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.

[(g)](h) **Giving Parents Information and Access**

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

(1) Opportunities to observe the [day] 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] family child care home.

(3) Opportunities prior to enrollment as well as following enrollment to discuss the child's needs and the family [day] child care program and policies, including the type of records the provider is required to keep and [registered] 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 [at,] or was detected [in, the day care home] while the child was receiving family child care services.

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

(7) Dates and times staff will be used.

[(7)](8) 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] family child care home.

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

(10) The provider shall post, on or after February 1, 2020, in a conspicuous place in a location visible to the parents whose children are receiving family child care services, the document regarding developmental milestones created by the Office pursuant to Public Act 19-106.

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

[(h)](i) **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. The provider shall be either indoors or outdoors with all [day care] children in care unless an approved staff is present to supervise. [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 [at the facility] 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/her] his or her attention from providing family [day] 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 [day care] children in care unless and until the substitute or emergency [provider] caregiver has assumed the provider's responsibilities and is actually present with the [day care] children in care.

[(i)](j) **Appropriate Discipline Practices**

The provider is responsible for the behavior management methods used in the family [day] child 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] family child care home with the child's [parents] parent(s) prior to enrollment and regularly during the period a child remains enrolled.

[(j)](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 [day care] children in care.

(2) The provider or substitute shall notify the [Department within twenty-four (24) hours] Office no later than the next business day of:

(A) The death of any child enrolled in the family [day] child care home, if the child died while [at the facility] 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 [at the facility] 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 [nearest office of the] Department of Children and Families as mandated by [Section] sections 17a-101 [and 17a-102] to 17a-101e, inclusive, 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)](*l*) **Immunization [requirements] Requirements**

(1) A child seeking admission to or attending a family [day] child 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] 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 [Section 19a-7f].

(2) The provider shall admit no child to a family [day] 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 child shall be permitted to continue to attend a family child care home for more than thirty days unless such child continues to meet said requirements of subdivision (3) of this subsection.

(3) For each enrolled child, the provider shall obtain from the child's parent and keep on file at the family [day] child 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] 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 [Section 19a-7f] and that names the appointment date for the child's next immunization;

(B) [a] 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] 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] 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] or medical history;

(D) [a] 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] 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 and acknowledged, in accordance with the provisions of sections 1-32, 1-34 and 1-35 of the Connecticut General Statutes, by (A) a judge of a court of record or a family support magistrate, (B) a clerk or deputy clerk of a court having a seal, (C) a town clerk, (D) a notary public, (E) a justice of the peace, or (F) an attorney admitted to the bar of this state .

(4) For each child to whom subparagraph (B) of subdivision (3) of this section applies, continued enrollment in [day] 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 nurse stating either: that the named appointment was kept and the child received the scheduled immunizations, or that the child was unable to receive the scheduled immunizations for medical reasons and a new appointment date is named.

(5) A child that has been determined by the 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 immunization requirements of section 19a-87b-10*(l)* 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 immunization requirements of section 19a-87b-10(*l*) of the Regulations of Connecticut State Agencies. Record of temporary waiver eligibility determinations granted under this subdivision must be maintained on file at the family child care home for a period of two years after the child is no longer enrolled.

Sec. 19a-87b-11. Sick [child care] Child Care

(a) A family [day] child 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] Fahrenheit, more than one undiagnosed episode of diarrhea or vomiting, or an undiagnosed skin rash.

(2) The child attends the [facility] family child care home on a regular basis. No child shall be accepted for sick child care on a drop in basis.

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

Sec. 19a-87b-12. Night [care] Care

(a) The provider is responsible for meeting the following additional conditions if care [extends into the child's normal sleeping hours] is provided for one or more hours between the hours of 10 p.m. and 5 a.m.:

(1) A Separate Bed

A separate bed, appropriate to the child's age, with individual, clean bedding, shall be provided. A cot is not considered to be a bed.

(2) Proper Location of the Bed

The bed shall be located in a quiet part of the [facility, and for a] family child care home. A child six [(6)] years of age or older, shall not be in a room shared with any adult, nor with another child of the opposite sex [nor with any adult] unless the children are siblings and the provider maintains at the family child care home written parent permission consenting to such sleep arrangement. 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] sleepwear as agreed to by the parent of the child.

Sec. 19a-87b-13. [Department access, inspection]Office Access, Inspections and [investigation] Investigations [during home visits]

(a) **Access**

The provider, assistant, emergency caregiver or substitute shall allow [Department] the Office [staff] immediate access during customary business hours to the facility named on the [registration,] license whenever [Department staff] the Office seeks to perform [home visits] an inspection. [The provider may request to see a picture] Photo identification [card identifying] of the [Department] Office staff member shall be provided upon request. If [a provider does not] consent is not granted [to departmental access for the performance of a home visit], the [Department] Office [staff will] shall not enter the [residence] home. [However, failure of the provider] Any failure to allow immediate access during customary business hours to the facility [for a home visit] is deemed substantial noncompliance with this regulation and is an automatic ground for the [Commissioner] commissioner to initiate [registration] license suspension or revocation proceedings.

(b) **Inspection of Facility**

The provider or substitute shall allow the [Department staff] Office to inspect, upon request, any part of the [family day care] facility during the performance of [a home visit] an inspection during customary business hours. If [a provider does not] consent [to departmental inspection of a] is not granted to inspect any part of the [day care] facility, the [Department staff will] Office shall 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] license suspension or revocation proceedings. Failure to respond to Office requests to schedule an inspection may constitute failure to allow a complete inspection. A copy of the [interview/home visit report] inspection form [completed during the home visit] shall be [left with] provided to the provider.

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

The provider or substitute shall allow the [Department] Office [staff] to inspect, upon request, any records required to be maintained under [Section 19a-87b-10] sections 19a-87b-1 to 19a-87b-18, inclusive, of the Regulations of Connecticut State Agencies [of these regulations], including enrollment records with information on the parents' names, addresses and telephone numbers. The [Commissioner] Office shall have the right at any time to contact [and/or] and interview parents of any child who is receiving, or who has received, family [day] child care services from the [facility] family child care home. With parental permission, the [Commissioner] Office may also talk to [day care] children in care who are receiving such services or who have received said services concerning the operation of the family [day] child care home.

(d) **Announced [Home Visits] Inspections**

The [Commissioner] Office shall make announced [home visits to inspect the facility] inspections at 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] license such as a move to a new address where [day] family child care services are to be provided.

(e) **Spot Inspections**

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

(f) **Complaint [Home Visits] Investigations**

The [Commissioner] Office shall make unannounced [home visits] inspections to the family [day] child care homes of [registered] licensed or [unregistered] unlicensed providers against whom complaints are lodged.

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

(a) **Anonymity of Complainant**

Any individual making a complaint against a [day] family child care applicant or provider may do so anonymously. If a complainant reveals [his/her] his or her identity and requests confidentiality, the [Department will] Office shall 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)](b) **Duty to Investigate**

The [Department] Office shall investigate each complaint that it receives concerning a [registered] licensed or [unregistered] unlicensed family [day] child 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)](c) **Unannounced [Home Visit] Inspection; Notice and Interview**

The investigation of a complaint may involve an unannounced [home visit to] inspection of the

facility of the provider against whom the complaint was made. The [Department staff] Office shall inform the provider that the [home visit] inspection 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] Office can assess its validity.

[(e)](d) **Interviews**

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

(1) [parents] Parents and relatives of children receiving care;

(2) [children] Children receiving care with parental permission;

(3) [social] Social workers from the Department of Children and Families;

(4) [persons] Persons mentioned in the complaint;

(5) [fire inspectors, sanitarians or public health officials;] State and local officials;

(6) [law] Law enforcement personnel;

(7) [the registered] The provider [and/or] and any current or past substitutes and assistants; and

(8) [other] 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.]

Sec. 19a-87b-15. Agency [action and appeal rights] Action and Appeal Rights

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

(1) Revocation of the license or approval;

(2) Suspension of the license or approval 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] child 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 or approval on probationary status and impose such conditions or corrective measures which the [department] Office deems necessary to assure the health, safety and welfare of the children cared for in the family [day] child care home, including but not limited to:

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

(B) Placement of restrictions upon the operation of the family [day] child care home deemed necessary to protect the health, safety and welfare of the children cared for in the family [day] child 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] Applications and Renewals**

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

(c) **Summary Suspension of a License or Approval**

Summary suspension of a family [day] child care home license or approval, 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] commissioner finds that the health, safety, or welfare of [day care] children in care requires emergency action and incorporates a finding to that effect in his order.

(d) **Request for a Hearing**

The provider or staff may, [within thirty (30) days] not more than thirty days after receipt of [notification of an intended licensure] a notice of proposed agency action by the commissioner, send a written request to the [Commissioner asking for] commissioner requesting a hearing and setting forth the reasons why the provider or staff claims to be aggrieved. The [Department's] Office's hearing procedures are governed by applicable provisions of the Uniform Administrative Procedure Act and [the Department's] applicable Rules of Practice. In the absence of a timely request for a hearing one or more [licensure] disciplinary actions under subsection (a) of this section shall be imposed by the commissioner.

(e) **Parental Notification**

In all cases where a summary suspension order of a license or approval 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] family child care home during the period of suspension. Such notification shall also be required when so ordered by the [Commissioner] 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] not later than twenty-four hours after receipt by the provider of the notice of proposed agency action. Nothing in this section shall prevent the [Department] Office from directly notifying parents of [day care] children in care.

(f) **Operating a Family [Day] Child 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] child care home without a current and valid license or in violation of [these regulations] sections 19a-87b-1 to 19a-87b-18, inclusive, of the Regulations of Connecticut State Agencies is subject to a civil penalty of not more than one hundred dollars [($100) a] per day for each day that such [facility] family child care home is operated without a license or is in violation of [these regulations] sections 19a-87b-1 to 19a-87b-18, inclusive, of the Regulations of Connecticut State Agencies pursuant to sections 19a-79(b) and 19a-87c of the Connecticut General Statutes.

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

When evidence indicates that the provider is operating a family [day] child care home without a valid license or in violation of [the adopted regulations] sections 19a-87b-1 to19a-87b-18, inclusive, of the Regulations of Connecticut State Agencies, the [Commissioner] commissioner may request the Attorney General to bring an action in the Superior Court for the judicial district in which the [facility] family child care home is located, to enjoin the provider from maintaining the family [day] child care home without a license or in violation of [the regulations] sections 19a-87b-1 to 19a-87b-18, inclusive, of the Regulations of Connecticut State Agencies pursuant to [Section] section 19a-87d of the Connecticut General Statutes.

Sec. 19a-87b-16. Public [access to information] Access to Information

[(a)] Routine Requests

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

(1) [Registration] License status, which indicates whether the [facility] family child care home is [unregistered] unlicensed, [registered] licensed, applying for [registration] a license, or is no longer [registered] licensed due to suspension, revocation, [or] voluntary withdrawal or surrender;

(2) [registration] License number[,] ;

(3) [capacity] License capacity of the [facility] family child care home;

(4) [expiration] Expiration date of the [registration] license;

(5) [listing] Listing of substantiated complaints against a provider during the past three [year] years, excluding complaints for child abuse and neglect;

(6) [the] The date of the last [home visit] inspection made by the [Commissioner] Office; and

(7) [the] 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.]

Sec. 19a-87b-17. Administration of [medications] Medications

Family [day] child care home providers [are not required by this section to administer medications to children. If the provider accepts responsibility for the administration of] that administer medications of any kind, [the provider] shall comply with all requirements of this section and shall have [a] written [policy] policies and procedures at the [facility] family child care home 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] Such policies and procedures shall be available for review by the [Commissioner] Office during [site inspections] any inspection 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, but not be limited to:

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

(B) Medicated powders; and

(C) Teething, gum or lip medications.

(2) Nonprescription Topical Medications [Administration/Parent] Administration and Parent Permission Records

The written permission of the [parent] parent(s) shall be required prior to the administration of the nonprescription topical medication and [a medication administration record shall be written in ink and] shall be kept on file at the [facility] family child care home for each child administered a

nonprescription topical medication. The medication shall be administered only in accordance with the written permission of the parent(s). [The medication administration record and parent permission shall become part of the child's health record when the course of medication has ended.] The [parent] parent(s) shall be notified immediately of any medication [administration errors immediately in writing and the error shall be documented in the record] error. Written notice of such medication error shall be sent thereafter to the parent(s) not more than seventy two hours after the medication error occurred, and such medication error shall be documented in the child's health 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] 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] The individual child's name;

(ii) [the] The name of the medication; and

(iii) [directions] 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] parent(s). An expired medication shall be destroyed in a safe manner or returned to the parent.

(b) **Administration of [medications other than nonprescription topical medications.] 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 pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse in the methods of administration of medications and shall receive written approval from the trainer which indicates that the trainee has successfully completed a training program as required [herein] by subsection (b) of this section. 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] family child care home.

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

(i) [objectives] Objectives;

(ii) [a] 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] Administering medication to an uncooperative child;

(iv) [demonstration] 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] Recognition of side effects and appropriate follow up action;

(vi) [avoidance] Avoidance of medication errors and the action to take if an error occurs;

(vii) [abbreviations] Abbreviations commonly used;

(viii) [documentation] Documentation including parent permission, written orders from [physicians,] authorized prescribers and the record of administration;

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

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

(C) Oral, Topical and Inhalant Medications

In addition to the training requirements in section 19a-87b-17(b)(1)(A) and (B) of the Regulations of Connecticut State Agencies, a provider or substitute may administer oral, topical or inhalant medications, the provider or substitute shall have successfully completed a training program on the administration of oral, topical and inhalant medications. The trainer, who shall be a pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse, shall assure that the provider or substitute understands the indications, side effects, handling and the methods of administration for oral, topical and inhalant medication. After completing such training, the provider or substitute shall have his or her skills and competency in the administration of oral, topical and inhalant medications reviewed and validated by a pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse every three years. A provider or substitute trained in the administration of oral, topical and inhalant medication shall be present whenever a child who has a prescription for an oral, topical or inhalant medication is enrolled and present at the family child care home.

[(C)](D) Injectable Medications by a Premeasured Commercially Prepared Auto-Injector

In addition to the [above] training requirements in section 19a-87b-17(b)(1)(A) and (B) of the Regulations of Connecticut State Agencies, before a [family day care] provider or substitute may administer injectable medications, [he] the provider or substitute shall have successfully completed a training program on the administration of injectable medications by a premeasured[,] commercially prepared [syringe] auto-injector. The trainer who shall be a pharmacist, 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 such injectable medication. [Thereafter, on a yearly basis] After completing such training, the provider or substitute shall [have their] annually have his or her skills and competency in the administration of injectable medication reviewed and validated by a pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse. Injectable medications by a premeasured commercially prepared auto-injector shall only be given in emergency situations.[, by a premeasured commercially prepared syringe, unless a petition for special medication authorization is granted by the department.] A provider or substitute trained in the use of an automatic premeasured commercially prepared auto-injector used to treat an allergic reaction shall be present whenever a child who has a prescription for an automatic premeasured commercially prepared auto-injector used to treat an allergic reaction is enrolled and present at the family child care home.

(E) Rectal Medications

In addition to the training requirements in section 19a-87b-17(b)(1)(A) and (B) of the Regulations of Connecticut State Agencies, before a provider or substitute may administer rectal medications, the provider or substitute shall have successfully completed a training program on the administration of rectal medications. The trainer, who shall be pharmacist, physician, physician assistant, advanced

practice registered nurse or registered nurse, shall assure that the provider or substitute understands the indications, side effects, handling and the methods of administration for rectal medication. After completing such training, the provider or substitute shall have his or her skills and competency in the administration of rectal medications reviewed and validated by a pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse every three years. A provider or substitute trained in the use of rectal medication shall be present whenever a child who has a prescription for a rectal medication is enrolled and present at the family child care home.

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

In addition to the training requirements in section 19a-87b-17(b)(1)(A) and (B) of the Regulations of Connecticut State Agencies before the family child care home provider or substitute may administer injectable medications other than by a premeasured commercially prepared auto-injector, the family child care home provider or substitute shall have successfully completed a training program on the administration of injectable medications other than by a premeasured commercially prepared auto-injector. The trainer, who shall be a pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse, shall assure that the family child care home provider or substitute understands the indications, side effects, handling and the methods of administration for injectable medication. After completing such training, the family child care home provider or substitute shall have his or her skills and competency in the administration of injectable medications other than by a premeasured commercially prepared auto-injector reviewed and validated by a pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse every three years. A provider or substitute trained in the use of injectable medication other than by a premeasured commercially prepared auto-injector shall be present whenever a child who has a prescription for injectable medication other than by a premeasured commercially prepared auto-injector is enrolled and present at the family child care home.

(G) A provider or substitute currently certified by the State of Connecticut Department of Developmental Services or the State of Connecticut Department of Children and Families, to administer medications shall be considered qualified to administer medications for the modalities in which they have been trained at a family child care home.

(2) Training Approval [Documents/Training] Documents and Training Outline

(A) Upon completion of the required training program or the review and validation of the required training, the pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse who conducted the training shall issue a written approval to each provider or substitute who has demonstrated successful completion of the required training. Approval for the administration of oral, topical, [and] inhalant medications, rectal medications and injectable medications other than by a premeasured commercially prepared auto-injector shall remain valid for three [(3)] years. Approval for the administration of injectable medications by a premeasured commercially prepared auto-injector shall be valid for one [(1)] year. A copy of the approval shall be on file at the [facility] family child care home where the provider or substitute is employed and shall be available to [department] Office staff upon request.

(B) The written approval shall include:

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

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

(iii) [a] A statement that the required curriculum areas listed in [Sec. 19a-87b-17(b) (1) (B) and Sec. 19a-87b-17(b) (1) (C)] section 19a-87b-17(b)(1) of the Regulations of Connecticut State Agencies when applicable were successfully mastered, and indicating the route(s) of administration the trainee has been approved to administer;

(iv) [the] The name, address and telephone number of the provider or substitute who completed the training successfully; and

(v) [the] 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] family child care home where the trainee is employed for [department] Office review. The [department] Office may require at any time that the provider obtain the full curriculum from the trainer for review by the [department] Office.

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

(A) Except for nonprescription topical medications described in [Section 19a-87b-17(a) (1)] section 19a-87b-17(a)(1) of the Regulations of Connecticut State Agencies, 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] parent(s) which shall be on file at the [facility] family child care home. Such medications may include:

(i) [oral] Oral medications;

(ii) [topical] Topical medications;

(iii) [inhalant] Inhalant medications; or

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

(v) Rectal Medications; or

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

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

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

(ii) [the] The date the medication order was written;

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

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

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

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

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

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

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

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

(xi) [the] The authorized prescriber's signature; and

(xii) [the] The name, address, telephone number, signature and relationship to the child of the parent(s) giving permission for the administration of the [drug] medication 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] this section, 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] immediately of a significant medication error or a medication error, and notified in writing not later than seventy-two hours after the significant medication error or medication error occurred, and the error shall be documented in the medication administration record. Significant medication errors shall also be reported immediately to the Office by telephone and in writing no later than the next business day.

(E) Investigational drugs shall not be administered.

(4) Required Records

(A) Except for nonprescription topical medications described in [Section] section [19a-87b-17(a)(1)] 19a-87b-17(a)(1) of the Regulations of Connecticut State Agencies, individual written medication administration records for each child shall be [written in ink] maintained, reviewed prior to administering each dose of medication and kept on file at the [facility] family child care home. 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] The name, address, and date of birth of the child;

(ii) [the] The name of the medication [or drug];

(iii) [the] The dosage ordered and method of administration;

(iv) [the] The pharmacy and prescription number if applicable;

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

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

(vii) [the] The signature in ink of the [family day care] provider or substitute giving the medication;

(viii) [food] Food and medication allergies;

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

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

(xi) [medication] 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] The child's name;

(ii) [the] The name of the medication;

(iii) [directions] Directions for the medication's administration; and

(iv) [the] The date of the prescription.

(B) Except for nonprescription topical medications described in [Section 19a-87b-17(a)(1)] section 19a-87b-17(a)(1) of the Regulations of Connecticut State Agencies, and medications described in subsection (c) of this subdivision of this section, medication shall be stored in a locked area or a locked container in a refrigerator in keeping with the label directions away from food and inaccessible to children. [Keys to the locked area or container shall be accessible only to personnel authorized to administer medication.] Only personnel authorized to administer medication may be provided with the means to access such medication. Controlled drugs, as defined in section 14-1 of the Connecticut General Statutes shall be stored in accordance with [Section] section 21a-262-10 of the Regulations of Connecticut State Agencies.

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

[(C)](D) All unused or expired medication, except for controlled drugs, as defined in section 14-1

of the Connecticut General Statutes, shall be returned to the [parent] parent(s) or [destroyed] disposed of 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] family child care home shall keep a written record of the medications [destroyed] disposed of for three years which shall be signed by both parties.

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

(6) Children enrolled at the family child care home may self-administer medications with documented permission from the parent(s) and authorized prescriber. Children may request and receive assistance from the provider or substitute in opening containers or packages or replacing lids. Medication to be self-administered shall be stored in accordance with section 19a-87b-17(b)(5) of the Regulations of Connecticut State Agencies.

[(6)](7) Petition For Special Medication Authorization

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

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

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

(iii) [the] The name, address and telephone number of the person(s) who shall participate in the training;

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

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

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

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

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

(iii) [a] 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] 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 for a period of two years at the family [day] child care home. The requirements of subsection [(b) (4) and (b) (5)] (b)(4) and (b)(5) of this section shall apply to the administration of medication authorized by petition.

(c) [**Department] Office Action**

(1) Cease and Desist Orders

(A) If the [department] Office determines that the health, safety or welfare of a child in the family [day] child care home imperatively requires emergency action to halt the administration of medications by a provider or substitute in a family [day] child care home, the [department] Office 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] child care home. The [department] Office shall provide an opportunity for a hearing regarding the order [within 10] no later than ten business days after 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] the provider's care that no medications may be administered at the family [day] child 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 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] child 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 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.

Section 2. Section 19a-87b-18 of the Regulations of Connecticut State Agencies is amended to read as follows:

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

(a) **Policy and Procedures**

(1) All family [day] child 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] Parental responsibilities;
(B) [staff] Staff training and responsibilities;
(C) [proper] Proper storage, maintenance, and disposal of test materials and supplies;
(D) [record] Record keeping;
(E) [reporting] 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] 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] Office during [facility] family child care home inspections or upon demand.
(b) **Training**
(1) Prior to the administration of finger stick blood glucose tests, the provider or substitute shall have completed the following training requirements:
(A) [a] A course [approved by the Department] in first aid described in section 19a-87b-6(c) of the Regulations of Connecticut State Agencies, as verified by a valid first aid certificate on file at the [facility] family child care home; and
(B) [additional] Additional training given by a pharmacist, 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] The proper use, storage and maintenance of the child's individual monitoring equipment;
(ii) [reading] Reading and correctly interpreting test results; and
(iii) [appropriate] 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] family child care home.
(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] family child care home for review by the [Department] Office. Such documentation shall indicate:
(A) [the] The subjects covered in training;
(B) [the] The signature and title of the instructor;
(C) [the] The signature and title of the trainee; and
(D) [the] 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] child care home.
(2) Whenever a child diagnosed with diabetes mellitus who has orders to receive finger stick blood glucose monitoring is enrolled and present at the [facility] family child care home, a provider or substitute designated and trained to administer finger stick blood glucose tests shall be present at the [facility] family child care home.
(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] 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 and supplies to meet the child's individual needs. Such equipment and supplies shall include at least the following items:

(A) [the] The child's blood glucose meter and strips;

(B) [an] An appropriate retracting lancing device used in accordance with infection control procedures;

(C) [tissues] Tissues or cotton balls; and

(D) [fast] 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] family child care home 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] family child care home 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] The child's name;

(B) [the] The diagnosis of diabetes mellitus;

(C) [the] The type of blood glucose monitoring test required;

(D) [the] The test schedule;

(E) [the] The target ranges for test results;

(F) [specific] Specific actions to be taken and carbohydrates to be given when test results fall outside specified ranges;

(G) [diet] Diet requirements and restrictions;

(H) [any] Any requirements for monitoring the child's recreational activities; and

(I) [conditions] 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] The child's name;

(B) [the] The parent's or guardian's name;

(C) [the] The parent's or guardian's address;

(D) [the] The parent's or guardian's telephone numbers at home and at work;

(E) [two] Two adult, emergency contact people including names, addresses and telephone numbers;

(F) [the] The names of the provider and substitutes designated to administer finger stick blood glucose tests and provide care to the child during testing;

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

(H) [the] The signature of the parent or guardian;

(I) [the] The date the authorization is signed; and

(J) [the] 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] ensure that the child's parent or guardian [daily in writing] receive daily [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.

Statement of Purpose

The purpose of this regulation is to amend the regulations governing family child care homes to require family child care providers to be certified in cardiopulmonary resuscitation, identify specific first aid courses that are acceptable, eliminate the requirement to petition the Office to administer certain medications, provide clarity of existing requirements, comply with recommendations of the National Association for Regulatory Administration (NARA), establish requirements that are consistent with national best practices related to safe sleep practices and emergency preparedness, require carbon monoxide detectors in family child care homes, reduces the restriction of infants and toddlers to children under the age of eighteen months, establish requirements to satisfy the mandates of the reauthorization of the Child Care and Development Block Grant (CCDBG) and make technical revisions.