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STATE OF CONNECTICUT

OFFICE OF EARLY CHILDHOOD



Connecticut Office of
Early Childhood

Beth Bye
Commissioner

Connecticut Office of Early Childhood Regulations Concerning Family Child Care Homes Updated Summary of Responses to Public Comments

Hearing Officer: Michael Curley, Esq.
Dates of Hearings: August 14, 2020 and August 18, 2020

On July 14, 2020, the Office of Early Childhood published a Notice of Intent to modify sections 19a-87b-1 through 19a-87b-17 (c), and 19a-87b-18, inclusive, of the Regulations of Connecticut State Agencies (RCSA), with the comment period closing on August 13, 2020. A hearing was requested within the required timeframe, and, as such, a Revised Notice of Intent was filed on August 3, 2020. Pursuant to the August 3, 2020 notice, two public hearings were held on August 14, 2020 and August 18, 2020.

As required by section 4-168(b) of the Connecticut General Statutes, this report describes the proposal, identifies principal reasons in opposition to the proposal, and summarizes and responds to all comments received on the proposal.

Summary of Proposal

The purpose of this regulatory proposal 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, reduce the restriction of 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.

Summary of Comments

19a-87b-1 (8) and 19a-87b-1 (35) regarding the proposal to allow children with special needs to receive supplementary care until the age of 21:

OEC received 15 comments in support of this proposal. No comments were received in opposition to this proposal.

OEC Response: No response required.

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19a-87b-1 (24) regarding the proposal for night care hours to be 10:00 p.m. to 5:00 a.m.

The OEC received one comment in opposition to this change. The commenter proposed a change in night care hours from starting at 10:00 p.m. to starting at 7:00 p.m.

OEC Response: No change made. Changing the start time of night care to 7:00 p.m. would require any provider who has any child in care after 7:00 p.m. to comply with the regulations for night care, which could be financially burdensome to the provider.

19a-87b-5 (d) (1) (A) regarding the regular licensed capacity of six children

OEC received 4 comments suggesting an increase of regular capacity from 6 children to 8 or 10 children. Those comments are as follows:

“...I believe we as a whole, have proven during this pandemic that we are capable of handling 10 children in a home daycare environment. I would ask if we could be allowed to have the same number of children all year long... I would like to end my comment with this final thought... If a school teacher can handle a classroom of 15-18 students in one room by themselves then we should be more than capable of handling 10 children in a home daycare providing the space per child is taken into consideration.”

“...I am all in favor of increasing capacity to 10 children...”

“...we’re asking for the ratio to go from 6 to 8.”

“...we also support changing the capacity to 10, rather than 6 plus 3. So 10 children.”

OEC Response: There was no proposed change to the regular capacity limits, therefore, no response required in accordance with Connecticut General Statutes § 4-168 (b).

19a-87b-5 (d) (5) regarding the proposed increase for the provider’s own children to count in capacity from twelve years to thirteen years of age.

OEC received 2 comments in support of this proposal. 3 comments were received in opposition. The opposing comments are as follows:

“The regulation to change the school age limit from 12 to 13 makes no sense. This is taking money from provides as their child will take up a spot for an entire year longer. A typical 12 year old is fully capable of tending to their own needs and even staying home alone. The age needs to remain at 12.”

“Please reconsider the proposed regulation change regarding the age of Providers own children. The current regulations state our own children will no longer count towards our enrollment numbers once our children are (12) twelve years old. Changing the age to (13) thirteen is unnecessary. Children that are (12) twelve years old are self-sufficient and having our own children present at this age does not negatively impact the quality of care that we as providers give to children enrolled in our programs. If anything our own children at age (12) twelve serve as role models to the younger children. I’ve been providing quality, safe and loving care to children in my care for almost eleven years. My experience as a provider should speak volumes and my impeccable unannounced inspection reports should serve as proof of this. I hope you’ll reconsider this change as it would cause nothing but financial strain and

business hardship to myself, other providers and the families that we serve. Thank you for your consideration.”

“...opposed to change the provider’s children from 12 to 13.”

OEC Response: The Agency has reviewed the comments in opposition and has decided not to move forward with the proposed change of increasing the age from twelve to thirteen.

19a-87b- 5 (e) regarding the proposal to change the current infant and toddler restriction from two children under the age of two years to two children under the age of eighteen months, or up to 6 children under the age of eighteen months when an assistant is present

OEC received 10 comments in support of this change. 2 comments were received in opposition to this proposal. The opposing comments are as follows:

“Toddlers 18 months-2 years of age are a vulnerable group of children. This is a critical period for physical skill development and language learning. Children in this age group are mobile but have no concept of what is dangerous. They have rudimentary language skills but may not be able yet to communicate their needs verbally. They are learning to control their emotions and often deal with frustration by acting out. Individual children in this age group need close caregiver attention to help them develop their language and their social emotional skills, while keeping them safe. I understand there may be a need for more toddler slots in family child care as more older preschoolers may attend other types of programs. However, I am strongly opposed to allowing more children in this very vulnerable age group to be cared for by a single family child care provider who may be distracted by the competing needs of up to possibly 9 children.”

“I am writing to express my concern for the proposed regulation allowing 6 children 18 months or younger With a licensed fcc Provider and an assistant. I am concerned that 2 adults can not properly care for 6 children at that age. How Will 2 adults keep an eye on the children while diaper changing?, how will they be able to get 6 children under the age of 18 months out of the house if there is an emergency?, how do you properly feed and watch for choking etc during meal time? I have been a licensed fcc provider for 31 years and I feel this change in regulation would put children in jeopardy physically and emotionally. I feel this stress on the provider and assistant caring for 6 under 18 months of age will definitely negatively effect the children. Please consider changing that part of the regulation to 4 children 18 months and younger with 1 fcc provider and 1 assistant.”

Two commenters that support the change to 18 months request that OEC add language to the proposal that require the 18-month-old child to be “ambulatory”.

OEC Response: No change made. The OEC recognizes that this proposed change would support a provider’s ability to sustain their program financially. It provides additional child care slots for infants. The OEC recognizes provider’s individual judgment in making determinations pertaining to the children enrolled based upon many factors including the development of individual children, their program space and policies and procedures.

19a-87b-6 (c) (1) regarding first aid approved courses

OEC received one comment in opposition of this proposal, specifically to the wording “...or current certification based on a first aid course approved on or before January 1, 2016”. The opposing comment states, in relevant part, as follows:

“The updated version identifies first aid training from the American Heart Association, American Red Cross, American Safety and Health Institute, Medic First Aid, and National Safety Council and that courses previously approved as of January 6, 2016, will be accepted. Because my program was approved on March 16, 2018, I fear it will be removed from the state-approved first aid courses. I have been teaching this class for well over two years now and the impact of its discontinuation would be a hardship for myself as well as my clients. I am submitting a formal petition to request the date of January 6, 2016, be changed to one of the following:

- The date the new regulations are signed into action, or
- The date of the public hearing, or
- March 17, 2018

By changing the date in the regulations to one of the above, it will assure the continuation of my program.”

OEC Response: The Agency has reviewed the comment in opposition, and has decided to modify the proposed date that the first aid course was approved from January 6, 2016 to March 17, 2018.

19a-87b-9 (g) regarding the decrease of room temperature from sixty-eight degrees to sixty-five degrees

OEC received one comment in opposition to this proposal. The commenter raised a concern about the change in temperature to 65 degrees Fahrenheit regarding infants in care if no blankets are allowed if the temperature is changed.

OEC Response: No change made. There is nothing to prevent a provider from maintaining the room temperature at a higher setting than 65 degrees Fahrenheit should they feel that this is necessary for the comfort of children in their care.

19a-87b-10 (g) regarding the use of soap and water after diaper changing

OEC received 1 comment in opposition to this proposal. The opposing comment is as follows:

“Requiring family child care providers to use soap and water during diaper changes instead of hand sanitizer can prove very difficult for many providers who do not have their changing tables close to a bathroom. Many of us have our day care areas in different levels of the house. We would have to you take all of our children up-and-down the stairs after every diaper change to wash with soap and water. This could prove to be dangerous to children. Please consider those of us who do not have direct access to water in our lower levels and consider allowing hand sanitizer.”

OEC Response: No change made. The current regulations require the use of soap and water after diaper changing. The action of running your hands under the water and using friction of one hand against the other removes soil. Without doing this, the hand sanitizer has little effect.