Legislative Regulation Review Committee

2008-018a

Department of Public Health

CHILD DAY CARE CENTERS & GROUP DAY CARE HOMES

STATE OF CONNECTICUT
REGULATION
OF

Department of Public Health
Name of Agency

Concerning

Child Day Care Centers & Group Day Care Homes
SUBJECT MATTER OF REGULATION

Section 1. Section 19a-79-1a to section 19a-79-13a, inclusive, of the Regulations of Connecticut State Agencies are amended to read as follows:

19a-79-1a. Definitions

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

(2) "Advanced practice registered nurse" means an individual licensed pursuant to subsection (b) of section 20-94a of the Connecticut General Statutes;[.]

(3) "Alteration" means remodeling or revision that does not change the physical plant of the licensed space[.];

(4) "Alternate staff" means a substitute;[.]

(5) "Ambient air" means the surrounding air;[.]

(6) "Attendance" means the names and number of children and staff present at the facility on a daily basis;[.]

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

(8) "Business day" means the normal and customary [work day] workday schedule;[.]

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

[(9)] (10) "Child day care center" means a program of supplementary care for more than twelve (12) related or unrelated children outside their own homes on a regular basis; [for a part of the twenty-four (24) hours in one or more days in the week.]

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

[(10)] (12) "Commissioner" means the Commissioner of Public Health or the [Commissioner's] commissioner's designated representative;[.]

[(11)] (13) "Conspicuous place" means an area that is easy to notice;[.]

[(12)] ["Continuing education" means attendance at classes, seminars, workshops, conferences or forums, that improve one's knowledge, skills and abilities.]

[(13)] (14) "Contracted services" means services provided that are subject to a written agreement;[.]

[(14)] (15) "Construction" means the act or process of building;[.]

[(15)] (16) "Days" means calendar days unless otherwise noted;[.]

(17) "Dental hygienist" means an individual licensed to practice dental hygiene in this or another state;

[(16)] (18) "Dentist" means an individual licensed to practice dentistry in this or another state;[.]

[(17)] (19) "Department" means the Connecticut Department of Public Health or any duly authorized representative thereof;[.]

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

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[(19)] (21) "Director" means the program administrator or person responsible for the day to day administrative operation of the program, who may be the head teacher;[.]

[(20)] (22) ["Disabled person"] "Disability" means [a person who has] a physical or mental impairment that substantially limits one or more major life activities;[, has a record of such an impairment, or is regarded as having such an impairment.]

[(21)] (23) "Early childhood education consultant" means an individual who is a credentialed early childhood specialist with [a Child Development Associate Credential,] an Associate, [in Arts, Bachelor of Arts] Bachelors, [Masters of Arts] Masters, [Doctoral of Education, or Doctor of Philosophy] or Doctoral degree in early childhood education, child development or human development or a four (4) year degree in a related field with at least twelve (12) credits in child development or early childhood education from an accredited college or university, who has two (2) or more years experience administering a licensed child day care center that meets standards comparable to those in Connecticut;[.]

(24) "Emergency medical technician" means an individual certified in accordance with section 19a-179 of the Connecticut General Statutes or licensed in another state;

[(22)] (25) "Employment" means working at a child day care center or group day care home and includes volunteers and alternate staff, who work more than twelve (12) times per year;[.]

[(23)] (26) "Endorsement" means the specific services for which a program has applied, have been approved by the department and are listed on the face of the license;[.]

[(24)] (27) "Enrollment" means the number of children registered and who have been admitted to the child day care center or group day care home for any given period of time;[.]

[(25)] (28) "Expansion" means an increase in the physical size or licensed capacity of the child day care center or group day care home;[.]

[(26)] (29) "Facility" means the building in which the child day care center or group day care home is housed;[.]

[(27)] (30) "First aid course" means a specified program of emergency treatment that has been approved by the department as listed in section 19a-79-4a(e) of the Regulations of Connecticut State Agencies;[.]

[(28)] (31) "Group day care home" means a program of supplementary care for not less than seven (7) nor more than twelve (12) related or unrelated children on a regular basis [for a part of the twenty-four (24) hours in one or more days in the week.], or that meets the definition of a family day care home as provided in section 19a-77 of the general statutes except that it operates in a facility other than a private family home;

[(29)] (32) "Group size" means the maximum number of children allowed to be cared for together at a given time in a specific area;[.]

[(30)] (33) "Head teacher" means the person responsible for the day to day educational portion of the child day care center or group day care home who shall be on site for sixty (60) percent of the hours the center is in operation on a weekly basis, who may also be the director;[.]

(34) "Health consultant" means a physician, physician assistant, advanced practice registered nurse or registered nurse holding a current and valid license in this or another state;

[(31)] (35) "Ill child" means one who is excluded from a child care program or school due to discomfort, injury or other symptoms of short term contagious illness;[.]

[(32)] (36)"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;[.]

[(33)] (37) "Job description" means a written outline developed for each position in the facility, containing the qualifications, duties, responsibilities and accountability required of all employees in that position;[.]

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

[(34)] (39) "License" means the form of permission issued by the department that authorizes the operation of a child day care center or group day care home;[.]

[(35)] (40) "Licensed capacity" means the maximum number of children allowed under the license to be in the licensed premises at any one time;[.]

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[(36)] (41) "Licensed premises" means the space identified in the license application in which child day care services are provided;[.]

[(37)] (421) "Local director of health" means the person appointed as the director of health for a city, town or borough pursuant to section 19a-200 of Connecticut General Statutes or for a health district pursuant to section 19a-242 of the Connecticut General Statutes;[.]

[(38)] (43) "Meal" means the food served and eaten in one sitting containing the four (4) food groups;[.]

[(39)] (44) "Medication" means any [medicinal preparation] legend or nonlegend drug as defined in section 20-571, including controlled [sub-stances] substances, as defined in 21a-240 of the Connecticut General Statutes;[.]

[(40)] (45) "Night care" means the care provided for one (1) or more hours between the hours of [8:00] 10:00 P.M. and [6:00] 5:00 A.M.;

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

[(42)] (47) "Operator" means a person, group of persons, association, organization, corporation, institution or agency, public or private, who has the legal responsibility for the overall operation of the child day care center or group day care home and to whom the license is issued;[.]

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

[(43)] (49) "Parent(s)" means the person(s) responsible for the child and may include the legally designated guardian(s) of such child;[.]

[(44)] (50) "Physician" means a doctor of medicine or osteopathy licensed to practice medicine in this or another state;[.]

[(45)] (51) "Physician assistant" means an individual who [has two (2) years of pediatric experience and functions under the direction of the consulting physician for the center and meets the requirements of sections] is licensed in accordance with section 20-12b of the Connecticut General Statutes and regulations adopted thereunder;[.]

[(46)] (52) "Primary health care provider" means the person who is responsible for the health care of the child outside the center;[.]

(53) "Professional development" means attendance at classes, seminars, workshops, conferences or forums, and participation in distance learning activities that improve one's knowledge, skills and abilities;

[(47)] (54) "Program" means the group of services and activities provided in the child day care center or group day care home;[.]

[(48)] (55) "Program space" means the defined area within a child day care center or group day care home in which a safe nurturing environment planned in accordance with the age, group size and child staff ratio promotes physical, social, emotional and cognitive development;[.]

[(49)] (56) "Program staff" means those persons, sixteen (16) years of age or older, responsible for the direct care of children;[.]

(57) "Quarterly" means approximately once every three months;

(58) "Registered dietitian" means a person certified as a dietitian-nutritionist in this or another state;

[(50)] (59) "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;[.]

[(51)] (60) "Renovation" means remodeling or revision that changes the physical plant of the licensed space;[.]

(61) "School age" means at least five (5) years of age by January 1 of the current school year, and less than thirteen (13) years of age or less than nineteen (19) years of age with special needs requiring the child to receive supplementary care, and attending school;

(62) "Semi-annual" means two times per calendar year, approximately six (6) months apart;

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[(52)] (63) "Services" means those specific activities that contribute to the health, education[,] and welfare of the children;[.]

[(53)] (64) "Snack" means a light meal containing two (2) food groups;[.]

[(54)] (65) "Social service consultant" means a person who holds a baccalaureate degree in social work with at least one (1) year of social work experience under social work supervision, or a baccalaureate degree in a field that the [Commissioner] commissioner deems related to social work with at least two (2) years of social work experience under social work supervision;[.]

[(55)] (66) "Staff" means personnel including volunteers, sixteen (16) years of age or older, who provide a service to a child day care center or a group day care home;[.]

[(56)] (67) "Staff child ratio" means the maximum number of children per program staff person;[.]

[(57)] (68) "Supervision" means the direction and on-site observation of the functions and activities of staff [and/or] or children;[.]

[(58)] (69) "Supplementary care" means out-of-home care where an individual or organization takes responsibility for the child's activities;[.] and,

[(59)] (70) "Vector" means an organism that carries pathogens from one individual or object to another such as flies, mosquitoes, ticks and rodents.

19a-79-2a. Licensure procedures

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

(b) Application for licensure

(1) Application for the initial granting or renewal of a license to operate a child day care center or a group day care home shall be on forms provided by the [Department] department.

(2) The application for initial licensure shall be signed by the operator, who shall be [20] twenty (20) years of age or older if the operator is an individual, or by the legal representative of the operator if the operator is a group of persons, association, organization, corporation, institution or agency, public or private, and shall contain the following information:

(A) a notarized original affidavit on a form supplied by the [Department] department;

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

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

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

(E) proposed licensed capacity;

(F) ages of children to be served;

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

(H) [The results of] criminal checks and a check of the State Child Abuse Registry as required by section 19a-79-4a(b) of the Regulations of Connecticut State Agencies; and

(I) all other documentation that the [Commissioner] commissioner deems necessary to establish that the licensee will meet the health, educational and social needs of the children likely to attend the child day care center or group day care home.

(c) Issuance and renewal of a license

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(1) Upon determination by the [Department] department that a child day care center or group day care home is in compliance with the state statutes and regulations and local health codes pertaining to its licensure, the [Department] department shall issue[:]

[(A)] a [six (6) month] two (2) year license for all new programs. [or]

[(B)] (2) [renewal] Renewal of a license [to operate for a period not to exceed two (2) years] shall be contingent upon payment of the licensure fee for the period specified in section 19a-80 of the Connecticut General Statutes.

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

[(3)] (4) Each license shall list:

a. the operator,

(B) the location,

(C) the licensed capacity,

(D) the name of the child day care center or group day care home,

(D) the date of expiration of the license, and

(F) the services offered.

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

[(5)] (6) Each operator who desires to make application for a [or to renew the] license shall submit a complete application to the [Commissioner] commissioner at least sixty (60) days prior to the anticipated date of opening. [or sixty (60) days prior to the expiration of the term for which a license has been issued]

[(6)] (7) At least every two (2) years, the [Commissioner] commissioner and the local health director shall make unannounced visits, inspections or investigations of a licensed child day care center or group day care home, including viewing the records required by [sections 19a- 79-3a] section 19a-79-1a [through 19a-79-6a, 19a-79-8a, and 19a-79-9 through] to section 19a-79-13, inclusive, of the Regulations of Connecticut State Agencies.

[(7)] (8) [No license shall be valid after the expiration date identified on the license.] If a completed application for renewal of the license has been submitted in a timely manner to the department, but has not been acted upon by the commissioner, the license shall be valid until the commissioner makes a decision on such application.

(d) Civil Penalties and Other Disciplinary Remedies

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

(A) [Revocation] revocation of the license;

(B) [Suspension] suspension of the license for a specific time period, or until regulatory compliance is secured[,] or conditions deemed necessary to protect the health, safety and welfare of the children cared for in the child day care center or group day care home are met;

(C) [The] the imposition of a civil penalty of up to one hundred dollars ($100.00) per day for each day of violation of sections 19a-79-1a to 19a-79-13, inclusive, of the Regulations of Connecticut State Agencies; or

(D) [Place] place the license 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 child day care center or group day care home, including, but not limited to:

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(i) reporting regularly to the department upon the matters, which are the basis of probation;

(ii) placement of restrictions upon the operation of the child day care center or group day care home deemed necessary to protect the health, safety and welfare of the children cared for in the facility; and,

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

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

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

(i) all applicable federal, state[,] or local laws;

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

(iii) sections 19a-79-1a [through] to section 19a-79-13, inclusive, of the Regulations of Connecticut State Agencies; or

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

(B) knowingly furnishes or makes any false or misleading statements to the [Department] department in order to obtain or retain the license.

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

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

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

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

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

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

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

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

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

[(4)] (5) The child day care center or group day care home shall notify the [parents] parent(s) of the children using the child day care center or group day care home within twenty-four (24) hours of the [Department's] department's revocation or suspension order.

[(5)] (6) After issuance of the [Commissioner's] commissioner's decision to suspend or revoke a license to operate, the license shall be surrendered to the [Department] department on demand.

(e) Voluntary surrender of license

(1) At least thirty (30) days prior to the voluntary termination of day care services the [Department]

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department and [all parents] the parent(s) shall be notified in writing by the child day care center or group day care home of its intended date of closing.

(2) When a child day care center or group day care home discontinues the operation for which it is licensed, a written notice of the closing accompanied by the license shall be sent to the [Commissioner] commissioner within ten (10) days after the date of closing. Such a child day care center or group day care home shall be inspected and licensed before reopening for operation.

19a-79-3a. Administration

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

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

(1) provide and maintain a safely equipped physical plant,

(2) provide programs and services to meet the needs of the children,

(3) employ staff and substitute staff in accordance with section 19a-79-4a of the Regulations of Connecticut State Agencies,

(4) submit for the [Commissioner's] commissioner 's approval the required qualifications and experience of the head teacher on the forms provided,

(5) develop and implement a written organizational chart that establishes a clear line of authority,

(6) define in writing and ensure the performance of the duties and responsibilities of all staff classifications,[.]

(NEW) (7) require participation by new staff in employee orientation, and assure annual training for all current staff on the child day care center or group day care home policies, plans and procedures, and

(NEW) (8) be responsible for managing child behavior using techniques based on developmentally appropriate practice and communicate acceptable techniques to all staff.

(A) The operator and staff shall manage child behavior using techniques based on developmentally appropriate practice, including positive guidance, redirection and setting clear limits that encourage children to develop self-control, self-discipline and positive self-esteem.

(B) The operator shall document that the techniques used to manage child behaviors in the facility have been discussed with the child's parent(s) prior to enrollment and reviewed as needed during the period of the child's enrollment.

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

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

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

(c) The operator shall notify the [Department] department, [parents] the parent(s) and staff of any changes in programs or services.

(1) Notification of personnel changes shall be made within five (5) business days after the change.

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

(B) A qualified head teacher or a plan approved by the [Commissioner] commissioner shall be in place within thirty (30) days of change of a qualified head teacher.

(2) Notification of changes related to the [ownership, location,] licensed capacity, fees, services or voluntary closing shall be made at least thirty (30) days prior to the effective date of the proposed change. A change of location, change of operator or a change of ownership requires a new initial application.

(d) The operator shall implement and annually review specific written policies, plans and procedures required by any applicable statute or regulation. The operator shall notify [parents] the parent(s), staff[,] and the [Department] department within five (5) days of changes in these policies, plans[,] and procedures. The policies, plans[,] and procedures shall include, but not necessarily be limited to:

(1) daily attendance records for both children and staff, recorded daily at the time of arrival and departure and kept on file at the facility for at least two (2) years, showing the specific [hours present] times of arrival and departure;

(2) discipline as referenced in section 19a-79-3a(b)(8) including, but not necessarily limited to:

(A) [including but not necessarily limited to] positive guidance, redirection, setting clear limits[,] and continuous supervision by staff during disciplinary action;

(B) [specifically prohibiting] the prohibition of abusive, neglectful, physical, corporal, humiliating[,] or frightening treatment or punishment[,] and physical restraint, unless such restraint is necessary to protect the health and safety of the child or [other people] others;

(NEW) (C) child abuse and neglect, including child protection and mandated reporting;

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

(A) staffing of at least two (2) [people] staff eighteen years of age or older on the licensed [premise] premises,

(B) time frames (for when the policy will be implemented),

(C) [parents] parent(s) or emergency contacts,

(D) alternate pick up person,

(E) notification of police department;

(4) emergencies, including, but not necessarily limited to:

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

(B) fire emergencies, including, but not necessarily limited to, identification of means of egress, roles and responsibilities of staff, designated safe location for reconvening[,] and notification of [parents] the parents;

(C) weather related emergencies, including, but not necessarily limited to, closings, a safe location for children, resources available[,] and notification of [parents] the parent(s);

(D) evacuation, including, but not necessarily limited to, transportation, location of an alternate shelter, community resources[,] and notification of [parents] the parent(s);

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

(A) group size,

(B) ratio of staff to children,

(C) indoor and outdoor supervision,

(D) nap time,

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(E) bathroom areas;

(6) a copy of both section 19a-87a of the Connecticut General Statutes, which concerns civil penalties against operators and criminal conviction of an operator or a person employed in a child day care center or group day care home in a position connected with the provision of care to a child receiving child day care services, and section 53-21 of the Connecticut General Statutes, which concerns injury or risk of injury to, or impairing morals of children;

(7) general operating policies, including, but not necessarily limited to:

(A) admission which includes a health record and the ages of children enrolled,

(B) agreements with [parents] the parent(s),

(C) [parents] parent(s) involvement,

(D) medication policies if applicable,

(E) content and times of meals and snacks,

(F) provisional enrollment period,

(G) days and hours of operation, including sick days, holidays and vacations,

(H) withdrawal and expulsion of children,

(I) access to the program and facility; and,

(8) personnel policies, including, but not necessarily limited to:

(A) job descriptions,

(B) employee benefits,

(C) supervision and discipline of staff,

(D) probationary period of staff,

(E) communication with [parents] the parent(s).

(e) The operator shall post the following items in a conspicuous place, accessible to the public:

(1) the license,

(2) the current fire marshal certificate,

(3) the [Department] department complaint procedure,

(4) food service certificate as required by the local director of health,

(5) menus,

(6) emergency plans,

(7) no smoking signs at entrances,

(8) the most recent [Department] department inspection report posted for thirty (30) of the program's operating days and, [.]

(NEW) (9) radon test results.

(f) [parents] The parent(s) shall have immediate access to the child day care center or group day care home during the hours of operation ,unless otherwise prohibited by law.

(g) The operator shall keep on file for a two (2) year period at the child day care center or group day care home all inspection reports, the current licensing application and correspondence related to licensure which shall be available to [parents] the parent(s) and the [Department] department on request.

(h) Failure to grant the [Department] department immediate access to the child day care center or group day care home, its staff or its records or failure to provide the department with documentation obtained by the

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facility about child abuse or neglect or conviction records, upon request of the department, shall be grounds for suspension or revocation of the license or denial of issuance or renewal of the license. The operator may deny access to facility inspections if department staff fails to show official identification.

(i) The operator shall notify [each parent] the parent(s), if the [Department] department issues a notice of hearing for the suspension or revocation of the license pursuant to section 19a-84 of the Connecticut General Statutes, of the proceeding and the alleged violation. The notification to parents shall be in writing and sent by United States mail, certified or registered, postage prepaid, return receipt requested not later than ten (10) days before the scheduled hearing date. The operator shall demonstrate compliance with this subsection at the commencement of the hearing. Inability to do so shall be construed as a substantial failure to comply with the regulations and may constitute an additional basis for suspension or revocation of the license in that proceeding without a new statement of charges.

In addition to the requirements of [subsection 19a-79-2a(d)(3)] this section of the [regulations] Regulations of Connecticut State Agencies, the operator shall notify [each parents] the parent(s) in writing of the final decision of the [Department] department if one is rendered, within fourteen (14) days of the receipt of the decision.

(j) The operator shall provide to the [Department] department copies of all service contracts or current agreements with consultants, practitioners and agencies used on a regular or consultative basis in the delivery of services within ten (10) days after execution of said contract or agreement. Any changes in said contracts or agreements shall be reported to the [Department] department within ten (10) days.

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

(1) six (6) weeks to three (3) years,

(2) preschool (three (3) years to five (5) years),

(3) school age [(at least five (5) years of age and attending elementary school)], and

(4) [evening and] night care.

(l) For September, October, November and December enrollment only, a child who will be three (3) on or before January 1, may be enrolled as a three year old. At any other time of the year a three (3) year old must have had his or her third (3rd) birthday to be considered a three (3) year old.

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

19a-79-4a. Staffing

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

(1) a medical statement signed by a physician, advanced practice registered nurse or physician assistant, completed within twelve (12) months before the date of employment for new staff, and every twenty-four (24) months for current staff and at any other time requested by the commissioner, such statement to document the presence of any known medical or emotional illness or disorder that would currently pose a risk to children in care or would currently interfere with effective functioning as an employee of a child day care center or group day care home;

(2) upon employment, a written report of a negative tuberculin test completed within twelve (12) months prior to the date of employment or for a known prior reactor, no evidence of active tuberculosis on a chest x-ray;

(3) documentation of [continuing education] professional development for each [full time or part time] program staff person who cares for the children[.], including new employee orientation and annual training for current staff on the child day care center or group day care home policies, plans and procedures; and

(4) disciplinary actions.

(b) For each prospective employee, the file shall include:

(1) [A] a completed state and a completed federal fingerprint card shall be submitted to the department for a State Police Bureau of Identification and a Federal Bureau of Investigation

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Criminal Records check; [and]

(2) [That person's name, address, social security number and date of birth shall be submitted to the Department for a check of the State Child Abuse Registry on forms approved by the Department.] a completed form approved by the department shall be submitted to the department for a check of the state child abuse registry; and

(NEW) (3) the operator shall provide to the department any information obtained concerning substantiated child abuse or neglect records or criminal convictions, upon request of the department.

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

(1) A designated head teacher shall be on site for sixty percent (60%) of the time the child day care center or group day care home is in operation on a weekly basis.

(2) There shall be at least two (2) staff eighteen (18) years of age or older on the premises when one (1) or more children are in attendance. The staff shall be available to care for the children.

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

(A) care for and work with children,

(B) relate to adults, and

(C) relate to [parents] the parent(s).

(4) Proper staff child ratios shall be maintained at all times.

(A) There shall be at least one (1) program staff person for every ten (10) children, or fraction thereof in attendance.

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

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

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

(ii) for infants twelve (12) months of age and younger, there shall be at least one (1) program staff person with every child who is in direct physical contact with the child;

(iii) for toddlers under three (3) years of age, there shall be at least one (1) program staff member with every two (2) children;

(iv) for preschool children (three (3) years to five (5) years of age) there shall be at least one (1) program staff member with every four (4) children; and

(v) for school-age children there shall be at least one (1) program staff member with every six (6) children.

(NEW) (D) The operator shall be responsible for assuring the supervision of the children at all times while the children are at the facility, indoors or outdoors, or on field trips. At no time shall a child be left unsupervised.

(5) Group size shall be maintained at all times.

(A) The group size shall not exceed twenty children.

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

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

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(d) Programs shall have the following staff:

(NEW) (1) The child day care center or group day care home shall maintain documentation on site that there is a designated director. Any director hired or newly designated on or after January 1, 2010 shall have within one (1) year of being hired or designated at least three (3) credits in the administration of early childhood education programs or educational administration from an institution of higher education accredited by the Board of Governors of Higher Education or from a regionally accredited institution of higher education. Any person designated as director at a specific facility prior to January 1, 2010 shall not be required to meet such educational requirements for director for the duration of their employment as director at that facility

[(1)] (2) A designated head teacher shall submit to the [Department] department written verification of being twenty (20) years of age or older, having the personal qualifications needed to supervise people, and having either:

(A) in a child day care center,

(i) a high school diploma or equivalency certificate, and

(ii) at least one thousand and eighty (1080) hours of documented supervised experience over a nine (9) month span of time, including working with children in a program with these standards or comparable standards in this or another state, which program serves children of the same ages and developmental stages who are served at the child day care center, and one of the following: a current center-based Child Development Associate Credential issued from the Council for Early Childhood Professional Recognition, or twelve (12) credits in early childhood education or child development from an accredited institution of higher education with program approval from the Board of Governors of Higher Education[,] or

(iii) approval by the [Department] department as a head teacher prior to January 1, 1994;

(B) in a group day care home,

(i) a high school diploma or equivalency certificate, and

(ii) at least one thousand and eighty (1080) documented hours of experience over a nine (9) month span of time working with unrelated children of the same ages and developmental stages to be served in this group day care home; or

(C) in a child day care center or group day care home,

(i) a four (4) year college degree in early childhood education or child development from an accredited institution of higher education with program approval from the Board of Governors of Higher Education, and

(ii) at least three hundred sixty (360) hours of documented supervised experience in working with unrelated children of the same age(s) to be served in this child day care center or group day care home with these standards or comparable standards in this or another state and at least one (1) semester of student teaching with children of the same age(s) and developmental stages that are served in the child day care center or group day care home.

[(2)] (3) A second program staff person who works under supervision of the head teacher shall be eighteen (18) years of age or older and have at least one of the following:

(A) a high school diploma, or

(B) an equivalency certificate, or

(C) at least five hundred and forty (540) hours documented experience in working with unrelated children of the same age(s) to be served in this child day care center or group day care home.

[(3)] (4) Other program [assistants] staff shall be able to work under supervision and shall be at least sixteen (16) years of age.

[(4)] (5) Additional program staff shall be sufficient to provide care of children during all hours of operation

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in keeping with group size and ratio.

(NEW) (6) When children are participating in swimming or wading as part of the program, whether at the facility or on a field trip, there shall be a qualified program staff member present and directly supervising the children who shall be at least twenty (20) years of age and who is certified in cardiopulmonary resuscitation in accordance with section 19a-79 of the Connecticut General Statutes. The operator shall verify that there is a person directly supervising the children who holds a current lifeguard certification accepted by the department.

(e) (1) At all times the child day care center is in operation there shall be present at least one (1) staff member who has current certification in cardiopulmonary resuscitation (CPR) [by the American Red Cross or the American Heart Association,] in accordance with section 19a-79 of the Connecticut General Statutes, appropriate for all of the children served at the child day care center. [For child day care centers licensed prior to January 1, 2003, the CPR requirement shall become effective on January 1, 2004. For child day care centers newly licensed on or after January 1, 2003, this requirement shall become effective upon licensure.]

(2) In addition, at all times the child day care center or group day care home is in operation, there shall be present at least one (1) staff member who has successfully completed within the past three (3) years a [Department] department approved first aid course that meets the following requirements:

(A) It shall be at least six (6) hours in length.

(B) Instruction shall include, but not necessarily be limited to:

(i) the recognition and emergency management of bleeding, burns, poisoning, anaphylaxis, respiratory distress including choking, musculo-skeletal injury, seizures, wounds including insect bites, head injuries, shock, loss of consciousness, dental emergencies, child abuse and sexual abuse;

(ii) communicable disease prevention, recognition and management, which includes: a discussion of transmission through the intestinal tract, the respiratory system[,] and direct contact; hygiene, including [handwashing] hand washing, cleaning and disinfection; diapering techniques; signs and symptoms of illness, including fever, rash[,] and vomiting; temperature taking; education in specific communicable disease, including, but not necessarily limited to, diarrheal diseases, bacterial meningitis, chicken pox, hepatitis, strep throat, head lice, scabies[,] and vaccine-preventable diseases; and

(iii) accident prevention and safety including, but not necessarily limited to: [ ]safety for the indoor environment and outdoor play area, first aid supplies, [for day care centers,] child restraint systems and seat belt safety in accordance with section 14-100a of the Connecticut General Statutes and section 14-100a-1 of the Regulations of Connecticut State Agencies.

(C) Instruction shall be provided by a person who meets at least one of the following requirements:

(i) a first aid instructor currently certified by the American Red Cross [First Aid Instructor], American Safety and Health Institute, Medic First Aid International, Inc., National Safety Council or an American Heart Association Heartsaver Instructor or BLS Instructor,

(ii) a physician, physician assistant, advanced practice registered nurse or registered nurse licensed in this or another state[,] or

(iii) [a certified] an emergency medical technician or paramedic.

(D) The course outline and all other written materials used in the course shall be submitted to the [Department] department and shall not be used without approval by the [Department] department.

(f) The child day care center or group day care home shall keep on file written verification of compliance with subsection (e) of this section for each staff member who the child day care center or group day care home designates to meet the requirements of such subsection. Such verification shall be maintained for three (3) years after the date that staff member completed first aid training for group day care homes and child day care centers, or CPR training as required for child day care centers only. Verification shall [be one of the following] include:

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(1) written verification or certification in CPR from [the American Red Cross or the American Heart Association] an organization specified in accordance with section 19a-79(a)(5) of the Connecticut General Statutes that is signed and dated by a representative of the [American Red Cross or the American Heart Association] specified organization; [or] and

(2) written verification of first aid training by a representative of the organization, physician, physician assistant, advanced practice registered nurse, registered nurse, [or certified] emergency medical technician or paramedic who conducted the training.

(g) [Continuing education] Professional development for program staff shall be required for one (1) per cent of the total annual hours worked. Such education may include, but is not limited to, early childhood education and child development, licensing and regulations, health issues, nutrition, first aid, social services, [and] child abuse laws and programming for children with disabilities or special health care needs.

(1) The operator of the child day care center or group day care home shall develop, implement and maintain a written plan for [continuing education] professional development in child care.

(2) The operator shall have documentation of [continuing education] a professional development plan [as defined in section 19a-79-1a of the Regulations of Connecticut State Agencies] for each program staff member which shall be maintained on site at the facility and made available for review.

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

(1) These services shall include:

(A) an early childhood educational consultant available to the operator and staff for advice and support regarding the educational content of the program; anyone approved as an early childhood consultant prior to January 1, [1994] 2009, will continue to be an approved early childhood educational consultant, except for good cause shown. Program staff shall not serve as early childhood educational consultants for programs in which they provide direct care or direct program supervision in a non-consultative role;

(B) a [physician, physician assistant, advanced practice registered nurse or registered nurse] health consultant available to the operator and staff for advice regarding the health of the children and the health program;

(C) a dentist or dental hygienist consultant available to the operator and staff for advice regarding the dental health of children or a dental health education program;

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

(E) a registered dietitian consultant available to the operator and staff for advice regarding nutrition and food service for those programs that serve meals.

(2) [The written plan for each consultive] Consultative service shall include, but not necessarily be limited to:

(A) annual review of written policies, plans and procedures;

(B) annual review of [inservice] education programs;

(C) availability by telecommunication for advice regarding problems;

(D) availability, in person, of the consultant to the program[.];

(NEW) (E) consulting with administration and staff about specific problems;

(NEW) (F) acting as a resource person to staff and [parents] the parent(s);

(NEW) (G) documenting the activities and observations required in this subsection in a consultation log that is kept on file at the facility for two (2) years; and

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

(i) making, at a minimum, quarterly site visits to facilities that serve children three (3)

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years of age and older; or for group day care homes, facilities that operate no more than three (3) hours per day, or facilities that enroll only school age children, semi-annual site visits. Facilities that are closed during the summer months may omit the summer quarterly visit. Site visits shall be made by the health consultant during customary business hours when the children are present at the facility;

(ii) reviewing health and immunization records of children and staff;

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

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

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

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

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

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

(3) [Program staff may not serve as consultants for programs in which they provide direct care or direct program supervision.] The commissioner, with good cause shown, may deny or revoke a consultant's approval status as a consultant to licensed child day care centers and group day care homes.

19a-79-5a. Record keeping

(a) The operator of a child day care center or group day care home is responsible for maintaining on the licensed premises a current record for each child enrolled. A copy of the record shall be available and provided upon request to the [Department] department, the child's [parents] parent(s) and the local health director. It shall include, but not necessarily be limited to:

(1) enrollment information and permission forms signed and dated by [a parent] the parent(s) that shall include, but not necessarily be limited to:

(A) the child's name, address, date of birth[,] and date enrolled;

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

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

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

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

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

(iii) any activity away from the premises;

(iv) transportation services;

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

(A) date of birth;

(B) except as provided in subsection (b) of this section, a physical examination form signed by a physician, physician assistant or advanced practice registered nurse documenting an examination completed within one (1) year prior to enrollment, and yearly from the date of the initial physical examination thereafter, with a thirty-day allowance, which form shall provide:

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(NEW) (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 or which would currently affect this child's functional ability to participate safely in a day care setting; and

(NEW) (ii) a statement that the child has been screened for risk factors for tuberculosis, as defined by the American Academy of Pediatrics, and for those children with identified risk factors, evidence that the child has been screened for latent tuberculosis infection and if infected, whether they have been treated for such infection;

(C) an immunization record that includes the month, day[,] and year of each immunization required for admission as specified in subdivision (1) of subsection (d) of section 19a-79-6a of the Regulations of Connecticut State Agencies and such documentation as is required to confirm age appropriate immunization, immunization in progress or exemption to immunization as defined in subdivision (3) of subsection (d) of section 19a-79-6a of the Regulations of Connecticut State Agencies. The immunization record and said documentation of immunizations shall be submitted to the department upon request;

[(D)] [except as provided in subsection (b) of this section, a physical examination form completed and signed by a physician, physician assistant or advanced practice registered nurse yearly from the date of the initial physical examination, which form shall provide a statement about the child's general health and the presence of any known medical or emotional illness or disorder that would currently pose a risk to other children in care or which would currently affect the child's functional ability to participate safely in a day care setting;]

[(E)] (D) copies of the health records acceptable to the local education authority and the local director of health, where children of school age are enrolled; and

[(F)] (E) information regarding disabilities or special health [problems] care needs such as, allergies, special dietary needs, dental problems, hearing or visual impairments, chronic illness, developmental variations[,] or history of contagious disease, and an individual plan of care for a child with special health care needs[,] or disabilities, developed with the child's parent(s) and health care provider and updated, as necessary. Such plan shall include appropriate care of the child in the event of a medical or other emergency and shall be signed by the parent(s) and staff responsible for the care of the child.

(3) Injury, illness[,] and accident reports:

(A) The facility shall produce and maintain on the premises, for a period of not less than two years, a written record of all injuries or accidents that result in an injury to a child or illness of a child enrolled at the facility that occur on or off site as part of the child day care program. The report shall include a description of the injury, illness or accident, the date, time of [occurance] occurrence and location and any action taken by the facility including, but not limited to, whether the child was transported to a hospital emergency room, doctor's office or other medical facility. The written report for an individual child shall be available to the department and a copy shall be provided to the child's parent(s) no later than the next business day.

(B) The licensee shall notify the department no later than the next business day of:

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

(ii) [Any] any injury of a child that occurs while the child is at the facility, or at a facility sponsored event, that results in the child's admission to a hospital.

(C) The licensee of a child day care center or group day care home shall report each case [ocurring] occurring at the facility of any disease listed on the commissioner's list of reportable diseases and laboratory findings issued pursuant to section 19a-2a of the Connecticut General Statutes to local health officials and the department in accordance with sections 19a-36-A3 and 19a-36-A4 of the Regulations of Connecticut State Agencies.

(b) The physical examination requirements of [subparagraphs (B) and (D) of subdivision (2) of subsection (a) of this] section 19a-59-5a (a)(2)(B) shall be waived when such examination is contrary to the religious beliefs and practices of the child or the [parent] parent(s) of such child[.], or when a child has been displaced from their place of residence due to a declared state of emergency by a state or federal official

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who has the authority to make such declaration, and existing physical examination records are inaccessible for a period not to exceed six (6) months, unless an extension is approved by the department. A statement requesting such waiver shall be submitted and shall be maintained in the child's health record. Such statement shall be signed by the [parent] parent(s). The [parents] parent(s) 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.

19a-79-6a. Health and safety

(a) Food service

(1) Transportation of food(s) not prepared on the premises shall satisfy the minimum requirements of section 19-13-B49 of the Regulations of Connecticut State Agencies.

(2) A nutritionally adequate meal as recommended by The United States Department of Agriculture, 7 Code of Federal Regulations 226.20, as amended, shall be provided by the child day care center or group day care home, or [parents] the parent(s) whenever a child remains on the premises for five (5) hours or more.

(A) Children who stay on the premises less than five (5) hours shall have a nutritious snack.

(B) Children who stay on the premises longer than five (5) but less than eight (8) hours shall have one (1) meal and one (1) nutritious snack.

(C) Children who stay on the premises eight (8) hours or more shall have one (1) meal plus two (2) nutritious snacks, or two (2) meals plus one (1) nutritious snack.

(3) There shall be proper refrigeration of no more than forty-five (45) degrees Fahrenheit for perishable foods in all child day care centers and group day care homes and on field trips.

(4) When a child day care center or group day care home provides either meals or snacks, menus shall be prepared at least one (1) week in advance, dated[,] and copies posted in a conspicuous place. Changes shall be documented by the end of the program day. A copy of what was served shall be kept on file for three (3) months.

(5) All areas used for the preparation and serving of meals in child day care centers shall be maintained in accordance with sanitary practices and procedures as set forth in section 19-13-B42 of the Regulations of Connecticut State Agencies.

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

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

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

(9) The kitchen in child day care centers or group day care homes shall not be used as a [play room] playroom, but may be used for a specific program activity room under supervision. It shall be separated by a door or a gate from the rooms used by the children in the child day care center or group day care home to prevent them from entering the kitchen except under supervision.

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

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

(b) Procedures in case of illness

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

(2) Any child showing suspicious signs or symptoms of [short term] short-term contagious illness shall be placed in a designated isolation area with continual visual supervision by staff. The [parents]

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parent(s) or other authorized adult shall be called immediately to remove the child from the child day care center or group day care home.

(c) [Portable first aid kit(s) shall be available to staff at all times, including field trips, and shall be located out of reach of children and maintained in a sanitary condition. The kit(s) shall contain at least the following:] The facility shall maintain at least one (1) portable, readily available first aid kit wherever children are in care, including field trips, outdoor play areas and one to remain at the facility if all the children do not attend the field trip. Each kit shall be a closed container for storing first aid supplies, accessible to staff at all times but out of the reach of children. First aid kits shall be restocked after use, and an inventory shall be conducted at least monthly. The first aid kit shall contain at least the following items:

(1) assorted sizes of non medicated adhesive strips [(band-aids)];[,]

(2) sterile, individually wrapped, three (3) or four (4) inch gauze squares; [,]

(3) a two (2) inch gauze roller bandage;[,]

(4) one (1) roll of adhesive tape [(non-allergenic),] (hypoallergenic);

(5) [bandage scissors] scissors;[,]

(6) tweezers;[,]

(7) two (2) instant cold [compresses] packs;[,]

(8) [a digital thermometer or single use Tempa Dots] a non-glass thermometer to measure a child's temperature with plastic covers for the thermometer or alcohol to clean the thermometer, or single use Tempa Dots;[,]

(9) [plastic covers for the thermometer or alcohol to clean the thermometer] two (2) triangular bandages with safety pins;[,]

(10) [latex gloves] disposable, nonporous gloves;[,]

(11) [a copy of a First Aid and Personal Safety Manual (less than five (5) years in print)] a current American Academy of Pediatrics (AAP) standard first aid chart, or current (less than five (5) years in print) first aid manual, chart or guide provided by an approved first aid course for children and adults; and [.]

(NEW) (12) CPR mouth barrier (face shield).

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

(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; and

(6) plastic bags, for storage.

(d) (e) Immunization requirements

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

(2) The [provider] operator shall admit no child to a child day care center or group day care home unless such child's [parent] parent(s) furnishes documentation of age-appropriate immunization, immunization-in-progress or exemption from immunization as specified in subdivision (3) of this subsection. No child shall be permitted to continue to attend a child day care center or group day

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care home for more than thirty (30) days unless such child continues to meet said requirements of subdivision (3) of this subsection.

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

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

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

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

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

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

(NEW) (F) a written statement from the child's parent(s) that the child has been displaced from their place of residence due to a declared state of emergency by a state or federal official who has the authority to make such declaration, and existing immunization records are inaccessible and the child is current with their immunizations, or a statement signed and dated by a physician, physician assistant, or an advanced practice registered nurse indicating that the child has an appointment that shall keep the immunizations current or in progress as required by said schedule.

(4) For each child to whom subparagraph (B) or (F) of subdivision (3) of this section applies, continued enrollment in day care for more than thirty (30) days after the named immunization appointment shall be contingent on the [provider] operator receiving written documentation from a physician, physician assistant[,] or an advanced practice registered nurse stating either: that the named appointment was kept and the child received the scheduled immunizations, or that the child was unable to receive the scheduled immunizations for medical reasons and a new appointment date is named.

19a-79-7a. Physical plant

(a) The standards established by the following sources for the construction, renovation, alteration, expansion, conversion, maintenance and licensure of child day care centers and group day care homes, as they are amended from time to time, are incorporated and made a part of this section by reference:

(1) State of Connecticut Basic Building Code,

(2) State of Connecticut Fire Safety Code,

(3) State of Connecticut Public Health Code,

(4) local codes and ordinances.

(b) Plans for new construction, expansion, renovation or conversion, indicating the proposed use and accompanied by a written narrative shall be submitted to the [Department] department prior to the start of construction.

(1) Completed plans and specifications shall be submitted to and reviewed by the [Department] department on the basis of compliance with the Public Health Code.

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(2) Written approval by the local building inspector, local director of health or designee, local zoning[,] and local fire marshal shall be submitted to the [Department] department, upon request of the department.

(3) Approval by the [Department] department is required prior to the use of any space that has been newly constructed, expanded, renovated or converted.

(NEW) (4) All construction, remodeling, renovation, repairs or alterations of structures shall be done in such a manner to prevent hazards or unsafe physical or environmental conditions during periods of operation.

(c) General requirements

(1) Any [new] operator is responsible for [bringing] maintaining the child day care center or group day care home [into] in compliance with [sections] section 19a-79-1a [through] to section 19a-79-[8a] 13, inclusive, of the Regulations of Connecticut State Agencies.

(2) The building, equipment and services shall be maintained in a good state of repair. A maintenance program shall be established that ensures that the interior, exterior and grounds of the building are maintained, kept clean and orderly, free from accumulations of refuse, dampness, stagnant water, dilapidated structures[,] and other health and safety hazards.

(3) Water supply, food service and sewage disposal facilities shall be in compliance with all applicable sections of the Public Health Code.

(A) All water supplies shall be tested every two (2) years for lead content and the results submitted to the local and state health departments.

(B) Whenever water is obtained from other than a [Department-approved] department-approved public water supply, it shall be of a safe and sanitary quality and tested every two (2) years for bacterial and chemical quality and the results submitted to the local and state health departments.

(C) Sanitary drinking fountains or individual disposable drinking cups shall be provided and accessible to the children at all times.

(d) Basic requirements

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

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

(3) In child day care centers that are licensed by January 1, 1994, a toilet and sink shall be designated for use by the staff and other adults. In child day care centers that are licensed or renovated after January 1, 1994, a room with a toilet and sink within the licensed child day care center shall be designated for the exclusive use of staff and other adults.

(4) All windows that open to the outside and are used for ventilation shall be equipped with sixteen (16) mesh screening, and shall be protected to prevent falls.

(5) Any unprotected glass doors, windows[,] or mirrors to which children have access shall be protected to a height of thirty six (36) inches from the floor or surface on which a child stands.

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

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

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

(9) Smoking is prohibited in all child day care centers or group day care homes and outdoor areas except in designated smoking areas, provided these areas are separate, properly ventilated[,] and enclosed away from any children present at the facility. Signs shall be posted, visible to the public, on entrance to the facility indicating that smoking is prohibited except in designated areas. Matches and lighters shall be inaccessible to children at all times.

(10) Electrical outlets shall be provided with safety covers or approved safety outlets. The use and maintenance of electrical cords, appliances[,] and adaptors shall be in full compliance with state codes.

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(11) Toilet and washing facilities

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

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

[(B)] (C) For programs serving children under six (6) years of age there shall be at least one (1) toilet and one (1) sink with hot and cold running water for every sixteen (16) children, or fraction thereof. Standard size toilets and sinks shall be adapted for children's use. Facilities using potty chairs in addition to the required toilets shall ensure that they are of a nonporous, synthetic product, and emptied into the toilet, cleaned and disinfected after each individual use.

[(C)] (D) For programs serving only school age children, there shall be at least one (1) toilet and one (1) sink with running water for every twenty-five (25) children, or fraction thereof. Toilet facilities shall be designed in such a manner to allow individual privacy.

[(D)] (E) Sinks with running water shall be readily accessible to the toilet rooms if not located within them. Toilet tissue, soap, single use disposable towels and a [covered] waste receptacle shall be accessible to the toilets and sinks. Staff and children shall wash their hands with soap and water after toileting.

[(E)] (F) Each toilet room shall be well lighted and ventilated to the outside atmosphere.

[(F)] (G) In child day care centers constructed or renovated after January 1, 1994, all toilet facilities shall be mechanically ventilated to the outside atmosphere.

(e) Environmental requirements

(1) Every area used by children shall be adequately ventilated and have a thermometer affixed to the wall. The ambient air temperature shall be at least [sixty-eight (68)] sixty-five (65) degrees Fahrenheit as measured three (3) feet from the floor.

(2) When the temperature exceeds eighty (80) degrees Fahrenheit, the operator shall provide more fluids and increase ventilation.

(3) The water heating equipment shall deliver [hot] water at the tap, the temperature of which shall be within a range of [105] sixty (60) degrees Fahrenheit to [(115)] one hundred fifteen (115) degrees Fahrenheit. It shall have the capacity to deliver the required amounts at all times in conformance with the State of Connecticut Basic Building Code.

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

(5) Walls, ceilings, floors and rugs shall be maintained in a state of good repair and be washable or easily cleanable. Rugs, if used, shall be secured to the floor.

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

(7) Each level of the child day care center or group day care home shall be provided with a telephone in working order located within the licensed program space accessible to staff for emergency purposes. Emergency telephone numbers shall be posted in an area adjacent to the phone.

(8) All spaces occupied by people, equipment within buildings, approaches to buildings[,] and parking lots shall have a minimum of one (1) foot candle of lighting per square foot.

(9) Child day care centers and group day care homes [licensed before January 1, 1994,] shall have at least fifty (50) foot candles of light per square foot in rooms used by children for reading, painting and other close work. There shall be at least thirty (30) foot candles of light in other work or play areas. In child day care centers and group day care homes constructed or renovated after January 1, 1994, all rooms and toilet rooms shall have at least one (1) light fixture switch at each entrance. [Light fixtures shall be] All areas accessible to children shall have **light** fixtures that are shielded or shatter proof.

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(10) Potentially hazardous substances in the child day care centers and group day care homes shall be stored in a separate locked area.

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

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

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

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

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

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

[16] (17) If the child day care center or group day care home uses the basement level or the [ground] first floor of a building, a minimum of one (1) radon test shall be conducted using a device or service [approved by the United States Environmental Protection Agency radon measurement proficiency program] listed by the National Radon Proficiency Program and approved by the department.

(NEW) (A) This test shall be completed during the months of November through April and the results posted with the license. The [Department] department and the local director of health shall be notified of the results.

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

(NEW) (18) Child day care centers and group day care homes that utilize combustible fuel shall be equipped with at least one (1) operable carbon monoxide (CO) detector on each occupied level of the facility. CO detectors shall comply with Underwriters Laboratories (UL) Standards for Safety, and shall be operated in accordance with the manufacturer's instructions.

(f) Program space

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

(A) The operator shall provide a minimum of thirty-five (35) square feet of total indoor usable program space per child. The total licensed capacity shall be [deter-mined] determined on a room-by-room basis measuring from interior wall to interior wall.

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

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

(i) bathrooms, hallways, kitchen and food service areas;

(ii) refrigerators;

(iii) heating and cooling units;

(iv) staff desks and storage units;

(v) any space or equipment used for other than the activities of the children; and

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(vi) large indoor activity room.

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

(A) The operator shall provide a minimum of thirty (30) square feet of total indoor usable program space per child. Measurements to determine total indoor usable program space shall be taken from interior walls.

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

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

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

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

(2) Adequate equipment for rest shall be provided. An individual cot shall be provided for any child who regularly remains five (5) hours or longer per day. When cots are shared, they shall be washed and disinfected and linens changed between children. In a group day care home, an individual mat or individual sleeping bag may be substituted for the individual cot.

(3) Metal equipment shall be free from rust or chipping paint.

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

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

(h) Outdoor play space

(1) There shall be access to a minimum of seventy-five (75) square feet per child of outdoor space for the number of children using the space at any one time. This could include parks, school yards, parking areas or elevated or roof top play areas. The outdoor area shall be fenced or protected for safety.

(2) Where swings, [see-saws] <u>seesaws</u> or climbing apparatus are used, the surface in the space shall be protected with a minimum of eight (8) inches of impact absorbing materials, e.g., sand or its equivalent.

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

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

(5) Outside equipment shall be anchored for stability. Anchors shall be buried below ground level.

(6) [Where fencing exists, it shall be at least four (4) feet in height and surround the play area.] <u>The operator shall provide documentation to the department, upon request, by a certified playground safety inspector that newly constructed playgrounds and all newly, installed playground equipment that are set in position and anchored in such a way to last indefinitely are designed and installed in accordance with U.S. Consumer Product Safety Commission and the American Society for Testing and Materials Standards.</u>

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

<u>(A)</u> <u>Fences used to protect children from hazards shall be at least four (4) feet in height.</u>

<u>(B)</u> <u>When there is a swimming pool or any other body of water at the facility or near enough to the facility to attract or be accessible to children at any time of the year, there shall be a sturdy fence or barrier, four (4) feet high or higher, with locked entrances, which totally and effectively bars access to the water by children.</u>

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(C) On and after January 1, 2010, a rooftop used as a play area shall be enclosed with a wall, fence or permanent physical barrier not less than six (6) feet high and the bottom edge shall be no more than than three and one half (3 ½) inches from the base or floor. The wall, fence or permanent physical barrier shall be designed to prevent children from climbing it.

[(7)] (8) Drinking water shall be available and accessible.

[(8)] (9) Outdoor equipment shall be arranged in such a way as to avoid accidents.

[(9)] [Only pesticides or herbicides that protect the health and safety of the children shall be used in any outdoor play area.]

(i) Swimming, wading and bathing facilities. Swimming, wading and bathing facilities, if provided, shall comply with the provisions of sections 19-13-B33b, 19-13-B34[,] and 19-13-B36[,] of the Regulations of Connecticut State Agencies. No wading pools shall be used. No day care child shall be permitted in a hot tub, spa or sauna. Hot tubs, spas and saunas shall be locked and inaccessible to children.

(NEW) (j) No dangerous weapon as described in section 53-206 or facsimile of a firearm as defined in section 53-206c shall be permitted on the premises of the child day care center or group day care home unless the carrier of such weapon or facsimile firearm is a peace officer as defined in section 53a-3.

19a-79-8a. Educational requirements

Each child day care center and group day care home shall develop and implement a written plan for the daily program that includes a flexible schedule and shall be available to [parents] the parent(s) and staff. Child day care centers and group day care homes shall have policies, procedures and activities that meet and enhance the individual needs of the diverse population of children served, which includes children with cultural, language and developmental differences.

(a) The plan shall include:

(1) indoor and outdoor physical activities which provide opportunities for fine and gross motor development;

(2) problem-solving experiences that facilitate concept formation, language development and sensory discrimination;

(3) creative experiences which allow children the opportunity to develop and express their own ideas and feelings in all parts [ ]of the program, including, but not necessarily limited to:

(A) art and media,

(B) dramatic play,

(C) music,

(D) language, and

(E) motor activity;

(4) language learning experiences that provide opportunities for spontaneous conversation, as well as experiences with books, poems, stories[,] and songs;

(5) experiences that promote self-reliance and build self-esteem, including, but not necessarily limited to, self care of body and clothing, care of possessions[,] and shared group responsibility for equipment and materials;

(6) health education experiences that include modeling good health practices, sound nutrition and safety awareness.

(b) The program shall include:

(1) child-initiated and teacher-initiated activities;

(2) exploration and discovery;

(3) varied choices for children in materials and equipment;

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(4) individual and small group activities;

(5) active and quiet play;

(6) rest, sleep or quiet activity;

(7) nutritious snacks and meals; and

(8) toileting and clean up.

19a-79-9a. Administration of medications

Group day care homes and child day care centers that administer medications of any kind shall comply with all requirements of this section and shall have [a] written [policy] policies and procedures at the facility governing the administration of medications which shall include, but not be limited to, the types of medication that shall be administered, parental responsibilities, staff responsibilities, proper storage of medication and record keeping. Said policies and procedures shall be available for review by the [Commissioner] commissioner during site inspections or upon demand and shall reflect best practice. [On and after January 1, 2003, a] A group day care home [of] or child day care center shall not deny services to a child on the basis of a child's known or suspected allergy or because a child has a prescription for an automatic pre-filled cartridge injector or similar automatic injectable equipment used to treat an allergic reaction or for injectable equipment used to administer glucagon. A group day care home or child day care center shall not deny services to a child on the basis of a child's diagnosis of asthma or because a child has a prescription for an inhalant medication to treat asthma.

(a) Administration of Nonprescription Topical Medications Only

(1) Description

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

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

(B) [Medicated] medicated powders; and

(C) [Teething] teething, gum or lip medications.

(2) Nonprescription Topical Medications Administration/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 kept on file at the facility for each child administered a nonprescription topical medication. The medication administration record and [parent] the parent(s) permission shall become part of the child's health record when the course of medication has ended. The [parent] parent(s) shall be notified of any medication administration errors immediately in writing and the error shall be documented in the record. The following information shall be included on a form as part of the medication administration record:

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

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

(C) [The] the schedule and site of administration of the medication;

(D) [A] a statement indicating that the medication has been previously administered to the child without adverse effect;

(E) [The] the signature in ink of the director, head teacher, program staff or group day care home provider receiving the parent permission form and the medication;

(F) [The] the name, address, telephone number, signature and relationship to the child of the parent(s) authorizing the administration of the medication;

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

(H) [Medication] medication administration errors; and

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(I) [The] the name of the person who administered the nonprescription topical medication.

(3) Nonprescription Topical Medications/Labeling and Storage

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

(i) the individual child's name;

(ii) the name of the medication; and

(iii) directions for the medication's administration.

(B) The medication shall be stored away from food and inaccessible to children.

(C) Any unused portion of the medication shall be returned to the [parents] parent(s).

(b) Administration [of medications other than nonprescription topical medications.] of Medications Other Than Nonprescription Topical Medications

(1) Training Requirements

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

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

(i) objectives;

(ii) a description of methods of administration including principles and techniques, application[,] and installation of oral, topical[,] and inhalant medication, including the use of nebulization machines, with respect to age groups;

(iii) administering medication to an uncooperative child;

(iv) demonstration of techniques by the trainer and return demonstration by participants, assuring that the trainee can accurately understand and interpret orders and carry them out correctly;

(v) recognition of side effects and appropriate follow up action;

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

(vii) abbreviations commonly used;

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

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

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

(NEW) (C) The facility shall have staff trained in the administration of inhalant medication used to treat asthma on site during all hours when a child who has a diagnosis of asthma and who has a prescription for an inhalant medication to treat asthma is on-site.

[(C)] (D) Injectable Medications

In addition to the above training, before a director, head teacher, program staff[,] or group day care home provider may administer injectable medications, he shall have successfully

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completed a training program on the administration of injectable medications by a premeasured, commercially prepared syringe. The trainer, who shall be a physician, physician assistant, advanced practice registered nurse or registered nurse, shall assure that the director, head teacher, program staff[,] or group day care home provider understands the indications, side effects, handling and methods of administration for injectable medication. Thereafter, on a yearly basis, the director, head teacher, program staff[,] or group day care home provider shall have their skills and competency in the administration of injectable medication validated by a physician, physician assistant, advanced practice registered nurse or registered nurse. Injectable medications shall only be given in emergency situations, by a premeasured commercially prepared syringe, unless a petition for special medication authorization is granted by the department. The facility shall have staff trained in the use of an automatic prefilled cartridge injector or similar automatic injectable equipment used to treat an allergic reaction on site during all hours when a child with a prescription for an automatic prefilled cartridge injector or similar automatic injectable equipment used to treat an allergic reaction is on-site.

(NEW) (E) A program staff member currently certified by the State of Connecticut Department of Developmental Services, formally the Department of Mental Retardation, to administer medications shall be considered qualified to administer medications for the modalities in which they have been trained at child day care centers or group day care homes.

(2) Training Approval Documents/Training Outline

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

(B) The written approval shall include:

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

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

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

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

(v) the expiration date of the approval.

(C) The trainer shall provide the trainee with an outline of the curriculum content which verifies that all mandated requirements have been included in the training program. A copy of said outline shall be on file at the facility where the trainee is employed for [Department] department review. The [Department] department may require at any time that the operator obtain the full curriculum from the trainer for review by the [Department] department.

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

(A) Except for nonprescription topical medications described in [Section] section 19a-79-9a(a)(1) of the Regulations of the 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)] child's [parent] parent(s) which shall be on file at the facility for at least two (2) years after the child is no longer attending the program. Such medications may include:

(i) oral medications;

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(ii) topical medications;

(iii) inhalant medications; or

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

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

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

(ii) the date the medication order was written;

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

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

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

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

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

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

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

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

(xi) the authorized prescriber's signature; and

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

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

(D) The director, head teacher, program staff[,] or group day care home provider shall administer medication only in accordance with the written order of the authorized prescriber and shall not administer the first dose of any medication, except in an emergency. The [parent] parent(s) shall be notified of any medication administration errors immediately in writing and the error shall be documented in the record.

(E) Investigational drugs shall not be administered.

(4) Required Records

(A) Except for nonprescription topical medications described in [Section] section 19a-79-**9a(a)(1)**, individual written medication administration records for each child shall be written in ink, reviewed prior to administering each dose of medication and kept on file at the facility for at least two (2) years after the child is no longer attending the program. The medication administration record shall become part of the child's health record when the course of medication has ended.

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

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

(ii) the name of the medication or drug;

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(iii) the dosage ordered and method of administration;

(iv) the pharmacy and prescription number if applicable;

(v) the name of the authorized prescriber ordering the drug;

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

(vii) the signature in ink of the director, head teacher, program staff or group day care home provider giving the medication;

(viii) food and medication allergies;

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

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

(xi) medication administration errors.

(5) Storage and Labeling

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

(i) the child's name;

(ii) the name of the medication;

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

(iv) the date of the prescription.

(B) Except for nonprescription topical medications described in subdivision (1) of subsection (a) of this section, [and] automatic prefilled cartridge injectors, or similar automatic injectable equipment used to treat an allergic reaction, [medication] injectable equipment used to administer glucagon or an inhalant medication to treat asthma and over the counter medications prescribed as an emergent first line of defense medication against an allergic reaction, medication shall be stored in a locked area or a locked container in a refrigerator in keeping with the label directions away from food and inaccessible to children. Keys to the locked area or container shall be accessible only to personnel authorized to administer medication. Controlled drugs shall be stored in accordance with [Section] section 21a-262-10 of the Regulations of Connecticut State Agencies.

(NEW) (C) Equipment and medications prescribed to treat asthma, administer glucagons, or as an emergent first line of defense medication against an allergic response 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 shall be returned to the [parents] 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 shall keep a written record of the medications destroyed which shall be signed by both parties.

[D] (E) The facility shall require the parent(s) of a child who has a prescription for an automatic prefilled cartridge injector, or similar automatic injectable equipment used to treat an allergic reaction[,] or injectable equipment used to administer glucagon or inhalant medication to treat asthma, to provide the injector or [injectable] equipment labeled with the information from the prescriber upon enrollment and attendance of such child at the facility, and replace such medication and equipment prior to its expiration date. [Such equipment shall be stored in a safe manner, inaccessible to other children, to allow for quick access in an emergency.]

(NEW) (6) Children enrolled at the facility may self administer medications with documented parental and authorized prescriber's permission. Children may request and receive assistance from staff in opening containers or packages or replacing lids. Children who self administer medications shall be able to identify and select the appropriate medication by size, color, amount or other label identification; know the frequency and time of day for which the medication is ordered; and consume the medication appropriately. Medication to be self administered shall be stored in accordance with section 19a-79-9a(b)(5) of the Regulations of Connecticut State Agencies.

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

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

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

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

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

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

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

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

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

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

(iii) a statement that the curriculum approved by the [Department] department was successfully mastered and stating the modality of administration of medication that the trainee has been approved to administer; and

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

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

(c) Cease and Desist Orders

If the [Department] department determines that the health, safety or welfare of a child in the child day care center or group day care home imperatively requires emergency action to halt the administration of medications by a director, head teacher, program staff or group day care home provider in a child day care center or group day care home, the [Department] department may issue a cease and desist order requiring the immediate cessation of the administration of medications by a director, head teacher, program staff or group day care home provider in the facility. The [Department] department shall provide an opportunity for a hearing regarding the order within [10] ten (10) business days of date the order is

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issued. Upon receipt of the order, the operator shall cease the administration of all medications and provide immediate notification to the [parents] parent(s) of all children under his care that no medications may be administered at the child day care center or group day care home until such time as the cease and desist order is terminated.

(d) Emergency Distribution of Potassium Iodide[.]

Notwithstanding any other provisions of the Regulations of Connecticut State Agencies, during a public health emergency declared by the Governor pursuant to section [2 of public act 03-236] 19a-131a of the Connecticut General Statutes and if authorized by the Commissioner of Public Health via the emergency alert system or other communication system, a child day care center or group day care home licensed in accordance with section 19a-80 of the Connecticut General Statutes and located within a [10-mile] ten (10) mile radius of the Millstone Power Station in Waterford, Connecticut shall permit designated staff members to distribute and administer potassium iodide [tablets] to adults present or to a child in attendance at the child day care center or group day care home during such emergency, provided that:

(1) [Prior] prior written consent has been obtained by the child day care center or group day care home for such provision. Written consent forms shall be provided by the child day care center or group day care home to the parent(s) [or guardian(s)] of each child currently enrolled or employees currently employed by the child day care center or group day care home promptly upon the effective date of this subdivision. Thereafter, written consent forms shall be provided by the child day care center or group day care home 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] each person providing consent has been advised in writing by the child day care center or group day care home that the ingestion of potassium iodide is voluntary;

(3) [Each] each person providing consent has been advised in writing by the child day care center or group day care home 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 may include minor upset stomach or rash; [.]

(4) [Child] child day care centers and group day care homes shall have designated staff members to distribute and administer potassium iodide to those individuals and minor children for whom prior written consent has been obtained. Such designated staff members shall be eighteen (18) years of age or older and shall have been instructed by the child day care center or group day care home in the administration of potassium iodide. 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[.] ;and

(5) [Potassium] potassium iodide [tablets] shall be stored in a locked storage area or container, inaccessible to children.

19a-79-10. Under three endorsement

(a) The operator of a program caring for children under three (3) years of age shall comply with [sections] section 19a-79-1a [through] to section [19a-79-8a] 19a-79-10, inclusive, and section 19a-79-13 of the Regulations of Connecticut State Agencies.

(b) A program caring for children under three (3) years of age is required to have a separate endorsement by the [Department] department.

(c) Infants and toddlers

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(1) Age. Children from six (6) weeks to thirty six (36) months of age shall be considered infants and toddlers.

(2) Ratio. There shall be at least one (1) [person] program staff qualified under section 19a-79-4a(d) of the Regulations of Connecticut State Agencies for every four (4) children or fraction thereof in attendance.

(3) Group size. The group size shall not exceed eight (8) children.

(4) There shall be a physical barrier separating each group of eight (8) children, indoors and outdoors.

(d) Special equipment**[.]**

Each child day care center and group day care home shall have equipment and furniture to meet the developmental needs of the children served.

(1) Sinks

(A) In child day care centers there shall be a sink with hot and cold running water designated for diaper changing and [handwashing] hand washing of staff and children. This sink shall be located in the program space. Visual contact with all other children shall be maintained while changing diapers or using the sink. [Centers] Child day care centers which staff three (3) adults to a group size of eight (8) infants or toddlers may use an accessible diaper changing facility if it is immediately adjoining the program area.

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

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

(2) Furniture shall include:

(A) well constructed free standing cribs, not stacked cribs, each of which has slats no more than two and [three eights] three-eighths (2 3/8) inches apart and a fully water-proofed, firm, snug-fitting [mattresse] mattress for infants;

(B) washable cots for toddlers;

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

[(D)] [adult rocking chairs;] an adult rocking chair

[(E)] (D) low tables and chairs according to [childrens'] children's size and development; and

[(F)] (E) a refrigerator and facilities to store and heat food and bottles.

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

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

[(B)] [infant seats, each of which has a stable base, safety straps and a supporting device that locks firmly in place;]

[(C)] (B) play pens, each of which has either small weave mesh netting or slats no more than two and [three eights] three-eighths (2 3/8) inches apart, a firm floor with a secured foam pad[,] and hinges that lock tightly; and [.]

(NEW) (C) an adult rocking chair.

(e) Diapering and toileting

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

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

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

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

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

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

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

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

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

(10) When cloth diapers or training pants are used, a plan for their use and care shall be submitted to and approved by the [Department] department prior to implementation of the plan. This plan shall include, but not necessarily be limited to, these procedures:

(A) placing soiled clothing and diapers in a sealed air tight container,

(B) removing soiled clothing and diapers from the child day care center or group day care home daily, and

(C) cleaning and sanitizing the container daily.

(f) Linens and clothing and bedding

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

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

(3) Each child's linens and clothing shall be stored individually. Plastic bags shall not be accessible to infants and toddlers.

(4) When cribs and cots are shared, they must be washed and disinfected and linens changed between children.

(NEW) (g) Sleep arrangements

(1) Infants under twelve (12) months of age shall be placed in a supine (back) position for sleeping in a well constructed, free standing crib or bed designed for infant sleeping, with a snug fitting mattress 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.

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

(3) Soft surfaces and gas-trapping objects such as pillows, quilts, sheepskins, soft bumpers or stuffed toys shall not be placed under or with an infant for sleeping and shall be kept out of the infant's crib or bed.

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

[(g)] (h) Toys and other objects

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

(2) Toys and other objects with a diameter of less than [one inch] one and one-quarter (1 1/4) inches [or two and one half (2.5) Centimeters], objects with removable parts that have a diameter of less than [one inch] one and one-quarter (1 1/4) inches [or two and one half (2.5) Centimeters], plastic

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bags, balloons and [styrofoam] Styrofoam objects shall not be accessible to children under three (3) years of age.

[(h)] (i) Health consultant

(1) A health consultant [who is a physician, physician assistant, advanced practice registered nurse or registered nurse] shall visit the program on the days and times children under the age of three (3) are present. The scheduled times of the visits shall be arranged so that all children under the age of three (3) are observed. The health consultant shall prepare and maintain signed documentation of visits which shall be kept on the licensed premises.

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

(A) once a week for children up to twenty-four (24) months of age,

(B) once a week for children two (2) to three (3) years of age attending a full day, and

(C) once a month for children two (2) to three (3) years of age attending part day programs.

[(3)] [The responsibilities of the health consultant shall include but not necessarily be limited to:

(A) maintaining health records,

(B) maintaining first aid kits,

(C) evaluating toys and/or equipment for safety,

(D) observing diaper changing area and diaper changing procedures,

(E) observing and providing health screening for individual children,

(F) sharing supplementary materials with staff and [parents] the parent(s),

(G) communicating with staff and [parents] the parent(s) about specific problems,

(H) providing consultation and acting as a resource person to staff and [parents] the parent(s),

(I) providing in service education,

(J) identifying child abuse or neglect.]

[(4)] [The health consultant shall document the activities and observations required in this subsection in a health consultation log. The health consultation log shall be kept on file at the facility for two (2) years.]

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

[(j)] (k) [If the center provides meals for infants:] Foods and Liquids

(1) a written statement specifying the formula, breast milk or other liquids and the feeding schedule for infants shall be obtained from the [parents] parent(s),

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

(3) clean bottles shall be provided by the parent(s) unless the [center] facility uses disposable bottles or has a dishwasher or dishwashing system approved by the local health director to wash bottles,

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

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

[(k)] (l) Outdoor play space

(1) All infant toddler play space shall be fenced.

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

19a-79-11. School age children endorsement

(a) The operator of a child day care center or group day care home caring for children of school age shall comply with [sections] section 19a-79-1a [through 19a-79-8a] to section 19a-79-9a, inclusive, section 19a-79-11 and 19a-79-13 of the Regulations of Connecticut State Agencies.

(b) A program providing care for school age children [at least five (5) years old attending elementary or middle school] shall have a separate school age children endorsement by the [Department] department.

(c) The program shall provide adequate opportunities for creative, recreational and restful activities as appropriate to meet the needs of the individual school age child.

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

(2) Children shall have opportunities to choose among activities, including, but not necessarily limited to:

(A) free time,

(B) creative activities,

(C) opportunities for homework assignments,

(D) nutritional snacks,

(E) physical activities,

(F) quiet activities,

(G) small group activities,

(H) special events which may include field trips, and

(I) self-concept activities.

(d) [Ratio.] There shall be at least one (1) qualified program staff person for each ten (10) children or fraction thereof.

(e) [Group size.] The group size shall not exceed twenty (20) children.

(f) When a program serves school age children only, the designated head teacher shall be on site for sixty percent (60%) of the time the [center] child day care center or group day care home is in operation on a weekly basis, and shall submit written verification of the following qualifications and experiences:

(1) the age of twenty (20) years or older;

(2) the personal qualities needed to supervise others;

(3) a high school diploma or equivalency certificate;

(4) at least five hundred and forty (540) hours of documented supervised experience over at least a nine (9) month span of time including working with children in a program with comparable standards to the standards in this or another state, which program must serve children of the same ages and developmental stages who are served at the child day care center; and

(5) one of the following:

(A) twelve (12) credits in early childhood education or child development, elementary education, recreation, group social work[,] or a related field from an accredited institution of higher education with program approval from the Board of Governors of Higher Education; or

(B) approval by the [Department] department as a head teacher prior to January 1, 1994; or

(6) a four (4) year college degree in elementary education, recreation, group social work or a related field from an accredited institution of higher education with program approval from the Board of

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Governors of Higher Education, with at least two hundred and seventy (270) hours of documented supervised experience working with unrelated children of the same ages to be served in this child day care center or group day care home. This supervised experience could be student teaching or a practicum assignment.

(g) The education consultant used in the program shall have training and experience in child development, recreation, leisure activities, group social work or elementary education.

(h) When a program for school age children is located in a public or private school facility currently used as a school, the local health, building and zoning regulations pertaining to school facilities shall apply. Under these circumstances, written verification of building and zoning approval is not required. A fire marshal certificate of approval and written local health approval are required for the facility as defined in [subparagraph] section 19a-79-2a(b)(2)(D) of the Regulations of Connecticut State Agencies.

19a-79-12. Night care endorsement

(a) The operator of a child day care center or group day care home providing night care shall comply with [sections] section 19a-79-1a [through 19a-79-8a] to section 19a-79-13, inclusive of the Regulations of Connecticut State Agencies.

(b) The program providing care for one (1) or more hours between the hours of [eight (8)] ten (10) P.M. and [six (6)] five (5) A.M. shall have a separate night care endorsement by the [Department] department.

(1) There shall be a person on the licensed premises designated as the person in charge who shall meet the head teacher qualifications in [subdivision19a-79-4a(d)(1)] section 19a-79-4a(d)(2) of the Regulations of Connecticut State Agencies.

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

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

(4) A child shall not be in care for more than twelve (12) hours in a twenty-four (24) hour period on a regular basis.

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

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

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

(B) Bedding for children over twelve (12) months of age shall consist of a blanket and sheet or a sleeping bag, with a pillow in a [pillow case or a sleeping bag] pillowcase.

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

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

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

[(7)] (8) The ambient air temperature shall be maintained to at least sixty-five (65) degrees Fahrenheit measured at thirty six (36) inches from the floor.

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

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

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

(a) Policy and Procedures

(1) All child day care centers and group day care homes at which designated staff members will be administering finger stick blood glucose tests shall have written policies and procedures governing

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the administration of finger stick blood glucose tests to children diagnosed with diabetes mellitus. The policies and procedures shall address at least the following areas:

(A) parental responsibilities;

(B) staff training and responsibilities;

(C) proper storage, maintenance[,] and disposal of test materials and supplies;

(D) record keeping;

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

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

(2) Said policies and procedures shall be available for review by the [Department] department during facility inspections or upon demand.

(b) Training

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

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

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

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

(ii) reading and correctly interpreting test results; and

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

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

(3) Documentation that staff [have] has been trained to administer finger stick blood glucose tests shall be in writing and kept at the facility for review by the [Department] department. Such documentation shall indicate:

(A) the subjects covered in training;

(B) the signature and title of the instructor;

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

(D) the date the training was given.

(c) Administration of Finger Stick Blood Glucose Test

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

(2) Whenever a child diagnosed with diabetes mellitus who has orders to receive finger stick blood glucose monitoring is enrolled and present at the facility, a staff member designated and trained to administer finger stick blood glucose tests shall be present at the facility.

(3) Upon the written authorization of the child's physician, physician assistant or advanced practice registered nurse[,] and the child's [parent or guardian] parent(s), a child may self administer the

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finger stick blood glucose test under the direct supervision of the designated staff member who has met the training requirements in subsection (b) of this section.

(4) [Only those staff trained to administer injectable medications as described in section 19a-79-9a (b) of the Regulations of Connecticut State Agencies and authorized to do so in writing by the child's [parent or guardian] parent(s) and physician, physician assistant, or advanced practice registered nurse may administer glucagon in a prefilled syringe in emergency situations only.] The operator of a child day care center or group day care home may petition the department to permit staff to administer glucagon by injection, in emergency situations only, in accordance with section 19a-79-9a(b)(7) of the Regulations of Connecticut State Agencies.

(d) Equipment

(1) The child's [parent or guardian] parent(s) shall supply the operator 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 child's blood glucose meter and strips;

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

(C) tissues or cotton balls; and

(D) fast acting carbohydrates to be given to the child as indicated in the written order from the child's physician, physician assistant, or advanced practice registered nurse for hypoglycemia.]

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

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

(e) Record Keeping

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

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

(A) the child's name;

(B) the diagnosis of diabetes mellitus;

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

(D) the test schedule;

(E) the target ranges for test results;

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

(G) diet requirements and restrictions;

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

(I) conditions requiring immediate notification of the child's [parent, guardian,] parent(s), emergency contact, the child's physician, physician assistant[,] or advanced practice registered nurse.

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

(A) the child's name;

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

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

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

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

(F) the names of staff designated to administer finger stick blood glucose tests and provide care to the child during testing;

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

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

(I) the date the authorization is signed; and

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

(3) The operator shall notify the child's [parent or guardian] parent(s) daily in writing of the results of all blood glucose tests and any action taken based on the test results, and shall document the test results and any action taken in the child's medical record.

Statement of Purpose: (A) The purpose of the regulation is to amend the regulations governing child day care centers and group day care homes, as required by Public Act No. 04-221; (B) to expand the list of acceptable providers of cardiopulmonary resuscitation training, require facilities to accommodate a child who has a prescription for glucagon and to accommodate a child who has a diagnosis of asthma or because a child has a prescription for an inhalant medication to treat asthma; to include changes in the regulations as proposed by Healthy Child Care Connecticut and the Child Day Care Council; and to make technical corrections; the proposed regulation will amend section 19a-79-1a to section 19a-79-13a, inclusive, of the Regulations of Connecticut State Agencies.

Be it known that the foregoing:

[X] Regulations [ ] Emergency Regulations

are:

[ ] Adopted [X] Amended as hereinabove stated [ ] Repealed

By the aforesaid agency pursuant to:

[X] Sections 19a-79 of the General Statutes.

Section ..... of the General Statutes, as amended by Public Act. No. of the Public Acts.

[ ] Public Act. No of the Public Acts.

After publication in the Connecticut Law Journal on July 11, 2006 and October 17, 2006 the notice of the proposal to:

[ ] Adopt [X] Amend [ ] Repeal such regulations

(If applicable): [X] And the holding of an advertised public hearing on July, 27, 2006; September 27, 2006; October 10, 2006 and October 24, 2006.

WHEREFORE, the foregoing regulations are hereby:

[ ] Adopted [X] Amended as hereinabove stated [ ] Repealed

Effective:

[X] When filed with the Secretary of the State.

(OR)

[ ] The _____ day of _____ 20___.

In Witness Whereof:	Date 27 Aug 08	SIGNED (Head of Board, Agency or Commission)	OFFICIAL TITLE, DULY AUTHORIZED Commissioner

Approved by the Attorney General as to legal sufficiency in accordance with Sec. 4-169, as amended, C.G.S.:	SIGNED	OFFICIAL TITLE, DULY AUTHORIZED
	10/1/08	ASSOC. ATTY. GENERAL

[ ] Approved

[ ] Disapproved

[ ] Disapproved in part, (Indicate Section Numbers disapproved only)

[ ] Rejected without prejudice.

The Legislative Review Committee in accordance with Sec. 4-170, as amended, of the General Statutes	DATE	SIGNED (Clerk of the Legislative Regulation Review Committee)

Two certified copies received and filed, and one such copy forwarded to the Commission on Official Legal Publications in accordance with Section 4-172, as amended, of the General Statutes.

DATE	SIGNED (Secretary of the State)	BY

INSTRUCTIONS

One copy of all regulations for adoption, amendment or repeal, except emergency regulations, must be presented to the Attorney General for his determination of legal sufficiency. Section 4-169 of the General Statutes.

Eighteen copies of all regulations for adoption, amendment or repeal, except emergency regulations, must be presented to the standing Legislative Regulation Review Committee for its approval. Section 4-170 of the General Statutes.

Each regulation must be in the form intended for publication and must include the appropriate regulation section number and section heading. Section 4-172 of the General Statutes.

Indicate by "(NEW)" in heading if new regulation. Amended regulations must contain new language in capital letters and deleted language in brackets. Section 4-170 of the General Statutes.