

STATE OF CONNECTICUT
OFFICE OF THE CHILD ADVOCATE
999 ASYLUM AVENUE, HARTFORD, CONNECTICUT 06105



Sarah Healy Eagan
Child Advocate

**TESTIMONY OF THE OFFICE OF THE CHILD ADVOCATE FOR
THE STATE OF CONNECTICUT**

IN SUPPORT OF THE FOLLOWING BILLS:

S.B. NO. 933: AN ACT EXPANDING ELIGIBILITY FOR CERTAIN FAMILIES IN THE CARE4KIDS PROGRAM.

S.B. NO. 934: AN ACT EXPANDING ELIGIBILITY IN THE CARE4KIDS PROGRAM TO PARENTS ENROLLED IN OTHER TYPES OF SCHOOLS.

S.B. NO. 936: AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE OFFICE OF EARLY CHILDHOOD.

EDUCATION COMMITTEE
WEDNESDAY, MARCH 6, 2019

Senator Sanchez and Representative McCrory and all other distinguished members of the Education Committee:

This testimony is being submitted on behalf of the Office of the Child Advocate (“OCA”) in support or in response to the above referenced Bills.

The obligations of the OCA are to review, investigate where necessary, and make recommendations regarding how our state-funded systems meet the needs of vulnerable children. This Legislature granted the OCA broad authority regarding access to information about children and state-funded facilities and programs, which provides this Office with a unique insight into the needs of at-risk, abused, neglected and special needs children and the agencies that serve those children. The above referenced Bills seek to address how the needs of this state’s children are being met, including its most vulnerable children.

**S.B. NO. 933: AN ACT EXPANDING ELIGIBILITY FOR CERTAIN FAMILIES IN THE CARE4
KIDS PROGRAM**

&

**S.B. NO. 934: AN ACT EXPANDING ELIGIBILITY IN THE CARE4KIDS PROGRAM TO PARENTS
ENROLLED IN OTHER TYPES OF SCHOOLS.**

OCA supports Raised Bill No. 933 and 934, which would expand eligibility for CT's Care4Kids Program, which is essential for CT residents who have child-care needs that are being compromised by limited safe, affordable and regulated child-care options. Bill No. 933 expands the "eligibility of the Care4Kids program to include families with a gross income of up to seventy-five per cent of the state-wide median income and require advance notice of expanded program eligibility." Bill No. 934 expands "eligibility in the Care4Kids program to parents who are enrolled in school, in addition to high school, and require advance notice of expanded program eligibility."

In February 2018, the OCA apprised the legislature, including the Education and Appropriations Committees, that the nine deaths of children in child care settings during a two year period appears to be a marked increase in child care-based child fatalities. Both OCA and the Office of Early Childhood were concerned that the decrease in enrollment in the Care4Kids Program, which was reopened in November 2017, might explain the increase in child fatalities. OCA strongly recommended that lawmakers strengthen low-income families' access to high-quality licensed child care as a matter of public policy (a) to improve health and safety outcomes for young children, and (b) as a strategy to support child fatality prevention.¹

As OCA has reported in other child fatality reports, children under age three are most at risk for critical and fatal injuries. Children under the age of twelve months are at the greatest risk for preventable death from conditions associated with unsafe sleep environment.

Child care providers who accept Care4Kids, a state and federally-funded subsidy for low and moderate income families to assist with the cost of child care, are required to complete orientation training and ongoing professional development, which training requirements have become more robust pursuant to recent changes in federal law. The state's Care4Kids orientation covers topics including First Aid, CPR, medication administration and "Health and Safety."² These child care providers must be licensed through the state's Office of Early Childhood ("OEC"), which licensing put additional safe guards in place to ensure the safety of children through regulation.

Unlicensed home-based child care, which is neither regulated nor monitored can be toxic environments for children. As reported in the OCA's Fatality Review Investigative Report: *The Deaths of Nine Children in Unlicensed and Licensed Day Care Settings 2016-2017* (Report Date: December 18, 2018), examples of unsafe care for children in unlicensed care are particularly disturbing.

¹ As reported in OCA's Fatality Review Investigative Report: *The Deaths of Nine Children in Unlicensed and Licensed Day Care Settings 2016-2017* (Report Date: December 18, 2018); available on the web at: https://www.ct.gov/oca/lib/oca/Office_of_the_Child_Advocate_Report_on_Child_Care_Fatalities.pdf.

² Id.

Baby A.—Manner of Death: Homicide/Acute Diphenhydramine Intoxication.

On March 22, 2016, four month old A., a baby boy, died of diphenhydramine³⁸ toxicity in the unlicensed home-based child care of Carol Cardillo. Ms. Cardillo had been operating the unlicensed child care in her home for over eleven years and she employed two assistants to help care for the children. Investigation found that at the time of Baby A.'s death there were eight other children in the child care ranging from 4 months old to 4 years old. Neither the provider nor the assistants were CPR-certified. Law enforcement investigation revealed that all of the parents were aware the child care was not licensed.

Per DCF investigation records, the parents reported that Baby A. was a "fussy baby," and that his fussiness was discussed with the child care provider. At home, Baby A. would reportedly nap "no longer than 45 minutes during the day" and only if conditions were "perfect," i.e. no light, sleep machine on, and complete quiet. Baby A.'s father reported that only mom could put the baby down for a nap. The father stated that the child care provider had a "magic touch" because Baby A. would "nap for her sometimes for an hour and a half," which was much longer than the baby would nap at home with his parents.

After the baby's death, OCE found a high dose of diphenhydramine in the baby's blood, a dose significantly greater than the therapeutic dose for an adult. Baby A.'s death was classified by OCME as a homicide. The child care provider and her assistants all denied that any child would be administered Benadryl in the home. However police discovered that the provider had purchased 90 bottles of generic-label Benadryl over a three-year period and had last purchased a bottle the week prior to baby A.'s death.

Baby D.—Manner of Death: Natural/Respiratory Complications of Reactive Airway Disease Associated With Multiple Food Allergies

On October 5, 2017, fifteen month old Baby D. died after developing respiratory distress in the home of his unlicensed home-based child care provider. Baby D. had reportedly been cranky and not himself in the days prior to his death. He was new to the daycare, and had been previously cared for by his uncle while his mother worked. When the uncle obtained a new job, Baby D.'s mother needed to find alternate care. She met the child care provider through a mutual friend. The mother could not tell investigators what the provider's last name was, but she stated that the provider was "recommended" and that she had four other children in her care during the day. The family paid the child care provider \$60 per week and described her as a "Very nice person with a clean house."

Records indicate that Baby D. had allergies and respiratory issues, including a history of asthma, and that he was "dependent" on an inhaler and a nebulizer machine, as needed. He was prescribed an Epi-pen but it was not clear that this prescription had ever been filled.

DCF's investigation revealed that the provider had called the mother several times during the day, apparently to convey concerns about the baby's condition, but mother's job did not allow her to have a phone with her so she did not retrieve any calls until the late afternoon. The babysitter did not seek medical attention for the child. After the mother retrieved the calls, she rushed to pick the child up, and along with the child's uncle, they brought Baby D. to the hospital. The babysitter told DCF that she had not sought medical help for the child and that she "did not 'dare' call 911 because they ask about the 'mama y papa'."

Baby D.'s mother reported that the provider was aware of the baby's allergies and asthma and that she had "educated" the provider on how to give him medication as needed, such as his inhaler. However, the provider's family described the adult provider to DCF as having "undiagnosed autism," though they stated that she did not care for the children by herself, but was assisted by another family member. The self-identified assistant was described in DCF records as "unable to read or write." The provider and assistant stated that they did not know that the child had asthma, never saw any medications, and did not know that the child had allergies.

OCA notes that concerns present in the illegal daycares caring for these children include:

1. Faulty and improper administration of medication
2. Staffing and supervision inadequacies
3. Health and wellness training and preparation
4. Record-keeping and incident reporting
5. Protocols for managing medical emergencies

The above-referenced concerns are all the subject of regulation, inspection, oversight and corrective action in licensed child-care settings.

With regard to the deaths of babies in unlicensed child care, the OCA notes that low-income families' access to child care subsidies through the state's Care4Kids program was sharply diminished between July 2016 and December 2017. At that time access to Care4Kids for new babies was eliminated for most families (unless otherwise enrolled in the program with a sibling). The reason for the shut-off was lack of funding.⁵¹ Funding for this program has since been increased at both the state and federal level. Continued funding for this program at the state level will help to ensure that all families are able to secure safe, affordable and regulated child-care settings for their children.

Extending the extending the eligibility for the Care4Kids program allows more families to have greater access to quality child care – child care that is licensed and regulated by the OEC.

**S.B. NO. 936: AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE OFFICE OF
EARLY CHILDHOOD.**

This testimony is being submitted on behalf of the OCA in strong support of Raised Bill No. 936, entitled, *An Act Implementing the Recommendations of the Office of Early Education*, which Bill includes several important changes being proposed by the Office of Early Childhood ("OEC").

The OCA strongly supports the change to Section 17b-749, which creates funding to "operate a child care subsidy program to increase the availability, affordability and quality of child care services for families" under certain conditions. Quality licensed child care is imperative for Connecticut families. However, quality child care facilities that are licensed and regulated by the OEC may be out of reach financially for many struggling families. Providing assistance to those families so that they are able to afford quality child care and not have to consider using facilities that are neither licensed nor regulated is a step in the right direction.

The OCA also strongly supports the amendments to Sections 19a-84 and 19a-87e, which would allow a summary suspension or summary probation of a license based on a finding by the commissioner that “public health, safety or welfare imperatively requires emergency action.” Allowing more authority to the OEC to make decisions to halt operations based on certain conditions that put children at risk is a necessary change that will provide greater protection to children and their families.

Thank you for your time and attention to this important matter impacting this state’s most vulnerable children. The OCA is committed to ensuring the safety of Connecticut’s most vulnerable children through its continued efforts to work effectively with agency personnel and leadership regarding recommendations for system improvement.

Respectfully Submitted,

A handwritten signature in cursive script, appearing to read "Sarah Healy Eagan".

Sarah Healy Eagan, JD
Child Advocate, State of Connecticut