

Statutes and Regulations



for
licensing

Child Day Care Centers and Group Day Care Homes

State of Connecticut
Department of Public Health
Community Based Regulation Section
Child Day Care Licensing Program
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Connecticut General Statutes-Revised to January 1, 2013

Statutes are revised to January 1 of odd numbered years and therefore should be read in conjunction with Public Acts that have been enacted since the last revision date. A list of recently enacted Public Acts that directly impact the Department's child day care licensure program can be found at www.ct.gov/dph/daycare under Statutes and Regulations.

Sec. 19a-77. (Formerly Sec. 19-43b). "Child day care services" defined. Exclusions. Additional license. (a) As used in sections 19a-77 to 19a-80, inclusive, and sections 19a-82 to 19a-87, inclusive, "child day care services" shall include:

(1) A "child day care center" which offers or provides a program of supplementary care to more than twelve related or unrelated children outside their own homes on a regular basis;

(2) A "group day care home" which offers or provides a program of supplementary care (A) to not less than seven or more than twelve related or unrelated children on a regular basis, or (B) that meets the definition of a family day care home except that it operates in a facility other than a private family home;

(3) A "family day care home" which consists of a private family home caring for not more than six children, including the provider's own children not in school full time, where the children are cared for not less than three or more than twelve hours during a twenty-four-hour period and where care is given on a regularly recurring basis except that care may be provided in excess of twelve hours but not more than seventy-two consecutive hours to accommodate a need for extended care or intermittent short-term overnight care. During the regular school year, a maximum of three additional children who are in school full time, including the provider's own children, shall be permitted, except that if the provider has more than three children who are in school full time, all of the provider's children shall be permitted;

(4) "Night care" means the care provided for one or more hours between the hours of 10:00 p.m. and 5:00 a.m.;

(5) "Year-round" program means a program open at least fifty weeks per year.

(b) For licensing requirement purposes, child day care services shall not include such services which are:

(1) (A) Administered by a public school system, or (B) administered by a municipal agency or department and located in a public school building;

(2) Administered by a private school which is in compliance with section 10-188 and is approved by the State Board of Education or is accredited by an accrediting agency recognized by the State Board of Education;

(3) Classes in music, dance, drama and art that are no longer than two hours in length; classes that teach a single skill that are no longer than two hours in length; library programs that are no longer than two hours in length; scouting; programs that offer exclusively sports activities; rehearsals; academic tutoring programs; or programs exclusively for children thirteen years of age or older;

(4) Informal arrangements among neighbors and formal or informal arrangements among relatives in their own homes, provided the relative is limited to any of the following degrees of kinship by blood or marriage to the child being cared for or to the child's parent: Child, grandchild, sibling, niece, nephew, aunt, uncle or child of one's aunt or uncle;

(5) Drop-in supplementary child care operations for educational or recreational purposes and the child receives such care infrequently where the parents are on the premises;

(6) Drop-in supplementary child care operations in retail establishments where the parents remain in the same store as the child for retail shopping, provided the drop-in supplementary child-care operation does not charge a fee and does not refer to itself as a child day care center;

(7) Drop-in programs administered by a nationally chartered boys' and girls' club;

(8) Religious educational activities administered by a religious institution exclusively for children whose parents or legal guardians are members of such religious institution;

(9) Administered by Solar Youth, Inc., a New Haven-based nonprofit youth development and environmental education organization, provided Solar Youth, Inc. informs the parents and legal guardians of any children enrolled in its programs that such programs are not licensed by the Department of Public Health to provide child day care services;

(10) Programs administered by organizations under contract with the Department of Social Services pursuant to section 17b-851a that promote the reduction of teenage pregnancy through the provision of services to persons who are ten to nineteen years of age, inclusive; or

(11) Administered by the Cardinal Shehan Center, a Bridgeport-based nonprofit organization that is exclusively for school age children, provided the Cardinal Shehan Center informs the parents and legal guardians of any children enrolled in its programs that such programs are not licensed by the Department of Public Health to provide child day care services.

(c) No registrant or licensee of any child day care services as defined in subsection (a) of this section shall be issued an additional registration or license to provide any such services at the same facility.

(d) When a licensee has vacated premises approved by the department for the provision of child day care services and the landlord of such licensee establishes to the satisfaction of the department that such licensee has no legal right or interest to such approved premises, the department may make a determination with respect to an application for a new license for the provision of child day care services at such premises.

Sec. 19a-79. (Formerly Sec. 19-43d). Regulations. Exemptions. (a) The Commissioner of Public Health shall adopt regulations, in accordance with the provisions of chapter 54, to carry out the purposes of sections 19a-77 to 19a-80, inclusive, and 19a-82 to 19a-87, inclusive, and to assure that child day care centers and group day care homes shall meet the health, educational and social needs of children utilizing such child day care centers and group day care homes. Such regulations shall (1) specify that before being permitted to attend any child day care center or group day care home, each child shall be protected as age-appropriate by adequate immunization against diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, hemophilus influenzae type B and any other vaccine required by the schedule of active immunization adopted pursuant to section 19a-7f, including appropriate exemptions for children for whom such immunization is medically contraindicated and for children whose parents object to such immunization on religious grounds, (2) specify conditions under which child day care center directors and teachers and group day care home providers may administer tests to monitor glucose levels in a child with diagnosed diabetes mellitus, and administer medicinal preparations, including controlled drugs specified in the regulations by the commissioner, to a child receiving child day care services at such child day care center or group day care home pursuant to the written order of a physician licensed to practice medicine or a dentist licensed to practice dental medicine in this or another state, or an advanced practice registered nurse licensed to prescribe in accordance with section 20-94a, or a physician assistant licensed to prescribe in accordance with section 20-12d, and the written authorization of a parent or guardian of such child, (3) specify that an operator of a child day care center or group day care home, licensed before January 1, 1986, or an operator who receives a license after January 1, 1986, for a facility licensed prior to January 1, 1986, shall provide a minimum of thirty square feet per child of total indoor usable space, free of furniture except that needed for the children's purposes, exclusive of toilet rooms, bathrooms, coatrooms, kitchens, halls, isolation room or other rooms used for purposes other than the activities of the children, (4) specify that a child day care center or group day care home licensed after January 1, 1986, shall provide thirty-five square feet per child of total indoor usable space, (5) establish appropriate child day care center staffing requirements for employees certified in cardiopulmonary resuscitation by the American Red Cross, the American Heart Association, the National Safety Council, American Safety and Health Institute or Medic First Aid International, Inc., (6) specify that on and after January 1, 2003, a child day care center or group day care home (A) 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 prefilled cartridge injector or similar automatic injectable equipment used to treat an allergic reaction, or for injectable equipment used to administer glucagon, (B) shall, not later than three weeks after such child's enrollment in such a center or home, have staff trained in the use of such equipment on-site during all hours when such a child is on-site, (C) shall require such child's parent or guardian to provide the injector or injectable equipment and a copy of the prescription for such medication and injector or injectable equipment upon enrollment of such child, and (D) shall require a parent or guardian enrolling such a child to replace such medication and equipment prior to its expiration date, and (7) specify that on and after January 1, 2005, a child day care center or group day care home (A) 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, and (B) shall, not later than three weeks after such child's enrollment in such a center or home, have staff trained in the administration of such medication on-site during all hours when such a child is on-site, and (8) establish physical plant requirements for licensed child day care centers and licensed group day care homes that exclusively serve school-age children. When establishing such requirements, the department shall give consideration to child day care centers and group day care homes that are located in private or public school buildings. With respect to this subdivision only, the commissioner shall implement policies and procedures necessary to implement the physical plant requirements established pursuant to this subdivision while in the process of adopting such policies and procedures in regulation form. Until replaced by policies and procedures implemented pursuant to this subdivision, any physical plant requirement specified in the department's regulations that is generally applicable to child day care centers and group day care homes shall continue to be applicable to such

centers and group day care homes that exclusively serve school-age children. The commissioner shall print notice of the intent to adopt regulations pursuant to this subdivision in the Connecticut Law Journal not later than twenty days after the date of implementation of such policies and procedures. Policies and procedures implemented pursuant to this subdivision shall be valid until the time final regulations are adopted.

(b) The Commissioner of Public Health may adopt regulations, pursuant to chapter 54, to establish civil penalties of not more than one hundred dollars per day for each day of violation and other disciplinary remedies that may be imposed, following a contested-case hearing, upon the holder of a license issued under section 19a-80 to operate a child day care center or group day care home or upon the holder of a license issued under section 19a-87b to operate a family day care home.

(c) The Commissioner of Public Health shall exempt Montessori schools accredited by the American Montessori Society or the Association Montessori Internationale from any provision in regulations adopted pursuant to subsection (a) of this section which sets requirements on group size or child to staff ratios or the provision of cots.

Sec. 19a-79a. Pesticide applications at day care centers. (a) As used in this section, "pesticide" means a fungicide used on plants, an insecticide, a herbicide or a rodenticide but does not mean a sanitizer, disinfectant, antimicrobial agent or a pesticide bait; "lawn care pesticide" means a pesticide registered by the United States Environmental Protection Agency and labeled pursuant to the federal Insecticide, Fungicide and Rodenticide Act for use in lawn, garden and ornamental sites or areas; "certified pesticide applicator" means a pesticide applicator with (1) supervisory certification under section 22a-54, or (2) operational certification under section 22a-54, who operates under the direct supervision of a pesticide applicator with said supervisory certification; "licensee" means a person licensed under sections 19a-77 to 19a-87e, inclusive; and "day care center" means a child day care center, group day care home or family day care home that provides "child day care services", as described in section 19a-77.

(b) No person other than a certified pesticide applicator shall apply pesticide within any day care center, except that a person other than a certified pesticide applicator may make an emergency application to eliminate an immediate threat to human health, including, but not limited to, for the elimination of mosquitoes, ticks and stinging insects, provided (1) the licensee or a designee of the licensee determines such emergency application to be necessary, (2) the licensee or a designee of the licensee deems it impractical to obtain the services of a certified pesticide applicator, and (3) such emergency application does not involve a restricted use pesticide, as defined in section 22a-47.

(c) No person shall apply a lawn care pesticide on the grounds of any day care center, except that an emergency application of pesticide may be made to eliminate an immediate threat to human health, including, but not limited to, the elimination of mosquitoes, ticks and stinging insects, provided (1) the licensee or a designee of the licensee determines such emergency application to be necessary, and (2) such emergency application does not involve a restricted use pesticide, as defined in section 22a-47. The provisions of this subsection shall not apply to a family day care home, as described in section 19a-77, if the grounds of such family day care home are not owned or under the control of the licensee.

(d) No licensee or designee of a licensee shall permit any child enrolled in such licensee's day care center to enter an area where a pesticide has been applied in accordance with this section until it is safe to do so according to the provisions on the pesticide label.

(e) On and after October 1, 2009, prior to providing for any application of pesticide on the grounds of any day care center, the licensee or a designee of the licensee shall, within the existing budgetary resources of such day care center, notify the parents or guardians of each child enrolled in such licensee's day care center by any means practicable no later than twenty-four hours prior to such application, except that for an emergency application made in accordance with this section, such notice shall be given as soon as practicable. Notice under this subsection shall include (1) the name of the active ingredient of the pesticide being applied, (2) the target pest, (3) the location of the application on the day care center property, and (4) the date or proposed date of the application. A copy of the record of each pesticide application at a day care center shall be maintained at such center for a period of five years.

Sec. 19a-80. (Formerly Sec. 19-43e). License required for child day care centers and group day care homes. Fees. Criminal history records checks. Notification of changes in regulations. (a) No person, group of persons, association, organization, corporation, institution or agency, public or private, shall maintain a child day care center or group day care home without a license issued in accordance with sections 19a-77 to 19a-80, inclusive, and 19a-82 to 19a-87a, inclusive. Applications for such license shall be made to the Commissioner of Public Health on forms provided by the commissioner and shall contain the information required by regulations adopted under said sections. The forms shall contain a notice that false statements made therein are punishable in accordance with section 53a-157b.

(b) (1) Upon receipt of an application for a license, the Commissioner of Public Health shall issue such license if, upon inspection and investigation, said commissioner finds that the applicant, the facilities and the program meet the health, educational and social needs of children likely to attend the child day care center or group day care home and comply with requirements established by regulations adopted under sections 19a-77 to 19a-80, inclusive, and sections 19a-82 to 19a-87a, inclusive. The commissioner shall offer an expedited application review process for an application submitted by a municipal agency or department. The commissioner shall have discretion to determine whether a change of operator, ownership or location request from a currently licensed person or entity, as described in subsection (a) of this section, shall require the filing of a new license application from such person or entity. Each license shall be for a term of four years, shall be nontransferable, and may be renewed upon receipt by the commissioner of a renewal application and accompanying licensure fee. The commissioner may suspend or revoke such license after notice and an opportunity for a hearing as provided in section 19a-84 for violation of the regulations adopted under sections 19a-77 to 19a-80, inclusive, and sections 19a-82 to 19a-87a, inclusive.

(2) The Commissioner of Public Health shall collect from the licensee of a day care center a fee of five hundred dollars prior to issuing or renewing a license for a term of four years. The commissioner shall collect from the licensee of a group day care home a fee of two hundred fifty dollars prior to issuing or renewing a license for a term of four years. The commissioner shall require only one license for a child day care center operated in two or more buildings, provided the same licensee provides child day care services in each building and the buildings are joined together by a contiguous playground that is part of the licensed space.

(c) The Commissioner of Public Health, within available appropriations, shall require each prospective employee of a child day care center or group day care home in a position requiring the provision of care to a child to submit to state and national criminal history records checks. The criminal history records checks required pursuant to this subsection shall be conducted in accordance with section 29-17a. The commissioner shall also request a check of the state child abuse registry established pursuant to section 17a-101k. Pursuant to the interagency agreement provided for in section 10-16s, the Department of Social Services may agree to transfer funds appropriated for criminal history records checks to the Department of Public Health. The commissioner shall notify each licensee of the provisions of this subsection.

(d) The commissioner shall inform each licensee, by way of a plain language summary provided not later than sixty days after the regulation's effective date, of new or changed regulations adopted under sections 19a-77 to 19a-80, inclusive, or sections 19a-82 to 19a-87a, inclusive, with which a licensee must comply.

Sec. 19a-80e. Parental participation in state-funded child day care centers and group day care homes. Each child day care center and group day care home, as defined in section 19a-77, that is funded by the state pursuant to section 8-210, 17b-737 or 17b-752 shall: (1) Provide for parents' participation in setting goals for and evaluating the progress of their children; (2) assist parents with their responsibility of educating their children; (3) assist parents in working with child day care programs, communicating with teachers and other child day care program personnel, and participating in decisions relating to the education of their children; (4) assist staff with their responsibility of working with the child's parents to promote parent-education partnerships; and (5) take other actions, when appropriate, to support the active involvement of parents with child day care programs, school personnel and with the transition to school-related organizations.

Sec. 19a-80f. Investigation of child abuse or neglect involving licensed facilities. Information sharing between agencies. Compilation of listing of substantiated allegations. (a) As used in this section, "facility" means a child day care center, a group day care home and a family day care home, as defined in section 19a-77, and a youth camp, as defined in section 19a-420.

(b) Notwithstanding any provision of the general statutes, the Commissioner of Children and Families, or the commissioner's designee, shall provide to the Department of Public Health all records concerning reports and investigations of child abuse or neglect that have been reported to, or are being investigated by, the Department of Children and Families pursuant to section 17a-101g, including records of any administrative hearing held pursuant to section 17a-101k: (1) Occurring at any facility, and (2) by any staff member or licensee of any facility and by any household member of any family day care home, as defined in section 19a-77, irrespective of where the abuse or neglect occurred.

(c) The Department of Children and Families and the Department of Public Health shall jointly investigate reports of abuse or neglect occurring at any facility. All information, records and reports concerning such investigation shall be shared between agencies as part of the investigative process.

(d) The Commissioner of Public Health shall compile a listing of allegations of violations that have been substantiated by the Department of Public Health concerning a facility during the prior three-year period. The Commissioner of Public Health shall disclose information contained in the listing to any person who requests it, provided the information may be disclosed pursuant to sections 17a-101g and 17a-101k and does not identify children or family members of those children.

(e) Notwithstanding any provision of the general statutes, when the Commissioner of Children and Families has made a finding substantiating abuse or neglect: (1) That occurred at a facility, or (2) by any staff member or licensee of any facility, or by any household member of any family day care home and such finding is included on the state child abuse or neglect registry, maintained by the Department of Children and Families pursuant to section 17a-101k, such finding may be included in the listing compiled by the Department of Public Health pursuant to subsection (d) of this section and may be disclosed to the public by the Department of Public Health.

(f) Notwithstanding any provision of the general statutes, when the Commissioner of Children and Families, pursuant to section 17a-101j, has notified the Department of Public Health of a recommended finding of child abuse or neglect at a facility and if such child abuse or neglect resulted in or involves (1) the death of a child; (2) the risk of serious physical injury or emotional harm of a child; (3) the serious physical harm of a child; (4) the arrest of a person due to abuse or neglect of a child; (5) a petition filed by the Commissioner of Children and Families pursuant to section 17a-112 or 46b-129; or (6) sexual abuse of a child, the Commissioner of Public Health may include such finding of child abuse or neglect in the listing under subsection (d) of this section and may disclose such finding to the public. The Commissioner of Children and Families, or the commissioner's designee, shall immediately notify the Commissioner of Public Health when such child abuse or neglect is not substantiated after an investigation has been completed pursuant to subsection (b) of section 17a-101g or a recommended finding of child abuse or neglect is reversed after a hearing or appeal conducted in accordance with the provisions of section 17a-101k. The Commissioner of Public Health shall immediately remove such information from the listing and shall not further disclose any such information to the public.

(g) Notwithstanding any provision of the general statutes, all records provided by the Commissioner of Children and Families, or the commissioner's designee, to the Department of Public Health regarding child abuse or neglect occurring at any facility, may be utilized in an administrative proceeding or court proceeding relative to facility licensing. In any such proceeding, such records shall be confidential, except as provided by the provisions of section 4-177c, and such records shall not be subject to disclosure pursuant to section 1-210.

Sec. 19a-80g. Child day care center waiting list fees and deposits. Any child day care center, as described in section 19a-77, that collects a registration fee or deposit from any person for the placement of a child on a waiting list for such child day care center shall, upon written request by the person who has paid such registration fee or deposit, return the full amount of such fee or deposit at any time after such child remains on such waiting list and is not admitted to such child day care center after a period of six months from the date of such placement on such waiting list.

Sec. 19a-82. (Formerly Sec. 19-43g). Consultative services of state and municipal departments. Inspections. Assistance to licensees. The Commissioner of Public Health shall utilize consultative services and assistance from the Departments of Education, Mental Health and Addiction Services and Social Services and from municipal building, fire and health departments. The commissioner shall make periodic inspections of licensed day care centers, group day care homes and family day care homes and shall provide technical assistance to licensees and applicants for licenses to assist them to attain and maintain the standards established in regulations adopted under sections 19a-77 to 19a-80, inclusive, 19a-82 to 19a-87, inclusive, and 19a-87b.

Sec. 19a-83. (Formerly Sec. 19-43h). Reports of licensees. Each licensee under sections 19a-77 to 19a-80, inclusive, and 19a-82 to 19a-87, inclusive, shall file annually and each temporary licensee shall file semiannually with the Commissioner of Public Health a report containing such information concerning its operation, program and finances as may be required by regulations adopted under said sections.

Sec. 19a-84. (Formerly Sec. 19-43i). Suspension or revocation of license. Denial of initial license application. (a) When the Commissioner of Public Health has reason to believe any person licensed under sections 19a-77 to 19a-80, inclusive, and sections 19a-82 to 19a-87, inclusive, has failed substantially to comply with the regulations adopted under said sections, the commissioner may notify the licensee in writing of the commissioner's intention to suspend or revoke the license or to impose a licensure action. Such notice shall be served by certified mail stating the particular reasons for the proposed action. The licensee may, if aggrieved by such intended action, make application for a hearing in writing over the licensee's signature to the commissioner. The licensee shall state in the application in plain language the reasons why the licensee claims to be aggrieved. The application shall be delivered to the commissioner within thirty days of the licensee's receipt of notification of the intended action. The commissioner shall thereupon hold a hearing within sixty days from receipt of such application and shall, at least ten days prior to the date of such hearing, mail a notice, giving the time and place of the hearing, to the licensee. The hearing may be conducted by the commissioner or by a hearing officer appointed by the commissioner in writing. The licensee and the commissioner or hearing officer may issue subpoenas requiring the attendance of witnesses. The licensee shall be entitled to be represented by counsel and a transcript of the hearing shall be made. If the hearing is conducted by a hearing officer, the hearing officer shall state the hearing officer's findings and make a recommendation to the commissioner on the issue of revocation or suspension or the intended licensure action. The commissioner, based upon the findings and recommendation of the hearing officer, or after a hearing conducted by the commissioner, shall render the commissioner's decision in writing suspending, revoking or continuing the license

or regarding the intended licensure action. A copy of the decision shall be sent by certified mail to the licensee. The decision revoking or suspending the license or a decision imposing a licensure action shall become effective thirty days after it is mailed by registered or certified mail to the licensee. A licensee aggrieved by the decision of the commissioner may appeal as provided in section 19a-85. Any licensee whose license has been revoked pursuant to this subsection shall be ineligible to apply for a license for a period of one year from the effective date of revocation.

(b) The provisions of this section shall not apply to the denial of an initial application for a license under sections 19a-77 to 19a-80, inclusive, and 19a-82 to 19a-87, inclusive, provided the commissioner shall notify the applicant of any such denial and the reasons for such denial by mailing written notice to the applicant at the applicant's address shown on the license application.

Sec. 19a-85. (Formerly Sec. 19-43j). Appeal. Any person aggrieved by a decision of the Commissioner of Public Health rendered under section 19a-82 or 19a-84 may appeal the decision of the commissioner in accordance with section 4-183, except venue for such appeal shall be in the judicial district of New Britain. Such appeal shall have precedence in the order of trial as provided in section 52-192.

Sec. 19a-86. (Formerly Sec. 19-43k). Injunction against illegal operation. The commissioner may request the Attorney General to bring an action in the superior court for the judicial district of Hartford to enjoin any person, group of persons, association, organization, corporation, institution, or agency, public or private, from maintaining a child day care center or group day care home without a license or operating a child day care center or group day care home in violation of regulations adopted under sections 19a-77 to 19a-80, inclusive, and 19a-82 to 19a-87, inclusive.

Sec. 19a-87. (Formerly Sec. 19-43l). Penalty for operation without a license. Notice and hearing. (a) Any person or officer of an association, organization or corporation who shall establish, conduct, maintain or operate a day care center or group day care home without a current and valid license shall be subject to a civil penalty of not more than one hundred dollars a day for each day that such center or home is operated without a license.

(b) If the Commissioner of Public Health has reason to believe that a violation has occurred for which a civil penalty is authorized by subsection (a) of this section, he may send to such person or officer by certified mail, return receipt requested, or personally serve upon such person or officer, a notice which shall include: (1) A reference to the section or sections of the general statutes or regulations involved; (2) a short and plain statement of the matters asserted or charged; (3) a statement of the maximum civil penalty which may be imposed for such violation; and (4) a statement of the party's right to request a hearing, such request to be submitted in writing to the commissioner not later than thirty days after the notice is mailed or served.

(c) If such person or officer so requests, the commissioner shall hold a hearing on the violation asserted. The hearing shall be held in accordance with the provisions of chapter 54. If such person or officer fails to request a hearing or fails to appear at the hearing or if, after the hearing, the commissioner finds that the person or officer has committed such violation, the commissioner may, in his discretion, order that a civil penalty be imposed that is not greater than the penalty stated in the notice. The commissioner shall send a copy of any order issued pursuant to this subsection by certified mail, return receipt requested, to the person or officer named in such order.

Sec. 19a-87a. Discretion in the issuance of licenses. Suspension. Revocation. Notification of criminal conviction. False statements: Class A misdemeanor. Reporting of violations. Enforcement powers of the department. (a) The Commissioner of Public Health shall have the discretion to refuse to license under sections 19a-77 to 19a-80, inclusive, and 19a-82 to 19a-87, inclusive, a person to conduct, operate or maintain a day care center or a group day care home, as defined in section 19a-77, or to suspend or revoke the license or take any other action set forth in regulation that may be adopted pursuant to section 19a-79 if, the person who owns, conducts, maintains or operates such center or home or a person employed therein in a position connected with the provision of care to a child receiving child day care services, has been convicted in this state or any other state of a felony as defined in section 53a-25 involving the use, attempted use or threatened use of physical force against another person, of cruelty to persons under section 53-20, injury or risk of injury to or impairing morals of children under section 53-21, abandonment of children under the age of six years under section 53-23, or any felony where the victim of the felony is a child under eighteen years of age, or of a violation of section 53a-70, 53a-70a, 53a-70b, 53a-71, 53a-72a, 53a-72b or 53a-73a, or has a criminal record in this state or any other state that the commissioner reasonably believes renders the person unsuitable to own, conduct, operate or maintain or be employed by a child day care center or group day care home. However, no refusal of a license shall be rendered except in accordance with the provisions of sections 46a-79 to 46a-81, inclusive.

(b) Any person who is licensed to conduct, operate or maintain a child day care center or group day care home shall notify the commissioner of any criminal conviction of the owner, conductor, operator or maintainer of the center or home or of any person employed therein in a position connected with the provision of care to a child receiving child day care services, immediately upon obtaining knowledge of the conviction. Failure to comply with the notification requirement may result in the suspension or

revocation of the license or the imposition of any action set forth in regulation, and shall subject the licensed person to a civil penalty of not more than one hundred dollars per day for each day after the person obtained knowledge of the conviction.

(c) It shall be a class A misdemeanor for any person seeking employment in a position connected with the provision of care to a child receiving child day care services to make a false written statement regarding prior criminal convictions pursuant to a form bearing notice to the effect that such false statements are punishable, which statement he does not believe to be true and is intended to mislead the prospective employer.

(d) Any person having reasonable cause to believe that a child day care center or a group day care home is operating without a current and valid license or in violation of regulations adopted under section 19a-79 or in a manner which may pose a potential danger to the health, welfare and safety of a child receiving child day care services, may report such information to the Department of Public Health. The department shall investigate any report or complaint received pursuant to this subsection. The name of the person making the report or complaint shall not be disclosed unless (1) such person consents to such disclosure, (2) a judicial or administrative proceeding results therefrom or (3) a license action pursuant to subsection (a) of this section results therefrom. All records obtained by the department in connection with any such investigation shall not be subject to the provisions of section 1-210 for a period of thirty days from the date of the petition or other event initiating such investigation, or until such time as the investigation is terminated pursuant to a withdrawal or other informal disposition or until a hearing is convened pursuant to chapter 54, whichever is earlier. A formal statement of charges issued by the department shall be subject to the provisions of section 1-210 from the time that it is served or mailed to the respondent. Records which are otherwise public records shall not be deemed confidential merely because they have been obtained in connection with an investigation under this section.

(e) In addition to any powers the Department of Public Health may have, in any investigation (1) concerning an application, reinstatement or renewal of a license for a child day care center, a group day care home or a family day care home, as such terms are defined in section 19a-77, (2) of a complaint concerning child day care services, as described in section 19a-77, or (3) concerning the possible provision of unlicensed child day care services, the Department of Public Health may administer oaths, issue subpoenas, compel testimony and order the production of books, records and documents. If any person refuses to appear, testify or produce any book, record or document when so ordered, a judge of the Superior Court may make such order as may be appropriate to aid in the enforcement of this section.

Sec. 46b-120. (Formerly Sec. 51-301). Definitions. The terms used in this chapter shall, in its interpretation and in the interpretation of other statutes, be defined as follows:

(1) "Child" means any person under eighteen years of age who has not been legally emancipated, except that (A) for purposes of delinquency matters and proceedings, "child" means any person who (i) is at least seven years of age at the time of the alleged commission of a delinquent act and who is (I) under eighteen years of age and has not been legally emancipated, or (II) eighteen years of age or older and committed a delinquent act prior to attaining eighteen years of age, or (ii) is subsequent to attaining eighteen years of age, (I) violates any order of the Superior Court or any condition of probation ordered by the Superior Court with respect to a delinquency proceeding, or (II) wilfully fails to appear in response to a summons under section 46b-133 or at any other court hearing in a delinquency proceeding of which the child had notice, and (B) for purposes of family with service needs matters and proceedings, child means a person who is at least seven years of age and is under eighteen years of age;

(2) "Youth" means any person sixteen or seventeen years of age who has not been legally emancipated;

(3) A child may be found "mentally deficient" who, by reason of a deficiency of intelligence that has existed from birth or from early age, requires, or will require, for such child's protection or for the protection of others, special care, supervision and control;

(4) (A) A child may be convicted as "delinquent" who has, while under sixteen years of age, (i) violated any federal or state law, except section 53a-172, 53a-173, 53a-222, 53a-222a, 53a-223 or 53a-223a, or violated a municipal or local ordinance, except an ordinance regulating behavior of a child in a family with service needs, (ii) wilfully failed to appear in response to a summons under section 46b-133 or at any other court hearing in a delinquency proceeding of which the child had notice, (iii) violated any order of the Superior Court in a delinquency proceeding, except as provided in section 46b-148, or (iv) violated conditions of probation in a delinquency proceeding as ordered by the court;

(B) A child may be convicted as "delinquent" who has (i) while sixteen or seventeen years of age, violated any federal or state law, other than (I) an infraction, except an infraction under subsection (d) of section 21a-267, (II) a violation, except a violation under subsection (a) of section 21a-279a, (III) a motor vehicle offense or violation under title 14, (IV) a violation of a municipal or local ordinance, or (V) a violation of section 51-164r, 53a-172, 53a-173, 53a-222, 53a-222a, 53a-223 or 53a-223a, (ii) while sixteen years of age or older, wilfully failed to appear in response to a summons under section 46b-133 or at any other court hearing in a delinquency proceeding of which the child had notice, (iii) while sixteen years of age or older, violated any order of the Superior

Court in a delinquency proceeding, except as provided in section 46b-148, or (iv) while sixteen years of age or older, violated conditions of probation in a delinquency proceeding as ordered by the court;

(5) "Family with service needs" means a family that includes a child who is at least seven years of age and is under eighteen years of age who (A) has without just cause run away from the parental home or other properly authorized and lawful place of abode, (B) is beyond the control of the child's or youth's parent, parents, guardian or other custodian, (C) has engaged in indecent or immoral conduct, (D) is a truant or habitual truant or who, while in school, has been continuously and overtly defiant of school rules and regulations, or (E) is thirteen years of age or older and has engaged in sexual intercourse with another person and such other person is thirteen years of age or older and not more than two years older or younger than such child or youth;

(6) A child or youth may be found "neglected" who, for reasons other than being impoverished, (A) has been abandoned, (B) is being denied proper care and attention, physically, educationally, emotionally or morally, or (C) is being permitted to live under conditions, circumstances or associations injurious to the well-being of the child or youth;

(7) A child or youth may be found "abused" who (A) has been inflicted with physical injury or injuries other than by accidental means, (B) has injuries that are at variance with the history given of them, or (C) is in a condition that is the result of maltreatment, including, but not limited to, malnutrition, sexual molestation or exploitation, deprivation of necessities, emotional maltreatment or cruel punishment;

(8) A child or youth may be found "uncared for" who is homeless or whose home cannot provide the specialized care that the physical, emotional or mental condition of the child or youth requires. For the purposes of this section, the treatment of any child or youth by an accredited Christian Science practitioner, in lieu of treatment by a licensed practitioner of the healing arts, shall not of itself constitute neglect or maltreatment;

(9) "Delinquent act" means (A) the violation by a child under the age of sixteen of any federal or state law, except the violation of section 53a-172, 53a-173, 53a-222, 53a-222a, 53a-223 or 53a-223a, or the violation of a municipal or local ordinance, except an ordinance regulating behavior of a child in a family with service needs, (B) the violation by a child sixteen or seventeen years of age of any federal or state law, other than (i) an infraction, except an infraction under subsection (d) of section 21a-267, (ii) a violation, except a violation under subsection (a) of section 21a-279a, (iii) a motor vehicle offense or violation under title 14, (iv) the violation of a municipal or local ordinance, or (v) the violation of section 51-164r, 53a-172, 53a-173, 53a-222, 53a-222a, 53a-223 or 53a-223a, (C) the wilful failure of a child, including a child who has attained the age of eighteen, to appear in response to a summons under section 46b-133 or at any other court hearing in a delinquency proceeding of which the child has notice, (D) the violation of any order of the Superior Court in a delinquency proceeding by a child, including a child who has attained the age of eighteen, except as provided in section 46b-148, or (E) the violation of conditions of probation in a delinquency proceeding by a child, including a child who has attained the age of eighteen, as ordered by the court;

(10) "Serious juvenile offense" means (A) the violation of, including attempt or conspiracy to violate, section 21a-277, 21a-278, 29-33, 29-34, 29-35, subdivision (2) or (3) of subsection (a) of section 53-21, 53-80a, 53-202b, 53-202c, 53-390 to 53-392, inclusive, 53a-54a to 53a-57, inclusive, 53a-59 to 53a-60c, inclusive, 53a-64aa, 53a-64bb, 53a-70 to 53a-71, inclusive, 53a-72b, 53a-86, 53a-92 to 53a-94a, inclusive, 53a-95, 53a-100aa, 53a-101, 53a-102a, 53a-103a or 53a-111 to 53a-113, inclusive, subdivision (1) of subsection (a) of section 53a-122, subdivision (3) of subsection (a) of section 53a-123, section 53a-134, 53a-135, 53a-136a or 53a-167c, subsection (a) of section 53a-174, or section 53a-196a, 53a-211, 53a-212, 53a-216 or 53a-217b, or (B) running away, without just cause, from any secure placement other than home while referred as a delinquent child to the Court Support Services Division or committed as a delinquent child to the Commissioner of Children and Families for a serious juvenile offense;

(11) "Serious juvenile offender" means any child convicted as delinquent for the commission of a serious juvenile offense;

(12) "Serious juvenile repeat offender" means any child charged with the commission of any felony if such child has previously been convicted as delinquent or otherwise convicted at any age for two violations of any provision of title 21a, 29, 53 or 53a that is designated as a felony;

(13) "Alcohol-dependent" means a psychoactive substance dependence on alcohol as that condition is defined in the most recent edition of the American Psychiatric Association's "Diagnostic and Statistical Manual of Mental Disorders"; and

(14) "Drug-dependent" means a psychoactive substance dependence on drugs as that condition is defined in the most recent edition of the American Psychiatric Association's "Diagnostic and Statistical Manual of Mental Disorders". No child shall be classified as drug-dependent who is dependent (A) upon a morphine-type substance as an incident to current medical treatment of a demonstrable physical disorder other than drug dependence, or (B) upon amphetamine-type, ataractic, barbiturate-type,

hallucinogenic or other stimulant and depressant substances as an incident to current medical treatment of a demonstrable physical or psychological disorder, or both, other than drug dependence.

Sec. 17a-101. (Formerly Sec. 17-38a). Protection of children from abuse. Mandated reporters. Educational and training programs. Model mandated reporting policy. (a) The public policy of this state is: To protect children whose health and welfare may be adversely affected through injury and neglect; to strengthen the family and to make the home safe for children by enhancing the parental capacity for good child care; to provide a temporary or permanent nurturing and safe environment for children when necessary; and for these purposes to require the reporting of suspected child abuse or neglect, investigation of such reports by a social agency, and provision of services, where needed, to such child and family.

(b) The following persons shall be mandated reporters: Any physician or surgeon licensed under the provisions of chapter 370, any resident physician or intern in any hospital in this state, whether or not so licensed, any registered nurse, licensed practical nurse, medical examiner, dentist, dental hygienist or psychologist, a school employee, as defined in section 53a-65, social worker, police officer, juvenile or adult probation officer, juvenile or adult parole officer, member of the clergy, pharmacist, physical therapist, optometrist, chiropractor, podiatrist, mental health professional or physician assistant, any person who is a licensed or certified emergency medical services provider, any person who is a licensed or certified alcohol and drug counselor, any person who is a licensed marital and family therapist, any person who is a sexual assault counselor or a battered women's counselor, as defined in section 52-146k, any person who is a licensed professional counselor, any person who is a licensed foster parent, any person paid to care for a child in any public or private facility, child day care center, group day care home or family day care home licensed by the state, any employee of the Department of Children and Families, any employee of the Department of Public Health who is responsible for the licensing of child day care centers, group day care homes, family day care homes or youth camps, the Child Advocate and any employee of the Office of the Child Advocate and any family relations counselor, family relations counselor trainee or family services supervisor employed by the Judicial Department.

(c) The Commissioner of Children and Families shall develop an educational training program and refresher training program for the accurate and prompt identification and reporting of child abuse and neglect. Such training program and refresher training program shall be made available to all persons mandated to report child abuse and neglect at various times and locations throughout the state as determined by the Commissioner of Children and Families. Such training program shall be provided to all new school employees, as defined in section 53a-65, within available appropriations.

(d) On or before October 1, 2011, the Department of Children and Families, in consultation with the Department of Education, shall develop a model mandated reporting policy for use by local and regional boards of education. Such policy shall state applicable state law regarding mandated reporting and any relevant information that may assist school districts in the performance of mandated reporting. Such policy shall include, but not be limited to, the following information: (1) Those persons employed by the local or regional board of education who are required pursuant to this section to be mandated reporters, (2) the type of information that is to be reported, (3) the time frame for both written and verbal mandated reports, (4) a statement that the school district may conduct its own investigation into an allegation of abuse or neglect by a school employee, provided such investigation does not impede an investigation by the Department of Children and Families, and (5) a statement that retaliation against mandated reporters is prohibited. Such policy shall be updated and revised as necessary.

Sec. 17a-101a. Report of abuse, neglect or injury of child or imminent risk of serious harm to child. Penalty for failure to report. Notification of Chief State's Attorney. (a) Any mandated reporter, as defined in section 17a-101, who in the ordinary course of such person's employment or profession has reasonable cause to suspect or believe that any child under the age of eighteen years (1) has been abused or neglected, as defined in section 46b-120, (2) has had nonaccidental physical injury, or injury which is at variance with the history given of such injury, inflicted upon such child, or (3) is placed at imminent risk of serious harm, shall report or cause a report to be made in accordance with the provisions of sections 17a-101b to 17a-101d, inclusive.

(b) Any person required to report under the provisions of this section who fails to make such report or fails to make such report within the time period prescribed in sections 17a-101b to 17a-101d, inclusive, and section 17a-103 shall be fined not less than five hundred dollars or more than two thousand five hundred dollars and shall be required to participate in an educational and training program. The program may be provided by one or more private organizations approved by the commissioner, provided the entire cost of the program shall be paid from fees charged to the participants, the amount of which shall be subject to the approval of the commissioner.

(c) The Commissioner of Children and Families, or the commissioner's designee, shall promptly notify the Chief State's Attorney when there is reason to believe that any such person has failed to make a report in accordance with this section.

Sec. 17a-101b. Oral report by mandated reporter. Notification of law enforcement agency when allegation of sexual abuse or serious physical abuse. Notification of person in charge of institution, facility or school when staff member suspected of abuse or neglect. (a) An oral report shall be made by a mandated reporter as soon as practicable but not later than twelve hours

after the mandated reporter has reasonable cause to suspect or believe that a child has been abused or neglected or placed in imminent risk of serious harm, by telephone or in person to the Commissioner of Children and Families or a law enforcement agency. If a law enforcement agency receives an oral report, it shall immediately notify the Commissioner of Children and Families.

(b) If the commissioner or the commissioner's designee suspects or knows that such person has knowingly made a false report, the identity of such person shall be disclosed to the appropriate law enforcement agency and to the perpetrator of the alleged abuse.

(c) If the Commissioner of Children and Families, or the commissioner's designee, receives a report alleging sexual abuse or serious physical abuse, including, but not limited to, a report that: (1) A child has died; (2) a child has been sexually assaulted; (3) a child has suffered brain damage or loss or serious impairment of a bodily function or organ; (4) a child has been sexually exploited; or (5) a child has suffered serious nonaccidental physical injury, the commissioner shall, within twelve hours of receipt of such report, notify the appropriate law enforcement agency.

(d) Whenever a mandated reporter, as defined in section 17a-101, has reasonable cause to suspect or believe that any child has been abused or neglected by a member of the staff of a public or private institution or facility that provides care for such child or a public or private school, the mandated reporter shall report as required in subsection (a) of this section. The Commissioner of Children and Families or the commissioner's designee shall notify the principal, headmaster, executive director or other person in charge of such institution, facility or school, or the person's designee, unless such person is the alleged perpetrator of the abuse or neglect of such child. In the case of a public school, the commissioner shall also notify the person's employing superintendent. Such person in charge, or such person's designee, shall then immediately notify the child's parent or other person responsible for the child's care that a report has been made.

Sec. 17a-101c. Written report by mandated reporter. Not later than forty-eight hours after making an oral report, a mandated reporter shall submit a written report to the Commissioner of Children and Families or the commissioner's designee. When a mandated reporter is a member of the staff of a public or private institution or facility that provides care for such child or public or private school the reporter shall also submit a copy of the written report to the person in charge of such institution, school or facility or the person's designee. In the case of a report concerning a school employee holding a certificate, authorization or permit issued by the State Board of Education under the provisions of sections 10-144o to 10-146b, inclusive, and 10-149, a copy of the written report shall also be sent by the Commissioner of Children and Families or the commissioner's designee to the Commissioner of Education or the commissioner's designee. In the case of an employee of a facility or institution that provides care for a child which is licensed by the state, a copy of the written report shall also be sent by the Commissioner of Children and Families to the executive head of the state licensing agency.

Sec. 17a-101d. Contents of oral and written reports. All oral and written reports required in sections 17a-101a to 17a-101c, inclusive, and section 17a-103, shall contain, if known: (1) The names and addresses of the child and his parents or other person responsible for his care; (2) the age of the child; (3) the gender of the child; (4) the nature and extent of the child's injury or injuries, maltreatment or neglect; (5) the approximate date and time the injury or injuries, maltreatment or neglect occurred; (6) information concerning any previous injury or injuries to, or maltreatment or neglect of, the child or his siblings; (7) the circumstances in which the injury or injuries, maltreatment or neglect came to be known to the reporter; (8) the name of the person or persons suspected to be responsible for causing such injury or injuries, maltreatment or neglect; (9) the reasons such person or persons are suspected of causing such injury or injuries, maltreatment or neglect; (10) any information concerning any prior cases in which such person or persons have been suspected of causing an injury, maltreatment or neglect of a child; and (11) whatever action, if any, was taken to treat, provide shelter or otherwise assist the child.

Sec. 17a-101e. Employer prohibited from discriminating or retaliating against employee who makes good faith report or testifies re child abuse or neglect. Immunity from civil or criminal liability. False report of child abuse. Referral to office of the Chief State's Attorney. Penalty. (a) No employer shall discharge, or in any manner discriminate or retaliate against, any employee who in good faith makes a report pursuant to sections 17a-101a to 17a-101d, inclusive, and 17a-103, testifies or is about to testify in any proceeding involving child abuse or neglect. The Attorney General may bring an action in Superior Court against an employer who violates this subsection. The court may assess a civil penalty of not more than two thousand five hundred dollars and may order such other equitable relief as the court deems appropriate.

(b) Any person, institution or agency which, in good faith, makes, or in good faith does not make, the report pursuant to sections 17a-101a to 17a-101d, inclusive, and 17a-103 shall be immune from any liability, civil or criminal, which might otherwise be incurred or imposed and shall have the same immunity with respect to any judicial proceeding which results from such report provided such person did not perpetrate or cause such abuse or neglect.

(c) Any person who is alleged to have knowingly made a false report of child abuse or neglect pursuant to sections 17a-101a to 17a-101d, inclusive, and 17a-103 shall be referred to the office of the Chief State's Attorney for purposes of a criminal investigation.

(d) Any person who knowingly makes a false report of child abuse or neglect pursuant to sections 17a-101a to 17a-101d, inclusive, and 17a-103 shall be fined not more than two thousand dollars or imprisoned not more than one year or both.

Child Day Care Centers and Group Day Care Homes

19a-79a-1a. Definitions

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 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;
- (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;
- (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;
- (12) "Commissioner" means the Commissioner of Public Health or the commissioner's designated representative;
- (13) "Conspicuous place" means an area that is easy to notice;
- (14) "Contracted services" means services provided that are subject to a written agreement;
- (15) "Construction" means the act or process of building;
- (16) "Days" means calendar days unless otherwise noted;
- (17) "Dental hygienist" means an individual licensed to practice dental hygiene in this or another state;
- (18) "Dentist" means an individual licensed to practice dentistry in this or another state;
- (19) "Department" means the Connecticut Department of Public Health or any duly authorized representative thereof;
- (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;
- (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;
- (22) "Disability" means a physical or mental impairment that substantially limits one or more major life activities;
- (23) "Early childhood education consultant" means an individual who is a credentialed early childhood specialist with an Associate, Bachelors, Masters, 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;
- (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;

19a-79a-1a. Definitions

- (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;
- (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;
- (28) "Expansion" means an increase in the physical size or licensed capacity of the child day care center or group day care home;
- (29) "Facility" means the building in which the child day care center or group day care home is housed;
- (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;
- (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, 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;
- (32) "Group size" means the maximum number of children allowed to be cared for together at a given time in a specific area;
- (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;
- (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;
- (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;
- (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;
- (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;
- (40) "Licensed capacity" means the maximum number of children allowed under the license to be in the licensed premises at any one time;
- (41) "Licensed premises" means the space identified in the license application in which child day care services are provided;
- (42) "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;
- (43) "Meal" means the food served and eaten in one sitting containing the four (4) food groups;
- (44) "Medication" means any legend or nonlegend drug as defined in section 20- 571, including controlled substances, as defined in section 21a-240 of the Connecticut General Statutes;
- (45) "Night care" means the care provided for one (1) or more hours between the hours of 10:00 P.M. and 5:00 A.M.;
- (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;
- (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;

19a-79a-1a. Definitions

- (48) "Paramedic" means an individual licensed in accordance with section 20- 206ll of the Connecticut General Statutes or in another state;
- (49) "Parent(s)" means the person(s) responsible for the child and may include the legally designated guardian(s) of such child;
- (50) "Physician" means a doctor of medicine or osteopathy licensed to practice medicine in this or another state;
- (51) "Physician assistant" means an individual who is licensed in accordance with section 20-12b of the Connecticut General Statutes and regulations adopted thereunder;
- (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;
- (54) "Program" means the group of services and activities provided in the child day care center or group day care home;
- (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;
- (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;
- (59) "Registered nurse" means a person with a license to practice as a registered nurse in Connecticut in accordance with chapter 378 [FN1] of the Connecticut General Statutes;
- (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;
- (63) "Services" means those specific activities that contribute to the health, education and welfare of the children;
- (64) "Snack" means a light meal containing two (2) food groups;
- (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 deems related to social work with at least two (2) years of social work experience under social work supervision;
- (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;
- (67) "Staff child ratio" means the maximum number of children per program staff person;
- (68) "Supervision" means the direction and on-site observation of the functions and activities of staff or children;
- (69) "Supplementary care" means out-of-home care where an individual or organization takes responsibility for the child's activities; and,
- (70) "Vector" means an organism that carries pathogens from one individual or object to another such as flies, mosquitoes, ticks and rodents.
(Added effective July 27, 1993; Amended effective August 8, 1995; November 3, 1997; April 29, 2002; November 6, 2008.)

19a-79-2a. Licensure procedures

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 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.
 - (2) The application for initial licensure shall be signed by the operator, who shall be 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;
 - (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) 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 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
 - (1) Upon determination by the 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 shall issue a two (2) year license for all new programs.
 - (2) Renewal of a license shall be contingent upon payment of the licensure fee for the period specified in section 19a-80 of the Connecticut General Statutes.
 - (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.
 - (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,
 - (E) the date of expiration of the license, and
 - (F) the services offered.
 - (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.

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- (6) Each operator who desires to make application for a license shall submit a complete application to the commissioner at least sixty (60) days prior to the anticipated date of opening.
- (7) At least every two (2) years, the 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 section 19a-79-1a to section 19a-79-13, inclusive, of the Regulations of Connecticut State Agencies.
- (8) 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 section 19a-79-1a 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 of the license;
 - (B) suspension of the license for a specific time period, or until regulatory compliance is secured or conditions deemed necessary to protect the health, safety and welfare of the children cared for in the child day care center or group day care home are met;
 - (C) 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 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:
 - (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 may initiate action against a license, whenever in the judgment of the 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;
 - (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 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;

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- (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.
- (4) The licensee has a right to a hearing regarding any licensure action as stated in section 19a-84 of the Connecticut General Statutes.
- (5) The child day care center or group day care home shall notify the 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 revocation or suspension order.
- (6) After issuance of the commissioner's decision to suspend or revoke a license to operate, the license shall be surrendered to the 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 and 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 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.
(Added effective July 27, 1993; Amended effective March 4, 1999; March 29, 2001; March 8, 2004; November 6, 2008.)

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- (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 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 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 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,

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- (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
- (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, 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.
 - (A) If the change is for a head teacher, a plan for interim head teacher coverage shall be submitted to the department.
 - (B) A qualified head teacher or a plan approved by the commissioner shall be in place within thirty (30) days of change of a qualified head teacher.
 - (2) Notification of changes related to the 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 the parent(s), staff and the 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 times of arrival and departure;
 - (2) discipline as referenced in section 19a-79-3a(b)(8) including, but not necessarily limited to:
 - (A) positive guidance, redirection, setting clear limits and continuous supervision by staff during disciplinary action;
 - (B) 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 others;
 - (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) staff eighteen years of age or older on the licensed premises,
 - (B) time frames (for when the policy will be implemented),

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- (C) 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 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 the parents;
 - (C) weather related emergencies, including, but not necessarily limited to, closings, a safe location for children, resources available and notification of the parent(s);
 - (D) evacuation, including, but not necessarily limited to, transportation, location of an alternate shelter, community resources and notification of 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,
 - (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 the parent(s),
 - (C) 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 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 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 inspection report posted for thirty (30) of the program's operating days and,
 - (9) radon test results.

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- (f) 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 the parent(s) and the department on request.
- (h) Failure to grant the 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 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)
 - (1) The operator shall notify the parent(s), if the 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.
 - (2) In addition to the requirements of this section of the Regulations of Connecticut State Agencies, the operator shall notify the parent(s) in writing of the final decision of the department if one is rendered, within fourteen (14) days of the receipt of the decision.
- (j) The operator shall provide to the 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 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. Categories for licensure are:
 - (1) six (6) weeks to three (3) years,
 - (2) preschool (three (3) years to five (5) years),
 - (3) school age, and
 - (4) 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. (Added effective July 27, 1993; Amended effective November 6, 2008.)

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- (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;

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- (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 professional development for each 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 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 Criminal Records check;
 - (2) a completed form approved by the department shall be submitted to the department for a check of the state child abuse registry; and
 - (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 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.
 - (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.
 - (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.

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- (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.
- (d) Programs shall have the following staff:
- (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.
- (2) A designated head teacher shall submit to the 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) 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 at 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 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.
- (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.

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- (4) Other program staff shall be able to work under supervision and shall be at least sixteen (16) years of age.
 - (5) Additional program staff shall be sufficient to provide care of children during all hours of operation in keeping with group size and ratio.
 - (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) in accordance with section 19a-79 of the Connecticut General Statutes, appropriate for all of the children served at the child day care center.
- (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 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 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, 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, 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) 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 and shall not be used without approval by the department.

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- (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 include:
- (1) written verification or certification in CPR from 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 specified organization; and
 - (2) written verification of first aid training by a representative of the organization, physician, physician assistant, advanced practice registered nurse, registered nurse, emergency medical technician or paramedic who conducted the training.
- (g) 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, 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 professional development in child care.
 - (2) The operator shall have documentation of a professional development plan 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, 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 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) Consultative service shall include, but not necessarily be limited to:
 - (A) annual review of written policies, plans and procedures;
 - (B) annual review of education programs;
 - (C) availability by telecommunication for advice regarding problems;
 - (D) availability, in person, of the consultant to the program;
 - (E) consulting with administration and staff about specific problems;
 - (F) acting as a resource person to staff and the parent(s);
 - (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

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- (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) 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) 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.
- (Added effective July 27, 1993; Amended effective August 8, 1995; March 4, 1999; December 23, 2002; November 6, 2008.)

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- (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, the child's 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 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 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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- (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
- (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) 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
- (E) information regarding disabilities or special health 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 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 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 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 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.

19a-79-6a. Health and safety

- (b) The physical examination requirements of 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(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 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(s). The 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.

(Added effective July 27, 1993; Amended effective August 8, 1995; August 29, 1996; March 8, 2004; November 6, 2008.)

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- (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 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 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 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.

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- (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 contagious illness shall be placed in a designated isolation area with continual visual supervision by staff. The 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) 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;
 - (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 (hypoallergenic);
 - (5) scissors;
 - (6) tweezers;
 - (7) two (2) instant cold packs;
 - (8) 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) two (2) triangular bandages with safety pins;
 - (10) disposable, nonporous gloves;
 - (11) 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
 - (12) CPR mouth barrier (face shield).
- (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.
- (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 in accordance with section 19a-7f of the Connecticut General Statutes.
 - (2) The operator shall admit no child to a child day care center or group day care home unless such child's 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 care home for more than thirty (30) days unless such child continues to meet said requirements of subdivision (3) of this subsection.

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- (3) For each enrolled child, the operator shall obtain from the child's 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 in accordance with section 19a-7f of the Connecticut General Statutes and that names the appointment date for the child's next immunization;
 - (B) a statement signed and dated by a physician, physician assistant or an advanced practice registered nurse indicating that the child has an appointment that 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 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(s) of such child. Such statement shall be signed by the child's parent(s); or
 - (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 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.

(Added effective July 27, 1993; Amended effective August 29, 1996; December 28, 1999; November 6, 2008.)

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- (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.

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- (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 prior to the start of construction.
 - (1) Completed plans and specifications shall be submitted to and reviewed by the department on the basis of compliance with the Public Health Code.
 - (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, upon request of the department.
 - (3) Approval by the department is required prior to the use of any space that has been newly constructed, expanded, renovated or converted.
 - (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 operator is responsible for maintaining the child day care center or group day care home in compliance with section 19a-79-1a to section 19a-79-13, 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 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.

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- (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.
- (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 toilet room.
 - (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.
 - (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.
 - (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.
 - (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 waste receptacle shall be accessible to the toilets and sinks. Staff and children shall wash their hands with soap and water after toileting.
 - (F) Each toilet room shall be well lighted and ventilated to the outside atmosphere.
 - (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-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 water at the tap, the temperature of which shall be within a range of sixty (60) degrees Fahrenheit to 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.

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- (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 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. All areas accessible to children shall have light fixtures that are shielded or shatter proof.
 - (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.
 - (16) There shall be effective measures taken to prevent vermin from entering 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.
 - (17) If the child day care center or group day care home uses the basement level or the first floor of a building, a minimum of one (1) radon test shall be conducted using a device or service listed by the National Radon Proficiency Program and approved by the department.
 - (A) This test shall be completed during the months of November through April and the results posted with the license. The department and the local director of health shall be notified of the results.
 - (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.
 - (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 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.

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- (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
 - (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 or 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, seesaws 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; and those that protrude shall be covered or protected.
 - (5) Outside equipment shall be anchored for stability. Anchors shall be buried below ground level.

19a-79-8a. Educational requirements

- (6) 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.
- (7) The outdoor play area shall be protected from traffic, bodies of water, gullies and other hazards by barriers in a manner safe for children.
 - (A) Fences used to protect children from hazards shall be at least four (4) feet in height.
 - (B) 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.
 - (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 three and one half (3 1/2) inches from the base or floor. The wall, fence or permanent physical barrier shall be designed to prevent children from climbing it.
- (8) Drinking water shall be available and accessible.
- (9) Outdoor equipment shall be arranged in such a way as to avoid accidents.
- (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.
- (j) No dangerous weapon as described in section 53-206 of the Connecticut General Statutes or facsimile of a firearm as defined in section 53-206c of the Connecticut General Statutes 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 of the Connecticut General Statutes.

(Added effective July 27, 1993; Amended effective August 8, 1995; November 6, 2008.)

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 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;

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- (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;
 - (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.

(Added effective July 27, 1993; Amended effective November 6, 2008.)

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 written 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 file commissioner during site inspections or upon demand and shall reflect best practice. A group day care home 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 changing or other ointments free of antibiotic, antifungal or steroidal components;
 - (B) medicated powders; and
 - (C) teething, gum or lip medications.
 - (2) Nonprescription Topical Medications Administration/Parent Permission Records
The written permission of the 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 the parent(s) permission shall become part of the child's health record when the course of medication has ended. The 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 name, address, and date of birth of the child;
 - (B) the name of the medication;
 - (C) the schedule and site of administration of the medication;
 - (D) statement indicating that the medication has been previously administered to the child without adverse effect;

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- (E) 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 name, address, telephone number, signature and relationship to the child of the parent(s) authorizing the administration of the medication;
 - (G) the date and time the medication is started and ended;
 - (H) Medication administration errors; and
 - (I) 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 parent(s).
- (b) Administration 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 the parent(s), safe disposal and standard precautions; and
 - (x) proper storage including controlled substances, in accordance with section 21a-262-10 of the Regulations of Connecticut State Agencies.
 - (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.

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- (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 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.
- (E) A program staff member currently certified by the State of Connecticut Department of Developmental Services, formerly 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 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 (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.

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- (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 review. The department may require at any time that the operator obtain the full curriculum from the trainer for review by the department.
- (3) Order From An Authorized Prescriber/Parent's Permission
 - (A) Except for nonprescription topical medications described in 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 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;
 - (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 that indicates that the medication is for a specific child and that 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(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.

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- (4) Required Records
- (A) Except for nonprescription topical medications described in 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;
 - (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, automatic prefilled cartridge injectors, or similar automatic injectable equipment used to treat an allergic reaction, 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 21a-262-10 of the Regulations of Connecticut State Agencies.
- (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.
- (D) All unused or expired medication shall be returned to the parent(s) or disposed of if it is not picked up within one (1) week following the termination of the order, 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.
- (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 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.

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- (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.
- (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 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(s); and
 - (v) such other information that the department deems necessary to evaluate the petition request.
- (B) After reviewing the submitted information, if the 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 may grant the petition with any conditions or corrective measures which the department deems necessary to assure the health, safety and welfare of the child. The 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 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 or registered nurse who provided the training is submitted to the 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 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 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.

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- (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 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 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 shall provide an opportunity for a hearing regarding the order within ten (10) business days of date the order is issued. Upon receipt of the order, the operator shall cease the administration of all medications and provide immediate notification to the 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 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 ten (10) mile radius of the Millstone Power Station in Waterford, Connecticut shall permit designated staff members to distribute and administer potassium iodide 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 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) 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) of each minor child upon enrollment and to each new employee upon hire. Such documentation shall be kept at the facility;
 - (2) each person providing consent has been advised in writing by the child day care center or group day care home that the ingestion of potassium iodide is voluntary;
 - (3) 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 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

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- (5) potassium iodide shall be stored in a locked storage area or container, inaccessible to children.
(Added effective November 3, 1997; Amended effective March 8, 2004; January 4, 2005; November 6, 2008.)

19a-79-10. Under three endorsement

- (a) The operator of a program caring for children under three (3) years of age shall comply with section 19a-79-1a to section 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.
- (c) Infants and toddlers
- (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) 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 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. 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 hand washing after diaper changing within child day care centers.
 - (C) Group day care homes shall have a sink accessible for 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-eighths (2 3/8) inches apart and a fully waterproofed, firm, snug-fitting mattress for infants;
 - (B) washable cots for toddlers;
 - (C) 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) low tables and chairs according to children's size and development; and
 - (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) play pens, each of which has either small weave mesh netting or slats no more than two and three-eighths (2 3/8) inches apart, a firm floor with a secured foam pad and hinges that lock tightly; and
 - (C) an adult rocking chair.

19a-79-10. Under three endorsement**(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.
- (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 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 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 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.

(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.

(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.

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- (2) Toys and other objects with a diameter of less than one and one-quarter (1 1/4) inches, objects with removable parts that have a diameter of less than one and one-quarter (1 1/4) inches, plastic bags, balloons and Styrofoam objects shall not be accessible to children under three (3) years of age.
- (i) Health consultant
- (1) A health consultant 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.
- (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.
- (k) Foods and Liquids. When food and liquids are served:
- (1) a written statement specifying the formula, breast milk or other liquids and the feeding schedule for infants shall be obtained from the 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 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.
- (l) Outdoor play space
- (1) All infant toddler play space shall be fenced.
- (2) The equipment available to the infants and toddlers shall be developmentally appropriate for the ages of the children.
- (Added effective July 27, 1993; Amended effective August 8, 1995; November 6, 2008.)

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 section 19a-79-1a 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 shall have a separate school age children endorsement by the 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,

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- (F) quiet activities,
 - (G) small group activities,
 - (H) special events which may include field trips, and
 - (I) self-concept activities.
- (d) There shall be at least one (1) qualified program staff person for each ten (10) children or fraction thereof.
- (e) 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 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 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 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 section 19a-79- 2a(b)(2)(D) of the Regulations of Connecticut State Agencies.
(Added effective July 27, 1993; Amended effective November 6, 2008.)

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- (a) The operator of a child day care center or group day care home providing night care shall comply with section 19a-79-1a 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 ten (10) P.M. and five (5) A.M. shall have a separate night care endorsement by the 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 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.

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- (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. 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 pillowcase.
 - (C) Toiletries shall include a towel, washcloth, toothbrush, toothpaste and soap.
 - (D) Bedding and sleeping apparel shall be laundered weekly and as needed.
- (7) Sleep arrangements for infants shall comply with section 19a-79-10(g) of the Regulations of Connecticut State Agencies.
- (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.
- (9) There shall be written approval from the local fire marshal specifying the hours of operation.
- (10) There shall be written approval from the local health director for night care.
(Added effective July 27, 1993; Amended effective November 6, 2008.)

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 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(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 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 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(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:

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- (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 has been trained to administer finger stick blood glucose tests shall be in writing and kept at the facility for review by the 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(s), a child may self administer the 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) 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(s) shall supply the operator with the necessary equipment and supplies to meet the child's individual needs.
 - (2) Such equipment and supplies shall be labeled with the child's name and shall remain inaccessible to other children when not in use.
 - (3) The operator shall obtain a signed agreement from the child's parent(s) that the 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(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;

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- (H) any requirements for monitoring the child's recreational activities; and
 - (I) conditions requiring immediate notification of the child's 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(s) which includes the following information:
- (A) the child's name;
 - (B) the parent(s) name;
 - (C) the parent(s) address;
 - (D) the 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(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(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.
(Added effective June 30, 1998; Amended effective November 6, 2008.)

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