Statutes and Regulations

Family Child Care Homes

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Office of Early Childhood
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Connecticut Office
of Early Childhood

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Connecticut General Statutes-Revised to January 1, 2021

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 child care licensure program can be found at www.ctoec.org/licensing under Statutes and Regulations.

Sec. 19a-77. "Child care services" defined. Exclusions. Additional license. (a) As used in this section and sections 19a-77a to 19a-80, inclusive, and sections 19a-82 to 19a-87a, inclusive, "child care services" includes:

(1) A "child 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 child 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 child care home except that it operates in a facility other than a private family home;

(3) A "family child 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. During the summer months when regular school is not in session, a maximum of three additional children who are otherwise enrolled in school full time, including the provider's own children, shall be permitted if there is an assistant or substitute staff member approved by the Commissioner of Early Childhood, pursuant to section 19a-87b, present and assisting the provider, except that (A) if the provider has more than three such additional children who are the provider's own children, all of the provider's own children shall be permitted, and (B) such approved assistant or substitute staff member shall not be required if all of such additional children are the provider's own children;

(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 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;

(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, provided the provision of such child care services by the private school is only to those children whose ages are covered under such approval or accreditation;

(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, marriage or court order to the child being cared for: Grandparent, great-grandparent, sibling, aunt or uncle;

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

(6) 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 care center;

(7) Administered by a nationally chartered boys' and girls' club that are exclusively for school-age children;

(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;

(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;

(11) Administered by the Cardinal Shehan Center, a Bridgeport-based nonprofit organization that is exclusively for school-age children;

(12) Administered by Organized Parents Make a Difference, Inc., a Hartford-based nonprofit organization that is exclusively for school-age children; or

(13) Administered by Leadership, Education and Athletics in Partnership, Inc., a New Haven-based nonprofit youth development organization.

(c) Any entity or organization that provides services or a program described in subsection (b) of this section shall inform the parents and legal guardians of any children receiving such services or enrolled in such programs that such entity or organization is not licensed by the Office of Early Childhood to provide such services or offer such program.

(d) No registrant or licensee of any child 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.

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

Sec. 19a-79a. Pesticide applications at child care facilities. (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 "child care facility" means a child care center, group child care home or family child care home that provides "child care services", as described in section 19a-77.

(b) No person other than a certified pesticide applicator shall apply pesticide within any child care facility, 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 child care facility, 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 child care home, as described in section 19a-77, if the grounds of such family child 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 child care facility 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 child care facility, the licensee or a designee of the licensee shall, within the existing budgetary resources of such child care facility, notify the parents or guardians of each child enrolled in such licensee's child care facility 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 child care facility property, and (4) the date or proposed date of the application. A copy of the record of each pesticide application at a child care facility shall be maintained at such facility for a period of five years.

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 care center, a group child care home and a family child 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 Office of Early Childhood 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 child 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 Office of Early Childhood 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 Early Childhood shall compile a listing of allegations of violations that have been substantiated by the Office of Early Childhood concerning a facility during the prior three-year period. The commissioner 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 child 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 Office of Early Childhood pursuant to subsection (d) of this section and may be disclosed to the public by the Office of Early Childhood.

(f) Notwithstanding any provision of the general statutes, when the Commissioner of Children and Families, pursuant to section 17a-101j, has notified the Office of Early Childhood 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 Early Childhood 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 Early Childhood 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 Early Childhood 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 Office of Early Childhood 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 under section 4-177c, and such records shall not be subject to disclosure pursuant to section 1-210.

Sec. 19a-82. (Formerly Sec. 19-43g). Consultative services of state and municipal departments. Inspections. Assistance to licensees. The Commissioner of Early Childhood 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 child care centers, group child care homes and family child 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 this section and sections 19a-77 to 19a-80, inclusive, 19a-84 to 19a-87, inclusive, and section 19a-87b.

Sec. 19a-86a. Accepting voluntary surrender of license as resolution of disciplinary action. The Commissioner of Early Childhood may resolve any disciplinary action against a licensee pursuant to sections 19a-84 and 19a-87e by accepting the voluntary surrender of the license of such licensee.

Sec. 19a-86b. Validity of license during investigation or disciplinary action. Any person or entity who is the subject of an investigation or disciplinary action pursuant to section 19a-80f, 19a-84, 19a-87a, 19a-87e, 19a-423 or 19a-429 while holding a license issued by the Office of Early Childhood or having held such a license within eighteen months of the commencement of such investigation or disciplinary action, shall be considered to hold a valid license for purposes of such investigation or disciplinary action.

Sec. 19a-87a(e). Enforcement powers of the Office of Early Childhood. In addition to any powers the office may have, in any investigation (1) concerning an application, reinstatement or renewal of a license for a child care center, a group child care home or a family child care home, as such terms are defined in section 19a-77, (2) of a complaint concerning child care services, as described in section 19a-77, or (3) concerning the possible provision of unlicensed child care services, the office 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. 19a-87b. (Formerly Sec. 17-585(b)-(d)). License required for family child care homes. Approval required to act as assistant or substitute staff member. Comprehensive background checks. Fees. Regulations; waivers. (a) No person, group of persons, association, organization, corporation, institution or agency, public or private, shall maintain a family child care home, as defined in section 19a-77, without a license issued by the Commissioner of Early Childhood. Licensure forms shall be obtained from the Office of Early Childhood. Applications for licensure shall be made to the commissioner on forms provided by the office and shall contain the information required by regulations adopted under this section. The licensure and application forms shall contain a notice that false statements made therein are punishable in accordance with section 53a-157b. Applicants shall state, in writing, that they are in compliance with the regulations adopted by the commissioner pursuant to subsection (f) of this section. Before a family child care home license is granted, the office shall make an inquiry and investigation which shall include a visit and inspection of the premises for which the license is requested. Any inspection conducted by the office shall include an inspection for evident sources of lead poisoning. The office shall provide for a chemical analysis of any paint chips found on such premises. Neither the commissioner nor the commissioner's designee shall require an annual inspection for homes seeking license renewal or for licensed homes, except that the commissioner or the commissioner's designee shall make an unannounced visit, inspection or investigation of each licensed family child care home at least once every year. A licensed family child care home shall not be subject to any conditions on the operation of such home by local officials, other than those imposed by the office pursuant to this subsection, if the home complies with all local codes and ordinances applicable to single and multifamily dwellings.

(b) No person shall act as an assistant or substitute staff member to a person or entity maintaining a family child care home, as defined in section 19a-77, without an approval issued by the commissioner. Any person seeking to act as an assistant or substitute staff member in a family child care home shall submit an application for such approval to the office. Applications for approval shall: (1) Be made to the commissioner on forms provided by the office, (2) contain the information required by regulations adopted under this section, and (3) be accompanied by a fee of fifteen dollars. The approval application forms shall contain a notice that false statements made in such form are punishable in accordance with section 53a-157b.

(c) The commissioner, within available appropriations, shall require each initial applicant or prospective employee of a family child care home in a position requiring the provision of care to a child, including an

assistant or substitute staff member and each household member who is sixteen years of age or older, to submit to comprehensive background checks, including 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. The commissioner shall notify each licensee of the provisions of this subsection. For purposes of this subsection, "household member" means any person, other than the person who is licensed to conduct, operate or maintain a family child care home, who resides in the family child care home, such as the licensee's spouse or children, tenants and any other occupant.

(d) An application for initial licensure pursuant to this section shall be accompanied by a fee of forty dollars and such license shall be issued for a term of four years. An application for renewal of a license issued pursuant to this section shall be accompanied by a fee of forty dollars and a certification from the licensee that any child enrolled in the family child care home has received age-appropriate immunizations in accordance with regulations adopted pursuant to subsection (f) of this section. A license issued pursuant to this section shall be renewed for a term of four years. In the case of an applicant submitting an application for renewal of a license that has expired, and who has ceased operations of a family child care home due to such expired license, the commissioner may renew such expired license within thirty days of the date of such expiration upon receipt of an application for renewal that is accompanied by such fee and such certification.

(e) An application for initial staff approval or renewal of staff approval shall be accompanied by a fee of fifteen dollars. Such approvals shall be issued or renewed for a term of two years.

(f) The commissioner shall adopt regulations, in accordance with the provisions of chapter 54, to assure that family child care homes, as defined in section 19a-77, meet the health, educational and social needs of children utilizing such homes. Such regulations shall ensure that the family child care home is treated as a residence, and not an institutional facility. Such regulations shall specify that each child 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. Such regulations shall provide appropriate exemptions for children for whom such immunization is medically contraindicated and for children whose parents or guardian objects to such immunization on religious grounds and require that any such objection be accompanied by a statement from such parents or guardian that such immunization would be contrary to the religious beliefs of such child or the parents or guardian of such child, which statement shall be acknowledged, in accordance with the provisions of sections 1-32, 1-34 and 1-35, by (1) a judge of a court of record or a family support magistrate, (2) a clerk or deputy clerk of a court having a seal, (3) a town clerk, (4) a notary public, (5) a justice of the peace, or (6) an attorney admitted to the bar of this state. Such regulations shall also specify conditions under which family child 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 care services at a family child care home pursuant to a written order of a physician licensed to practice medicine in this or another state, 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. Such regulations shall specify appropriate standards for extended care and intermittent short-term overnight care. 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 any new or changed regulations adopted under this subsection with which a licensee must comply.

(g) Upon the declaration by the Governor of a civil preparedness emergency pursuant to section 28-9 or a public health emergency pursuant to section 19a-131a, the commissioner may waive the provisions of any regulation adopted pursuant to this section if the commissioner determines that such waiver would not

endanger the life, safety or health of any child. The commissioner shall prescribe the duration of such waiver, provided such waiver shall not extend beyond the duration of the declared emergency. The commissioner shall establish the criteria by which a waiver request shall be made and the conditions for which a waiver will be granted or denied. The provisions of section 19a-84 shall not apply to a denial of a waiver request under this subsection.

(h) Any family child care home may provide child care services to homeless children and youths, as defined in 42 USC 11434a, as amended from time to time, for a period not to exceed ninety days without complying with any provision in regulations adopted pursuant to this section relating to immunization and physical examination requirements. Any family child care home that provides child care services to homeless children and youths at such home under this subsection shall maintain a record on file of all homeless children and youths who have attended such home for a period of two years after such homeless children or youths are no longer receiving child care services at such home.

(i) Any family child care home may provide child care services to a foster child for a period not to exceed forty-five days without complying with any provision in regulations adopted pursuant to this section relating to immunization and physical examination requirements. Any family child care home that provides child care services to a foster child at such home under this subsection shall maintain a record on file of such foster child for a period of two years after such foster child is no longer receiving child care services at such home. For purposes of this subsection, "foster child" means a child who is in the care and custody of the Commissioner of Children and Families and placed in a foster home licensed pursuant to section 17a-114, foster home approved by a child-placing agency licensed pursuant to section 17a-149, facility licensed pursuant to section 17a-145 or with a relative or fictive kin caregiver pursuant to section 17a-114.

Sec. 19a-87c. (Formerly Sec. 17-586). Family child care home: 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 family child care home, as defined in section 19a-77, 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 home is operated without a license.

(b) If the Commissioner of Early Childhood has reason to believe that a violation has occurred for which a civil penalty is authorized by subsection (a) of this section, the commissioner 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 shall 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 cause a hearing to be held. 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 or her 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-87d. (Formerly Sec. 17-587). Family child care homes: Injunction against illegal operation. The Commissioner of Early Childhood may request the Attorney General to bring an action, in the superior court for the judicial district in which such home is located, to enjoin any person, group of persons, association,

organization, corporation, institution or agency, public or private, from maintaining a family child care home, as defined in section 19a-77, without a license or in violation of regulations adopted under section 19a-87b, and satisfactory proof of the lack of a license or the violation of the regulations without more shall entitle the commissioner to injunctive relief.

Sec. 19a-87e. (Formerly Sec. 17-588). Family child care homes: Discretion in the issuance of a license or approval of an assistant or substitute staff member. Suspension. Revocation. Denial of initial license or approval application. Notice of criminal conviction. False statements. Reporting of violations. Summary suspension or summary probation of a license. (a) The Commissioner of Early Childhood may (1) refuse to license under section 19a-87b, a person to own, conduct, operate or maintain a family child care home, as defined in section 19a-77, (2) refuse to approve under section 19a-87b, a person to act as an assistant or substitute staff member in a family child care home, as defined in section 19a-77, or (3) suspend or revoke the license or approval or take any other action that may be set forth in regulation that may be adopted pursuant to section 19a-79 if the person who owns, conducts, maintains or operates the family child care home, the person who acts as an assistant or substitute staff member in a family child care home, a person employed in such family child care home in a position connected with the provision of care to a child receiving child care services or a household member, as defined in subsection (c) of section 19a-87b, who is sixteen years of age or older and resides therein, 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, 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 family child care home, or act as an assistant or substitute staff member in a family child care home, or if such persons or a household member has been convicted in this state or any other state 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, a violation of section 53a-70b of the general statutes, revision of 1958, revised to January 1, 2019, or section 53a-70, 53a-70a, 53a-71, 53a-72a, 53a-72b or 53a-73a, illegal manufacture, distribution, sale, prescription, dispensing or administration under section 21a-277 or 21a-278, or illegal possession under section 21a-279, or if such person, a person who acts as assistant or substitute staff member in a family child care home or a person employed in such family child care home in a position connected with the provision of care to a child receiving child care services, either fails to substantially comply with the regulations adopted pursuant to section 19a-87b, or conducts, operates or maintains the home in a manner which endangers the health, safety and welfare of the children receiving child care services. Any refusal of a license or approval pursuant to this section shall be rendered in accordance with the provisions of sections 46a-79 to 46a-81, inclusive. Any person whose license or approval has been revoked pursuant to this section shall be ineligible to apply for a license or approval for a period of one year from the effective date of revocation.

(b) When the commissioner intends to suspend or revoke a license or approval or take any other action against a license or approval set forth in regulation adopted pursuant to section 19a-79, the commissioner shall notify the licensee or approved staff member in writing of the commissioner's intended action. The licensee or approved staff member may, if aggrieved by such intended action, make application for a hearing in writing over the licensee's or approved staff member's signature to the commissioner. The licensee or approved staff member shall state in the application in plain language the reasons why the licensee or approved staff member claims to be aggrieved. The application shall be delivered to the commissioner within thirty days of the licensee's or approved staff member'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 or approved staff member. The provisions of this subsection shall not apply to the denial of an initial application for a license or approval under section 19a-87b, 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 or approval application.

(c) Any person who is licensed to conduct, operate or maintain a family child care home or approved to act as an assistant or substitute staff member in a family child care home shall notify the commissioner of any conviction of the owner, conductor, operator or maintainer of the family child care home or of any household member, as defined in subsection (c) of section 19a-87b, who is sixteen years of age or older, or any person employed in such family child care home in a position connected with the provision of care to a child receiving child care services, of a crime which affects the commissioner's discretion under subsection (a) of this section, immediately upon obtaining knowledge of such conviction. Failure to comply with the notification requirement of this subsection may result in the suspension or revocation of the license or approval or the taking of any other action against a license or approval set forth in regulation adopted pursuant to section 19a-79 and shall subject the licensee or approved staff member to a civil penalty of not more than one hundred dollars per day for each day after the person obtained knowledge of the conviction.

(d) 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 family child care home 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 such person does not believe to be true and is intended to mislead the prospective employer.

(e) Any person having reasonable cause to believe that a family child care home, as defined in section 19a-77, is operating without a current and valid license or in violation of the regulations adopted under section 19a-87b or in a manner which may pose a potential danger to the health, welfare and safety of a child receiving child care services, may report such information to the Office of Early Childhood. The office 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 from such report or complaint, or (3) a license action pursuant to subsection (a) of this section results from such report or complaint. All records obtained by the office 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 office 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.

(f) If the commissioner finds that public health, safety or welfare imperatively requires emergency action, and incorporates a finding to that effect in his or her order, the commissioner may order summary suspension or summary probation of a license issued under section 19a-87b pending proceedings for revocation or other action. These proceedings shall be promptly instituted and determined.

Sec. 19a-87f. Youth camp, child care center, group child care home or family child care home: Physical examination or health status certification. On and after July 1, 2014, any (1) youth camp, licensed in accordance with section 19a-422, (2) child care center or group child care home, licensed in accordance with section 19a-80, or (3) family child care home, licensed in accordance with section 19a-87b, may permit a child's physical examination that is required for school purposes, and the child's health assessment form described in section 10-206 or the state Department of Education's early childhood health assessment record form, to be used to satisfy any physical examination or health status certification required by such youth camp, child care

center, group child care home or family child care home, provided any requirement established by the Commissioner of Early Childhood concerning the time for completion of such physical examination is satisfied.

Sec. 19a-87g. Notification of emergency situations to licensees of day care centers. (a) For purposes of this section, "licensee" means any person licensed pursuant to section 19a-80 or 19a-87b, and "day care center" means a child care center, a group child care home or a family child care home, as those terms are defined in section 19a-77.

(b) Each licensee shall provide written contact information for the licensee's day care center, including the name, address and telephone number of the day care center, to the Office of Early Childhood. Each licensee shall verify and update, as appropriate, such contact information.

(c) The Office of Early Childhood shall share, in accordance with a memorandum of understanding or other agreement, any information collected pursuant to subsection (b) of this section with the Department of Emergency Services and Public Protection for use in an emergency notification system, as defined in section 28-25, that notifies licensees of an emergency situation in the vicinity of a day care center that may endanger the safety or welfare of the children at such day care center. Such emergency situation may include, but need not be limited to, a fire, a criminal act, an emergency or an act of nature such as an earthquake, a tornado, a hurricane or a storm.

Sec. 19a-342. (Formerly Sec. 1-21b). Smoking prohibited. Exceptions. Signs required. Penalties. (a) As used in this section, "smoke" or "smoking" means the lighting or carrying of a lighted cigarette, cigar, pipe or similar device.

(b) (1) Notwithstanding the provisions of section 31-40q, no person shall smoke: (A) In any building or portion of a building, partially enclosed shelter on a rail platform or bus shelter owned and operated or leased and operated by the state or any political subdivision thereof; (B) in any area of a health care institution; (C) in any area of a retail food store; (D) in any restaurant; (E) in any area of an establishment with a permit issued for the sale of alcoholic liquor pursuant to section 30-20a, 30-21, 30-21b, 30-22, 30-22c, 30-28, 30-28a, 30-33a, 30-33b, 30-35a, 30-37a, 30-37e or 30-37f, in any area of an establishment with a permit for the sale of alcoholic liquor pursuant to section 30-23 issued after May 1, 2003, and, on and after April 1, 2004, in any area of an establishment with a permit issued for the sale of alcoholic liquor pursuant to section 30-22a or 30-26 or the bar area of a bowling establishment holding a permit pursuant to subsection (a) of section 30-37c; (F) within a school building or on the grounds of such school; (G) within a child care facility or on the grounds of such child care facility, except, if the child care facility is a family child care home, as defined in section 19a-77, such smoking is prohibited only when a child enrolled in such home is present; (H) in any passenger elevator, provided no person shall be arrested for violating this subsection unless there is posted in such elevator a sign which indicates that smoking is prohibited by state law; (I) in any dormitory in any public or private institution of higher education; or (J) on and after April 1, 2004, in any area of a dog race track or a facility equipped with screens for the simulcasting of off-track betting race programs or jai alai games. For purposes of this subsection, "restaurant" means space, in a suitable and permanent building, kept, used, maintained, advertised and held out to the public to be a place where meals are regularly served to the public, "school" has the same meaning as provided in section 10-154a and "child care facility" has the same meaning as provided in section 19a-342a.

(2) This section shall not apply to (A) correctional facilities; (B) designated smoking areas in psychiatric facilities; (C) public housing projects, as defined in subsection (b) of section 21a-278a; (D) any classroom where demonstration smoking is taking place as part of a medical or scientific experiment or lesson; (E) smoking rooms provided by employers for employees, pursuant to section 31-40q; (F) notwithstanding the provisions of subparagraph (E) of subdivision (1) of this subsection, the outdoor portion of the premises of any permittee

listed in subparagraph (E) of subdivision (1) of this subsection, provided, in the case of any seating area maintained for the service of food, at least seventy-five per cent of the outdoor seating capacity is an area in which smoking is prohibited and which is clearly designated with written signage as a nonsmoking area, except that any temporary seating area established for special events and not used on a regular basis shall not be subject to the smoking prohibition or signage requirements of this subparagraph; (G) any medical research site where smoking is integral to the research being conducted; or (H) any tobacco bar, provided no tobacco bar shall expand in size or change its location from its size or location as of December 31, 2002. For purposes of this subdivision, "outdoor" means an area which has no roof or other ceiling enclosure, "tobacco bar" means an establishment with a permit for the sale of alcoholic liquor to consumers issued pursuant to chapter 545 that, in the calendar year ending December 31, 2002, generated ten per cent or more of its total annual gross income from the on-site sale of tobacco products and the rental of on-site humidors, and "tobacco product" means any substance that contains tobacco, including, but not limited to, cigarettes, cigars, pipe tobacco or chewing tobacco.

(c) The operator of a hotel, motel or similar lodging may allow guests to smoke in not more than twenty-five per cent of the rooms offered as accommodations to guests.

(d) In each room, elevator, area or building in which smoking is prohibited by this section, the person in control of the premises shall post or cause to be posted in a conspicuous place signs stating that smoking is prohibited by state law. Such signs, except in elevators, restaurants, establishments with permits to sell alcoholic liquor to consumers issued pursuant to chapter 545, hotels, motels or similar lodgings, and health care institutions, shall have letters at least four inches high with the principal strokes of letters not less than one-half inch wide.

(e) Any person found guilty of smoking in violation of this section, failure to post signs as required by this section or the unauthorized removal of such signs shall have committed an infraction. Nothing in this section shall be construed to require the person in control of a building to post such signs in every room of a building, provided such signs are posted in a conspicuous place in such building.

(f) Nothing in this section shall be construed to require any smoking area in any building.

(g) The provisions of this section shall supersede and preempt the provisions of any municipal law or ordinance relative to smoking effective prior to, on or after October 1, 1993.

Sec. 10-530. Comprehensive background checks. (a) As used in this section:

(1) "Child care facility" means a "child care center", "group child care home" or "family child care home" that provides "child care services", each as described in section 19a-77, or any provider of child care services under the child care subsidy program established pursuant to section 17b-749;

(2) "Child care services provider or staff member" means any person who is (A) a licensee, employee, volunteer or alternate staff, assistant, substitute or household member of a child care facility, (B) a family child care provider, or (C) any other person who provides child care services under the child care subsidy program established pursuant to section 17b-749 but does not include a person who is providing child care services under the child care subsidy program (i) exclusively to children with whom such person is related, and (ii) without being issued a license to provide child care services by the Office of Early Childhood; and

(3) "Family child care provider" means any person who provides child care services under the child care subsidy program established pursuant to section 17b-749 (A) in a family child care home, as defined in section 19a-77, or (B) in a home not requiring a license pursuant to subdivision (4) of subsection (b) of section 19a-77.

(b) The comprehensive background checks required pursuant to subsection (c) of section 19a-80, subsection (c) of section 19a-87b, and subsection (a) of section 17b-749k, shall be conducted at least once every five years for each child care services provider or staff member in accordance with the provisions of 45 CFR 98.43, as amended from time to time.

(c) Any person who applies for a position at a child care facility in the state shall not be required to submit to such comprehensive background checks if such person (1) is an employee of a child care facility in the state, or has not been separated from employment as a child care services provider or staff member in the state for a period of more than one hundred eighty days, and (2) has successfully completed such comprehensive background checks in the previous five years. Nothing in this section prohibits the Commissioner of Early Childhood from requiring that a person applying for a position as a child care services provider or staff member submit to comprehensive background checks more than once during a five-year period.

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) (A) A child may be adjudicated 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 supervision or probation supervision with residential placement in a delinquency proceeding as ordered by the court;

(B) A child may be adjudicated 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 supervision or probation supervision with residential placement in a delinquency proceeding as ordered by the court;

(3) "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, according to a petition lawfully filed on or before June 30, 2020, (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 parent, parents, guardian or other custodian, (C) has engaged in indecent or immoral conduct, or (D) 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;

(4) A child 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;

(5) A child 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;

(6) A child may be found "uncared for" (A) who is homeless, (B) whose home cannot provide the specialized care that the physical, emotional or mental condition of the child requires, or (C) who has been identified as a victim of trafficking, as defined in section 46a-170. For the purposes of this section, the treatment of any child 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;

(7) "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 supervision or probation supervision with residential placement in a delinquency proceeding by a child, including a child who has attained the age of eighteen, as ordered by the court;

(8) "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) absconding, escaping or running away, without just cause, from any secure residential facility in which the child has been placed by the court as a delinquent child;

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

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

(11) "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";

(12) "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;

(13) "Pre-dispositional study" means a comprehensive written report prepared by a juvenile probation officer pursuant to section 46b-134 regarding the child's social, medical, mental health, educational, risks and needs, and family history, as well as the events surrounding the offense to present a supported recommendation to the court;

(14) "Probation supervision" means a legal status whereby a juvenile who has been adjudicated delinquent is placed by the court under the supervision of juvenile probation for a specified period of time and upon such terms as the court determines;

(15) "Probation supervision with residential placement" means a legal status whereby a juvenile who has been adjudicated delinquent is placed by the court under the supervision of juvenile probation for a specified period of time, upon such terms as the court determines, that include a period of placement in a secure or staff-secure residential treatment facility, as ordered by the court, and a period of supervision in the community;

(16) "Risk and needs assessment" means a standardized tool that (A) assists juvenile probation officers in collecting and synthesizing information about a child to estimate the child's risk of recidivating and identify other factors that, if treated and changed, can reduce the child's likelihood of reoffending, and (B) provides a guide for intervention planning;

(17) "Secure-residential facility" means a hardware-secured residential facility that includes direct staff supervision, surveillance enhancements and physical barriers that allow for close supervision and controlled movement in a treatment setting; and

(18) "Staff-secure residential facility" means a residential facility that provides residential treatment for children in a structured setting where the children are monitored by staff.

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: (1) Any physician or surgeon licensed under the provisions of chapter 370, (2) any resident physician or intern in any hospital in this state, whether or not so licensed, (3) any registered nurse, (4) any licensed practical nurse, (5) any medical examiner, (6) any dentist, (7) any dental hygienist, (8) any psychologist, (9) any school employee, as defined in section 53a-65, (10) any social worker, (11) any person who holds or is issued a coaching permit by the State Board of Education, is a coach of intramural or interscholastic athletics and is eighteen years of age or older, (12) any individual who is employed as a coach or director of youth athletics and is eighteen years of age or older, (13) any individual who is employed as a coach or director of a private youth sports organization, league or team and is eighteen years of age or older, (14) any paid administrator, faculty, staff, athletic director, athletic coach or athletic trainer employed by a public or private institution of higher education who is eighteen years of age or older, excluding student employees, (15) any police officer, (16) any juvenile or adult probation officer, (17) any juvenile or adult parole officer, (18) any member of the clergy, (19) any pharmacist, (20) any physical therapist, (21) any optometrist, (22) any chiropractor, (23) any podiatrist, (24) any mental health professional, (25) any physician assistant, (26) any person who is a licensed or certified emergency medical services provider, (27) any person who is a licensed or certified alcohol and drug counselor, (28) any person who is a licensed marital and family therapist, (29) any person who is a sexual assault counselor or a domestic violence counselor, as defined in section 52-146k, (30) any person who is a licensed professional counselor, (31) any person who is a licensed foster parent, (32) any person paid to care for a child in any public or private facility, child care center, group child care home or family child care home licensed by the state, (33) any employee of the Department of Children and Families, (34) any employee of the Department of Public Health, (35) any employee of the Office of Early Childhood who is responsible for the licensing of child care centers, group child care homes, family child care homes or youth camps, (36) any paid youth camp director or assistant director, (37) the Child Advocate and any employee of the Office of the Child Advocate, (38) any person who is a licensed behavior analyst, (39) any family relations counselor, family relations counselor trainee or family services supervisor employed by the Judicial Department, and (40) any person employed, including any person employed under contract and any independent ombudsperson, to work at a juvenile detention facility or any other facility where children under eighteen years of age are detained and who has direct contact with children as part of such employment.

(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 and refresher training program shall be provided in accordance with the provisions of subsection (g) of section 17a-101i to each school employee, 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)(1) Any mandated reporter, as described 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 (A) has been abused or neglected, as described in section 46b-120, (B) has had nonaccidental physical injury, or injury which is at variance with the history given of such injury, inflicted upon such child, or (C) is placed at imminent risk of serious harm, or (2) any school employee, as defined in section 53a-65, who in the ordinary course of such person's employment or profession has reasonable cause to suspect or believe that any person who is being educated by the Technical Education and Career System or a local or regional board of education, other than as part of an adult education program, is a victim under the provisions of section 53a-70, 53a-70a, 53a-71, 53a-72a, 53a-72b or 53a-73a, and the perpetrator is a school employee shall report or cause a report to be made in accordance with the provisions of sections 17a-101b to 17a-101d, inclusive.

(b) (1) 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 guilty of a class A misdemeanor, except that such person shall be guilty of a class E felony if (A) such violation is a subsequent violation, (B) such violation was wilful or intentional or due to gross negligence, or (C) such person had actual knowledge that (i) a child was abused or neglected, as described in section 46b-120, or (ii) a person was a victim described in subdivision (2) of subsection (a) of this section.

(2) Any person who intentionally and unreasonably interferes with or prevents the making of a report pursuant to this section, or attempts or conspires to do so, shall be guilty of a class D felony. The provisions of this subdivision shall not apply to any child under the age of eighteen years or any person who is being educated by the Technical Education and Career System or a local or regional board of education, other than as part of an adult education program.

(3) Any person found guilty under the provisions of this subsection 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.

(d) For purposes of this section and section 17a-101b, a mandated reporter's suspicion or belief may be based on factors including, but not limited to, observations, allegations, facts or statements by a child, victim, as described in subdivision (2) of subsection (a) of this section, or third party. Such suspicion or belief does not require certainty or probable cause.

Sec. 17a-101b. 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 or electronic 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. An oral report made pursuant to this subsection shall be made 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. An electronic report made pursuant to this subsection shall be made in a manner prescribed by the commissioner. A mandated reporter who makes an electronic report pursuant to this section shall respond to further inquiries from the commissioner or the commissioner's designee made within twenty-four hours of such report.

(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 described 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.

(e) For purposes of this section, "child" includes any victim described in subdivision (2) of subsection (a) of section 17a-101a.

Sec. 17a-101c. Written or electronic report by mandated reporter. Not later than forty-eight hours after making an oral report, a mandated reporter shall submit a written or electronic report to the Commissioner of Children and Families or the commissioner's designee. Such reports shall be made in a manner prescribed by the commissioner. 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 or electronic 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 or electronic 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 or electronic 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 reports. All reports required pursuant to 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 or her parents or other person responsible for his or her 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 or her 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. For purposes of this section, "child" includes any victim described in subdivision (2) of subsection (a) of section 17a-101a.

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 (1) 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, or (2) hinder or prevent, or attempt to hinder or prevent, any employee from making a report pursuant to sections 17a-101a to 17a-101d, inclusive, and 17a-103, or testifying 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, (1) makes a report pursuant to sections 17a-101a to 17a-101d, inclusive, and 17a-103, or (2) provides professional medical intervention or assistance in any proceeding involving child abuse and neglect, including, but not limited to, (A) causing a photograph, x-ray or a physical custody examination to be made, (B) causing a child to be taken into emergency protective custody, (C) disclosing a medical record or other information pertinent to the proceeding, or (D) performing a medically relevant test, shall be immune from any liability, civil or criminal, which might otherwise arise from or be related to the actions taken pursuant to this subsection and shall have the same immunity with respect to any judicial proceeding which results from such report or actions, provided such person did not perpetrate or cause such abuse or neglect. The immunity from civil or criminal liability extends only to actions done pursuant to this subsection and does not extend to the malpractice of a medical professional that results in personal injury or death.

(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.

Connecticut Secretary of the State
Authenticated Electronic Legal Material

Agency
Office of Early Childhood

Subject
Family Child Care Homes

Inclusive Sections
§§ 19a-87b-1—19a-87b-18

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Family Child Care Homes

Sec. 19a-87b-1. Purpose

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

(Effective September 1, 1993; Transferred January 29, 1996; Amended March 19, 2021)

Sec. 19a-87b-2. Definitions

For the purpose of sections 19a-87b-2 to 19a-87b-18, inclusive, of the Regulations of Connecticut State Agencies, the following definitions shall apply:

(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) "Adult" means a person eighteen years of age or older;

(3) "Advanced practice registered nurse" means an individual licensed pursuant to section 20-94a of the Connecticut General Statutes;

(4) "Applicant" means a person, twenty years of age or older, who has completed, signed and submitted an application to the Office to obtain or renew a family child care home license;

(5) "Application" means the forms prescribed by the commissioner which are to be used for initial licensure, license renewal, staff approval, and staff renewal of approval. Forms may be changed by the Office from time to time;

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

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

(8) "Child" means any person under (A) nineteen years of age, or (B) twenty-one years of age that has special needs that require the person to receive supplemental care, has an individualized education plan, and is attending school to earn a high school diploma;

(9) "Commissioner" means the Commissioner of Early Childhood or the commissioner's designee(s) or representative(s);

(10) "Customary business hours" means the hours reported to the Office which the family child care home is normally in operation, including scheduled and unscheduled days off, regardless of whether children are in care;

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

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

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

(14) "Family child care home" has the same meaning as provided in section 19a-77(a)(3)

of the Connecticut General Statutes;

(15) "Family child care services" means care provided by a family child care home provider, substitute, or assistant;

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

(17) "Household member" has the same meaning as provided in section 19a-87b of the Connecticut General Statutes;

(18) "Inspection" means an announced or unannounced visit to a family child care home of an applicant or provider by Office staff during business hours;

(19) "Investigational drug" means any medication with an approved investigation new drug application on file with the Federal Food and Drug Administration (FDA), that is being scientifically tested and clinically evaluated to determine its efficacy, safety, and side effects and that has not yet received FDA approval;

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

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

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

(23) "Medication error" means the failure to administer (A) medication to a child, (B) medication within one hour of the time designated by the authorized prescriber, (C) the specific medication prescribed for a child, (D) medication by the correct route, (E) medication according to generally accepted medical practices, or (F) the correct dosage of medication;

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

(25) "Office" means the Office of Early Childhood;

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

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

(28) "Physician" means an individual licensed to practice medicine in this or another state;

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

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

(31) "Provider" means the person twenty years of age or older, licensed by the Office to provide family child care services, and who may substitute for another licensed provider;

(32) "Registered nurse" means a person with a license to practice as a registered nurse

in Connecticut in accordance with chapter 378 of the Connecticut General Statutes;

(33) "Residence" means a home occupied by the provider or approved for occupancy as a home as evidenced by a valid certificate of occupancy;

(34) "School age" means (A) at least five years of age on or before the first day of January of the current school year, but less than thirteen years of age, or (B) less than twenty-one years of age with special needs that necessitate supplementary care and an individualized education program, and attending school to earn a high school diploma;

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

(36) "Significant medication error" means a medication error that is potentially serious or has serious consequences for a child, including, but not limited to, the administration of medication (A) by the wrong route, (B) to a child with a known allergy to the medication, (C) in a lethal or toxic dosage, or (D) that causes serious medical problems;

(37) "Staff" means an assistant or substitute approved by the Office; and

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

(Effective September 1, 1993; Amended August 8, 1995; Transferred January 29, 1996; Amended November 3, 1997; Amended March 19, 2021)

Sec. 19a-87b-3. Application for a License to Operate a Family Child Care Home

(a) **License Required to Operate**

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

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

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

(c) **Application Form**

A person may apply for a family child care home license by submitting an unaltered, completed application to the Office. The application forms are available through the Office. The application forms, which may be modified by the commissioner from time to time, shall contain information that the commissioner deems necessary to determine whether the applicant or provider shall be issued or re-issued a family child care home license. The application forms shall contain a notice that false statements made therein are punishable in accordance with section 53a-157b of the Connecticut General Statutes, and that false

statements may also be grounds for the denial of the license. The application forms shall contain a certification that the applicant or provider is familiar with, has read and understands sections 19a-87b-1 to 19a-87b-18, inclusive, of the Regulations of Connecticut State Agencies, agrees to abide by them, and shall allow inspections by Office staff to the family child care home.

(d) **Release Forms**

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

If the applicant, household members or proposed child care staff refuse to cooperate with the Office in completing this process, or fail to provide the required information, such failure shall constitute sufficient reason for denial of the application.

(e) **Interview and Inspection**

The applicant shall be interviewed as part of the application process, and shall allow Office staff to inspect thoroughly the entire facility.

(f) **Reapplication Process**

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

(Effective September 1, 1993; Amended August 8, 1995; Transferred January 29, 1996; Amended March 19, 2021)

Sec. 19a-87b-4. Renewal of License

(a) **Renewal Application**

A licensed provider who desires to renew a license shall submit before the expiration date an unaltered, completed and signed application for renewal accompanied by an application fee on forms prescribed by the commissioner. Information requested at renewal includes, but is not limited to:

(1) A statement that all children enrolled in the family child care home are up to date on immunizations or exempt under section 19a-87b-10(*l*) of the Regulations of Connecticut State Agencies; and

(2) A statement of compliance with sections 19a-87b-1 to 19a-87b-18, inclusive, of the Regulations of Connecticut State Agencies for family child care homes.

(b) **License to Remain in Effect**

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

care home shall remain in effect and be binding upon the provider.

(Effective September 1, 1993; Transferred January 29, 1996; Amended March 19, 2021)

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

(a) **License Term**

The license shall be issued for the period specified in section 19a- 87b of the Connecticut General Statutes.

(b) **Suitability**

A license shall not be issued to any applicant, or renewed for a provider, unless the commissioner finds that such applicant or provider is a suitable person to care for children in a family child care home and meets and agrees to comply with sections 19a-87b-1 to 19a-87b-18, inclusive, of the Regulations of Connecticut State Agencies. Suitability shall be determined by a review of the application materials, references, any criminal records, law enforcement records, medical records, protective services records, records pertaining to compliance with sections 19a-79-1a to 19a-79-13, inclusive, of the Regulations of Connecticut State Agencies and any other relevant material obtained by the Office. The commissioner shall, after reviewing all the circumstances, make a determination whether the applicant or provider is a suitable person to care for children in a family child care home and whether the children's health and safety would be at risk under said applicant or provider's care.

(c) **Nontransferability of the License**

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

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

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

(d) **Factors in Determining the License Capacity**

(1) The license capacity of the family child care home shall be indicated on the license:

(A) Regular capacity defines the maximum number of children that a provider may care

for together at any one time during the year, including the provider's own children not in school full time. School age children who are not the provider's own children and receive family child care services for three or more hours before school or three or more hours after school shall be counted in the regular capacity. The regular capacity of a family child care home shall not exceed six children.

(B) School age capacity defines the maximum number of additional children attending school full time that a provider may care for together before and after school, including the provider's own school age children who attend school full time. The school age capacity shall not apply during the summer school vacation unless all of the children counted in the school age capacity are the provider's own children or an assistant or substitute staff member approved by the Commissioner is present and assisting the provider. The school age capacity of a family child care home shall not exceed three children unless all of the school age children are the provider's own children.

(2) Children attending full day kindergarten shall be counted in the school age capacity; children attending half day kindergarten shall be counted as preschoolers in the regular capacity until graduation from kindergarten.

(3) Staff members' children present at the facility shall be counted in the capacity like the other children receiving care.

(4) Foster children and children who reside at the facility shall be counted as household members in the same manner as the provider's own children.

(5) The provider's own children twelve years of age and older shall not count in the capacity.

(6) The license capacity shall be determined at the commissioner's discretion taking into account the indoor and outdoor space and other accommodations available for child care at the facility and the qualifications of the applicant or provider.

(e) **Infant and Toddler Restriction**

The provider shall care for no more than two children under the age of eighteen months at one time, including the provider's own children, except that the provider may care for up to six children under the age of eighteen months when an assistant is present and assisting the provider.

(f) **License**

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

(1) The license remains the property of the Office and shall be returned to the commissioner if the license is suspended, revoked, surrendered or voluntarily relinquished.

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

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

(g) **Parental Access to the Office**

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

(h) **Consent to Inspect**

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

(i) **Requests for Information**

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

(j) **Notification of Change**

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

(Effective September 1, 1993; Transferred January 29, 1996; Amended March 19, 2021)

Sec. 19a-87b-6. Qualifications of the Applicant and Provider

(a) **Awareness of Regulations**

The applicant or provider shall have a copy of sections 19a-87b-1 to 19a-87b-18, inclusive, of the Regulations of Connecticut State Agencies at the family child care home and shall have read and understood the family child care standards set forth in sections 19a-87b-1 to 19a-87b-18, inclusive, of the Regulations of Connecticut State Agencies.

(b) **Health**

The applicant and provider shall be physically, emotionally and mentally able to handle child care responsibilities and emergencies and shall be free from any mental, emotional or physical health problems which may impair such ability or otherwise adversely affect the children in care. In order to enable the commissioner to determine, in accordance with applicable state and federal laws, that the provider meets these requirements, the following

shall be provided upon request:

(1) Medical Statements

The applicant shall furnish, at the time of initial application, a medical statement signed by a physician, physician assistant or advanced practice registered nurse within the past twelve months, documenting the presence of any known medical or emotional illness or disorder that would currently pose a risk to children in care or would currently interfere with or jeopardize the applicant's ability to render proper care for children. Thereafter, the provider shall maintain such medical statement at the family child care home. Such medical statement shall be signed within the past thirty-six months, or at any time upon the request of the commissioner, and made available for review upon request of the Office.

(2) Medical Records

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

(3) Medication

At the commissioner's request the applicant and provider shall furnish information and shall supply or authorize the release of medical records regarding any medication being used by the applicant or provider.

(c) **Training Requirements**

(1) Any application for licensure submitted to the Office shall, before final approval of the application is given, include verification of the applicant's current certification in first aid by the American Red Cross, the American Heart Association, the National Safety Council, American Safety and Health Institute, or Medic First Aid International, Inc. or a current certification based on a first aid course approved on or before March 17, 2018 by the Office under section 19a-79-4a(e) of the Regulations of Connecticut State Agencies.

Any such application shall also include verification of the applicant's current certification in cardiopulmonary resuscitation in accordance with section 19a-79 of the Connecticut General Statutes, appropriate for all of the children served at the family child care home. Such first aid and cardiopulmonary resuscitation certifications shall be based on a hands-on demonstration of the applicant's ability to provide first aid and cardiopulmonary resuscitation.

(2) Thereafter, the provider shall maintain verification of current certification in first aid and cardiopulmonary resuscitation as described in subdivision (1) of this subsection and written verification of such training shall be kept on file at the family child care home.

(d) **References**

The applicant shall submit at least three current references from individuals who have known the applicant for at least three years. The references shall indicate the applicant's interest in, and affection for children, their understanding of children's developmental needs, good judgment about supervision and safety for children, personal competence, emotional

stability and dependability. Only one reference may be from a person related to the applicant by blood or marriage. The commissioner may request additional references as needed to verify continuing compliance with sections 19a-87b-1 to 19a-87b-18, inclusive, of the Regulations of Connecticut State Agencies during the license period.

(e) **Judgment**

The applicant and provider shall demonstrate the personal qualities appropriate for working and communicating with children, their families and other adults. The commissioner shall review all application materials, personal references, medical records, criminal records, sex offender registry records and Department of Children and Families records submitted on an applicant and provider to determine if he or she has an interest in and liking for children, understanding of children and their developmental needs, good judgment about supervision and safety for children, personal competence, emotional stability and dependability. Such review shall be conducted in accordance with applicable state and federal laws. Suitability shall also be determined from a review of any inspection(s), complaint investigations, law enforcement or protective services records and any other relevant material obtained by the Office.

The applicant and provider shall not knowingly furnish any false documents or make any false or misleading statements to the Office in order to obtain or retain the license.

(Effective September 1, 1993; Amended August 8, 1995; Transferred January 29, 1996; Amended June 4, 1999; Amended March 19, 2021)

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

(a) **Health**

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

(1) Medical statements and children's immunization records

A medical statement signed by a physician, physician assistant or advanced practice registered nurse, within the past twelve months. The statement shall document, for each household member, the presence of any known medical or emotional illness or disorder that would currently pose a risk to children in care or would currently interfere with, or otherwise put in jeopardy, the provider's ability to render proper care to the children in the family child care home. The provider shall maintain forms for each child in the household including the provider's own children present at the facility as specified in subdivisions (2) and (3) of subsection (b) of section 19a-87b-10 of the Regulations of Connecticut State Agencies. The forms shall also state that the child is current with all required immunizations and shall indicate the date for the next scheduled immunization.

(2) Medical and medication records

A medical history and medication records for each household member shall be provided,

if requested by the commissioner, or authorizations from such members allowing the release of these records, when the commissioner deems the household member's medical history may reveal a risk to children in care.

(b) **Household Environment**

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

(Effective September 1, 1993; Amended August 8, 1995; Transferred January 29, 1996; Amended March 19, 2021)

Sec. 19a-87b-8. Qualifications of Staff

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

(a) **Substitute**

Any person twenty years of age or older who meets all of the requirements set forth in section 19a-87b-6 of the Regulations of Connecticut State Agencies may apply to be a substitute for a family child care home provider. A licensed provider may substitute for another provider without filing a separate staff approval application.

(b) **Assistant**

Any adult who meets the requirements set forth in section 19a-87b-6 of the Regulations of Connecticut State Agencies except for subsection (c) of that section pertaining to training, may apply to be an assistant in a family child care home. An assistant shall be present to assist the provider or substitute when more than two children under eighteen months receive family child care services at the same time at the family child care home.

(c) **Emergency Caregiver**

Each provider shall identify to the Office at least one emergency caregiver who shall be available and on call during customary business hours to provide child care only for unscheduled, unforeseen emergencies.

(1) The emergency caregiver shall be a responsible person who is twenty years of age or older and known to the provider. The provider shall list at least one potential emergency caregiver with the Office, but may use others as necessary.

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

(3) The commissioner may disallow any emergency caregiver who had a family child care home license revoked or denied, or against whom there is a substantiated child abuse or neglect claim or who has a criminal conviction record that the commissioner deems would put children at risk.

(d) **Knowledge of Regulations and Operative Procedures**

All staff members shall have read and understood sections 19a-87b-1 to 19a-87b-18, inclusive, of the Regulations of Connecticut State Agencies and shall be familiar with the operating procedures of the family child care home.

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

(f) **Staff Approval Process**

Staff approvals for substitutes and assistants shall be for a period of two years from the date of the approved staff application. Approvals may be renewed by submitting to the Office a staff renewal application and accompanying fee, and a medical statement as described in section 19a-87b-6(b)(1) of the Regulations of Connecticut State Agencies. For substitutes, proof of current first aid and cardiopulmonary resuscitation certification in accordance with sectiou 19a-87b-6(c) of the Regulations of Connecticut State Agencies shall also be submitted.

(Effective September 1, 1993; Transferred January 29, 1996; Amended March 19, 2021)

Sec. 19a-87b-8a. Comprehensive Background Check

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

(b) The provider shall not employ staff who have a record the commissioner reasonably believes renders such staff ineligible to be employed in a family child care home. The review of a person's record to determine suitability shall be conducted in accordance with applicable state and federal laws.

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

with the provisions of this section.

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

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

(f) A comprehensive background check shall be conducted in accordance with the provisions of 45 CFR 98.43, as amended from time to time, and shall include:

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

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

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

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

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

(Effective March 19, 2021)

Sec. 19a-87b-9. Requirements for the Physical Environment

(a) **Cleanliness**

The facility and equipment shall be kept in a clean and sanitary condition and shall not pose a health hazard to children. The commissioner, upon inspection, may require the provider to correct any violation of this section that may put children at risk of injury.

(b) **Freedom from Hazards**

The facility and equipment shall be in good repair, and reasonably free from anything that may be potentially dangerous to children. The commissioner, upon inspection, may require the provider to correct any condition under this section that may put children at risk.

(c) **Absence of Potentially Harmful Substances and Materials**

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

(d) **Fire Safety**

The provider shall ensure that the family child care home provides a reasonable degree of safety from fire, which shall include, but not be limited to, the following requirements:

(1) Safe Storage of Flammable Materials

Materials such as, but not limited to, flammable or combustible liquids, cleaning solvents, paints, excess amounts of combustible solids and fabrics shall be properly stored and out of reach of children.

(2) Safe Door Fasteners

Fasteners for doors to cupboards, closets and rooms shall be designed so that it is impossible for a child to become locked in the enclosed area.

Every room used for child care or capable of access by children, when provided with a door latch or lock, shall be of a type that children can open from the inside and each lock shall be designed to permit opening of the locked door from the outside in an emergency. The opening device shall be readily accessible to the provider and staff.

(3) Electrical Safety

Electrical cords and appliances shall be secured and in good repair.

Electrical cords shall not hang within reach of children. Protective covers or approved safety outlets shall be provided for all electrical receptacles in all areas accessible to children.

(4) Safe Exits

There shall be two readily accessible, passable, remotely located and safe means of escape from each room used for child care in the family child care home. Every room used by children for sleeping, living, or dining purposes shall have at least two means of escape, at least one of which shall be a door or stairway providing a means of unobstructed travel to the outside of the building at street or ground level. The second means of escape may be a window that is accessible and openable from the inside without the use of tools and provides a clear opening. Such window shall have an area not less than 5.7 square feet and shall measure not less than twenty inches in width and twenty four inches in height. The bottom of the opening of the window shall be not more than forty-four inches above the floor or fixed landing, and any latching device shall be capable of being used from not more than fifty-four inches above the floor or fixed landing.

(A) The provider shall remain with the children at all times, when the children are being cared for in space below ground level, to assist with emergency exiting.

(B) Passageways leading to means of escape shall have adequate lighting and be kept free from barriers or obstructions.

(C) All means of escape shall be easily opened and kept free of obstructions at all times.

(D) Every stairway shall have a sturdy handrail with no areas in which a child may fall through, shall provide safe passageway and be maintained free of obstructions. There shall be a gate or other structure in place that may be hung, drawn or lowered at the entry of stairways accessible to children to prevent falls. If only school age children are present, gates or other structures at stairway entries are not required to be in place but shall be available at the family child care home.

(E) During an inspection, Office staff may require the provider to demonstrate the safety and feasibility of children and staff using intended escape routes.

(5) Emergency Plan

The provider shall have a written plan for the protection of children and child care staff in the event of emergencies, including, but not limited to, fire, medical, weather related, man-made disaster, natural disasters or acts of terrorism. The plan shall address the evacuation and removal of children to a safe location, sheltering in place if evacuation is not feasible, lock-down procedures, plans for continuation of operations, communication and reunification with parents, and accommodations for infants and toddlers, children with disabilities and children with chronic medical conditions, made in consultation with the child's parent(s). The provider and all child care staff shall be periodically instructed and kept informed of their duties under the plan and shall practice at least quarterly an emergency evacuation drill which includes the demonstration of the provider, staff and children exiting the residence of the family child care home. A written log of the practiced drills shall be maintained at the family child care home for one year.

(6) Smoke Detectors

The provider shall have smoke detectors, in operating condition, placed in the home so as to protect children's sleeping areas, play areas and the basement. There shall be at least one smoke detector on each level of the family child care home.

(7) Carbon Monoxide Detector

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

(8) Fire Extinguisher

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

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

(9) Safe Heating Systems and Devices

(A) The provider shall show documentation that any auxiliary heater installed after original construction of the facility has been inspected and approved for proper and safe installation by an authorized licensed professional and, where applicable, the local building official. All devices shall be safely located, shall be properly cleaned and maintained with a barrier where necessary for the protection of children receiving family child care services.

(B) No heating system or device shall pose a hazard to children.

(e) **Safe Storage of Guns, Ammunition and other Weapons**

The provider shall protect children from guns, ammunition and weapons stored at the facility.

(1) All guns shall be stored unloaded.

(2) Ammunition shall be stored and locked in a separate location away from the guns and inaccessible to children.

(3) All guns and weapons shall be kept locked or stored in a locked storage area that is known to the provider.

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

(f) **Safe Space**

(1) There shall be sufficient indoor and outdoor play space to ensure appropriate activities, safety and comfort for the children at the facility. When outdoor play space does not exist at the facility, the provider shall identify alternate outdoor play space and develop a written plan that ensures the safe transportation of children to and from the alternate outdoor play space. The outdoor play space shall be protected from traffic, bodies of water, gullies, and other hazards by barriers that bar access to such hazards and are safe for children.

(2) 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 feet high or higher, which totally and effectively bars access to the water by the children. All entries and exits through such fence or barrier shall have self-closing, self-latching devices or locks. When an outside wall of the facility that serves as one side of the fence or barrier to the body of water has a doorway, such doorway shall remain locked. Shallow wading pools that are not fenced shall be emptied after each use and shall not collect water. Decorative ponds, fish ponds, fountains or similar bodies of water that do not have a fence or barrier as required in this subdivision, shall be completely covered with a childproofing grate or other barrier to prevent access to children.

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

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

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

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

(h) **Adequate Washing, Toileting, Sewage and Garbage Facilities**

The washing and toileting facilities shall be adequate to ensure the health, safety and comfort of the children in care. The water temperature at the tap shall be within the range of sixty degrees Fahrenheit to one hundred twenty degrees Fahrenheit. A mechanism for individual hand drying shall be accessible. Sewage and garbage disposal systems shall

ensure a sanitary environment. Garbage and trash shall be disposed of properly and kept covered.

(i) **Adequate and Safe Water**

At least one water sample from a sink used for drinking, beverage and food preparation shall be tested for lead, and the results of such sample shall be submitted to the Office at the time of initial application. The water sample shall have been standing in plumbing pipes at least six hours and the test must be conducted not more than twelve months prior to the date of application. If the family child care home is not served by a public water system that is regulated by the Department of Public Health, the provider shall also show proof from analysis dated not more than twelve months prior to the date of initial application and as often as the Office deems necessary, that the water supply is potable, adequate and safe. The water analysis shall include, but not be limited to, tests for bacteria, physical parameters (color, odor, turbidity, pH), and sanitary chemicals (nitrogen series, chloride, surfactants, hardness, iron, manganese and sodium). Additional tests may be required as deemed necessary by the commissioner. The analysis of samples shall be conducted by an environmental laboratory registered by the Connecticut Department of Public Health pursuant to section 19a-29a of the Connecticut General Statutes.

(j) **Pasteurization of Milk Supply**

Milk or milk products provided by the provider for consumption by the children receiving family child care services shall be pasteurized.

(k) **Working Telephone**

The provider shall have a working telephone at the family child care home, with emergency numbers for fire, ambulance, police or 911, parents, emergency caregivers, and poison control posted in an area where family child care services are provided and that is readily accessible and known to the provider and staff.

(*l*) **Safe Transportation**

The provider shall utilize safe transportation for children when transportation is required for an emergency or a child care activity. This shall include, but not be limited to, the use of child auto safety restraints according to section 14-100a of the Connecticut General Statutes. The provider shall be responsible for compliance with all applicable motor vehicle laws when transporting children.

(m) **First Aid Supplies**

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

(1) Assorted sizes of non-medicated adhesive strips;
(2) Sterile, individually wrapped, three or four inch gauze squares;
(3) A two inch gauze roller bandage;
(4) One roll of hypoallergenic adhesive tape;

(5) Scissors;
(6) Tweezers;
(7) Two instant cold packs;
(8) A non-glass thermometer to measure a child's temperature;
(9) Disposable, nonporous gloves; and
(10) Cardiopulmonary resuscitation mouth barrier.

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

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

(1) Water;
(2) Reliable communication device;
(3) Liquid soap;
(4) Emergency contact numbers for each child;
(5) Any medication and items needed for the administration of medication, if the family child care home engages in the administration of medication under section 19a-87b-17 of the Regulations of Connecticut State Agencies, and any items needed to monitor blood glucose levels under section 19a-87b-18 of the Regulations of Connecticut State Agencies; and
(6) Plastic bags, for storage.

(o) **Protection from Pets**

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

(p) **Smoking**

No provider, household member, staff member or other person shall smoke or use an electronic nicotine delivery system or vapor product as defined in section 21a-415 of the Connecticut General Statutes when a child enrolled in the family child care home is present while family child care services are being provided. The provider shall ensure that all cigarettes, cigars, pipes, ashes, butts, lighters and matches, and any electronic nicotine delivery systems or vapor products, as defined in section 21a-415 of the Connecticut General Statutes are kept out of the reach of children.

(Effective September 1, 1993; Transferred January 29, 1996; Amended March 19, 2021)

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

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

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

(b) **Maintaining Records on Children**

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

(1) Enrollment Form

The provider shall have on file a current enrollment form, including the schedule of days and hours of care, the parent's name, address, telephone numbers, place and telephone number of employment and emergency contact numbers and the child's date of birth and date of enrollment at the family child care home. This form shall be kept for one year after a child ceases to be enrolled in the family child care home.

(2) General health record

(A) The provider shall have a complete and current general health record on file when the child begins attending the family child care home, signed and dated by a physician, physician assistant or advanced practice registered nurse, based on an examination within the past year for infants, toddlers and preschoolers or within the period allowed by schools for older children. A complete and current general health record shall include, but not be limited to, the following information pertaining to the child:

(i) A statement about the child's general health and the presence of any known medical or emotional illness or disorder that would currently pose a risk to other children in care or which would currently affect the child's functional ability to participate safely in a child care setting;

(ii) Allergies;

(iii) Disabilities;

(iv) Ongoing medication; and

(v) An immunization record that includes the month, day, and year of each immunization required for admission as specified in subdivision (1) of subsection (*l*) of this section, and such documentation as is required to confirm age appropriate immunization, immunization in progress or exemption to immunization as defined in subdivision (3) of subsection (*l*) of this section. The immunization record and said documentation of immunizations shall be submitted to the Office upon request.

(B) Medical records for infants, toddlers and preschoolers shall be updated at least annually, and for school age children according to the schedule required by the public school system. An expired health assessment form, as described in section 10-206 of the Connecticut General Statutes, for a school age child may be used to satisfy the physical examination and immunization requirements of this subdivision for a period not to exceed thirty days from the date such form expired.

(C) These records shall be returned to the parent when the child is withdrawn from the family child care home.

(D) A child that has been determined by the provider to meet the definition of homeless children and youths, in 42 USC 11434a, as amended from time to time, may be allowed to attend the family child care home for up to ninety days without meeting the physical examination requirements of section 19a-79-5a(a)(2)(B) of the Regulations of Connecticut State Agencies. A child that is a foster child may be allowed to attend the family child care home for up to forty-five days without meeting the requirements of section 19a-79-5a(a)(2)(B) of the Regulations of Connecticut State Agencies. A record of such determinations under this subparagraph shall be maintained on file at the family child care home for a period of two years after such child is no longer receiving family child care services at the family child care home.

(3) Written Permission from the Parent

The provider shall have on file and shall keep updated the parent's written permission and instructions specifying, but not limited to, the following:

(A) Name, address and telephone numbers of persons permitted to remove the child from the family child care home on behalf of the parent.

(B) Name, address and telephone numbers of emergency medical care provider for the child, including information about the child's dentist, physician or other primary health care provider, and adults to be contacted if the parent cannot be reached.

(C) Any activity away from the family child care home, including days and times.

(D) Transportation of the child from the family child care home by the provider or staff.

(E) The conditions under which the parent will allow swimming when recreational swimming is part of the family child care program.

(F) Arrangements for transitioning children to and from school including, but not limited to, transportation, exact bus pick up and drop off locations, and supervision to be provided during transitioning.

(4) Incident Log

The provider shall have on file an incident log for each enrolled child to record accidents, incidents leading to a report made to the Department of Children and Families pursuant to sections 17a-101 to 17a-101e, inclusive, of the Connecticut General Statutes, injuries, illnesses or unusual behaviors that occur and observations of the child made by the provider during business hours. The incident log shall include a description of the accident, incident, injury, illness or unusual behavior, the date, time of occurrence and location and any action taken by the provider including, but not limited to, whether the child was transported to a hospital emergency room, doctor's office or other medical facility. The incident log shall be available upon request to the Office, and shared with the parent(s) no later than the next business day.

(5) Confidentiality

The provider and staff shall not release any information pertaining to the child or family except in emergencies, or upon request of the Office, police, or Department of Children and

Families, unless the parent of the child gives the provider and staff written permission to release this information.

(c) **Meeting Children's Physical Needs**

The provider is responsible for ensuring that the physical needs of the children are adequately met while receiving family child care services, including the following:

(1) Sufficient Play Equipment

There shall be a sufficient quantity and variety of indoor and outdoor equipment which is appropriate to the needs of the children, their developmental levels and interests and is available for their use. There shall be equipment that encourages large and fine muscle activity, solitary and group play and quiet play. All manufacturer guidelines shall be followed for furniture, equipment and any toy that is accessible to children. Any furniture, equipment or toy that has been identified by the United States Consumer Product Safety Commission as unsafe or subject to recall shall be removed from the facility or repaired as indicated.

(2) Good Nutrition and Hygiene

The family child care program shall include adequate and nutritious meals and snacks, prepared and stored in a safe and sanitary manner including proper refrigeration for perishable foods. Drinking water shall be made available and offered to children throughout the day.

(3) Proper Hygiene

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

(4) Flexible and Balanced Schedule

The provider shall develop and implement a written schedule that is flexible, with time for free choice play, outdoor play, snacks, meals and a rest period.

(5) Proper Rest and Crib Safety

(A) There shall be an individual crib, bed, cot, mat or other provision intended for each child for napping or resting which is age appropriate, comfortable, clean, safe, and allows for minimal disturbance. Children shall nap or rest on such crib, bed, cot, mat, or other provision.

(B) All cribs shall comply with the United States Consumer Product Safety Commission (CPSC) crib standards. To demonstrate that a crib meets the current CPSC crib standards, one of the following must be maintained on file at the family child care home for each crib that is used or accessible to any child in care:

(i) A tracking label, which is a permanent, distinguishing mark on the crib which verifies a date of manufacture on or after June 28, 2011;

(ii) A registration form including the manufacturer's name and contact information, model name, model number, and a date of manufacture on or after June 28, 2011; or

(iii) A Children's Product Certificate or test report from a CPSC-accepted third party laboratory demonstrating compliance with federal crib standards under 16 CFR 1219, as amended from time to time, for full-size baby cribs, or 16 CFR 1220, as amended from time

to time, for non-full size baby cribs.

(6) Personal Articles

For each child in care, there shall be individual bedding, towel and toilet articles appropriate to the needs of the child.

(d) **Individual Plan for Care**

The provider shall establish a planned program of developmentally appropriate activities at the family child care home, which promotes the social, intellectual, emotional and physical development of each child.

(1) The provider shall have an understanding and respect for the needs of children and their families who are bilingual or whose culture may differ from their own.

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

(3) The provider shall maintain in the family child care home a written individual plan of care for each child with disabilities or special health care needs, including but not limited to, allergies, special dietary needs, dental problems, hearing or visual impairments, chronic illness, developmental variations or history of contagious disease who requires special care be taken or provided while the child is at the family child care home. Such plan shall be based on the recommendations of the child's primary health care provider, developed with the child's parent(s) at intake, implemented and updated as necessary to meet the child's changing needs. Such plan shall include appropriate care of the child in the event of a medical or other emergency and shall be signed by the provider, parent(s) and any approved staff members responsible for the care of the child.

(e) **Planning for the Special Needs of Infants**

The provider shall allow infants to crawl or toddle, shall hold them for bottle feedings and at other times while at the family child care home, and shall give them individual attention, and verbal communication.

(f) **Sleep Arrangements for Infants**

(1) Infants under twelve months of age shall be placed in a supine (back) position for sleeping in a well-constructed, free standing crib or other piece of equipment designed for infant sleeping and appropriate for the particular infant under twelve months of age, with a snug fitting mattress covered by a tightly-fitted sheet unless the infant under twelve months of age has written documentation from a physician, physician assistant or advanced practice registered nurse specifying a medical reason for an alternative sleep position or alternate piece of equipment.

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

(3) Notwithstanding the provisions of subdivision (1) of this subsection, no items, including, but not limited to, pillows, soft bumpers, toys and blankets, shall be placed with an infant under twelve months of age in a crib or hung over the side of a crib or other piece of equipment designed for sleeping, except for a pacifier without attachments, unless the

infant under twelve months of age has written documentation from a physician, physician assistant or advanced practice registered nurse specifying a medical reason for such item's use. Bibs and garments with ties or hooks shall be removed from infants under twelve months of age that are placed to sleep. No toys or objects shall be attached to cribs or others pieces of equipment designed for sleeping.

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

(5) No infant under twelve months of age shall be swaddled unless the infant under twelve months of age has written documentation from a physician, physician assistant or advanced practice registered nurse specifying instructions and a time frame for swaddling the infant under twelve months of age.

(6) Infants under twelve months of age shall be physically observed by the provider or staff at least every fifteen minutes to assess the infant's breathing, color, temperature and comfort.

(7) No child under three years of age shall have access to teething necklaces, teething bracelets or other jewelry that could present a choking or strangulation hazard.

(8) The provider shall post in a conspicuous place in the family child care home the requirements of this subsection pertaining to sleep arrangements and discuss with the child's parent(s) the requirements of this subsection pertaining to sleep arrangements prior to enrollment and reviewed as needed during the period of the child's enrollment.

(g) **Diaper Changing**

The provider shall change a child's diapers frequently for the child's comfort. The hands of the provider and child shall be washed with soap and water after each diaper change. Each diapering surface shall be nonporous and disinfected after each use. Waste materials shall be disposed of in a sanitary manner out of the reach of children.

(h) **Giving Parents Information and Access**

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

(1) Opportunities to observe the child care home in operation prior to enrollment, as well as following enrollment.

(2) Immediate access to their child while the child is at the facility.

(3) Opportunities prior to enrollment as well as following enrollment to discuss the child's needs and the family child care program and policies, including the type of records the provider is required to keep and license capacity.

(4) Daily information about the child.

(5) Immediate information about any accident involving the child, or any illness or injury to the child which occurred or was detected while the child was receiving family child care

services.

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

(7) Dates and times staff will be providing child care services.

(8) Information about the presence of any contagious illness affecting children, staff or household members at the family child care home.

(9) An opportunity to see and review the provider's copy of the last inspection form completed by Office staff, upon the request of the parents of a child receiving family child care services or any parents who wish to place their child in the family child care home.

(10) Access to observe and review, in accordance with the provisions of section 10-514 of the Connecticut General Statutes, the document regarding developmental milestones, created by the Office pursuant to said section 10-514.

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

(i) **Supervision**

The provider shall be responsible for the supervision of the children at all times, indoors, outdoors and on excursions. The provider shall be either indoors or outdoors with all children in care unless an approved staff is present to provide supervision. For purposes of this subsection, "supervision" means guidance of the children's behavior and activities to insure their health, safety, and well being. It is done by a provider who is within effective sight or sound of the children. Monitoring devices shall not replace supervision by the provider.

(1) Personal Schedule

The provider's personal schedule shall ensure that the provider has sufficient rest for alert and competent attention to the children receiving family child care services.

(2) Full Attention

The provider shall not engage in any activity while on duty during customary business hours that distracts his or her attention from providing family child care services. Such activities shall include, but not be limited to, other employment, volunteer services, recreation, hobbies, excessive use of telephones, cell phones, computers or television or frequent or prolonged socialization with adults.

(3) Immediate Attention

The provider shall give an injured, ill, or distressed child immediate appropriate attention.

(4) Substitute Care

The provider shall not leave the presence of the children in care unless and until the substitute or emergency caregiver has assumed the provider's responsibilities and is actually present with the children in care.

(j) **Appropriate Discipline Practices**

The provider is responsible for the behavior management methods used in the family child care home and shall communicate them to staff.

(1) The provider shall use only developmentally appropriate behavior management methods such as positive guidance, redirection, and setting clear limits that encourage

children to develop self- control, self-discipline, and positive self-esteem, while also protecting them from harm to themselves or others.

(2) The provider shall discuss behavior management methods used in the family child care home with the child's parent(s) prior to enrollment and regularly during the period a child remains enrolled.

(k) **Child Protection**

(1) The provider shall not engage in, nor allow, abusive, neglectful, physical, corporal, humiliating or frightening treatment or punishment, including, but not limited to, spanking, slapping, pinching, shaking or striking children, and shall not tie nor bind children and shall not restrain children except in appropriate circumstances for the protection and safety of the children or others. The provider shall not engage in nor allow anyone else to engage in any sexual activity with the children in care.

(2) The provider or substitute shall notify the Office no later than the next business day of:

(A) The death of any child enrolled in the family child care home, if the child died while receiving family child care services or if the child died of a contagious disease.

(B) Any injury to a child that occurs while the child is receiving family child care services which results in a diagnosed fracture, diagnosed second or third degree burn, diagnosed concussion, the child being admitted to a hospital or the child's death.

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

(*l*) **Immunization Requirements**

(1) A child seeking admission to or attending a family child care home shall be protected as age-appropriate by adequate immunization against any disease for which vaccination is recommended in the current schedule for active immunization adopted by the Commissioner of Public Health in accordance with section 19a-7fof the Connecticut General Statutes .

(2) The provider shall admit no child to a family child care home unless such child's parent furnishes documentation of age-appropriate immunization, immunization-in-progress or exemption to immunization as specified in subdivision (3) of this subsection. No enrolled child shall be permitted to attend a family child care home for more than thirty days after such enrolled child fails to meet the requirements of subdivision (3) of this subsection.

(3) For each enrolled child, the provider shall obtain from the child's parent and keep on file at the family child care home one or more of the following types of documentation for each immunization against any disease for which vaccination is recommended in the current schedule for active immunization adopted by the Commissioner of Public Health in accordance with section 19a-17f of the Connecticut General Statutes:

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

(C) A 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 of such child, made in accordance with the provisions of section 19a-87b of the Connecticut General Statutes. Such statement shall be signed by the child's parent.

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

(5) The immunization requirements described in this subsection may be temporarily waived for homeless children and youth and foster children in accordance with the provisions of section 19a-87b of the Connecticut General Statutes.

(Effective September 1, 1993; Amended August 8, 1995; Transferred January 29, 1996; Amended August 29, 1996; Amended December 28, 1999; Amended March 19, 2021)

Sec. **19a-87b-11. Sick Child Care**

(a) A family child care provider may choose to continue caring for a mildly ill child under the following circumstances:

(1) The child does not have a fever exceeding 101 degrees Fahrenheit, more than one undiagnosed episode of diarrhea or vomiting, or an undiagnosed skin rash.

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

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

(Effective September 1, 1993; Transferred January 29, 1996; Amended March 19, 2021)

Sec. 19a-87b-12. Night Care

(a) The provider is responsible for meeting the following additional conditions if night care is provided for one or more hours between the hours of 10:00 p.m. and 5:00 a.m.:

(1) A Separate Bed or Crib

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

(2) Proper Location of the Bed or Crib

The bed or crib shall be located in a quiet part of the family child care home. A child six years of age or older, shall not be in a room shared with any adult, nor with another child of the opposite sex unless the children are siblings and the provider maintains at the family child care home written parent permission consenting to such sleep arrangement. For a child younger than three years of age, the bed or crib shall be on the same floor as the provider.

(3) Appropriate, Comfortable Sleepwear

In preparation for sleep, the child shall be dressed in appropriate, comfortable sleepwear as agreed to by the parent of the child.

(Effective September 1, 1993; Transferred January 29, 1996; Amended March 19, 2021)

Sec. 19a-87b-13. Office Access, Inspections and Investigations

(a) Access

The provider, assistant, emergency caregiver or substitute shall allow the Office immediate access during customary business hours to the facility named on the license whenever the Office seeks to perform an inspection. Photo identification of the Office staff member shall be provided upon request. If consent is not granted, the Office shall not enter the home. Any failure to allow immediate access during customary business hours to the facility is deemed substantial noncompliance with this regulation and is an automatic ground for the commissioner to initiate license suspension or revocation proceedings.

(b) **Inspection of Facility**

The provider or substitute shall allow the Office to inspect, upon request, any part of the facility during the performance of an inspection during customary business hours. If consent is not granted to inspect any part of the facility, the Office shall not inspect that part of the facility. However, failure to allow a complete inspection may be grounds for the initiation of license suspension or revocation proceedings. Failure to respond to Office requests to schedule an inspection may constitute failure to allow a complete inspection. A copy of the inspection form shall be provided to the provider.

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

The provider or substitute shall allow the Office to inspect, upon request, any records required to be maintained under sections 19a-87b-1 to 19a-87b-18, inclusive, of the Regulations of Connecticut State Agencies, including enrollment records with information on the parents' names, addresses and telephone numbers. The Office shall have the right at any time to contact and interview parents of any child who is receiving, or who has received, family child care services from the family child care home. With parental permission, the

Office may also talk to children in care who are receiving such services or who have received said services concerning the operation of the family child care home.

(d) **Announced Inspections**

The Office shall make announced inspections at the facility at the time of initial application or when there is a change of circumstances affecting the provider's license such as a move to a new address where family child care services are to be provided.

(e) **Spot Inspections**

The Office shall make unannounced inspections, during customary business hours, to each licensed family child care home at least once each year.

(f) **Complaint Investigations**

The Office shall make unannounced inspections to the family child care homes of licensed or unlicensed providers against whom complaints are lodged.

(Effective September 1, 1993; Transferred January 29, 1996; Amended March 19, 2021)

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

(a) **Anonymity of Complainant**

Any individual making a complaint against a family child care applicant or provider may do so anonymously. If a complainant reveals his or her identity and requests confidentiality, the Office shall not disclose the complainant's identity unless mandated by state or federal law.

(b) **Duty to Investigate**

The Office shall investigate each complaint that it receives concerning a licensed or unlicensed family child care home provider who is allegedly out of compliance with the requirements set forth in these regulations and any applicable provisions of the Connecticut General Statutes.

(c) **Unannounced Inspection; Notice and Interview**

The investigation of a complaint may involve an unannounced inspection of the facility of the provider against whom the complaint was made. The Office shall inform the provider that the inspection is being conducted pursuant to a complaint, and shall describe the nature of the complaint and alleged violations. The provider shall consent to an interview regarding the complaint, and shall discuss the subject matter of the complaint, so that the Office can assess its validity.

(d) **Interviews**

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

(1) Parents and relatives of children receiving care;
(2) Children receiving care with parental permission;
(3) Social workers from the Department of Children and Families;
(4) Persons mentioned in the complaint;
(5) State and local officials;

(6) Law enforcement personnel;

(7) The provider and any current or past substitutes and assistants; and

(8) Other individuals who may have information which may assist in the investigation of a complaint.

(Effective September 1, 1993; Amended August 8, 1995; Transferred January 29, 1996; Amended March 19, 2021)

Sec. 19a-87b-15. Agency Action and Appeal Rights

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

(1) Revocation of the license or approval;

(2) Suspension of the license or approval for a specific time period, or until regulatory compliance is secured, or conditions deemed necessary to protect the health, safety and welfare of the children cared for in the family child care home are met;

(3) The imposition of a civil penalty of up to one hundred dollars per day of violation of sections 19a-87b-1 to 19a-87b-18, inclusive, of the Regulations of Connecticut State Agencies; or

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

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

(B) Placement of restrictions upon the operation of the family child care home deemed necessary to protect the health, safety and welfare of the children cared for in the family child care home; and

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

(b) **Denial of Applications and Renewals**

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

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

Summary suspension of a family child care home license or approval, pending

proceedings for revocation or other action, including the completion of a Department of Children and Families investigation, may be ordered pursuant to subsection (c) of section 4-182 of the Connecticut General Statutes, whenever the commissioner finds that the health, safety, or welfare of children in care requires emergency action and incorporates a finding to that effect in his order.

(d) **Request for a Hearing**

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

(e) **Parental Notification**

In all cases where a summary suspension order of a license or approval has been issued in conjunction with a notice of proposed agency action, the provider shall so notify the parents of all children who would be expected to use the family child care home during the period of suspension. Such notification shall also be required when so ordered by the commissioner in any notice of proposed agency action, which does not contain a summary suspension order. The notification described in this section shall be given not later than twenty-four hours after receipt by the provider of the notice of proposed agency action.

Nothing in this section shall prevent the Office from directly notifying parents of children in care.

(f) **Operating a Family Child Care Home Without a License; Civil Penalty**

Any person or officer of an association, organization or corporation who shall establish, conduct, maintain or operate a family child care home without a current and valid license or in violation of sections 19a-87b-1 to 19a-87b-18, inclusive, of the Regulations of Connecticut State Agencies is subject to a civil penalty of not more than one hundred dollars per day for each day that such family child care home is operated without a license or is in violation of sections 19a-87b-1 to 19a-87b-18, inclusive, of the Regulations of Connecticut State Agencies pursuant to sections 19a-79(b) and 19a-87c of the Connecticut General Statutes.

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

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

Connecticut General Statutes.

(Effective September 1, 1993; Amended August 8, 1995; Transferred January 29, 1996; Amended March 29, 2001; Amended March 19, 2021)

Sec. 19a-87b-16. Public Access to Information

(a) **Routine Requests**

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

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

(2) License number;

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

(4) Expiration date of the license;

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

(6) The date of the last inspection made by the Office; and

(7) The status of any existing corrective action plan required to bring the provider into compliance with regulations.

(Effective September 1, 1993; Transferred January 29, 1996; Amended March 19, 2021)

Sec. 19a-87b-17. Administration of Medication

For purposes of the administration of medication at a family child care home, the provider shall comply with all requirements of this section and shall have written policies and procedures at the family child care home governing the administration of medication 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. Such policies and procedures shall be available for review by the Office during any inspection or upon demand and shall reflect best practice.

(a) **Administration of Nonprescription Topical Medication Only**

(1) Description

For the purposes of this section nonprescription topical medication 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 medication.

(2) Administration of Nonprescription Topical Medication and Parent Permission Records

The written permission of the parent(s) shall be required prior to the administration of the nonprescription topical medication and shall be kept on file at the family child care

home for each child administered a nonprescription topical medication. The administration of medication shall be only in accordance with the written permission of the parent(s). The parent(s) shall be notified immediately of any medication error. Written notice of such medication error shall be sent thereafter to the parent(s) not more than seventy two hours after the medication error occurred, and such medication error shall be documented in the child's health record.

(3) Nonprescription Topical Medication; Labeling and Storage:

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

(i) The 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). An expired medication shall be destroyed in a safe manner or returned to the parent(s).

(b) **Administration of Medication Other Than Nonprescription Topical Medication**

(1) Training Requirements

(A) Prior to the administration of medication, the provider and any substitute(s) who are responsible for the administration of medication shall first be trained by a pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse in the methods of administration of medication and shall receive written approval from the trainer which indicates that the trainee has successfully completed a training program as required by this subsection. A provider or substitute trained and approved for the administration of medication shall also be present whenever a child who has orders to receive medication is enrolled and present at the family child care home.

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

(i) Objectives;

(ii) A description of methods of the administration of medication including principles and techniques;

(iii) Administration of 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 authorized prescribers and the administration of medication record;

(ix) Safe handling including receiving medication from a parent, 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) Oral, Topical and Inhalant Medication

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

(D) Injectable Medication by a Premeasured Commercially Prepared Auto-Injector

In addition to the training requirements in subparagraphs (A) and (B) of this subdivision, before a provider or substitute may administer injectable medication, the provider or substitute shall have successfully completed a training program on the administration of injectable medication by a premeasured commercially prepared auto-injector. The trainer who shall be a pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse, shall assure that the provider or substitute understands the indications, side effects, handling and methods of administration for such injectable medication. After completing such training, the provider or substitute shall annually have his or her skills and competency in the administration of injectable medication reviewed and validated by a pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse. Injectable medication by a premeasured commercially prepared auto-injector shall only be given in emergency situations. A provider or substitute trained in the use of a premeasured commercially prepared auto-injector used to treat an allergic reaction shall be present whenever a child who has a prescription for a premeasured commercially prepared auto-injector used to treat an allergic reaction is enrolled and present at the family child care home.

(E) Rectal Medication

In addition to the training requirements in subparagraphs (A) and (B) of this subdivision, before a provider or substitute may administer rectal medication, the provider or substitute shall have successfully completed a training program on the administration of rectal medication. The trainer, who shall be pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse, shall assure that the provider or substitute understands the indications, side effects, handling and the methods of administration for

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

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

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

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

(2) Training Approval Documents and Training Outline

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

(B) The written approval shall include:

(i) The full name, signature, title, license number, address and telephone number of the

pharmacist, physician, physician assistant, advanced practice registered nurse or registered nurse who gave the training;

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

(iii) A statement that the required curriculum areas listed in subdivision (1) of subsection (a) of this section 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 provider or substitute who completed the training successfully; and

(v) The expiration date of the approval.

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

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

(A) Except for nonprescription topical medication described in subdivision (1) of subsection (a) of this section, 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 family child care home. Such medication may include:

(i) Oral medication;

(ii) Topical medication;

(iii) Inhalant medication;

(iv) Injectable medication, by a premeasured commercially prepared auto-injector, to a child with a medically diagnosed condition who may require emergency treatment;

(v) Rectal medication; and

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

(B) The written order from an authorized prescriber shall be on a form or forms which shall indicate that the medication is for a specific child and shall contain 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 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 substance, as defined in section 14-1 of the Connecticut General Statutes;

(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 medication;

(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 medication by the provider or substitute.

(C) If the authorized prescriber determines that the training of the provider or substitute is inadequate for the safe administration of medication to a particular child, or that the means of administration of medication is not permitted under this section, that authorized prescriber may order that such administration be performed by licensed medical personnel with the statutory authority for the administration of medication.

(D) The administration of medication by the provider or substitute shall be in accordance with the written order of the authorized prescriber and shall not administer the first dose of any medication, except in an emergency. The parent shall be notified immediately of a significant medication error or a medication error, and notified in writing not later than seventy-two hours after the significant medication error or medication error occurred, and the error shall be documented in the medication administration record. Significant medication errors shall also be reported immediately to the Office by telephone and in writing no later than the next business day.

(E) Investigational drugs shall not be administered.

(4) Required Records

(A) Except for nonprescription topical medication described in section subparagraph (1) of subsection (a) of this section, individual written medication administration records for each child shall be maintained, reviewed prior to administering each dose of medication and kept on file at the family child care home. The medication administration record shall become part of the child's health record when the course of medication has ended.

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

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

(ii) The name of the medication;

(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 medication;

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

(vii) The signature in ink of the provider or substitute 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) Significant medication errors and medication 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 administration of medication; and

(iv) The date of the prescription.

(B) Except for nonprescription topical medication described in subparagraph(1) of this subsection (a) of this section, and medication described in subparagraph (C) of this subdivision, 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. Only staff trained for the administration of medication pursuant to this section shall be permitted to access such area or container. Controlled substances, as defined in section 14-1 of the Connecticut General Statutes shall be stored in accordance with section 21a-262-10 of the Regulations of Connecticut State Agencies.

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

(D) All unused or expired medication, except for controlled substances, as defined in section 14-1 of the Connecticut General Statutes, shall be returned to the parent(s) or disposed of if it is not picked up within one week following the termination of the order, in the presence of at least one witness. The family child care home shall keep a written record of the medication disposed of for three years which shall be signed by both parties.

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

(6) Children enrolled at the family child care home may self-administer medication with documented permission from the parent(s) and authorized prescriber. Children may request and receive assistance from the provider or substitute in opening containers or packages or replacing lids. Medication to be self-administered shall be stored in accordance with subdivision (5) of this subsection).

(7) Petition For Special Medication Authorization

(A) A provider may petition the Office for the administration of medication to a child cared for at the family child care home by a modality which is not specifically permitted under this section by submitting a written application to the Office including the following information:

(i) A written order from an authorized prescriber containing the information for the

specific child set forth in subparagraph (B) of subdivision (3) of this subsection and a statement that the administration of medication by the requested modality is the only reasonable means of providing medication and that the administration of medication is necessary during hours of the child's attendance at the family child care home;

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

(iii) The 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 Office deems necessary to evaluate the petition request.

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

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

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

(iii) A statement that the curriculum was successfully mastered and stating the modality of administration of medication that the trainee has been approved to administer; and

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

(C) Copies of all documentation required under this subsection shall be maintained for a period of two years at the family child care home. The requirements of subdivisions (4) and (5) of this subsection shall apply to the administration of medication authorized by petition.

(c) **Cease and Desist Orders**

If the Office determines that the health, safety or welfare of a child in the family child care home imperatively requires emergency action to halt the administration of medication

by a provider or substitute in a family child care home, the Office may issue a cease and desist order requiring the immediate cessation of the administration of medication by a provider or substitute in the family child care home. The Office shall provide an opportunity for a hearing regarding the order no later than ten business days after of the date the order is issued. Upon receipt of the order, the provider or substitute shall cease the administration of all medication and provide immediate notification to the parents of all children under the provider's care that the administration of medication shall not be allowed at the family child care home until such time as the cease and desist order is terminated.

(d) **Emergency Distribution of Potassium Iodide.** Notwithstanding any other provisions of the Regulations of Connecticut State Agencies, during a public health emergency declared by the Governor pursuant to section 2 of public act 03-236 and, if authorized by the Commissioner of Public Health via the emergency alert system or other communication system, a family day care home provider licensed in accordance with section 19a-87b of the Connecticut General Statutes, or a substitute or an assistant approved in accordance with section 19a-87b-8 of the Regulations of Connecticut State Agencies and located at a family day care home, within a 10-mile radius of the Millstone Power Station in Waterford, Connecticut, shall be permitted to distribute and administer potassium iodide tablets to adults present or to a child in attendance at the family day care home during such emergency, provided that:

(1) Prior written consent has been obtained by the family day care home provider for such provision. Written consent forms shall be provided by the family day care home provider to the parent(s) or guardian(s) each child currently enrolled or employees currently employed by the family day care home provider promptly upon the effective date of this subdivision. Thereafter, written consent forms shall be provided by the family day care home provider to the parent(s) or guardian(s) of each minor child upon enrollment and to each new employee upon hire. Such documentation shall be kept at the facility;

(2) Each person providing consent has been advised in writing by the family day care home provider that the ingestion of potassium iodide is voluntary;

(3) Each person providing consent has been advised in writing by the family day care home provider about the contraindications and the potential side effects of taking potassium iodide, which include:

(A) persons who are allergic to iodine should not take potassium iodide;

(B) persons with chronic hives, lupus, or other conditions with hypocomplementemic vasculitis should not take potassium iodide;

(C) persons with Graves disease or people taking certain heart medications should talk to their physician before there is an emergency to decide whether or not to take potassium iodide; and,

(D) side effects including minor upset stomach or rash.

(4) Only family day care home providers who have read the regulations pertaining to the administration of potassium iodide and approved substitutes and approved assistants who have been instructed by the family day care home provider in the administration of

potassium iodide may distribute and administer potassium iodide to adults or minors for whom written consent has been obtained. Such instruction shall include, but not be limited to the following:

(A) the proper use and storage of potassium iodide;

(B) the recommended dosages of potassium iodide to be administered to children and adults as prescribed by the Food and Drug Administration.

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

(Adopted effective November 3, 1997; Amended January 4, 2005; Amended March 19, 2021)

Notes: Subsection (d) was inadvertantly omitted from the version published on 3-19-2021 and has been restored. (April 22, 2021)

Sec. 19a-87b-18. Monitoring of Diabetes

(a) **Policy and Procedures**

(1) All family child care homes at which the provider or substitute 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 or guardian 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 Office during family child care home inspections or upon demand.

(b) **Training**

(1) Prior to the administration of finger stick blood glucose tests, the provider or substitute shall have completed the following training requirements:

(A) A course in first aid described in section 19a-87b-6(c) of the Regulations of Connecticut State Agencies, as verified by a valid first aid certificate on file at the family child care home; and

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

(i) The 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 family child care home.

(3) Documentation that the provider or substitute has been trained to administer finger stick blood glucose tests shall be in writing and kept at the family child care home for review by the Office. 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 providers and substitutes trained in accordance with subsection (b) of this section may administer the finger stick blood glucose test in a family child care home.

(2) Whenever a child diagnosed with diabetes mellitus who has orders to receive finger stick blood glucose monitoring is enrolled and present at the family child care home, a provider or substitute designated and trained to administer finger stick blood glucose tests shall be present at the family child care home.

(3) Upon the written authorization of the child's physician, physician assistant, or advanced practice registered nurse, and the child's parent or guardian, a child may self-administer the finger stick blood glucose test under the direct supervision of the provider or substitute who has met the training requirements in subsection (b) of this section.

(d) **Equipment**

(1) The child's parent or guardian shall supply the provider with the necessary equipment and supplies to meet the child's individual needs. Such equipment and supplies shall include at least the following items:

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

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

(C) Tissues or cotton balls; and

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

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

(3) The provider shall obtain a signed agreement from the child's parent or guardian that the parent or guardian agrees to check and maintain the child's equipment in accordance

with manufacturer's instructions, restock supplies, and removes material to be discarded from the family child care home on a daily basis. All materials to be discarded shall be kept locked until it is given to the child's parent or guardian for disposal.

(e) **Record Keeping**

The provider shall keep the following records at the family child care home as part of the child's medical record, and shall update them annually or when there is any change in the information:

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

(A) The child's name;

(B) The diagnosis of diabetes mellitus;

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

(D) The test schedule;

(E) The target ranges for test results;

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

(G) Diet requirements and restrictions;

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

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

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

(A) The child's name;

(B) The parent's or guardian's name;

(C) The parent's or guardian's address;

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

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

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

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

(H) The signature of the parent or guardian;

(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 provider or substitute shall ensure that the child's parent or guardian receives, on a daily basis, 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.

(Adopted effective June 30, 1998; Amended March 19, 2021)

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