

## Summary of **Proposed** Changes to the Regulations for Child Care Centers and Group Child Care Homes

### **Section 19a-79-1a. Definitions**

- Makes changes consistent with the transition of licensing from the Department of Public Health to the Office of Early Childhood
- Changes “child day care center” to “child care center” and “group day care home” to “group child care home”
- Defines “disinfection” and “sanitize” to provide clarity as to how this is accomplished
- Defines a “field trip” and “hazard”
- Redefines a “meal” as the food served and eaten in one sitting containing the three food components for breakfast or the five food components for lunch and supper
- Adds and modifies several definitions
- Defines night care as the care provided for one or more hours between the hours of 10:00 PM and 5:00 AM
- Recognizes coaching as a form of professional development

### **Section 19a-79-2a. Licensure procedures**

- Clarifies that the local health department shall inspect the child care center or group child care home at least every two years

### **Section 19a-79-3a. Administration**

- Requires the operator to comply with all federal laws and regulations
- Changes the requirement for programs to discuss techniques used to manage children with parents to requiring programs to inform the parents
- Specifically lists spanking, slapping, pinching, shaking and striking children as prohibited treatments or punishments imposed by the operator and staff
- Changes in fees no longer must be reported to the OEC
- Changes in the Legal Representative shall be reported to the OEC within five business days after the change
- The operator no longer shall report changes in policies, plans and procedures to the OEC
- Daily attendance records shall now be kept on file at the facility for one year vs. two years
- The content required of the program’s policies, plans and procedures regarding emergencies is clearly spelled out
- The current fire marshal certificate, food service certificate, emergency plans and radon test results have been removed from the list of items that must be posted
- The posting of a document regarding developmental milestones created by the OEC is now included on the list of items that must be posted
- Documentation pertaining to the program’s license and operations that shall be maintained on file is specified
- Eliminates the requirement that the operator shall provide the OEC with copies of all service contracts or agreements but rather shall provide such contracts or agreements upon request
- Requires the written authorization deeming a child that is 32-36 months of age to be 3 years of age to be kept on file at the program
- Clarifies that the operator shall not exceed the program’s licensed capacity
- The operator shall respond to the OEC requests for information or documentation within the time period and in the manner specified by the OEC
- The operator shall not furnish any false or misleading documents or statements

#### **Section 19a-79-4a. Staffing**

- The timeframe for which medical statements for existing staff are current has changed from 24 to 36 months
- The requirement for a tuberculosis test has been eliminated
- The requirement that programs shall submit documentation regarding the completion of background checks in a manner specified by the OEC is included
- Requires the operator to conduct employment history checks on all prospective program staff
- Specifies that staff that have a record that renders them unsuitable shall not be employed
- A group size of 20 children may now be exceeded during field trips, outdoor play, and activities organized by program staff exclusively for school age children provided staff child ratios are maintained
- Requires the director be twenty years of age or older
- Clarifies the requirements for an individual to be approved as a head teacher
- Requires group child care homes to have a CPR trained staff present during all operational hours
- Specifies that acceptable CPR certification shall be based on a hands-on demonstration of the individual's ability and a CPR trained staff shall respond to all medical emergencies
- The OEC will no longer approve first aid courses. All first aid courses, appropriate to the ages served, by the ARC, AHA, National Safety Council, American Safety and Health Institute, Medic First Aid International, Inc. and courses approved by the OEC as of March 17, 2018 will be acceptable. First aid certification shall be based on a hands-on demonstration of the individual's ability to provide first aid. A first aid trained staff shall respond to all situations requiring first aid
- Verification of staff professional development shall be maintained on site at the facility and submitted upon request by the OEC but a written plan for staff professional development is no longer required. Professional development shall include online health and safety training designated by the OEC and the list of professional development topics that are acceptable toward the 1% of total hours worked are included
- Reduces the experience requirement for an education consultant with an Associates or higher degree in early childhood education, child development or human development from two years to one year. The degree and credits of the education consultant used in a program that serves exclusively school age children may be in elementary education, after school education or other fields that specialize in the development and education of child ages five to twelve years as recognized by the OEC
- Clarifies that an individual may not serve as the education consultant for a program with the same operator as a program in which the individual provides direct care or direct program supervision in a non-consultative role
- Removes the requirement for a dental consultant
- The annual review of policies, plans and procedures that must be conducted by the consultants are limited to the services provided by the consultant; the consultative services to be provided to the program shall include seeking and supporting the collaboration of multiple consultants serving the program
- The duties required of the education consultant are specifically listed

#### **Section 19a-79-5a. Record keeping**

- A program's responsibility to maintain confidentiality of medical or other personal information is specified
- The length of time a program shall maintain children's records after disenrollment is specified

- The factors that necessitate the need for an individual plan of care are specified
- Programs must maintain documentation of incidents that are required to be reported to DCF and any behaviors exhibited by a child while at the facility that prompts the program to alter the manner in which care is provided to the child
- The operator must immediately notify the parent if their child exhibits or develops an illness or is injured while in care
- The injuries that must be reported to the OEC has been expanded to include a diagnosed fracture, diagnosed second or third degree burn, and a diagnosed concussion
- A child who is determined homeless may now be allowed to attend the child care program for up to 90 days without the physical examination. A foster child may now be allowed to attend the child care program for up to 45 days without the physical examination
- Video recordings created at the program shall be maintained for a period of not less than thirty days and shall be made immediately available to the OEC upon request

#### **Section 19a-79-6a. Health and safety**

- Clarifies that meals and snacks provided by the program shall be nutritionally adequate as recommended by the United States Department of Agriculture, 7 Code of Federal Regulations 226.20, as amended.
- Changes the refrigeration temperature for perishable foods to forty-one degrees to be consistent with the federal code that has been adopted by Connecticut
- Require child care centers that prepare food to maintain on site a copy of a food inspection report issued by the local health department and make available to the OEC upon request
- Programs that serve exclusively school age children do not have to separate the kitchen by a door or gate from rooms used by the children
- The requirements regarding the availability of a first aid kit are more clearly specified
- Water and liquid soap do not need to be in the first aid kit if it is readily accessible
- Two triangular bandages with safety pins and a current first aid chart or manual are no longer required in the first aid kit
- A child who is determined homeless may now be allowed to attend the child care program for up to 90 days without meeting the immunization requirements. A foster child may now be allowed to attend the child care program for up to 45 days without meeting the immunization requirements

#### **Section 19a-79-7a. Physical plant**

- Specifies that all indoor and outdoor space shall be inspected and approved by the OEC prior to being used for child care services
- Specifies that the OEC may refuse to grant approval to increase space or licensed capacity if the operator has failed to comply with the regulations
- Specifies that indoor and outdoor space at the same address as the facility shall not be used for field trips without prior OEC approval. When space at the same address as the facility is used for field trips, written parent permission shall be obtained and such parent(s) shall be advised such space is not inspected and approved by the OEC
- The level of maintenance for programs that serve exclusively school age children is distinguished from programs that serve younger children
- The requirement that an operator may be subject to environmental testing of the building when chemicals are suspected is indicated

- The site for water testing and method for testing water are specified. The analysis of water samples shall be conducted by a registered environmental laboratory. Additional water tests may be required
- Drinking water shall be available and accessible to children at all times including at all meals and snacks
- The instances when the requirements for water testing are not applied to programs in schools are specified
- The requirements for comprehensive lead testing of buildings that were constructed prior to 1978 are specified
- The requirement for a designated toilet and sink for staff has been removed
- All windows shall be protected to prevent falls
- No person shall smoke or use an electronic nicotine delivery system or vapor product within or on the grounds of the program
- The requirements pertaining to window screening and electrical outlets has been limited to programs that serve children less than school age
- For programs serving children under five (vs. six) years of age there shall be at least one toilet and one sink with hot and cold running water for every sixteen children.
- A mechanism for individual hand drying must be available but it does not specifically have to be single use disposable towels
- Backpacks, handbags, purses or other bags belonging to adults or staff for carrying personal articles shall not be accessible to children
- Thermometers shall not contain mercury; programs that serve exclusively school age children may use space with a temperature less than 65 degrees provided it is comfortable
- Rugs no longer need to be secured to the floor provided they do not cause a tripping or slipping hazard
- An on-site telephone providing direct contact for parents and the OEC shall be provided at all times children are present
- The regulations now allow for other equivalent measurements of lighting in addition to candle feet
- Programs that serve exclusively school age children may use space with less lighting provided it is comfortable
- Lighting sufficient to visualize children while napping and sleeping is required
- The handling, storage and labeling requirements for hazardous substances and materials are specified; hazardous substances and materials shall be stored inaccessible to children vs. in a separate locked area
- The requirements for radon testing are clearly specified; programs located in facilities subject to the requirements related to radon testing in school buildings do not need to conduct radon testing
- It is clarified that rooms used for an exclusive purpose including napping or eating shall be deducted when calculating total indoor usable space
- When cots are shared, wiping down the surface with a general purpose cleaning agent is sufficient rather than disinfecting
- The regulations now clearly state that all manufacturer guidelines shall be followed for furniture, equipment and toys
- The regulations specify that indoor play equipment for climbing shall have a shock absorbing surface, under and around, that shall effectively cushion the fall of a child. Carpet is not considered a shock absorbing surface.

- The regulations now clearly state that any furniture, equipment and toy that has been identified as unsafe or has been subject to recall by the USCPSC guidelines or law shall be removed or repaired as indicated
- Requirements for shock absorbing material on outdoor playgrounds are more clearly spelled out
- The regulations now specify that outside equipment shall only be anchored for stability when recommended by the manufacturer
- The requirements for barring children's access to bodies of water are more clearly spelled out
- The types of locks that are acceptable to bar access to bodies of water are specified
- The requirements related to unprotected glass, individual clothing storage, water temperature, rest equipment, rust and chipping paint, hardware, and fences shall not apply to programs that serve exclusively school age children

#### **Section 19a-79-8a. Educational requirements**

- Programs serving children less than school age shall develop daily or weekly plans and such plans shall now incorporate skills across multiple domains; the required content of the written plan has been modified
- The regulations now specify that the program shall offer opportunities for outdoor moderate and vigorous activity for children three years of age or older
- The regulations specify requirements for children's access to computers, phones and other electronic equipment

#### **Section 19a-79-9a. Administration of medications**

- The regulations now specify that nonprescription topical medications shall only be administered in accordance with written parental permission
- The regulations now specify that the parent shall be immediately notified of any medication error and in writing in no more than 72 hours after the medication error occurred; significant medication errors shall also be reported to the OEC by telephone and in writing no longer than the next business day
- The maintenance of a medication administration record (MAR) for nonprescription topical medications is no longer required; the MAR for other medications no longer must be written in ink
- A Connecticut licensed pharmacist has been added to the list of acceptable medication administration trainers
- Training required is specific to the type of medication being administered. The submission of a request for the administration of rectal medication and medications other than by a premeasured commercially prepared auto-injector is no longer required, however specified training is required
- The regulations now require that the training approval and outline for the medication training shall be maintained at the facility for three years
- The regulations now require that the written record of any medications destroyed shall be maintained at the facility for three years

#### **Section 19a-79-10. Under three endorsement**

- The staff child ratio for two year olds is 1:5 with a group size of 10
- The regulations specify that equipment and furniture shall be used in accordance with manufacturer guidelines

- The regulations now clearly specify that cribs or other furniture intended for infant sleeping must meet the CPSC requirements and documentation demonstrating compliance must be maintained on site at the program; the required documentation is specified
- Programs are no longer required to submit their plan for cloth diapers or training pants to the OEC for approval
- The hands of staff and children now only need to be washed after each diaper change but not before
- When cots are shared, wiping down the surface with a general purpose cleaning agent is sufficient rather than disinfecting
- Nothing shall be placed in or hung over the side of a crib or other piece of equipment designed for sleeping except for a pacifier without attachments
- Requires the removal of bibs and garments with ties and hoods from infants when placed to sleep
- No toys or objects shall be attached to sleeping or rest equipment
- Swaddling of infants is prohibited unless written documentation from a practitioner is obtained
- Specifies no child under 3 years of age shall have access to teething necklaces, teething bracelets or other jewelry that could present a choking or strangulation hazard
- The frequency and purpose of physically observing sleeping infants is specified
- Written policies and procedures for sleep arrangements shall be developed and posted in the areas where infants sleep. The parent(s) shall be informed of such policies and procedures
- Toys used for infants and toddlers shall be sanitized vs. disinfected
- Toys and other objects with parts that have a diameter of less than one and one-quarter inches, balloons and Styrofoam objects may be accessible to children under three years of age if such objects are part of a designated and directly supervised activity
- The storage of plastic bags is specified
- When referring to children's attendance when specifying the frequency of health consultant visits required, the regulations now define a full day as five hours or more per day and a part day as less than five hours per day
- The height of a fence used to enclose infant toddler play space is now specified as four feet
- The Operator shall have measures in place to ensure the health and safety of children who are under the age of three years and who have access to impact absorbing materials that consist of uniform pieces of material which have a diameter of less than one and one quarter inches.

**Section 19a-79-11. School age children endorsement**

- The regulations are more specific of the content of the written daily plan for programs that serve school age children
- The requirements for approval as a head teacher in a school age program have been reduced

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

- Specify that verification of staff training to administer finger stick blood glucose tests shall be kept on file for three years
- Allows for the daily parental notice of blood glucose test results and action taken to be in a form other than in writing