

## COVID-19 Waivers

The Commissioner of the Office of Early Childhood has temporarily waived the below requirements in accordance with the Executive Orders issued by the Governor during the COVID-19 Pandemic. The below waivers do not extend beyond the period of the declared state of emergency.

### **LICENSING WAIVERS AND MODIFICATIONS (Executive Orders No. 9 and 9A)**

- **Health Records.** Health records on file prior to the declared state of emergency for children enrolled in licensed child care centers, group child care homes, family child care homes and youth camps which expire during the declared state of emergency are acceptable. Health records for children that have been attending a legally operating child care program or school that has been temporarily closed due to COVID 19 virus are not required provided the parent attests in writing that the child is up-to-date with physical examination and provides information regarding any disabilities and/or special health care needs [*Regulation Section 19a-79-5a(a)(2), 19a-87b-7(a)(1), 19a-87b-10(b)(2), 19a-428-3(a)*]
- **Staff Training.** Staff training including first aid, CPR, C4K health and safety, and administration of medication training for licensed child care centers, group child care homes, family child care homes and youth camps that expire during the declared state of emergency will fulfill the training requirements [*Regulation Section 19a-79-3a(b)(7), 19a-79-4a(e)(2), 19a-79-4a(e)(1), 19a-79-4a(g), 19a-79-9a(b), 19a-79-13(b), 19a-87b-6(c), 19a-87b-17(b), 19a-87b-18(b), 19a-428-2, 19a-428-5(a), 19a-428-6(a)(2), 19a-428-7(b) and health and safety requirements for C4K providers*]
- **Director Course.** The requirement for staff acting as Director who are due to complete 3 credits in the administration of early childhood education programs or educational administration during the period of the declared state of emergency has been waived [*Regulation Section 19a-79-4a(d)(1)*]
- **Head Teacher.** Head teacher requirements for licensed child care centers and group child care homes have been waived [*Regulation Section 19a-79-4a(c)(1)*]
- **Health Consultant.** Required health consultant visits for child care centers and group child care homes may be conducted over the phone [*Regulation Section 19a-79-3a(b)(4) and (c)(1), 19a-79-4a(h)(2)(H), 19a-79-11(f), 19a-79-12(b)(1)*]
- **Consultant Agreements.** Annual consultant reviews and agreements for child care centers and group child care homes that expire during the declared state of emergency are acceptable [*Regulation Section 19a-79-4a(h)*]
- **Staff Health Records for Centers/Group Homes.** Staff physicals for child care centers, group child care homes and youth camps that expire during the declared state of emergency are acceptable [*Regulation Section 19a-79-4a(a), 19a-428-3(a)*]
- **Health Records for Family Provider, Staff and Household Members.** Provider, staff and household member medical statements/health records for family child care homes that expire during the declared state of emergency are acceptable [*Regulation Section 19a-87b-6(b), 19a-87b-7(a), 19a-87b-8(a) and (b)*]
- **Dental Consultant.** A dentist or dental hygienist consultant is not required during the declared state of emergency [*Regulations Section 19a-79-4a(h)*]
- **Child Care Licensing Requirement for Hospitals and Convalescent Homes.** A child care license is not required for programs providing child care services, as defined by General Statutes § 19a-77, which are administered by a hospital licensed in accordance with General Statutes § 19a-491 and pursuant to §19-13-D4 of the Regulations of Connecticut State Agencies, or a chronic and convalescent nursing home or rest home with nursing supervision licensed in accordance with General Statutes § 19a-491 and pursuant to § 19-13-D8 of the regulations, provided the program

providing child care services is operated on the grounds of such hospital or home, is offered exclusively for children whose parents or legal guardians are working at such hospital or home, the parents or legal guardians remain on the premises of such hospital or home during the hours the children are receiving child care services, and the parents and legal guardians receive notification from such hospital or home that the child care is not licensed by the OEC to provide such child care services. *[Statute Section 19a-80.]*

- **Inspections.** Due to enhanced requirements placed on child care programs, **licensing staff have begun conducting shortened inspections.** The focus of these inspections is to ensure programs are complying with the enhanced requirements put in place by executive orders, OEC memos, and those licensing requirements that help limit the spread of the COVID virus. These inspections are not full inspections unless significant concerns are identified that warrant a review of all requirements. The enhanced requirements that are the focus of the visit include the following:
  - Health screening
  - Group sizes no greater than 20 children.
  - Face masks or cloth coverings worn by all staff both inside and outside (unless they can maintain 6ft distancing while outside)
  - Social distancing (e.g. groups of children are not coming within six feet of other groups even on the playground, consistent staff, staggered lunches, staggered arrival and departure times)
  - Regular hand washing by staff and children with soap and water for at least 20 seconds at key times
  - All staff cover coughs and sneezes with tissues or the corner of the elbow and children are encouraged when appropriate to cover coughs and sneezes in the same manner
  - Soiled tissues are disposed immediately after use
  - Enhanced cleaning and disinfecting practices (e.g. between groups of children using common areas or equipment)
  - Entry into program is limited
  - This list of enhanced requirements may be increased or relaxed over time due to the fluid nature of this pandemic and on site monitoring will change accordingly.

The inspection will also review the capacity, ratios and group size for centers/groups and the infant toddler restriction for family providers, reportable disease reports, procedures in case of illness and diapering. Any other serious concerns identified during the visit will be addressed.

- **Group Sizes in Childcare.** Effective March 29, 2021, the allowable group size in any one space is increased to twenty children.
  - Please note: A group size of eight (8) children is still required for infants and toddlers in a licensed child care center or group child care home. The capacity of a licensed family child care home is not modified by this change.
- **Masks for Children. Children 3 years of age and older are required to wear masks while in child care programs.**
  - a. This change is effective September 21, 2020 and will continue during the duration of the public health and civil preparedness emergencies unless earlier modified by the Commissioner of Early Childhood.
  - b. Child care programs and camps must create a written policy for mask wearing and provide such policy to staff and families. In creating a policy, the program may wish to consider:
    - i. [updated CDC](#) and [American Academy of Pediatrics guidance](#) on the wearing of masks;
    - ii. Protocols for the wearing and removal of masks as guided by the [CDC](#).

- iii. [Guidance to assist children with the social emotional aspects of mask wearing available on the OEC website.](#)
  - iv. How to address non-compliance by children as they adjust to mask wearing considering gentle reminders and other least restrictive means of supporting compliance.
- c. Children shall not be excluded from the program or isolated from their peers due to the child's non-compliance with mask wearing.
  - d. The exceptions to the mask requirement in camps and child care settings are as follows:
    - i. A child with a documented medical condition, special health care need, or developmental need (such as sensory integration) for whom wearing a mask or face covering would be contrary to their health or safety is not required to wear a mask.
    - ii. A child with a documented disability or special education need for whom wearing a mask or face covering would be contrary to their needs may be permitted exceptions. In addition, children and staff involved with certain special education and related services activities like speech and language therapy or where lip reading is required may remove a face-covering mask intermittently.
    - iii. Children are not required to wear a mask while eating, sleeping or resting. Distance between children must be maximized, maintaining at least 6 feet of distance wherever possible when masks are removed.
    - iv. Children who are newly enrolled within the past two months and are working toward mask wearing are permitted to remove their mask or face covering.
    - v. Children who have just turned three years old may have up to two months to acclimate to wearing a mask or face covering and support developmental readiness.
    - vi. 'Mask breaks' may be planned and scheduled throughout the day. Mask breaks indoors must maximize physical distance between individuals, maintaining at least 6 feet of distance wherever possible.
    - vii. Masks may be removed for outdoor activities.
- Camps and child care programs may develop a phase-in plan extending up to October 19, 2020 to allow for acclimating children to mask wearing and for time to work with families on this transition. The phase-in plan may include education for children, families and staff about how to properly wear, remove, store, wash, and dispose of masks.
  - **Enhanced Health Procedures for All Operating Child Care Programs.** The following **requirements** must be included in a program's plan for operating during this public health emergency:
    - With regard to health screening: All children and child care staff are required to be screened for any observable illness, including cough or respiratory distress. When conducting screening, the child care facility should consider the following:
      - Staff shall wash hands and wear face coverings.
      - Staff shall stand at least 6 feet away from the child and parent/guardian or stand behind a physical barrier, such as a glass or plastic window, or partition that can serve to protect the staff member's face and mucous membranes from respiratory droplets that may be produced if the child being screened sneezes, coughs, or talks.
      - Ask the parent/guardian to confirm that the child does not have a fever, shortness of breath, or cough.
      - Make a visual inspection of the child for signs of illness which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.

- Group sizes no more than 20 children if the added contingencies are satisfied.
- Identify, per licensing requirements, a plan for a child or children with an elevated temperature or who may be ill, i.e. a “sick room.”
- Comply with the requirements listed in the [Department of Economic Development Safe Workplace Rules for Essential Employees](#) per Executive Order 7V.
- Use of cloth face covering for each employee at all times while in the workplace as directed by the [Department of Economic Development Safe Workplace Rules for Essential Employees](#) per Executive Order 7NNN.
- All staff shall practice enhanced **handwashing and health practices**, including hand washing with soap and water for at least 20 seconds as follows:
  - Before coming in contact with any child
  - Before and after eating
  - After sneezing, coughing or nose blowing
  - After using the rest room
  - Before handling food
  - After touching or cleaning surfaces that may be contaminated
  - After using any shared equipment like toys, computer keyboards, mouse
- If soap and water are not available, an alcohol based sanitizer shall be used. Adults should always supervise use of alcohol-based sanitizers.
- All staff must cover coughs and sneezes with tissue or the corner of the elbow. All staff must also encourage children, when appropriate, to cover coughs and sneezes with tissues or the corner of the elbow. All soiled tissues must be disposed of immediately after use.
- Develop protocols for intensified cleaning and disinfection.
- Implement appropriate social distancing strategies. Social distancing is required, and may take many forms as outlined by CDC with a dedicated section for “social distancing strategies” in its [guidance for child care programs that remain open](#).
- If a child or staff member who has been present in the program is diagnosed with COVID-19, the child care provider must notify families and staff of the child care program about the exposure.
- In February 2020, COVID-19 was added to the List of Reportable Diseases. Those required to report such diseases must **report cases of COVID-19 infection immediately to the DPH Epidemiology and Emerging Infection Program (860-509-7994) and the local department of health in the town of residence of the case-patient** by telephone on the day of recognition or strong suspicion of the disease. For weekend and after-hours reports to DPH, dial 860-509-8000. Contact information for the local health department can be found at <https://portal.ct.gov/DPH/Local-Health-Admin/LHA/Local-Health-Administration---Site-Map>
- **School Age Capacity in Licensed Family Child Care Homes.** Within their licensed capacity, licensed family child care homes may provide full-time care to a maximum of three additional children who are otherwise enrolled in school full-time, including the provider’s own children, without an OEC approved assistant or substitute staff member present. *[Statute Section 19a-77 (a) (3) and Regulation Sections 19a-87b-5 (d) (1) (B)]*
  - Children enrolled full-time in a public or private school who are following the school’s plan for learning (in-person and/or distance learning), may attend a child care program for more than three hours a day (e.g. a full day) and be counted in the school age capacity. This allows licensed family child care home providers to care for a total of nine children for a full day, including three school age children.

- **School Age Child Care in Licensed Child Care Centers and Group Child Care Homes.** Programs may serve children who are enrolled in school full time while they are distance learning provided they remain within the program’s licensed capacity and the program has an endorsement to serve school age children. The [Notification of Change](#) form to request a school age endorsement may be found on the OEC website. Programs may also use this form to request approval of space that has not previously been inspected and approved for use.
- **School Age Child Care in Programs Exempt from Licensure.** Programs administered by a public school system or municipality are exempt from licensing, but must otherwise follow all rules established by other laws, regulations, executive orders, and requirements for public schools as applicable. A public school system or municipality may employ another entity to conduct the daily operation of its program; however the public school system or municipality must retain ultimate responsibility for the management and oversight of the program and for the program staff and the children served. It is recommended that these arrangements be confirmed in writing and document:
  - what entity (e.g. Board of Education) administers the respective program; and
  - that such entity retains ultimate responsibility for the management and oversight of such program, for the staff employed at the program and the children attending the program.

A program exempt from licensing is required to inform parents that such program is not licensed by the OEC.

#### **REMOTE LEARNING PARENT COOPERATIVE ARRANGEMENTS IN A PRIVATE RESIDENCE**

The OEC encourages families to consider the importance of providing children the structure and resources that in-person school provides, and/or the safe oversight licensed childcare or camp supervision offers. However, in light of the unique circumstances presented by the pandemic, remote learning parent cooperative arrangements have arisen where neighbors and friends are establishing “learning pods” to support remote learning for children following their public school district or private school remote learning option, with parental supervision during school hours in private residences. Where such private cooperatives are established and the families do not pursue child care licensing, operation without a license is permitted, when all of the following conditions are met, during the period of the declared state of emergency unless earlier modified or terminated;

- (1) all students are enrolled in kindergarten or above in a public or private school and following such school’s plan for remote learning;
- (2) the total number of children in the residence at any one time during the school day shall not exceed 9 children;
- (3) the supervision and care is provided in a private residence;
- (4) the supervision and care is provided only during the hours of the school day;
- (5) parent(s) are not compensated for such care;
- (6) at least one parent or guardian of a participating child is on-site at all times.

These cooperatives may employ a non-custodial individual to support remote learning but only during the hours of the regular school day and in addition to the on-site presence of a parent or guardian.

These cooperatives are not permitted to provide such care and supervision without a license before or after the regular school day nor during school vacations. Children younger than school age are only permitted at the location where such care is being provided if such children reside at such residence.

## YOUTH CAMP GUIDANCE

- **Youth Camp Licensing Waivers.**
  - **Extension of Operating Days.** Licensed youth camps may extend their operating days under the terms of their current license to operate during the period of the declared state of emergency provided such additional operating dates are reported to the OEC. A program may report such additional operating dates by submitting a General Report of Change form found on the OEC website. *[Statute Section 19a-420(1)]*
  - **Health Records.** Health records on file that expire during the declared state of emergency are acceptable. Health records for children that have been attending a legally operating child care program or school that has been temporarily closed due to COVID 19 virus are not required provided the parent attests in writing that the child is up-to-date with physical examination and provides information regarding any disabilities and/or special health care needs.
  - **Staff Training.** Staff training including first aid, CPR, C4K health and safety, and administration of medication training for youth camps that expire during the declared state of emergency will fulfill the training requirements.
  - **Staff Physicals.** Staff physicals for youth camps that expire during the declared state of emergency are acceptable.
- **Resident Camps,** as defined by 19a-420 (2) of the Connecticut General Statutes, will not be permitted to operate during the declared state of emergency unless and until permitted to do so by order of the Governor.
- **Health Screenings.** All staff and children are required to be screened for any observable illness including cough or respiratory distress.
  - When conducting screenings, the program should consider the following:
    - Staff shall wash hands and wear face coverings.
    - Staff shall stand at least 6 feet away from the child and parent/guardian or stand behind a physical barrier, such as a glass or plastic window, or partition that can serve to protect the staff member's face and mucous membranes from respiratory droplets that may be produced if the child being screened sneezes, coughs, or talks.
    - Ask the parent/guardian to confirm that the child does not have a fever, shortness of breath, or cough.
    - Make a visual inspection of the child for signs of illness which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.
- **Sick Rooms.** Camps shall identify, per licensing requirements, a plan for a child or children who develop an elevated temperature or who may become ill, i.e. a "sick room." You are encouraged to develop and review this plan with the Camp Physician or Camp APRN prior to the start of camp. Input from your local health department is also advisable.
- **Masks/Social Distancing/Workplace Safety.** Use of a mask or cloth face covering for each employee at all time while in the workplace as directed by the [Department of Economic Development Safe Workplace Rules for Essential Employees](#) is required per Executive Order 7NNN.
  - Appropriate social distancing strategies shall be implemented. Social distancing is required, and may take many forms as outlined by the CDC with a dedicated section for "social distancing strategies" in its [guidance for child care programs that remain open](#). *[See OEC Memo # 18 for more information]*

- Camps shall comply with the requirements listed in the Department of Economic Development Safe Workplace Rules for Essential Employees per Executive Order 7V.
- **Masks for Children. Children 3 years of age and older are required to wear masks while in child care programs.**
  - e. This change is effective September 21, 2020 and will continue during the duration of the public health and civil preparedness emergencies unless earlier modified by the Commissioner of Early Childhood.
  - f. Child care programs and camps must create a written policy for mask wearing and provide such policy to staff and families. In creating a policy, the program may wish to consider:
    - i. [updated CDC](#) and [American Academy of Pediatrics guidance](#) on the wearing of masks;
    - ii. Protocols for the wearing and removal of masks as guided by the [CDC](#).
    - iii. [Guidance to assist children with the social emotional aspects of mask wearing available on the OEC website](#).
    - iv. How to address non-compliance by children as they adjust to mask wearing considering gentle reminders and other least restrictive means of supporting compliance.
  - g. Children shall not be excluded from the program or isolated from their peers due to the child's non-compliance with mask wearing.
  - h. The exceptions to the mask requirement in camps and child care settings are as follows:
    - i. A child with a documented medical condition, special health care need, or developmental need (such as sensory integration) for whom wearing a mask or face covering would be contrary to their health or safety is not required to wear a mask.
    - ii. A child with a documented disability or special education need for whom wearing a mask or face covering would be contrary to their needs may be permitted exceptions. In addition, children and staff involved with certain special education and related services activities like speech and language therapy or where lip reading is required may remove a face-covering mask intermittently.
    - iii. Children are not required to wear a mask while eating, sleeping or resting. Distance between children must be maximized, maintaining at least 6 feet of distance wherever possible when masks are removed.
    - iv. Children who are newly enrolled within the past two months and are working toward mask wearing are permitted to remove their mask or face covering.
    - v. Children who have just turned three years old may have up to two months to acclimate to wearing a mask or face covering and support developmental readiness.
    - vi. 'Mask breaks' may be planned and scheduled throughout the day. Mask breaks indoors must maximize physical distance between individuals, maintaining at least 6 feet of distance wherever possible.
    - vii. Masks may be removed for outdoor activities.
- Camps and child care programs may develop a phase-in plan extending up to October 19, 2020 to allow for acclimating children to mask wearing and for time to work with families on this transition. The phase-in plan may include education for children, families and staff about how to properly wear, remove, store, wash, and dispose of masks.
- **Enhanced Health Procedures for All Operating Child Care Programs.** The following requirements must be included in a program's plan for operating during this public health emergency:
  - With regard to health screening: All children and child care staff are required to be screened for any observable illness, including cough or respiratory distress. When conducting screening, the child care facility should consider the following:

- Staff shall wash hands and wear face coverings.
  - Staff shall stand at least 6 feet away from the child and parent/guardian or stand behind a physical barrier, such as a glass or plastic window, or partition that can serve to protect the staff member's face and mucous membranes from respiratory droplets that may be produced if the child being screened sneezes, coughs, or talks.
  - Ask the parent/guardian to confirm that the child does not have a fever, shortness of breath, or cough.
  - Make a visual inspection of the child for signs of illness which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.
- Group sizes no more than 20 children if the added contingencies are satisfied.
- Identify, per licensing requirements, a plan for a child or children with an elevated temperature or who may be ill, i.e. a “sick room.”
- Comply with the requirements listed in the [Department of Economic Development Safe Workplace Rules for Essential Employees](#) per Executive Order 7V.
- Use of cloth face covering for each employee at all times while in the workplace as directed by the [Department of Economic Development Safe Workplace Rules for Essential Employees](#) per Executive Order 7NNN.
- All staff shall practice enhanced **handwashing and health practices**, including hand washing with soap and water for at least 20 seconds as follows:
  - Before coming in contact with any child
  - Before and after eating
  - After sneezing, coughing or nose blowing
  - After using the rest room
  - Before handling food
  - After touching or cleaning surfaces that may be contaminated
  - After using any shared equipment like toys, computer keyboards, mouse
- If soap and water are not available, an alcohol based sanitizer shall be used. Adults should always supervise use of alcohol-based sanitizers.
- All staff must cover coughs and sneezes with tissue or the corner of the elbow. All staff must also encourage children, when appropriate, to cover coughs and sneezes with tissues or the corner of the elbow. All soiled tissues must be disposed of immediately after use.
- Develop protocols for intensified cleaning and disinfection.
- Implement appropriate social distancing strategies. Social distancing is required, and may take many forms as outlined by CDC with a dedicated section for “social distancing strategies” in its [guidance for child care programs that remain open](#).
- If a child or staff member who has been present in the program is diagnosed with COVID-19, the child care provider must notify families and staff of the child care program about the exposure.
- In February 2020, COVID-19 was added to the List of Reportable Diseases. Those required to report such diseases must **report cases of COVID-19 infection immediately to the DPH Epidemiology and Emerging Infection Program (860-509-7994) and the local department of health in the town of residence of the case-patient** by telephone on the day of recognition or strong suspicion of the disease. For weekend and after-hours reports to DPH, dial 860-509-8000. Contact information for the local health department can be found at <https://portal.ct.gov/DPH/Local-Health-Admin/LHA/Local-Health-Administration---Site-Map>



- **Hand/Respiratory Hygiene/Enhanced Cleaning and Disinfection.** Regular hand washing by staff and children with soap and water for at least 20 seconds should be done:
  - Before coming in contact with any child;
  - Before and after eating;
  - After sneezing, coughing or nose blowing;
  - After using the rest room;
  - Before handling food;
  - After touching or cleaning surfaces that may be contaminated; and
  - After using any share equipment like toys, computer keyboards, mouse.
  - If soap and water are not available, alcohol-based hand sanitizer shall be used. Use of alcohol-based hand sanitizers should always be supervised by adults.
  - All staff shall cover coughs and sneezes with tissues or the corner of the elbow. Child shall be encouraged to cover coughs and sneezes with tissues or the corner of the elbow, and soiled tissues shall be disposed of immediately after use.
  - Protocols for intensified cleaning and disinfection shall be implemented.
- **Group Size.** Effective March 29, 2021, the allowable group size in any one space is increased to twenty children.
- **Informed Consent.** Camps shall inform and obtain signed consent on the form posted on the OEC website from all staff and the parent(s) of all children enrolled that they have received notice of the following:
  - People who are 65 years and older and people of any age who have serious underlying medical conditions or are at higher risk for severe illness from COVID-19 are recommended to stay at home. A list of medical conditions associated with a higher risk of severe illness from COVID-19 can be found in CDC's guidance. Individuals and families should consult their healthcare provider to determine whether they have medical conditions that place them at risk.
  - Staff and children living in households with individuals who are 65 years and older OR have higher risk for severe illness from COVID-19 are recommended to stay home.
- **Transportation.**
  - Prior to providing transportation at the start of the day to any child, such children shall be screened for any observable illness.
  - While transporting children in care, the current guidance regarding group size, the wearing of a mask or cloth face covering and social distancing apply.
  - The groups of children shall not mix while transporting. Camp planning may consist of neighborhood groupings to allow the same grouping of children throughout the entire camp day.
- **Inspections of Licensed Youth Camps.** Licensing staff will be monitoring compliance with the enhanced requirements during inspections conducted this summer of youth camps under the oversight of OEC. Licensing staff will be taking additional protective measures during licensing visits. Licensing staff will wear a face covering for the entire visit and will be wearing gloves or will wash their hands or sanitize with alcohol-based hand sanitizer before the visit begins. Licensing staff will take all efforts to keep a six foot distance from others in the facility and minimize the length of the visit. The enhanced requirements that will be the focus of the visit include the following:
  - Health screening
  - Group sizes no greater than 20 children.

- Face masks or cloth coverings worn by all staff both inside and outside (unless they can maintain 6 ft distancing while outside)
- Social distancing (e.g. groups of children are not coming within six feet of other groups, consistent staff, staggered lunches, staggered arrival and departure times)
- Regular hand washing by staff and children with soap and water for at least 20 seconds at key times
- All staff cover coughs and sneezes with tissues or the corner of the elbow and children are encouraged when appropriate to cover coughs and sneezes in the same manner
- Soiled tissues are disposed immediately after use
- Enhanced cleaning and disinfecting practices (e.g. between groups of children using common areas or equipment)
- Entry into program is limited
- Informed consent on file for all staff and parents
- Transportation (i.e. group size, masks and social distancing)

This list of enhanced requirements may be increased or relaxed over time due to the fluid nature of this pandemic and on site monitoring will change accordingly.

### **BIRTH TO THREE WAIVERS AND MODIFICATIONS**

- **Waiving Family Cost Participation Fees.** Family Cost Participation fees starting with those due for March services that have not yet been billed are waived as are new suspensions of services related to the nonpayment of fees. (Executive Order No. 70)
- **General Administrative Payments.** Birth to Three programs will be paid the General Administrative Payment (GAP) for each child with an IFSP on the 1<sup>st</sup> of the month regardless of:
  - a. whether an Early Intervention Service is provided in the month; and
  - b. the number of hours planned on the Individual Family Service Plan (IFSP).

### **ADMINISTRATIVE HEARING WAIVERS AND MODIFICATIONS (Executive Order No. 7M)**

#### **Related to Care 4 Kids Hearings:**

- The 60-day period within which a request for an administrative hearing must be made is extended to 90 days. [*Regulation Section 17b-749-21 (b) (2)*]
- The 30-day period within which the OEC must schedule administrative hearings is extended to 90 days. [*Regulation Section 17b-749-21 (f) (1)*]
- The 60-day period within which the Commissioner or her designee has to render a decision is extended to 90 days. [*Regulation Section 17b-749-21 (k) (1)*]
- The 45-day period within which an appellant must file an appeal with the Superior Court is extended to 90 days. [*Statute Sections 17b-61 and 4-183; and Regulation Section 17b-749-21 (n)*]

#### **Related to Child Care Licensing:**

- The 30-day period within which a licensee must request a hearing is extended to 90 days. [*Statutes Section 19a-84*]
- The 60-day period within which a hearing must be held is extended to 90 days. [*Statutes Section 19a-84*]
- The 45-day period within which a licensee must appeal to the Superior Court is extended to 90 days. [*Statutes Sections 19a-85 and 4-183*]
- The 30-day period within which a hearing must be requested regarding operation without a license is extended to 90 days. [*Statutes Section 19a-87 (b)*]

**Format for Hearings and Correspondence:**

- Hearings held during the declared state of emergency will be conducted telephonically or through a web-based platform.
- In all matters in which an appellant or licensee has provided an e-mail address, notices and correspondence will be delivered electronically.

**CARE 4 KIDS TEMPORARY PROGRAM CHANGES (Executive Order No. 7T)****Job Loss**

- If a parent reports losing their job due to COVID-19, they will remain eligible for Care 4 Kids through the end of their eligibility. Regs. Conn. State Agencies § 17b-749-04 (e).
- Family fee will be reduced based on household income and a new certificate will be issued for the remainder of the eligibility period. Regs., Conn. State Agencies § 17b-749-13 (f).

**Provider**

- The parent will not be responsible for the first 20 hours of care if they are using a new provider because their previous provider is closed due to COVID-19. Regs. Conn. State Agencies § 17b-749-16 (a) (5).
- Parents that are reporting a new provider, will have their previous certificate cancelled and a new one issued listing the new provider to ensure that no two providers are receiving payment for same child.
- If children are not in care with their provider, or an alternate temporary provider, and plan to resume care with the provider indicated on the Child Care Certificate, the following shall occur:
  - a. The certificate shall remain intact through the end of their eligibility period, or the end of the civil preparedness and public health emergencies in Connecticut, whichever is sooner; and
  - b. Providers shall submit the actual charge (any amount, including \$0) for those children on their invoice.
- There will not be a limit on the number of hours that may be approved for the same provider and/or an alternate temporary provider. Regs. Conn State Agencies § 17b-749-14 (a) (2), 17b-749-16 (a) (1), (2), (3), (5), (6), (8).

**Home-based (licensed family child care and unlicensed relative) Health and Safety Orientation requirement:**

- The health and safety in-person pre-service Provider Orientation Program (POP), and the completion of First Aid, CPR and Medication Administration certifications for all home-based providers will be waived until the end of declared emergency. C4K-POL-14-06 & C4K-POL-18-01.

Home-base providers will be required to complete these orientation and training requirements after the declared state of emergency has ended.

**School Age Care for Distance Learning:**

- If a child is in a distance learning model, care can be approved for a school-age child for before and after school care in addition to the hours the child is participating in educational instruction.
- If a child is in a hybrid learning model through their educational institution, care can be approved for the distance-learning days.

If a child is participating in a homeschool program, care will not be approved during the homeschool hours.