

Summary of DRAFT Changes to the Regulations for Child Care Centers and Group Child Care Homes

Section 19a-79-1a. Definitions

- Adds Connecticut licensed podiatrists and optometrists to the list of authorized prescribers
- 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”
- Reduces the experience requirement for an Early Childhood Educational Consultant with an Associates or higher degree in early childhood education, child development or human development from two to one year
- 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 super
- 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 individual 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

- 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
- Limits the list of personnel changes that must be reported to changes in director or head teacher and allows ten days to report such changes rather than five days
- Changes in fees no longer must be reported to the OEC and staff
- Changes in the Legal Representative shall be reported to the OEC within ten 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 of the program’s policies, plans and procedures regarding emergencies are 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
- Documentation pertaining to the program’s license that shall be maintained on file is specified
- The operator shall respond to the OEC requests for information or documentation in a timely manner
- 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 is specified; programs shall maintain evidence of compliance with background checks on file
- Specifies that staff that have a record that renders them unsuitable shall not be employed
- Structured activities offered exclusively for school age children may now exceed a group size of 20 children
- Clarifies the authority of the OEC to revoke a head teacher approval with good cause
- 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

- The OEC will no longer approve first aid courses. All first aid courses by the ARC, AHA, National Safety Council, American Safety and Health Institute, Medic First Aid International, Inc. and approved by the OEC as of January 1, 2016 will be acceptable
- The list of suggested professional development topics has been expanded
- Clarifies that an individual may not serve as the educational 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
- 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 a multidisciplinary approach to services for the program
- The duties required of the educational 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 children who exhibit behaviors that prompts the program to alter the manner in which care is provided to the child
- The injuries that must be reported to the OEC has been extended 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

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
- 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 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
- A current first aid chart or manual is no longer required in the first aid kit
- The requirement for the acknowledgement of the religious exemption to immunizations is clearly specified
- 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

Section 19a-79-7a. Physical Plant

- The level of maintenance for programs that serve exclusively school age children is distinguished from programs that serve younger children
- 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 pertaining to 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

- Toilet facilities in programs initially licensed on or after January 1, 2012 shall have mechanical ventilation to the outside
- Backpacks, handbags, purses or other bags for carrying personal articles shall not be accessible to children
- Specifies that bodies of water located in the facility shall be made inaccessible 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
- Programs that serve exclusively school age children may use space with less lighting provided it is comfortable
- Potentially hazardous substances and materials must not only be stored in a separate locked area, but they must also be handled in a safe manner
- The 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 such as 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 now clearly state that any furniture, equipment and toy that has been identified as unsafe or has been subject by the USCPSC guidelines or law shall be removed or repaired as indicated
- Indoor play equipment for climbing shall have shock absorbing surface to effectively cushion the fall of a child
- 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 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 moderate and vigorous activity for children three years of age or older and shall prohibit children under two years of age access to cell phones, computers, and equipment that is capable of playing a video game or digital video disk

Section 19a-79-9a. Administration of Medications

- 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 for topical medications is no longer required; the medication administration record 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
- The training of oral, topical and inhalant medication contained in the basic training for staff who administer any type of non-topical medication has been eliminated. Training required is specific to the type of medication being administered. The need to submit a request to the OEC 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 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 specific 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
- 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
- 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, plastic bags, 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
- In the event of unforeseen and unscheduled events which causes a health consultant not to visit the program according to the required schedule, the health consultant shall document in the consultation log the absence and the reason. The health consultant shall immediately work to return to the prescribed schedule of visits
- 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 modified
- The regulations allow for the recognition of training and education of the education consultant in physical education, children's art education, children's music education, and human growth and development