

Summary of Changes to Section 19a-79-1a through 19a-79-13a of the Regulations of Connecticut State Agencies that Govern Child Day Care Centers and Group Day Care Homes

This is a summary of changes to the regulations that took effect on November 6, 2008. As a licensed provider, you are responsible for compliance with all of the Regulations to ensure the safety, health and development of the children in your care. A full copy of the regulation sections may be obtained by visiting the Department's web site at <http://www.ct.gov/dph>, selecting Licensing & Certification, Child Day Care, and finally What's New, or by contacting the Child Day Care Licensing Program at 1-800-282-6063 or 1-860-509-8045.

Section 19a-79-1a. Definitions

- The regulations now define "certified playground inspector", "child(ren) with special health care needs", "dental hygienist", "emergency medical technician", "health consultant", "legal representative", "paramedic", "quarterly", "registered dietitian", and "semi-annual"
- "Continuing education" is renamed as "professional development" and expanded to include participation in distance learning activities
- The Child Development Associate Credential was removed from the list of acceptable credentials to qualify as an "Early childhood education consultant."
- "School age" is now defined as meaning at least five years of age by January 1 of the current school year, and less than thirteen years of age or less than nineteen years of age with special needs requiring the child to receive supplementary care, and attending school

Section 19a-79-2a. Licensure Procedures

- The regulations now specify that if a completed license renewal application has been submitted in a timely manner to the department, but has not been acted upon, the license shall be valid until a decision on such application has been made
- The list of reasons why the commissioner may initiate action against a license or refuse to grant a license was expanded

Section 19a-79-3a. Administration

- Operators are now required to cause new staff to participate in employee orientation, assure annual training for all current staff on the program's policies, plans and procedures and be responsible for managing child behavior using techniques based on developmentally appropriate practice; child abuse and neglect is prohibited; mandated reporter statutes are referenced
- Operators are now required to document that the techniques used to manage child behaviors have been discussed with parents prior to enrollment and reviewed as needed
- Language clarifies that a change of operator or ownership requires a new initial application
- Programs must implement policies, plans and procedures regarding child/staff attendance records showing times of arrival and departure, child abuse and neglect, expulsion of children and discipline of staff
- The list of items to be posted was expanded to include radon test results
- The regulations now specify that parents shall have immediate access to the facility during operating hours
- The list of grounds for disciplinary action against a license is expanded to include failure to grant the department immediate access to the facility, its staff or failure to provide the department with documentation obtained by the facility about child abuse or neglect or conviction records
- The regulations now specify that the operator may deny access at facility inspections if department staff fail to show official identification

Section 19a-79-4a. Staffing

- The regulations authorize the department to require the operator to obtain an employee medical statement at times other than generally required
- The regulations now require that operators include, in each employee file, documentation of disciplinary actions
- The regulations now require operators to provide any information obtained concerning substantiated child abuse or neglect records or criminal convictions, upon request of the department
- The regulations were modified to increase the requirements when swimming or wading to include the identification of non-swimmers, higher staff child ratios, CPR trained staff and supervision by a lifeguard
- The regulations now specifically state that the operator shall be responsible for assuring the supervision of the children at all times, indoors and outdoors, or on field trips.

- The regulations now specify that, at no time, shall a child or group of children be left unsupervised.
- The designation of a qualified director of each program is now required by the regulations; three credits in early childhood education programs or educational administration is required for any director hired or designated on or after January 1, 2010
- The list of approved first aid providers has been expanded to include those certified by the American Safety and Health Institute, Medic First Aid International, Inc, National Safety Council, American Heart Association Heartsaver Instructor, BLS Instructor or licensed paramedic
- The regulations now require that written plans for consultation services be signed annually by the consultants
- With the exception of the education consultant, the role of a consultant may now be filled by a program staff
- The list of services required of all consultants is expanded to include the annual review of written plans and procedures, consulting with administration and staff about specific problems, acting as a resource person to staff and parents and documenting the activities and observations in a log that is kept on file for two years
- The duties of the health consultant have expanded to also include making regular visits to facilities that serve children three years of age and older, group day care homes, facilities that operate no more than three hours per day and facilities that enroll only school age children
- The duties of the health consultant have expanded to include reviewing health and immunization records of children and staff, reviewing the contents, storage and plan for maintenance of first aid kits, observing the indoor and outdoor environments for health and safety, observing children's general health and development, observing diaper changing and toileting areas and diaper changing, toileting and hand washing procedures, reviewing the policies, procedures and required documentation for the administration of medications, including petitions for special medication authorizations needed for programs that administer medication, and assisting in the review of individual care plans for children with special health care needs or children with disabilities
- The regulations now authorize the commissioner, with good cause shown, to deny or revoke a consultant's approval

Section 19a-79-5a. Record keeping

- The regulations now provide for a 30 day allowance for the yearly children's physical exam and require that the health record include documentation that the child presents no risk related to tuberculosis
- The regulations now specify that the child's health records shall include a statement that the child has been screened for risk factors for tuberculosis
- The individual plan of care required for a child with special health care needs or disabilities shall now be signed by the parent(s) and staff responsible for the child's care
- The regulations now provide exemptions to the physical exam and immunization requirements for children when certain conditions exist in the event of a declared state of emergency

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

- The regulations now require that changes to menus shall be documented by the end of the program day
- The requirement that children and staff wash their hands with soap and water before eating, handling food and after toileting has been added to the regulations
- Requirements related to the first aid kit and supplies have been expanded and updated

Section 19a-79-7a. Physical plant

- The regulations now specify that all construction, remodeling, renovation, repairs or alterations of structures shall be done in such a manner to prevent hazards or unsafe physical or environmental conditions during periods of operation
- The regulations now specify that all windows shall be protected to prevent falls, matches and lighters shall be inaccessible to children
- Programs are now required to provide changing and sanitary facilities appropriate to meet the individual needs of children who are enrolled who need assistance with toileting
- Facilities using potty chairs shall now ensure that they are of a nonporous, synthetic product, and emptied into the toilet, cleaned and disinfected after each individual use
- The regulations now require that staff and children wash their hands with soap and water after toileting
- The minimum air temperature has been lowered from 68 degrees Fahrenheit to 65 degrees Fahrenheit
- The acceptable range for water temperature at the tap is now 60 degrees to 115 degrees Fahrenheit

- The regulation pertaining to lighting has been amended to restrict the application of the 50 foot candles requirement to rooms used by children for reading, painting and other close work; 30 foot candles of light is required in other work or play areas
- When results of radon gas in the air are too high, the regulations now require a qualified residential mitigation service provider shall be hired to reduce the level of radon gas in the air
- An acceptable carbon monoxide detector is now required on each occupied level of facilities that utilize combustible fuel
- The regulations now require the operator, upon department request, to provide documentation from a certified playground safety inspector that newly constructed playgrounds and all newly, permanently installed playground equipment are designed and installed in accordance with national standards
- The regulations now require that outdoor play areas shall be protected from traffic, bodies of water, gullies and other hazards by barriers in a manner safe for children; fences used to protect children from hazards shall be at least four (4) feet high; when there is a body of water at the facility or near enough to the facility to attract or be accessible to children at any time of the year, there shall be a sturdy fence or barrier, four (4) feet high or higher, with locked entrances, which totally and effectively bars access to the water by children
- On and after January 1, 2010, the regulations require a rooftop used as a play area to be enclosed with a wall, fence or permanent physical barrier not less than six (6) feet high and the bottom edge shall be no more than three and one half (3 ½) inches from the base or floor. The wall, fence or permanent physical barrier shall be designed to prevent children from climbing it
- The regulations now specify that no day care child shall be permitted in a hot tub, spa or sauna; hot tubs, spas and saunas shall be locked and inaccessible to children
- The regulations now mandate that no dangerous weapon or facsimile of a firearm shall be permitted on the premises of the child day care center or group day care home unless the carrier of such weapon or facsimile firearm is a peace officer

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

- The regulations have been modified to require facilities to have trained staff on site and accommodate a child who has a prescription for glucagon and to accommodate a child who has a diagnosis of asthma or because a child has a prescription for an inhalant medication to treat asthma
- Certification by the State of CT Department of Developmental Services has been added to the list of acceptable training for unlicensed staff to administer medications
- The regulations now require that authorized prescriber and parent permissions for medication and medication administration records must be maintained on file for at least two years after the child is no longer attending the program
- The language of the regulations has been modified to clarify that equipment and over-the-counter medications prescribed as an emergent first line of defense medication can be stored unlocked but in a safe manner, to allow for quick access in an emergency
- The regulations now specifically require that expired medication must be returned to the parent or disposed of if it is not picked up within one (1) week following the termination of the order; the requirement that unused medications must be disposed of by flushing into the sewer or septic was eliminated
- A provision for children to self administer medications has been incorporated into the regulations

Section 19a-79-10. Under three endorsement

- Language has been added to the regulations to make clear that a physical barrier separating groups of eight children is required indoors and outdoors
- An adult rocking chair is no longer required in the facility
- Very specific requirements related to putting an infant to sleep and sleep arrangements have been incorporated into the regulations
- The size of toys and other objects that shall not be accessible to children under three years of age was changed to a diameter of less than one and a quarter inch
- The regulations now require that each infant shall be placed in a prone (front) position part of the time he/she is awake

Section 19a-79-12. Night care endorsement

- The hours to qualify for a separate night care endorsement have been reduced to between 10:00 PM and 5:00 AM
- The regulations now require that sleeping apparel and toiletries shall be individually labeled

