

**Care 4 Kids Health and Safety Requirements for License Exempt Child Care Centers**  
**Effective October 1, 2024**

**Definitions**

“Group size” means the maximum number of children allowed to be cared for together at a given time in a specified area;

“Infant” means a child who is under one year of age;

“Office” means the Connecticut Office of Early Childhood;

“Operator” means the person or entity who has the legal responsibility for the overall operation of the child care program;

“Parent(s)” means the person(s) responsible for the child and may include the legally designated guardian(s) of such child;

“School age” means at least five years of age by January first 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;

“Staff” means personnel including volunteers, sixteen years of age or older, who provide a service to a child care program;

“Staff child ratio” means the maximum number of children per program staff person;

“Supervision” means the direction and on-site observation of the functions and activities of staff or children; and,

“Toddler” means a child who is from twelve months to thirty six months of age.

**Administration**

- (a) The operator and staff shall be responsible for managing children using techniques that are based on developmentally appropriate practice and communicate acceptable techniques to all staff.
- (1) The operator and staff shall manage child behavior using techniques based on developmentally appropriate practice, including positive guidance, redirection and setting clear limits that encourage children to develop self-control, self-discipline and positive self-esteem.
  - (2) While children are in attendance at the program the operator and staff 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 physically restrain children except for the protection and safety of the child or others, using least restrictive methods, as appropriate. The operator and staff shall not engage in, nor allow anyone to engage in, sexual contact with the children.
  - (3) The operator and staff 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 section 17a-101 to section 17a-101e, inclusive, of the Connecticut General Statutes.
- (b) The operator shall implement specific written policies, plans and/or procedures which shall be maintained at the child care program and shall cover, at a minimum, the areas of discipline, child abuse and neglect **including recognizing the signs of maltreatment**, program operation, personnel, **procedures in case of illness, emergencies** and supervision. The operator **shall require participation by new program staff in employee orientation, and assure annual** training for all current program staff on the child care program’s policies, plans and procedures. **Documentation of such trainings for each program staff member shall be maintained at the child care program.**
- (c) Child care programs that administer medications of any kind shall develop and implement written policies and procedures at the facility governing the administration of medications which shall include, but not be limited to, the types of medication that shall be administered, parental consent and prescriber

authorizations, staff responsibilities, proper storage of medication and record keeping. Said policies and procedures shall be maintained at the child care program and shall reflect best practice.

- 1) The operator shall maintain in the child care program a written statement signed by the operator or the operator's designee attesting to the fact that:
    - A) A program operated and administered by a local or regional board of education or municipality administering medication in accordance with [section 10-212a of the Regulations of Connecticut State Agencies](#); or
    - B) Administering medication in accordance with [section 19a-79-9a of the Regulations of Connecticut State Agencies](#); and,
    - C) Staff trained and approved to administer medication shall be present whenever a child who has orders to receive medication is enrolled and present at the facility.
  - 2) The operator shall not deny services to a child on the basis of a child's known or suspected allergy or because a child has a prescription for an automatic pre-filled cartridge injector or similar automatic injectable equipment used to treat an allergic reaction or for injectable equipment used to administer glucagon. The operator shall not deny services to a child on the basis of a child's diagnosis of asthma or because a child has a prescription for an inhalant medication to treat asthma.
- (d) The operator shall operate the program in a manner that ensures the safety, health and development of the children in care.
  - (e) The operator shall maintain in the child care program and shall implement written policies, plans and procedures for emergencies including, but not limited to:
    - (1) medical emergencies. Such policies, plans and/or procedures shall include, at a minimum, the designation of a licensed physician or hospital emergency service to be available, transportation to medical services and notification of the parents; and,
    - (2) multi-hazards, including man-made disasters, natural disasters, weather related emergencies, fire emergencies and acts of terrorism. Such policies, plans and/or procedures shall include, at a minimum, the assignment of staff responsibilities, identification of means of egress, identification of evacuation sites to provide safe temporary care for children, transportation, plans for sheltering in place if evacuation is not feasible, lock-down procedures, plans for continuation of operations, communication and reunification with parents, accommodations for infants and toddlers, children with disabilities and children with chronic medical conditions developed in consultation with the child's parent(s). Development of the multi-hazard policies, plans and procedures shall include contact with the local emergency management director. A multi-hazard emergency drill shall be practiced at least annually.
  - (f) The operator shall report to the Office, no later than the next business day, any injury to a child that occurs while the child is at the child care program or at a child care program sponsored event 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.
  - (g) The operator shall grant the Office immediate access during customary business hours to the child care program, its staff or its records upon request of the Office.
  - (h) The operator shall cooperate with the Office in any investigation. The operator shall consent to an interview regarding a complaint and shall discuss the subject matter of the complaint so that the Office can assess its validity.

- (i) The operator shall not furnish or make any false or misleading documents or statements to the Office.
- (j) The operator shall be responsible for compliance with all applicable motor vehicle laws when transporting enrolled children.
- (k) The operator shall be responsible for ensuring fire drills are conducted and that each building or structure presents no fire hazard as so certified by the Office of the State Fire Marshal or local fire marshal. A current fire marshal certificate dated within the past year shall be maintained on site and available to the Office upon request.

## **Staffing**

- (a) There shall be a designated staff person in charge who is eighteen years of age or older on site at all times the child care program is in operation.
- (b) The operator shall be responsible for ensuring the supervision of the children at all times while the children are at the facility, indoors or outdoors, or on field trips. At no times shall a child be left unsupervised.
- (c) **The ratio shall be at least one staff to ten children ages three to five, and one staff to fifteen children for ages five to twelve.** The ratio of staff to children shall be maintained at all times. When there is a mixed age group, the lower required ratio for the age of the youngest child shall prevail. During nap time, when all of the children in the group are sleeping, the overall staff child ratios shall be maintained on the premises.
- (d) The group size shall not exceed twenty children. **Group size for field trips exclusively for school age children, outdoor play exclusively for school age children, and activities organized by program staff exclusively for school age children shall not exceed thirty children. Staff child ratios shall be maintained during these activities.** When there is a mixed age group, the smaller required group size shall prevail.
- (e) **Children born in September, October, November, and December who are not enrolled in kindergarten but who will turn five (5) by January 1 shall be deemed eligible to enroll as a school age child provided such program receives written authorization from such child's parent and the director to enroll such child in the school age program. The written authorization shall be maintained at the child care program.**
- (f) Staff acting in a lifeguard capacity shall meet the requirements of section 19a-113a of the Connecticut General Statutes (certified in CPR by the American Heart Association, the American Red Cross, the American Safety and Health Institute or an organization using guidelines for CPR and emergency cardiovascular care published by the American Heart Association and the International Liaison Committee on Resuscitation).
- (g) Staff who provide direct care to children or have unsupervised access to children shall have completed a comprehensive background check at least once every five years or whenever the OEC requires. Such comprehensive background check shall be conducted in accordance with 45 CFR 98.43, as amended from time to time. **Evidence of compliance with this section shall be maintained at the child care program.**
- (h) Staff shall complete at least one percent of the total annual hours worked of professional development and the operator shall maintain in the child care program documentation of such training. At least one training shall include a health and safety topic as defined in 45 CFR § 98.44(b)(1). Such health and safety topics are early education and child development, licensing and regulations, emergency preparedness, prevention and control of infectious diseases, prevention of sudden infant death syndrome and use of safe sleep practices, administration of medication, prevention and response to emergencies due to food and allergic reactions, building and physical premises safety, protection from hazards, bodies of water, and vehicular traffic; handling and storage of hazardous materials and the appropriate disposal of bio contaminants; **the recognition and**

**prevention of child maltreatment, child abuse and neglect;** prevention of shaken baby syndrome and abusive head trauma, precautions in transporting children, pediatric first aid and cardiopulmonary resuscitation, nutrition and programming for children with disabilities or special health care needs.

## **Record Keeping**

- (a) The operator of the child care program is responsible for maintaining on the premise a current record for each child enrolled. The record shall include, but not be limited to, enrollment information and permission forms signed and dated by the parent(s) that shall include, but not necessarily be limited to:
- (1) The child's name, address, date of birth and date enrolled;
  - (2) The residence, business address(es) and telephone number(s) of the parent(s);
  - (3) Specific written permission forms signed by the parent(s) authorizing:
    - (A) the operator to use previously selected emergency policies of the child care program, which shall accompany the child on trips away from the premises;
    - (B) the name and telephone number of one responsible person other than the parent(s) who can remove the child from the child care program;
    - (C) any activity away from the premises; and
    - (D) transportation services.
- (b) The operator shall maintain in the child care program a written statement signed by the operator or the operator's designee attesting to the fact that no child will be admitted to child care program unless such child's parent(s) furnishes documentation of age-appropriate immunization, immunization-in-progress or exemption from immunization against the diseases for which vaccination is recommended in the current schedule for active immunization adopted by the commissioner of public health in accordance with section 19a-7f of the Connecticut General Statutes. No child shall be permitted to continue to attend a child care program for more than thirty days unless such child continues to meet said requirements.
- (c) For each enrolled child, the operator shall obtain from the child's parent(s) one or more of the following types of documentation to verify age-appropriate immunization, immunization-in-progress or exemption from immunization as specified in (b) above:
- (1) A statement signed and dated by a physician, physician assistant or an advanced practice registered nurse indicating that the child is current or in process 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;
  - (2) A statement signed and dated by a physician, physician assistant or an advanced practice registered nurse indicating that the child has an appointment that will keep the immunizations current or in progress as required by said schedule and that names the date for the child's next immunization;
  - (3) 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;
  - (4) A certificate pursuant to section 19a-7q of the Connecticut General Statutes signed by a physician, physician assistant or an advanced practice registered nurse indicating that the child has a medical contraindication to immunization;
  - (5) A written statement presented prior to April 28, 2021 and made in accordance with the provisions of section 19a-79 that immunization is contrary to the religious beliefs and practices of the child or the parent of such child, and a written declaration stating that immunizations required under section 19a-7f of the Connecticut General Statutes have been given and that any additional necessary immunizations of such child are in process;

- (d) A child that has been determined to be homeless as defined in section 725(2) of the McKinney-Vento Homeless Assistance Act of 42 U.S.C. 11434a(2), may be allowed to attend the child care program for up to ninety (90) days without meeting the immunization requirements. A child who is a foster child may be allowed to attend the child care program for up to forty-five (45) days without meeting the immunization requirements. Record of temporary waiver eligibility determinations granted must be maintained on file at the child care program for a period of two (2) years after the child is no longer enrolled.
- (e) The operator shall maintain at the child care program a written statement signed by the operator or the operator's designee attesting to the fact that a written individual plan of care will be on file. The operator shall ensure that the individual needs of each child are met and shall maintain at the child care program a written individual plan of care for each child with disabilities or special health care needs such as allergies, special dietary needs, dental problems, hearing or visual impairments, chronic illness, developmental variations or history of contagious disease when it is necessary that special care be taken or provided while the child is in attendance at the child care program. 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. The individual plan of care shall include appropriate care of the child to prevent and respond to a medical or other emergency and shall be signed by the parent(s) and staff members responsible for the care of the child.
- (f) The operator shall maintain at the child care program, for a period of not less than two years, a written record of all injuries or accidents that result in an injury to a child or illness of a child enrolled at the child care program that occur on or off site as part of the child care program. The report shall include a description of the injury, illness or accident, the date, time of occurrence and location and any action taken by the child care program including, but not limited to, whether the child was transported to a hospital emergency room, doctor's office or other medical facility. The written report for an individual child shall be available upon request to the Office and a copy shall be provided to the child's parent(s) no later than the next business day following the injury, illness or accident.

### **Physical Plant and Program Practices**

- (a) The building and equipment shall be maintained sanitary and free of health and safety hazards.
- (b) Potentially hazardous substances and materials in the child care program shall be handled in a safe manner and stored in a separate locked area. **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.**
- (c) Programs that serve children less than school age and are located in a building constructed prior to 1978 shall include an inspection for evident sources of lead paint in all areas used for childcare. Chipping paint found in such programs shall undergo chemical analysis. A full comprehensive lead inspection of such programs shall be required when the chemical analysis shows evidence of lead. Programs that serve children less than school age, shall be free of sources of lead poisoning.
- (d) All manufacturer guidelines shall be followed for furniture, equipment and any toy that is used by, or around children. Any furniture, equipment and toy that has been identified as unsafe, or has been subject by the United States Consumer Product Safety Commission guidelines or law, shall be removed or repaired as indicated.
- (e) **Procedures in case of illness**
  - (1) Staff members shall be knowledgeable about signs and symptoms of childhood illness and shall be responsible for the initial observation of each child upon arrival and continued observation throughout the day for such signs and symptoms.**
  - (2) Any child showing suspicious signs or symptoms of short-term contagious illness shall be placed in a designated isolation area with continual visual supervision by staff. The parent(s) or other authorized adult shall be called immediately to remove the child from the program.**

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

- (f) **Proper Hygiene - Children and staff shall wash their hands with soap and water before eating or handling food and after toileting.**
- (g) The outdoor area 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 feet in height.
- (h) Swimming pools and bathing facilities, when provided, shall comply with the applicable provisions of sections 19-13-B33b of the Regulations of Connecticut State Agencies.
- (i) At all times the child care program is in operation, there shall be at least one portable, readily accessible first aid kit, on site at the child care program and on field trips.

**Programs Serving Infants and Toddlers**

- (a) For children under three years of age there shall be at least one program staff for every four children or fraction thereof in attendance. The group size shall not exceed eight children. A child who is thirty-two to thirty-six months of age may be deemed to be three years of age for purposes of enrolling such child in a preschool program or classroom provided written authorization from such child's parent or guardian and the program director to so enroll such child in the preschool program or classroom is received.
- (b) **Diapering**
  - (1) The diapering area shall be an elevated sturdy table or counter equipped with a safety rail.
  - (2) Each diapering area shall have a non-porous surface and be kept in good repair.
  - (3) Diapering areas shall be washed and disinfected after each use.
  - (4) The hands of the staff and the children shall be washed after each diaper change.
  - (5) Diapering and hand washing policies and procedures shall be posted in each diapering area and followed.
  - (6) Disposable diapers shall be discarded in a covered receptacle immediately after diapering.
- (c) **Sleep Arrangements**
  - (1) Infants under twelve months of age shall be placed in a supine (back) position for sleeping in a well constructed, free standing crib, bed or other piece of equipment designed for infant sleeping and appropriate for the particular child, with a snug fitting mattress unless the child 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 can easily turn over from the supine to the prone position, they shall be put down to sleep on their back, but allowed to adopt whatever position they prefer for sleep.
  - (3) Soft surfaces and gas-trapping objects such as pillows, blankets, quilts, sheepskins, soft bumpers or stuffed toys shall not be placed under or with an infant for sleeping and shall be kept out of the infant's crib or bed.
  - (4) No infant shall be put to sleep on a sofa, soft mattress, waterbed or other soft surface. No infant shall be put to sleep 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 child has written documentation from a physician, physician assistant or advanced practice registered nurse specifying a medical reason for their use.
  - (5) Nothing shall be placed or hung over the side of a crib or other piece of equipment designed for sleeping that obstructs the staff's visibility of the infant.
  - (6) Cribs or other furniture intended for infant sleeping shall meet the United States Consumer Product Safety Commission requirements. All cribs must comply with the CPSC crib standards. To demonstrate that a crib meets the current CPSC crib standards, one of the following must be maintained on the premises for each crib that is used or accessible to any child in care:
    - (A) A tracking label, which is a permanent, distinguishing mark on the crib which verifies a date of manufacture on or after June 28, 2011;

- (B) 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
- (C) A Children's Product Certificate (CPC) or test report from a CPSC-accepted third party lab demonstrating compliance with federal crib standards under Code of Federal Regulations, title 16, part 1219, for full-size baby cribs, or Code of Federal Regulations, title 16, part 1220, for non-full-size baby cribs.

(d) **Toys and Other Objects**

- (1) Toys used for infants shall be kept separate, washed and sanitized at least daily. Toys for toddlers, including floor and riding toys, shall be washed and sanitized at least weekly and as needed. Toys and other objects with a diameter of less than one and one-quarter (1 1/4) inches, objects with removable parts that have a diameter of less than one and one-quarter (1 1/4) inches, plastic bags, balloons and Styrofoam objects shall not be accessible to children under three years of age unless such objects are part of a designated and directly supervised activity.