



STATE OF CONNECTICUT



TO: Child Care Operator Applicants

FROM: Licensing Division

The **Initial Application** for licensure was designed to meet the requirements of the Regulations for Connecticut State Agencies for Child Care Centers and Group Child Care Homes, Sections 19a-79-1a to 19a-79-13, inclusive.

A **Complete Application** shall be submitted to the Agency at least 60 days prior to the anticipated date of opening. **Please retain one copy of the completed application for your own records and submit one copy to the Local Health Department of the town in which the child program will be located.**

The Initial Application for the licensure packet consists of:

1. Coordinating Check List
2. Initial Application Fee Form
3. Affidavit
4. Property History Questionnaire
5. Initial Application for Licensure Including Supplementary Application for Infant/Toddlers (if applicable)
6. Educational Consultant Application
7. Related Application and Reference Forms
8. "Sample" Policies, Plans & Procedures
9. Background checks are required for all child care staff members, including employees and volunteers age 16 and older who care for children or have unsupervised access to children. To complete your background checks, please visit the website at <https://resources.211childcare.org/backgroundcheck/> and choose the provider type that applies to you. If you have questions regarding the background check process, please contact the Background Check Information System (BCIS) at <https://helpdesk.oecit.org/>

EACH ATTACHMENT MUST HAVE THE ATTACHMENT NUMBER ON THE UPPER RIGHT HAND CORNER OF EACH PAGE.

Coordinating Check List for Initial Child Care Center/Group Home Applications

Program Name _____ Town _____ App Date _____

- ☐ **Application** ☐ **Application Fee** ☐ **Application Fee Form** (Must include Worker's Comp. Ins. info as appropriate)
- ☐ **Affidavit** (Original only)
- ☐ **Property History Form**
- ☐ **Fire Approval (Attachment # 5a)**
- ☐ **Building Approval (Attachment #5b)** ** see below
- ☐ **Zoning Approval (Attachment #5c)** ** see below
- ☐ **Local Health Approval (Item # 5e)** Date application sent to Local Health: _____
- ☐ **Comprehensive Lead Inspection for buildings constructed Pre-78 (Attachment # 5e)** ☐ XRF ☐ Dust Wipes ☐ Soil
 - ☐ Abatement/Correction (# 5e-a) ☐ Letter of Compliance from Local Health (# 5e-b) ☐ Management Plan (# 5e-c)
- ☐ **Days/Weeks program is scheduled to be CLOSED (Attachment # 7)**
- ☐ **Staff Work Schedule which includes Head Teacher & Director (Attachment # 8a)**
- ☐ **Head Teacher Verification** ☐ If not approved, date application submitted to Connecticut Charts-a-Course _____
- ☐ **Organizational Chart** (Attachment # 8d)
- ☐ **Certificates for Approved First Aid Training (Attachment # 8d)**
- ☐ **Certificates for Approved CPR Training (Attachment # 8d)** *see below
- ☐ **Background Checks** ☐ **State & Federal Fingerprint Cards** ☐ **DCF**

Education Health Dental Dietician Social Service

<input type="checkbox"/> (# 9a)	<input type="checkbox"/> (# 9b)	<input type="checkbox"/> (# 9c)	<input type="checkbox"/> (# 9d)	<input type="checkbox"/> (# 9e)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consultant Data Sheet (Attachment # 9f)

Consultant Agreement Services

- Signed & dated w/in year
- Annual review of written policies, plans, procedures
- Annual review of education programs
- Availability by telecommunication for advice regarding problems
- Availability, in person, of the consultant to the program
- Consult with administration and staff about specific problems
- Act as a resource person to staff and the parents
- Document the activities and observations required in a consultation log that is kept on file at the facility for two years.
- ☐ Resume (Social Service Consultant verification of experience)

- ☐ **Health Consultant Agreement/Contract (must include the following in addition to items listed above)**
 - ☐ Make at a minimum, quarterly site visits to facilities that serve children three years of age and older; or facilities that enroll only school age children, semi-annual site visits. Facilities that are closed during the summer months may omit the summer quarterly visit. Site visits shall be made by the health consultant during customary business hours when the children are present at the facility
 - ☐ Review health and immunization records of children and staff
 - ☐ Review the contents, storage, and plan for maintenance of first aid kits
 - ☐ Observe the indoor and outdoor environments for health and safety
 - ☐ Observe children's general health and development
 - ☐ Observe diaper changing and toileting areas and diaper changing, toileting and hand washing procedures
 - ☐ Review the policies, procedures and required documentation for the administration of medications, including petitions for special medication authorizations needed for programs that administer medication
 - ☐ Assist in the review of individual care plans for children with special health care needs or children with disabilities as needed

Required for Infant/Toddler: ☐ Minimum weekly visits ☐ License ☐ Resume (Attachment # S4)

- ☐ **Food Service Certificate (Attachment # 10)** (Applicable if meals are served)
- ☐ **Floor Plan – Indoor (Attachment # 11a)** ☐ dimensions of each program area/classroom in FEET ☐ function of each room
 - ☐ entrances/exits ☐ doors/windows ☐ corridors ☐ storage areas ☐ child bathrooms ☐ sinks ☐ kitchen/food prep area
 - ☐ office ☐ staff bathroom ☐ isolation area
- ☐ **Sketch – Outdoor Space (Attachment # 12a)** ☐ dimensions in FEET ☐ location of facility ☐ major play equipment ☐ type of surface(s)
 - ☐ fencing ☐ storage areas
- ☐ **Supplementary Information for Infant/Toddler** ☐ N/A
- ☐ **Floor Plan – Infant/Toddler** ☐ dimensions + total square footage in FEET of each room/program area
 - ☐ relationship of this space to any other program space ☐ how groups of eight are divided with physical barriers
 - ☐ where sinks and changing tables are located
- ☐ **Water Supply Form (Attachment # 11b)** ☐ **Water Bill (Attachment # 11b)** ☐ **Lead/Chemical Water Test (Attachment # 11b)** ** see below
- ☐ **Radon Test** (Cap date November-April) (Attachment # 11d) **see below
- ☐ **Pool Approval – Local Health (Attachment # 12b)**

* Not required for group child care homes

** Not required for school-age only programs that are located in public schools



STATE OF CONNECTICUT



Initial Application Fee Form

The licensing fee along with this Initial Application Fee Invoice Form is due with your application to obtain a child care license. **THE FEE IS NON-REFUNDABLE.**

Please complete items 1 through 10 of this form. If you have questions, call the licensing office at 1-800-282-6063 or (860)500-4450. Make your payment by check or money order payable to: **TREASURER-STATE OF CONNECTICUT. Mail this form along with your payment and application to the Connecticut Office of Early Childhood, 450 Columbus Boulevard, Suite 302, Hartford, CT 06103.**

1. Name of Applicant: _____
(Legal Operator)

2. Program Name: _____
(Applicable For Group/Center Only)

3. Program Location Address: _____

Street Address *City/Town* *Zip Code*

4. Program Phone Number: (____) ____ - ____ Program Fax Number: (____) ____ - ____

5. Mailing Address (if different): _____, CT _____

Street Address *City/Town* *Zip Code*

6. Program E-mail Address: _____

7. Enclosed Check/Money Order: \$ _____ Check #: _____ Check Date: ____/____/____

8. Social Security #: _____ - _____ - _____ Federal Employer ID _____ - _____
(3 digits) (2 digits) (4 digits) (2 digits) (7 digits)

9. **Proof of Worker's Compensation Insurance:** Do you hire employees in your program that require Worker's Compensation? ☐ Yes ☐ No **If yes, please complete the following:**

Name of Insurer _____ Insurance Policy # _____
Effective Dates of Worker's Compensation Coverage ____/____/____ to ____/____/____

10. Payment is for the following type of license: (check one box below)

Child Care Center (Account #42431)	Group Child Care Home (Account #42431)	Family Child Care Home (Account #42431)
<input type="checkbox"/> 4-year license (new program) \$500.00	<input type="checkbox"/> 4-year license (new program) \$250.00	<input type="checkbox"/> 4-year license (new provider) \$40.00

Signature of notary public, commissioner of superior court or other proper official as noted in Connecticut General Statute Section 1-24



Property History Questions for Child Care Center and Group Child Care Home Applicants

The Child Daycare SAFER Program is an initiative to:

1. Safely site new child care facilities
2. Identify and address contamination at or near child care centers or group child care homes
3. Help child care facilities to be environmentally safe & green

Please complete the form on the next page after reading the instructions on this page.

This form collects information about how the property and buildings at your child care center or group child care home were used in the past. Some past uses such as agricultural or manufacturing/industrial could have left chemicals behind on the land or in the buildings. The information you provide will help the Department of Public Health identify whether residual chemicals may be present at your child care property and will help the Department ensure that actions are taken (if needed) to make the property safe. Please note that if you are Family Child Care Home applicant and your program will operate in a private residential structure, you do not need to complete this form.

Please answer the questions on the next page to the best of your ability and go back in time as far as readily available information allows. We strongly recommend that you talk with the following people to help you complete this questionnaire.

- Property Owner (if applicable)
- Local health department (LHD). For help finding your LHD:
<http://www.ct.gov/dph/cwp/view.asp?a=3123&q=397740>
- Town Planner/Town Zoning Office
- Town Engineer/Town Building Department

Other resources that may be helpful to you:

- Town tax assessor
- Town land records
- Local fire marshal
- Local economic development agency

If you have questions about completing this form, please contact Sharee Rusnak of the CT Department of Public Health Environmental and Occupational Health Assessment Program at 860-509-7740 or sharee.rusnak@ct.gov. For answers to questions regarding child care licensing regulations, requirements and applications, call the Office of Early Childhood at (860) 500-4450.

General Information

Applicant Name

Name of Child Care Center/Group Child Care Home

Child Care Center/Group Child Care Home Address

Property History Questions

1. Current owner of Child Care Center/Group Child Care Home property _____

2. Has the Child Care Center/Home ever gone through a SAFER referral before? Yes No Unknown
If yes, when and under what name _____

3. Child Care Center/Group Child Care Home building was constructed in what year?

4. Was the Child Care Center/Home land or buildings ever used in the past for any of the following?

Dry Cleaner	Metal Plating	Retail/Commercial
Gas Station	Shooting Range	Undeveloped
Auto Repair/Auto Painting Shop	Farming/Agriculture	La Child Care
Landfill/Dump	Hair Salon/Nail Salon	Unknown
Factory/Manufacturing/Industrial	Funeral Home	
Other (Please Describe) _____		

5. For any past use boxes you check, provide additional information, to the best of your ability. Attach additional pages if providing information for more than one type of past use.

a. Name of property owner _____

b. Owned/operated during what years? _____

c. Company/Business name _____

d. If factory/manufacturing past use, describe the type of manufacturing/products manufactured. For any other past uses, provide details about the business, if known:

6. Have any of the following documents or notifications ever been prepared for the child care property?

Phase I/II Environmental Site Assessment	<input type="checkbox"/>	Phase III Environmental Site Assessment
Significant Environmental Hazard		Unknown

**Connecticut Office of Early Childhood
Division of Licensing**

**APPLICATION FOR INITIAL LICENSE
CHILD CARE CENTER OR
GROUP CHILD CARE HOME**

Complete **original** application, answering all items as they apply to your program.

Please submit: **original** application to the **Connecticut Office of Early Childhood – Division of Licensing**

Please submit: **one** complete copy **to your Local Health Department**

Please keep: **one** complete copy **on file at the licensed premise**

1. **Name of Program:** _____

Program Location Address _____ **Phone:** (____) _____
(Number & Street)

Town/City/State: _____ **Zip Code:** _____

Mailing Address: (if different, i.e., RFD or P.O. Box, or central office)

- **Was the building/structure in which you will be providing child care constructed prior to 1978?** ☐ Yes ☐ No (if yes, please refer to question #5e)

2. **OPERATOR'S NAME:** _____

Operator's Mailing Address: _____

Business Phone: (____) _____

Town/City/State: _____ Zip Code: _____

3. **DESIGNATED DIRECTOR'S NAME:** _____

Home Address: _____

Home Phone: (____) _____

Town/City/State: _____ Zip Code: _____

4. **HEAD TEACHER'S NAME:**(designated for site) _____

Home Address: _____

Home Phone: (____) _____ Date of Birth: _____

Town/City/State: _____

5. **LOCAL APPROVALS:**

- a. LOCAL FIRE approval (**Attachment #5a**)
- b. LOCAL BUILDING approval (**Attachment #5b**)
- c. ZONING approval (**Attachment #5c**)
- d. DATE you sent copy of application to LOCAL HEALTH DEPARTMENT _____
- e. LOCAL HEALTH Approval (Environmental Inspection Report)
 A full comprehensive lead inspection is required for buildings constructed prior to 1978. If a comprehensive lead inspection is required the local health department/private licensed lead inspector's Lead Inspection Report must be submitted. If lead-based paint or lead hazards are not identified, no additional documents are required to be submitted. If lead-based paint or lead hazards are identified, any of the following documents that are generated based upon the inspection results must be submitted: **(a) Plan of Abatement/Correction, (b) Letter of Compliance from local health department, (c) the Management Plan.**

6. **ENROLLMENT:**

Requested licensed capacity: _____

Ages of children you will accept: _____

SERVICES PROVIDED:

- | | |
|---|--|
| <input type="checkbox"/> Infant/Toddler 6 weeks-3 years | <input type="checkbox"/> Preschool 3-5 years |
| <input type="checkbox"/> School Age 5 years & over | <input type="checkbox"/> Night Care |
- (Attending Elementary School)

7. **OPERATIONS OF CENTER/HOME:** (Indicate time open each day)

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____

Sunday _____ (i.e., Mon. 9 AM-12 PM; Tues. 10 AM-12 PM; Wed. 2-4 PM)

Months Center/Home Operates: _____ (i.e., September to June)

Days/Weeks program is scheduled to be CLOSED : (i.e., holidays, in-service, vacations).
(Attachment 7)

8. **STAFF - (paid or volunteer):**

Attach copies of the following:

- a. List name, date of birth, position, work schedule, date of employment for each employee, including substitutes (use enclosed staff work schedule form.) (**Attachment #8a**)
- b. **Important:** Background Check Fingerprint Cards (To be returned to the Connecticut Office of Early Childhood, Legal Division, 450 Columbus Boulevard, Suite 302, Hartford, CT 06103.)

- c. Head Teacher: Individuals seeking head teacher approval must submit their application and supporting documentation, on-line, directly to the Office of Early Childhood, through the Early Childhood Professional Registry. To begin the process, go to the www.ctoec.org and click on Early Childhood Professional Registry or call 800-832-7784.
- d. Written organizational chart that establishes the line of authority and responsibility in all matters relating to the management and maintenance of the center or group home and care of children. Attach copy of the organizational chart. (**Attachment #8d**)
- e. Copies of staff certificates from approved first aid courses and approved CPR course. (**Attachment #8e**)

9. **CONSULTANTS:**

- a. Early Childhood/School Age Education Consultant (submit enclosed application) (**Attachment #9a**)
- b. Health Consultant (**Attachment #9b**)
- c. Dental Consultant (**Attachment #9c**)
- d. Registered Dietitian Consultant (required if meals are served) (**Attachment #9d**)
- e. Social Service Consultant (**Attachment #9e**)
- f. Consultant/Head Teacher Data Sheet (**Attachment 9f**)

10. **FOOD SERVICE:**

- a. Meals and snacks served: (check **All** that apply):

_____ Breakfast meal	_____ A.M. snack
_____ Midday meal	_____ P.M. snack
_____ Evening meal	_____ Snack brought by children
_____ Meals brought by children	

If meals are prepared and served, please submit a copy of your Food Service Certificate (Attachment #10)

- b. Who plans food service? _____ Where is food prepared? _____

- c. Eating, serving and drinking utensils (check **All** that apply):

Disposable ☐ Reusable ☐

Dishwashing facilities:

Machine ☐ Hand ☐

11. **PHYSICAL PLANT - INDOORS:** (attach copies of the following)

- a. **PROGRAM SPACE:** Submit a floor plan for the entire day care center/home. Show the dimensions in **FEET** of each program area/classroom. Indicate the functions of each room. Indicate on the floor plan, entrances and exits, doors, windows, corridors, storage areas, child bathrooms, sinks, kitchens/food prep areas, office, staff bathrooms, isolation area. (**Attachment #11a**)
- b. **WATER SUPPLY:** (check one) (**Attachment #11b**)
- ☐ City/Municipal ☐ Well ☐ Other
1. **If water source is City/Municipal**, submit copy of most recent bill or other documentation for verification purposes - with program's location address on it. (**Attachment #11b**)
 2. Submit copy of Lead Water Test completed every 2 years for **All** water supplies. (**Attachment #11b**)
 3. **If water source is a well**, submit a copy of the Bacterial and Chemical Test every two years. (**Attachment #11b**)
 4. **If water source is a well and facility will serve 25 or more adults and children for over 60 days per year**, the facility must be in compliance for required water quality testing and well construction for non community public water systems per CT Public Health Code Sections 19-13-B102 and 19-13-B51, respectively. Information must be verified with DPH Drinking Water Section at (860) 509-7333.
 - Water Supply Engineer Contact Person: _____
Print Name
- c. Number of toilets for children: _____ Number of toilets for staff/adults: _____
Number of sinks for children: _____ Number of sinks for staff/adults: _____
- d. **RADON TESTING:** If the program is located in a basement level or ground floor submit copy of radon test. Results must be posted. **Testing must be done between the months of November and April.** (**Attachment #11d**)

12. **OUTDOOR PLAY SPACE:** (attach copies of the following)

- a. Sketch showing dimensions in **FEET**. Include information on location of facility, major play equipment, type of surface(s), fencing and storage areas. (**Attachment #12a**)
- b. Copy of official swimming pool approval to indicate compliance with Public Health Code, if applicable. (**Attachment 12b**)

Printed Name of Operator or Legal Representative

**Connecticut Office of Early Childhood
Division of Licensing**

**SUPPLEMENTARY INFORMATION OF INFANT/TODDLER DAY CARE
PROGRAM IN DAY CARE CENTERS AND GROUP DAY CARE HOMES**

PUBLIC HEALTH CODE SECTION 19A-79-10 UNDER THREE ENDORSEMENT

“The operator of a program caring for children under three (3) years of age shall comply with sections 19a-79-1a through 19a-79-8a and section 19a-79-10 of the Regulations of Connecticut State Agencies.

Complete **original application**, answering all items as they apply to your Child Care Center/Group Day Care Home:

Please submit: **original** application to the **Connecticut Office of Early Childhood**

Please submit: **one** complete copy **to your Local Health Department**

Please keep: **one** complete copy **on file at the licensed premise**

S1. Name of Center/Home: _____

Location Address: _____
(Number & Street/Road)

Town/City/State: _____ **Zip Code:** _____

Telephone on Premises: _____

S2. LICENSED CAPACITY AND ENROLLMENT:

Requested licensed capacity for children under three years of age: _____

S3. GROUPING OF INFANTS/TODDLERS:

Sketch indoor program space and specify the following: **(Attachment #S3)**

- a. Dimensions + total square footage (in **FEET**) of each room/program area.
- b. Relationship of this space to any other program space.
- c. How groups of eight are divided with physical barriers.
- d. Where sinks and changing tables are located.

S4. NURSE CONSULTATION: Attach a copy of the following: **(Attachment #S4)**

S4 Name, resume and copy of current registered nurse's license

S5. HEALTH AND HYGIENE:

You are required to develop and post on site the following written policies and procedures. Do not submit these policies and procedures to the department.

S5a. Diapering and toileting, including a description of the diapering procedure, the disposal of soiled diapers, hand washing procedures and sanitizing procedures.

S5b. If cloth diapers are used, you are required to develop a plan describing the procedures used to handle soiled non-disposable diapers and clothing. This plan should be kept on site and not submitted to the department.

**CONNECTICUT OFFICE OF EARLY CHILDHOOD - Division of Licensing
STATEMENT OF COMPLIANCE**

Program Name: _____

Program Location Address: _____
Street Town State Zip Code

I certify that I have read and understand the regulations for the licensure of child day care centers and group day care homes adopted by the Commissioner of the Office of Early childhood pursuant to Connecticut General Statutes Section 19a-79. I am currently in compliance with and will maintain the child day care center or group day care home in compliance with these regulations, and I will allow visits by Agency staff to the child day care center or group day care home.

I certify that all children enrolled in the group day care home/child day care center have received age-appropriate immunizations in accordance with Section 19a-79-6a(e)1 of the regulations for the licensure of child day care centers and group day care homes .

NOTICE OF PENALTY FOR FALSE STATEMENTS

Under the law, all information provided on this application form, or in any statements accompanying this application, must be truthful. Any false statements could cause the denial of this application and may be punished as a Class A Misdemeanor under Section 53a-157b of the Penal Code. This notice is given as required by Section 19a-79-2a(2)(B).

Understanding the penalties for false statements, I attest that my statements in this application are true, to the best of my knowledge and belief.

X _____
Signature of Operator or Legal Representative (as indicated on the Affidavit) Date

Printed Name of Operator or Legal Representative

Connecticut Office of Early Childhood
Division of Licensing

Education Consultant Application

INSTRUCTIONS: This application must be completed, dated and signed. A resume may be attached along with a copy of your college transcripts or degree. Program staff may not serve as consultants for programs in which they provide direct care or direct supervision.

DO NOT WRITE IN THIS BOX – STATE AGENCY USE ONLY

CRITERIA FOR APPROVAL

☐ Degree in ECE/CD/HD or

☐ 4 year Degree in related
field and 12 Credits in ECE/CD

☐ Approved ☐ Not Approved

And
☐ 2 years experience administering a child care program

OEC Staff: _____ Date: _____

☐ Licensure/Complaint/Enforcement databases checked on: Date: _____

DEFINITION: Public Health Code 19a-79-1a(23):

(23) Early childhood education consultant means an individual who is a credentialed early childhood specialist with an Associate, Bachelors, Masters or Doctoral degree in early childhood education, child development or human development or a four (4) year degree in a related field with at least twelve (12) credits in child development or early childhood education from an accredited college or university, who has two (2) or more years experience administering a licensed child care center that meets standards comparable to those in Connecticut.

For School Age Program:

Please note that in order for you to act as an education consultant in a licensed child care center or group child care home that serves school age children, you must have training in child development, recreation, leisure activities, group social work or elementary education.

SECTION A. EARLY CHILDHOOD/SCHOOL AGE EDUCATION CONSULTANT

Name _____

Address _____

City/Town _____ State _____ Zip Code _____

Date of Birth: _____ Social Security #: _____ Home # (____) _____

SECTION B. APPLYING AS CONSULTANT TO THE FOLLOWING PROGRAM

Program _____ License Number _____

Address _____ Telephone (____) _____

City/Town _____, CT Zip Code _____ Licensed Capacity _____

Ages Served ☐ Center ☐ School Age

Director or Head Teacher _____

SECTION C Training (check appropriate box)

College Degree in Early Childhood,
Child Development or Human Development:

- ☐ Associates
☐ Bachelors
☐ Masters
☐ Doctorate

Accredited College or University:

Name _____

Town _____

State _____

*Please note if name has changed.

☐ Degree in a related field with at least 12 credits in child development or early childhood education
(fill in college information above.) Related Field _____

☐ Transcripts on college letterhead must be attached.

☐ Previous Approval as Early childhood education consultant before January 1994

SECTION D Experience as Director/Administrator

Center _____

Address _____

City/Town _____ State _____ Zip Code _____

Ages of Children Served: ☐ Center ☐ School Age

Years Served _____

State your job title in the program and describe your responsibilities:

Title: _____ Responsibilities: _____

Name of the person who could verify your work experience:

Name _____

Address _____

City/Town _____ State _____ Zip Code _____

Telephone (_____) _____ Role _____

<u>SECTION E</u>		List other programs where you are an Office of Early Childhood approved Early Childhood Education Consultant:	
Name of Program _____		Name of Program _____	
_____		_____	
Address _____		Address _____	
City/Town _____		City/Town _____	
State _____ Zip Code _____		State _____ Zip Code _____	
Telephone (_____) _____		Telephone (_____) _____	
License Number _____		License Number _____	

<u>SECTION F</u>	Check One Box:	<input type="checkbox"/> Currently Employed	<input type="checkbox"/> Not Currently Employed
Employer _____			
Position _____			
Address _____			
City/Town _____		State _____	Zip Code _____
Telephone (Work) _____		(Home) _____	

Applicant's Signature _____ Date _____

Note: As an early childhood education consultant your responsibilities shall include, but are not necessarily be limited to:

1. annual review of written policies, plans and procedures;
2. annual review of education programs;
3. availability by telecommunication for advice regarding problems;
4. availability, in person, of the consultant to the program;
5. consulting with administration and staff about specific problems;
6. acting as a resource person to staff and the parent(s);
7. documenting the activities and observations required in a consultation log that is kept on file at the facility; and
8. sign annually a written agreement for your consultation services.

Return this application to:
Office of Early Childhood
450 Columbus Boulevard
Suite 302
Hartford, CT 06103

Program Name: _____ Phone #: (____) _____

Location Address: _____ Town: _____ License # _____

Mailing Address: _____ Town: _____ State: _____ Zip Code _____

Prepared By: (please print) _____ Date: _____

Days & Hours of Operation: Days: _____ Hours: _____ AM to _____ PM

STAFF WORK SCHEDULE FORM

STAFF NAME * ♥	DATE OF BIRTH	POSITION	WORK SCHEDULE DAYS AND HOURS	DATE HIRED

* Place * (an asterisk) by each person's name who has been First Aid Trained within the last 3 years

♥ Place ♥ (a heart) by each person's name who has valid CPR Training

RETURN TO: _____

CONNECTICUT OFFICE OF EARLY CHILDHOOD

DIVISION OF LICENSING

ADULT MEDICAL STATEMENT for CHILD CARE

Please check one of the following boxes:

- ☐ Family Child Care Home Applicant
- ☐ Family Child Care Home Staff Assistant Applicant
- ☐ Family Child Care Home Staff Substitute Applicant
- ☐ Family Child Care Home Provider - License # _____ Expiration Date _____
- ☐ Family Child Care Home Staff Assistant – Approval # _____ Expiration Date _____
- ☐ Family child Care Home Staff Substitute – Approval # _____ Expiration Date _____
- ☐ Group Child Care Home Employee / Child Care Center Employee
- ☐ Adult Member of Household

Patient's Name _____ Phone # _____ Date of Birth ____/____/____

Street Address _____ Town _____ Zip Code _____

This section must be completed by a Physician, Physician Assistant or Advanced Practice Registered Nurse:

This medical clearance is an important requirement in child care licensing laws designed to protect the health, safety and welfare of the children in day care.

1. To the best of your knowledge, does this person have any medical or emotional illness or disorder that would currently pose a risk to children in their care or would interfere with or jeopardize a caregiver's ability to render proper care for children in the child care facility? ☐ YES ☐ NO

If yes, please explain: _____

2. Date of patient's MOST RECENT examination: _____

3. Required check for Tuberculosis: Tuberculin skin test Date _____ ☐ Positive ☐ Negative
(upon employment or initial application or Chest x-ray Date _____ ☐ Positive ☐ Negative
for Child Care Center and Group
Child Care Home staff ONLY)

4. Medical Provider's Information Name: _____
- Address: _____
- Phone #: _____

5. _____ / _____
Signature of MD, APRN or PA Date

Connecticut Office of Early Childhood (Attachment 9f)
Division of Licensing
Consultant/ Head Teacher Data Sheet

PLEASE PRINT - Please Enter Complete Information for Each Consultant and Head Teacher
Enter N/A (Not Applicable) for Questions That Do Not Apply

Name of Person completing this form: _____

Position: _____ Date form completed: _____

Program Name: _____ License # _____

Street Address: _____ Town: _____ CT Zip: _____

Telephone #: (____)____-____ Fax #: (____)____-____ E-mail: _____

Health Consultant (Required)

Last name: _____ First: _____ Middle initial: _____

Resident Street Address: _____ Town: _____ State: _____ Zip: _____

Telephone #: (____)____-____ Fax #: (____)____-____ E-mail: _____

Work Address: _____ Town: _____ State: _____ Zip: _____

Telephone #: (____)____-____ Fax #: (____)____-____ E-mail: _____

Professional license held: ☐ Physician ☐ Physician Assistant ☐ AP Registered Nurse ☐ Registered Nurse

Professional License #: _____ License Expiration Date: _____

Early Childhood Education Consultant (Required)

Last name: _____ First: _____ Middle initial: _____

Resident Street Address: _____ Town: _____ State: _____ Zip: _____

Telephone #: (____)____-____ Fax #: (____)____-____ E-mail: _____

Work Address: _____ Town: _____ State: _____ Zip: _____

Telephone #: (____)____-____ Fax #: (____)____-____ E-mail: _____

DPH approval on file: ☐ Yes ☐ No

Name at time of approval if different: _____

PLEASE BE SURE TO COMPLETE THE REVERSE SIDE OF THIS FORM

Dental Consultant (Required)

Last name: _____ First : _____ Middle initial : _____
Resident Street Address: _____ Town: _____ State: _____ Zip: _____
Telephone #: (____) _____ - _____ Fax #: (____) _____ - _____ E-mail: _____
Work Address: _____ Town: _____ State: _____ Zip: _____
Telephone #: (____) _____ - _____ Fax #: (____) _____ - _____ E-mail: _____
Professional license held: ☐ Licensed Dentist ☐ Dental hygienist
Professional License #: _____ Expiration Date: _____

Social Service Consultant (Required)

Last name: _____ First: _____ Middle initial: _____
Resident Street Address: _____ Town: _____ State: _____ Zip: _____
Telephone #: (____) _____ - _____ Fax #: (____) _____ - _____ E-mail: _____
Work Address: _____ Town: _____ State: _____ Zip: _____
Telephone #: (____) _____ - _____ Fax #: (____) _____ - _____ E-mail: _____
Professional degrees held: ☐ BSW ☐ BA/ BS - Field of study: _____
☐ MSW ☐ MA/MS - Field of study: _____
Professional License # (if applicable): _____ Expiration Date: _____

Registered Dietitian Consultant (Required for programs that serve meals)

Last name : _____ First: _____ Middle initial: _____
Resident Street Address: _____ Town: _____ State: _____ Zip: _____
Telephone #: (____) _____ - _____ Fax #: (____) _____ - _____ E-mail: _____
Work Address _____ Town: _____ State: _____ Zip: _____
Telephone #: (____) _____ - _____ Fax #: (____) _____ - _____ E-mail: _____
Professional license held: ☐ RD License/ID #: _____ Expiration Date: _____

Head Teacher(s) (Required)

Please complete this section for each Agency Approved Head Teacher at this program. If your program has more than (1) Head Teacher, please submit this information as an attachment.

Last name: _____ First: _____ Middle initial: _____
Resident Street Address _____ Town: _____ State: _____ Zip: _____
Telephone #: (____) _____ - _____ Fax #: (____) _____ - _____ E-mail: _____
Work Address: _____ Town: _____ State: _____ Zip: _____
Telephone #: (____) _____ - _____ Fax #: (____) _____ - _____ E-mail: _____
Department approval on file: ☐ No ☐ Yes (if yes, please check) ☐ Under 3 Years ☐ Preschool ☐ School Age
Name at time of approval if different: _____

**Please return this form to: Connecticut Office of Early Childhood, Division of Licensing,
450 Columbus Boulevard, Suite 302, Hartford, CT 06103 or Fax (860) 326-0552**

Water Supply Attachment #11b (for new programs, change in location & increase in capacity)

Program Name: _____
Location Address: _____
City or Town: _____

License #: _____
Capacity: _____
(If **New** program, indicate “**New**” next to the license #.)

PLEASE BE SPECIFIC:

- Months of Operation (i.e. September-June): _____
- Days/Hours of Operation: Monday _____ Tuesday _____ Wednesday _____
Thursday _____ Friday _____ Are there multiple sessions provided daily? Yes or No

Name of Property Owner: _____
Address: _____
City or Town: _____
Phone #: _____

Section 1

Are you or your landlord a Customer of a Water Company? Yes No

If **Yes**, complete Section 2 and provide the name of the Water Company: _____

If **No**, complete section 3

Section 2

Lead Water Test – Required for all programs every two years and when there are changes in water supply

Along with this form you **YOU MUST ATTACH** the following:

*A copy of the program’s most **recent water bill or other documentation**, for verification purposes, with the program location address on it;

* A copy of the program’s first draw **lead water test**;

*If you answered yes to Section 1 and completed Section 2, **DO NOT continue on to Sections 3 and 4***

Section 3

Facility has an on-site well and serves less than 25 adults and children Yes No

If **YES**, you are required to submit both a first draw **lead water test** and **bacterial & chemical test**

If **NO**, complete **Section 4**

Do other businesses share this on-site well? (coffee shop, restaurant, etc.) Yes No

Lead Water Test – (Required for all programs every two years and when there are changes in water supply)

Bacterial & Chemical Test (Required every 2 years for all programs with on-site wells serving less than 25 adults and children)

Along with this form, **YOU MUST ATTACH** the following:

*A copy of the program’s first draw **lead water test**

*A copy of the program’s **bacterial and chemical test**

CONTINUED ON BACK PAGE

Section 4 (Facility has on site well and serves 25 or more adults and children *at least 60 days of the year*)

Please Note: Your facility meets the classification of a Public Water Supply System and will be Referred to the Department of Public Health, Drinking Water Section.

Lead Water Test – (Required for all programs every two years and when there are changes in water supply)

Along with this form, **YOU MUST ATTACH** the following:

*A copy of the program's first draw **lead water test and bacterial and chemical test.**

Department of Public Safety
Division of Fire, Emergency & Building Services
Office of State Fire Marshal



STATE OF CONNECTICUT

On (date) _____, the (Town/City) _____ Office of the Fire Marshal conducted an inspection of (name of facility) _____ located at (address) _____ in the City/Town of _____ to determine the degree of compliance with the fire safety requirements of Connecticut General Statutes Chapter 541 as authorized by Section 29-305 of the statutes. This facility was evaluated as a (new/existing) _____ (occupancyclassification) _____ as classified by the *CONNECTICUT FIRE SAFETY CODE*. As a result of this inspection, the following conditions were found:

- I. At the time of inspection, no code violations were identified. **Certificate of approval recommended.**
- II. At the time of inspection, conditions were discovered to be contrary to the minimum requirements of these codes. An acceptable plan of correction was submitted. (See attached information) **Certificate of approval recommended.**
- III. At the time of inspection, conditions were discovered to be contrary to the minimum requirements of these codes. No approved plan of correction was submitted. (See attached information) **Certificate of approval NOT recommended.**
- IV. Based on the extreme hazard to public safety discovered at the time of inspection, this office is currently seeking an injunction from the court through out Town/City Attorney for the purpose of closing or restricting usage of this facility by the public. (See attached information) **Certificate of approval NOT recommended.**

Fire Marshal

Date

City or Town: _____

APPROVAL FOR CHILD CARE

- ☐ **Town Zoning Department**
- ☐ **Town Building Department**
- ☐ **Town Fire Marshal**
- ☐ **Director of Health**

AN ☐ Inspection

Architectural Review

☐ Administrative Review

Reason for Approval Request

HAS BEEN COMPLETED ON:

☐ **Child Care Center – Program Name:** _____ **Lic.#** _____

☐ **Group Care Home – Program Name:** _____ **Lic.#** _____

LOCATED AT:

(Street Address)

(Town)

(State)

(Zip)

IS CONSTRUCTED IN ACCORDANCE WITH APROPRIATE USE GROUPS
AND:

- ☐ **Connecticut State Building Code (CGS sec. 29-252-1c)**
- ☐ **Connecticut State Fire Safety Code (CGS sec. 29-292-8d)**
- ☐ **New Child Care Occupancies**
- ☐ **Existing Child Care Occupancies**
- ☐ **Other _____**
(list code title, edition, and section)
- ☐ **Town Zoning Regulations**
- ☐ **Health Ordinances**

☐ PRELIMINARY APPROVAL IS GRANTED

☐ FINAL APPROVAL IS GRANTED

Signed:_____

Title:_____

Town: _____

Date: _____

INDIVIDUAL STAFF PROFESSIONAL DEVELOPMENT RECORD

Staff Name _____ Date of Employment ____/____/____

Required Hours of Professional Development _____ # of Hours Worked Annually _____

Title of Training

Date of Training

of Hours

Name of Trainer of Training Organization

[illegible]

EXAMPLES OF REQUIRED HOURS OF PROFESSIONAL DEVELOPMENT

(1% OF TOTAL HOURS WORKED ON AN ANNUAL BASIS)

Based on 50 work weeks per year with a 2 week vacation

hours worked	# weeks worked per year	required hours of professional development
40 hours x	50 weeks = 2000 hours x	1% = 20 hours
35 hours x	50 weeks = 1750 hours x	1% = 18 hours
30 hours x	50 weeks = 1500 hours x	1% = 15 hours
25 hours x	50 weeks = 1250 hours x	1% = 13 hours
20 hours x	50 weeks = 1000 hours x	1% = 10 hours
15 hours x	50 weeks = 750 hours x	1% = 8hours
10 hours x	50 weeks = 500 hours x	1% = 5 hours
5 hours x	50 weeks = 250 hours x	1% = 3 hours

Based on 39 work weeks per year with a 2 week vacation

hours worked	# weeks worked per year	required hours of professional development
40 hours x	39 weeks = 2000 hours x	1% = 16 hours
35 hours x	39 weeks = 1750 hours x	1% = 14 hours
30 hours x	39 weeks = 1500 hours x	1% = 12 hours
25 hours x	39 weeks = 1250 hours x	1% = 10 hours
20 hours x	39 weeks = 1000 hours x	1% = 8 hours
15 hours x	39 weeks = 750 hours x	1% = 6 hours
10 hours x	39 weeks = 500 hours x	1% = 4 hours
5 hours x	39 weeks = 250 hours x	1% = 2 hours

COMPLAINT PROCEDURE

This procedure is for Child Care programs which are licensed under the authority of Connecticut General Statutes 19a-79-1a through 19a-79-13.

Most problems within a Child Care Center are non-life threatening and can be resolved by:

- 1. Discussing the problem with the classroom teacher**
- 2. Discussing the problem with the program director**
- 3. If the problem is not resolved you may contact the Connecticut Office of Early Childhood.**

In case of an emergency, notify the Connecticut Office of Early Childhood as soon as the emergency is under control

In case of abuse/neglect or life threatening situations, contact the Department of Children and Families at 1-800-842-2288 and the Connecticut Office of Early Childhood – Division of Licensing.

All inspection reports and compliance letters are available for your review at this child care program or by contacting The Connecticut Office of Early Childhood - Division of Licensing at:

**450 Columbus Boulevard Suite 302
Hartford, CT 06103
1-800-282-6063 OR 1-860-500-4450**

☐

THE SAME PROCESS WORKS FOR COMPLIMENTS AS WELL!

**RECORDS TO BE MAINTAINED ON PREMISES
AS REQUIRED BY CHILD CARE CENTER & GROUP CHILD CARE HOME REGULATIONS**

ITEMS TO BE POSTED ON SITE

1. Connecticut Office of Early Childhood License (current)
2. Fire Marshal Certificate
3. Agency Complaint Procedure
4. Food Service Certificate as Required by the Director of Local Health (if applicable)
5. Menus (snacks and/or meals, 1 week in advance)
6. Emergency Plans (fire, weather, medical, evacuation)
7. No Smoking Signs (at all entrances)
8. Agency Inspection Report (for 30 operating days)
9. Radon Test Results Posted with the License (conducted between November and April)
10. Emergency Telephone Numbers (adjacent to phone)
11. Diapering and Hand Washing procedures (in each diapering area)

ITEMS TO BE KEPT IN CHILDREN'S FILES

1. Enrollment Information (child's name, address, date of birth, date enrolled and residence, business address and telephone numbers of the parent(s))
2. Name and Telephone Number of the Child's Physician or Other Primary Health Care Provider
3. Authorized Emergency Medical Permission (to be taken on field trips)
4. Authorized Released Permission for Alternate Pick Up
5. Authorized Permission for Activities Away from the Premises (if applicable)
6. Authorized Transportation Permission (if applicable)
7. Health Record (including screening for risk factors for TB)
*annual physical required for children under age 5
*for school age children as required and accepted by the local school system
8. Immunization Records (including documentation of annual flu vaccine by Dec. 31st each year)
9. Administration of Medication Permission Forms - Including Written Orders (if applicable)
10. Injury/Illness/Accident Reports (Kept on file for 2 years)
11. Individual Care Plan (signed by parent & staff)

ITEMS TO BE KEPT IN STAFF FILES

1. Health Record (updated every 2 years) and Tuberculin Test (negative test and/or chest x-ray)
2. Professional Development
3. New Employee Orientation & Annual Training for Current Staff on Policies, Plans & Procedures
4. Disciplinary Actions
5. First Aid Certificates/CPR Training Certificates (OEC approved courses)
6. Administration of Medication Training Approval (if applicable)
7. Copies of Completed Fingerprint Cards and Forms for Checks of the State Child Abuse Registry

ADDITIONAL RECORDS TO BE KEPT ON FILE

1. Daily Attendance Records for Children and Staff (showing specific hours present) – keep for two years
2. Current Licensing Application, Including Changes, and all Policies and Procedures including: Discipline, Supervision, Child Protection, General Operating Policies, Personnel Policies, Closing Time Policy Educational Program Plan with Written Plan for Daily Program
3. OEC Inspection Reports, all Correspondence Related to Licensure
4. Local Health Environmental Inspection (every 2 years)
5. Consultant Logs, Including Documentation of Annual Review of Written Policies, Plans and Procedures
6. Written Plan for Consultation Services (signed annually by the consultant)
7. Documentation of Behavior Management Techniques Discussed with Parents
8. Administration of Medication Policies, Procedures, Certificates and Training Outline
9. Lead Water Tests (every 2 years) Copy Kept on File at Program
10. Bacterial & Chemical (every 2 years wells only)
11. Lead Inspection Reports, Abatement/Correction Plans, Letter of Compliance, and Management Plans (if applicable)

****REFER TO THE REGULATIONS FOR COMPLETE REQUIREMENTS****

CARDIOPULMONARY RESUSCITATION (CPR) PROVIDERS FOR CHILD CARE STAFF

Section 19a-79 of Connecticut General Statutes, as amended by Public Act 19-105, and Section 19a-79-4a of the Regulations for Connecticut State Agencies require at all times a licensed child care center is in operation there shall be present at least one staff member who has current certification in cardiopulmonary resuscitation (CPR). Staff of child care programs that are exempt from licensing but accept Care4Kids shall also meet this requirement. The certification shall be appropriate for all of the children served in the child care program, shall be based on a hands-on demonstration of the individual's ability to provide CPR and shall be issued by one of the following organizations.

American Red Cross

Local Chapter 877-287-3327
Training Support Center 800-Red Cross/800-733-2767
www.ctredcross.org

American Heart Association

Local Number 203-294-0088
National Service Center 877-AHA-4CPR
www.Americanheart.org

American Safety & Health Institute

1-800-447-3177
www.emergencycare.hsi.com or customerservice@hsi.com

Medic First Aid

1-800-447-3177
www.emergencycare.hsi.com or customerservice@hsi.com

National Safety Council

1-800-621-7615 x2336
www.nsc.org

An organization using guidelines for CPR and emergency cardiovascular care published by the American Heart Association (AHA) and International Liaison Committee on Resuscitation (ILCOR).

CONNECTICUT OFFICE OF EARLY CHILDHOOD

APPROVED FIRST AID COURSES FOR CHILD CARE CENTERS/GROUP CHILD CARE HOMES

*****Please Note:** The course you register for must be an approved course as listed below. Courses must include at least 6 hours of face-to-face instruction (which may be by video) and must include a hands-on demonstration of your ability to provide first aid. Upon completion of the course, the certificate issued must reflect the exact course name as listed below or it will not be accepted.

NATIONWIDE COURSE PROVIDERS

TOWN	ASSOCIATIONS	COURSE NAME	WEB ADDRESS	PHONE / CONTACT
Nationwide	American Heart Association	American Heart Association Pediatric Total First Aid CPR AED with Supplemental Materials	www.americanheart.org/presenter.jhtml?identifier=3011764	1-888-277-5463
Nationwide	American Red Cross	Connecticut Child Care (specify this course)	www.ctredcross.org	1-800-733-2767
Nationwide	American Safety & Health Inst.	ASHI Pediatric CPR, AED, and First Aid	HIS.com	1-800-682-5067
Nationwide	Health and Safety Institute for Medic First Aid Brand	Medic First Aid Pediatric Plus CPR, AED, and First Aid for children, infants, and adults (available in Spanish)	HSI.com	1-800-800-7099
Nationwide	National Safety Council	NSC Pediatric First Aid Plus	www.nsc.org/safety-training/first-aid/courses	630-775-2336 Robb Rehberg, PhD

OTHER APPROVED COURSES

TOWN	PROGRAM	COURSE NAME	E-MAIL ADDRESS	PHONE / CONTACT
Coventry	First Aid Training for CT Child Care	First Aid Training for CT Child Care	https://firstaidct.webs.com/	860-836-5015 Stephanie Knutson goldKnut@yahoo.com
Guilford	VNA Community Health Care, Inc	First Aid Course for Day Care Providers		203-458-4233 Laurie Weinberg-Rockwell, R.N.
Guilford	Community Nurse Consultant Services	First Aid for Child Care Providers	bethccnc@gmail.com	203-533-9109 Beth Capobianco, RN
Hartford / Revere, MA	Pro Health Care Services, Inc.	First Aid and Safety for Infants and Children (available in Spanish)	ggalindo54@hotmail.com	617-233-6573 Guillermo Galindo
Manchester	Manchester CPR Programs	First Aid for Child Care Providers & Parents	manchestercpr@gmail.com	860-474-3734 Dawn Sinclair
North Granby/	Nurse Consultants, LLC	First Aid for Child Care Providers	info@nurseconsultantsllc.com	860-500-9042 Robin Young-Cournoyer

Ellington			Website: NurseConsultantsLLC.com	
TOWN	PROGRAM	COURSE NAME	E-MAIL ADDRESS	PHONE / CONTACT
Vernon	Eastern CT Health Network	First Aid For Parents & Child Care Providers	ecrayton@echcn.org	860-647-4790 Elizabeth Crayton
Wolcott	Heartbeats	First Aid for Day Care Providers	sheliaRN1@sbcglobal.net	203-910-2886 Sheila Kane
Woodbridge	Capasso, Renee A.	First Aid for Day Care Providers		203-387-6260 Renee Capasso

Authorization for the Administration of Medication by School, Child Care, and Youth Camp Personnel

In Connecticut schools, licensed Child Care Centers and Group Care Homes, licensed Family Care Homes, and licensed Youth Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations. Parents/guardians requesting medication administration to their child shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription.

Authorized Prescriber's Order (Physician, Dentist, Optometrist, Physician Assistant, Advanced Practice Registered Nurse or Podiatrist):

Name of Child/Student _____ Date of Birth ____/____/____ Today's Date ____/____/____

Address of Child/Student _____ Town _____

Medication Name/Generic Name of Drug _____ Controlled Drug? ☐ YES ☐ NO

Condition for which drug is being administered: _____

Specific Instructions for Medication Administration _____

Dosage _____ Method/Route _____

Time of Administration _____ If PRN, frequency _____

Medication shall be administered: Start Date: ____/____/____ End Date: ____/____/____

Relevant Side Effects of Medication _____ ☐ None Expected

Explain any allergies, reaction to/negative interaction with food or drugs _____

Plan of Management for Side Effects _____

Prescriber's Name/Title _____ Phone Number (____) _____

Prescriber's Address _____ Town _____

Prescriber's Signature _____ Date ____/____/____

School Nurse Signature (if applicable) _____

Parent/Guardian Authorization:

☐ I request that medication be administered to my child/student as described and directed above

☐ I hereby request that the above ordered medication be administered by school, child care and youth camp personnel and I give permission for the exchange of information between the prescriber and the school nurse, child care nurse or camp nurse necessary to ensure the safe administration of this medication. I understand that I must supply the school with no more than a three (3) month supply of medication (school only.)

☐ I have administered at least one dose of the medication with the exception of emergency medications to my child/student without adverse effects. (For child care only)

Parent/Guardian Signature _____ Relationship _____ Date ____/____/____

Parent /Guardian's Address _____ Town _____ State _____

Home Phone # (____) _____ - _____ Work Phone # (____) _____ - _____ Cell Phone # (____) _____ - _____

SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL

Self-administration of medication may be authorized by the prescriber and parent/guardian and must be approved by the school nurse (if applicable) in accordance with board policy. In a school, inhalers for asthma and cartridge injectors for medically-diagnosed allergies, students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from a student's parent or guardian or eligible student.

Prescriber's authorization for self-administration: ☐ YES ☐ NO _____
Signature Date

Parent/Guardian authorization for self-administration: ☐ YES ☐ NO _____
Signature Date

School nurse, if applicable, approval for self-administration: ☐ YES ☐ NO _____
Signature Date

Today's Date _____ Printed Name of Individual Receiving Written Authorization and Medication _____

Title/Position _____ Signature (in ink or electronic) _____

Note: This form is in compliance with Section 10-212a, Section 19a-79-9a, 19a-87b-17 and 19-13-B27a(v.)

Medication Administration Record (MAR)

Name of Child/Student _____ Date of Birth ____/____/____

Pharmacy Name _____ Prescription Number _____

Medication Order _____

Date	Time	Dosage	Remarks	Was This Medication Self Administered?	Signature of Person Observing or Administering Medication
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

*Medication authorization form must be used as either a two-sided document or attached first and second page.

☐ Authorization form is complete

☐ Medication is appropriately labeled

☐ Medication is in original container

☐ Date on label is current

Person Accepting Medication (print name) _____ Date ____/____/____

Medication Administration Record (MAR)

Name of Child/Student _____ Date of Birth ____/____/____

Pharmacy Name _____ Prescription Number _____

Medication Order _____

Date	Time	Dosage	Remarks	Was This Medication Self Administered?	Signature of Person Observing or Administering Medication
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
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				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

*Medication authorization form must be used as either a two-sided document or attached first and second page.

☐ Authorization form is complete

☐ Medication is appropriately labeled

☐ Medication is in original container

☐ Date on label is current

Person Accepting Medication (print name) _____ Date ____/____/____

CONSULTANT LOG

(Sample log for Educational, Dental, Social Service and Dietician Consultants)

Consultant Name: _____ Effective Dates ____/____/____ to ____/____/____
d/m/y d/m/y

Services Provided: ____ Educational ____ Dental ____ Social Service ____ Dietician

Annual review of written policies, plans and procedures:

Date Reviewed	Comments/Recommendations/Feedback
_____	_____

Annual review of education programs:

Date Reviewed	Comments/Recommendations/Feedback
_____	_____

Additional services provided:

May include telecommunication for advice regarding problems; in person consultation; consultation with administration and staff about specific problems; resources shared with staff and/or parent(s).

Date of Service	Description of service provided:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

HEALTH CONSULTATION LOG

Program Name _____ License # _____ Date ____/____/____ Time in: _____ Time out: _____

Activities conducted during the visit:

- ☐ Review health and immunization records of staff
- ☐ Review health and immunizations records of children
- ☐ Review contents, storage and plan for maintenance of first aid kits
- ☐ Observe indoor and outdoor environments for health and safety
- ☐ Observe children's general health and development
- ☐ Observe diaper changing and toileting areas
- ☐ Observe diaper changing, toileting and hand washing procedures
- ☐ Review policies, procedures and required documentation for the administration of medications, including petitions for special medication authorization
- ☐ Assist in the review of individual care plans for children with special health care needs/disabilities
- ☐ Individual child(ren)/classroom(s) observed: (list)

- ☐ Supplementary/Reference materials shared: (list)

- ☐ Communication with staff about specific problems: (list)

- ☐ Other consultation provided or recommended: (list)

Adequate	Inadequate	Follow-up needed	Not applicable

Annual Review	Date Reviewed	Recommendations
Policies, Plans and Procedures		
Education Program		

Signature of Health Consultant

Date

Title

Use of Consultants

Section 19a-79-4a(h) of the Connecticut General Statutes require all licensed child day care centers and group day care homes to develop and implement a written plan that includes the services of an early childhood educational consultant, health consultant, dental consultant, social service and registered dietitian consultant if the program serves meals.

The Regulations for Connecticut State Agencies require each of the above consultants to provide, at a minimum, the following services to the program:

- annual review of written policies, plans and procedures;
- annual review of education programs;
- availability by telecommunication for advice regarding problems;
- availability, in person, of the consultant to the program;
- consulting with administration and staff about specific problems;
- acting as a resource person to staff and the parents; and
- documenting the activities and observations required in a consultation log that is kept on file at the facility for two years.

Furthermore, the regulations require additional services to be provided by the health consultant as listed below:

- making, at a minimum, quarterly site visits to facilities that serve children three years of age and older; or for group day care homes, facilities that operate no more than three hours per day, or facilities that enroll only school age children, semi-annual site visits. Facilities that are closed during the summer months may omit the summer quarterly visit. Site visits shall be made by the health consultant during customary business hours when the children are present at the facility;
- 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, as needed.

The selection of consultants for a program should be thoughtful and deliberate. First, a program should ensure that each individual being considered for a consultant role meets the education and experience requirements as defined in Section 19a-79-1a of the regulations. The licensure status of a person serving as a health or dental consultant may be verified by visiting www.ct-clic.com, and the Department may be contacted to verify whether an individual has been approved as early childhood education consultant. The regulations prohibit a program staff from serving as the early childhood educational consultant at a program where they provide direct care or direct program supervision in a non-consultative role. Secondly, the education, experience and expertise of a potential consultant should be examined carefully, so that the person's qualifications match the unique needs of the program. It is also important that the program and consultant share with each other their philosophy and vision for the program. The arrangement should feel comfortable and there should be a feeling of mutual respect.

Next, a plan for consultative services that will be provided should be clearly documented and understood by both parties. This written plan will serve as the foundation for the consultative relationship. The agreement should address all of the services to be provided, including at a minimum, those services required by the regulations. The frequency and scope of the services, the roles and responsibilities, expectations, communication and documentation, etc should all be discussed and agreed upon. The written plan should be developed and signed annually by the consultant. A copy of each consultant agreement and any revisions is required to be provided to the Department within ten days after execution.

Finally, the program should closely monitor the performance of the consultants to ensure that all required duties are being performed in a manner that was agreed upon. All activities and observations should be documented in a consultation log maintained at the facility. It may be helpful to develop a checklist of duties the health consultant is expected to perform at each visit to assist with documentation. Over time, revisions to the written agreement may be needed and should be discussed between the program and consultant. Ongoing communication with all consultants is key to maintaining an effective relationship that positively impacts the experiences of children participating in the program.

Further information regarding consultation may be obtained by contacting the Connecticut Early Education Consultation Network at <http://ctconsultationnetwork.org> and the Connecticut Nurses Association at <http://ctnurses.org>.

Sample agreement letter for early childhood educational, dentist or dental hygienist, social service, and registered dietician consultant.

Consultant Services Agreement between Day Care and _____

Consultative service shall include:

- annual review of written policies, plans and procedures
- annual review of education programs
- availability by telecommunication for advice regarding problems
- availability, in person, of the consultant to the program
- consulting with administration and staff about specific problems
- acting as a resource person to staff and the parent(s)
- documenting the activities and observations required in this subsection in a consultation log that is kept on file at the facility for two (2) years

Signature

Date

Agreement shall be signed yearly

Sample agreement letter for health consultant.

Health Consultant Services Agreement between Day Care and _____

Consultative service shall include:

- annual review of written policies, plans and procedures
- annual review of education programs
- availability by telecommunication for advice regarding problems
- availability, in person, of the consultant to the program
- consulting with administration and staff about specific problems
- acting as a resource person to staff and the parent(s)
- documenting the activities and observations required in this subsection in a consultation log that is kept on file at the facility for two (2) years
- the health consultant shall visit the program according to the following schedule: _____
- 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
- assisting in the review of individual care plans for children with special health care needs or children with disabilities, as needed.

Signature

Date

Agreement shall be signed yearly

Dear Applicant/Provider:

The Statutes and Regulations for licensing Child Care Centers and Group Child Care Homes require that programs develop and implement certain policies, plans and procedures.

All policies, plans and procedures should be developed according to the requirements as outlined in the regulations. The following outline of “sample” policies, plans and procedures are the minimum requirements of what must be included as specified in the regulations.

These “samples” are a guide to help you develop your own policies, plans and procedures specific to your program and include the following:

- Discipline Policy (including abuse & neglect)
- Closing Time Plan
- Emergency Plans
- Supervision Plans
- Operating Policy
- Personnel Policy
- Administration of Medication Policy
- Plan for Professional Development
- Plan for Consultation
- Pet Care Plan (if applicable)
- Diapering Plan (if applicable)
- Cloth Diaper Plan (if applicable)
- Educational Program Plan

IMPORTANT

DO NOT SUBMIT the program’s policies, plans and procedures to the Agency. It is required that they be kept on site at the facility for Agency review.

Any policy you create for your program must be adhered to at all times. These “samples” are to be used as guidelines. The Connecticut Office of Early Childhood does not aim to suggest or propose any policies and procedures as absolute.

Sample Policies

DISCIPLINE POLICY (8a)

- The use of positive guidance
- Redirection
- Setting clear limits
- Continuous supervision by staff during any disciplinary action
- Specifically prohibiting abusive, neglectful, corporal, humiliating or frightening punishment
- Prohibiting physical restraint, unless such restraint is necessary to protect the health and safety of the child or other people

Sample Discipline Policy (8a)

The goal of discipline is to help the child develop inner controls so that he/she may move toward appropriate social behavior. Methods for resolving conflicts are:

- Positive guidance
- Setting clear limits
- Redirection

When disputes arise among children or between a child and teacher, the teacher will encourage a talking out process among those involved. The goal of this talking out process will be to acknowledge feelings and find solutions using children's ideas whenever possible.

A child who may be overly aggressive or is repeatedly destructive of other children's work may be asked to make an activity choice in another area if talking things through has not resulted in better self-control.

Staff will continuously supervise children during disciplinary actions.

Staff shall not be abusive, neglectful, or use corporal, humiliating or frightening punishment under any circumstances. No child shall be physically restrained unless it is necessary to protect the safety and health of the child or another child or adult.

Guidelines for Child Abuse and Neglect Policies and Procedures

Implementation of child abuse and neglect policies and procedures is a necessary component of child abuse and neglect prevention strategies in a program or facility that serves people under the age of eighteen. Child abuse and neglect policies and procedures should include (but are not limited to) the following:

- A statement that the facility has a responsibility to prevent child abuse and neglect of children enrolled in the program or facility.
- Definitions of child abuse and neglect (refer to Connecticut General statutes, Section 46b-120.)
- Reporting Requirements (refer to Connecticut General Statutes, Sections 17a-101, 17a-101a, 17a-101b, 17a-101c, and 17a-101d.)
 - The Department of Children and Families Hotline telephone number to call for reporting abuse or neglect is (1-800-842-2288.)
 - Staff responsibilities should they witness, or become aware of, abuse or neglect of a child enrolled in the program or facility.
 - Administrative responsibilities to protect children (including notification of the parent or guardian) once there is an allegation of abuse or neglect of a child enrolled in the program or facility.
 - Steps to be taken to provide victims of abuse and neglect with needed medical services.
 - Administrative actions (which support zero tolerance for abuse and neglect) to be implemented should there be an allegation that a staff member abused or neglected a child.
 - Information that staff are protected by law (refer to Connecticut General Statutes, Section 17a-101e) from discrimination or retaliation for reporting abuse or neglect.
 - Staff training in (at a minimum) the facility's abuse and neglect policy, prevention and detection of child abuse and neglect, and reporting requirements as a mandated reporter.
 - Documentation requirements and records to be maintained.
 - Provisions for informing parents of the facility's abuse and neglect policy and procedures.

Sample Abuse and Neglect Policy (8a)

All of our staff have a responsibility to prevent child abuse and neglect of any children involved in our center.

1. Definition:

Child Abuse includes:

-Any non-accidental physical or mental injury (i.e. shaking, beating, burning)

- Any form of sexual abuse (i.e. sexual exploitation)
- Neglect of a child (i.e. failure to provide food, clothing, shelter, education, mental care, appropriate supervision)
- Emotional abuse (i.e. excessive belittling, berating, or teasing which impairs the child's psychological growth)
- At risk behavior (i.e. placing a child in a situation which might endanger him by abuse or neglect).

Child Abuse is defined as:

A child who has had

- Non-accidental physical injuries inflicted upon him
 - injuries which are at variance with the history given of them
 - Is in a condition, which is the result of maltreatment, such as, but not limited to, malnutrition, sexual exploitation, and deprivation of necessities, emotional maltreatment or cruel punishment.

Child neglect is defined as:

A child who has been:

- Abandoned
- denied proper care and attention physically, educationally, emotionally or morally
- allowed to live under circumstances, conditions or associations injurious to his well being (CT statutes 46b-120)

2. Staff responsibilities:

As childcare providers we are mandated by law to report **any suspicion** that a child is being abused, neglected or at risk.

3. Specifics on reporting a suspected case of abuse or neglect

- Call the Department of Children and Families (open 24 hours a day) at 1-800-842-2288.
- Call the Connecticut Office of Early Childhood at 1-800-282-6063 or 1-860-509-8045.
- The reporter's name is required, but may be kept confidential.
- Information needed:
 - Name of child
 - Address of child
 - Phone number of child
 - Name of parents or guardians
 - Address of parents or guardians
 - Phone number of parents or guardians
 - Relevant information such as: physical or behavioral indicators, nature and extent of injury, maltreatment or neglect
 - Exact description of what the reporter has observed
 - Time and date of incident
 - Information about previous injuries, if any
 - Circumstances under which reporter learned of abuse
 - Name of any person suspected of causing injury

- Any information reporter believes would be helpful
- Any action taken to help or treat the child
- Seek medical attention for the child – if needed

Mandated reporters must report orally to DCF or a law enforcement agency within 12 hours of suspecting that a child has been abused or neglected. Within 48 hours of making the report, the mandated reporter must submit a written report (DCF – 136) to DCF.

Staff are protected by law from discrimination or retaliation for reporting suspected abuse or neglect (CT General Statutes, Section 17a-101e).

All phone calls to DCF shall be documented and kept on file at the Center. A copy of all statements from staff and the DCF-136 shall also be kept on file.

4. The management of this program supports a zero tolerance for abuse and neglect and will implement immediate action should there be an allegation that a staff member abused or neglected a child.

The administration will protect the child, including immediate notification of a parent or guardian, once there is an allegation of abuse or neglect of a child in our program.

Any staff member accused of abuse or neglect may be immediately removed from his or her position until DCF's investigation is completed. Based on whether the allegations were substantiated or not, the employee would either be dismissed from his/her position or allowed to return to work.

5. Staff Training:

Staff will be required to attend bi-annual staff meetings, held in September and February, focusing on the steps for reporting suspected abuse and neglect and the role of a mandated reporter. All new staff will be trained in these procedures prior to their start in the classroom.

6. Provisions for informing families of abuse and neglect policy:

A copy of this policy will be included in our parent information packet, and each family will be given a copy upon enrollment. A copy of this policy will also be posted on the parent board.

When an accusation of abuse or neglect by a staff member is made, the Director must immediately inform the parents or guardians that a report has been made to DCF. Health care officials may need to talk to a child's parents to access the cause of the child's injuries and offer support and guidance.

CLOSING TIME PLAN 8(b)
(when a child is not picked up as planned)

- Staffing of at least two people
- Time frames (for implementing policy)
- Parents or emergency contacts
- Alternate pick up person
- Notification of police department

Sample Closing Time Plan (8b)

If a child has not been picked up within fifteen minutes of our closing time, a staff person will attempt to call the child's parents at their work and home numbers. If they cannot be reached, the staff person will attempt to call the emergency and alternate people listed on the emergency cards. The police will be called after one hour if parents or other adults specified on the permission to release forms cannot be reached. At that time the child may be released to the police. Two staff members will remain with the child at all times.

EMERGENCY PLANS (8c)

Medical:

- Procedures for personal emergency
- Procedures for accident or illness
- Designation of a licensed physician or hospital emergency service to be available
- Transportation to medical services
- Notification of parents

Fire:

- Identification of means of egress
- Roles and responsibilities of staff
- Designated safe place for reconvening
- Notification of parents

Weather:

- Closings
- Safe location for children
- Resources available
- Notification of parents

Evacuation:

- Transportation
- Location of an alternate shelter
- Community resources
- Notification of parents

Sample Emergency Plans (8c)

MEDICAL:

In case of a medical emergency, a qualified staff member will attend to first aid as needed. Another staff member would notify the family of the child. Attempts will be made to consult with the child's physician/dentist. If neither is available, the program's medical consultants will be contacted. For extreme emergencies, 911 will be called. An ambulance will take the child and a staff member to the nearest hospital. The child's emergency permission form will be brought with them. Another staff member will notify the family or alternate pick-up person to meet the child at the emergency room. Additional staff will be called in if necessary to maintain required ratios.

In the event a child becomes ill while at the Center, parents will be notified and the child will be moved to the Director's office, with a cot available. A staff person will remain with the child at all times.

FIRE:

In the event of a fire, evacuation from the building will be through the closest fire exit. Staff will be responsible for supervising the children under their care and leading them to the fire exit. The attendance book will be taken on the way out. The group will walk to the field area, safely away from the building, and line up for attendance. The staff will immediately take attendance. The Director or person in charge will be responsible for taking the sign-in and out sheets, portable first aid kit, cell phone and emergency files with them. Should it not be possible to return to the building, staff will walk the children across the street to the High School. Parents will be notified via the cell phone to pick up their children.

WEATHER:

On snow days, or during other hazardous weather emergencies, the program will follow the town Public School closing, delay or early dismissal schedule. Parents will be notified via radio, television announcements, or telephone by program staff to pick up their children due to early closing. Ratios will be maintained at all times and two staff will remain until all children are picked up.

In the event of other serious weather emergencies, such as tornadoes or hurricanes, staff and children will remain indoors away from windows and doors. First aid staff will be on hand to administer first aid, as needed, until emergency personnel can arrive. Parents will be notified after the immediate danger has passed.

EVACUATION:

In the event that the facility must evacuate, the children will be driven in the Center van to the nearest designated evacuation area, _____ High School. Advanced contact has been made with the town's Civil Preparedness Unit, adding the Center to their list for emergencies. Notes will be posted to alert parents of the location of the children. Parents will also be notified by cell phone to pick up their children. Ratios will be maintained at all times and two staff will remain with the children until all children are picked u

SUPERVISION PLAN (8d)

- Group size
- Ratio of staff to children
- Indoor and outdoor supervision
- Nap time
- Bathroom areas

Sample Supervision Plan (8d)

1. A staff ratio of no more than 10 children per staff for children over three and 4 children per staff for children under 3 or mixed age groups including children under three shall be maintained at all times (this includes indoor, outdoor & naptime). At least two staff members will be present at all times.
2. The group size shall not exceed 20 for children over three and not more than 8 for children under 3.
3. Staff will supervise all children leaving the program or arriving to the program by bus at all times.
4. Children are carefully watched while outside at play. Staff members are stationed at the equipment at all times. Other staff rotate among the play areas.
5. When a child goes inside to use the restrooms from outdoors, a staff member is designated to accompany him/her. Children are never allowed to travel from the outside to inside by themselves.
6. Children are carefully watched while at play or during an activity within the building, including bathroom use.
7. When a child or children use the bathroom, adequate staff will always be present.

OPERATING POLICY (8e)

- Admission (including health record and ages of children enrolled)
- Agreements with parents
- Parent involvement
- Medication policies if applicable
- Content and times of meals and snacks
- Provisional enrollment period
- Days and hours of operation including sick days, holidays and vacations
- Withdrawal of children
- Access to program and facility
-

Sample Operating Policy (8e)

Days and Hours of Operation

The Center is open Monday through Friday, _____ a.m. to _____ p.m., year round. We follow the town of _____ school schedule for holidays and vacations.

Admission

A \$_____ registration fee, along with one weeks tuition is due upon registration. Tuition payments are to be made weekly, and due the Friday before the week of care. A \$_____ a day late fee will be added, and after 5 days, your child may not return until payment is made in full.

Each child entering the center must have an updated physical form, signed and dated by his/her pediatrician, including current immunization documentation. Children who are not school age, must have their physicals updated yearly. Children who are school age, are required to have a physical upon entering Kindergarten and then as required by the school district for which that child attends and acceptable to the local education authority.

Agreements with Parents

Please call and let a teacher know if your child is going to be absent for any reason.

An adult must accompany your child to and from his/her classroom everyday.

Please leave at least 2 spare outfits in your child's cubby (please label!). Parents must supply diapers, bottles, baby food, formula etc.

Toys are not to be brought from home except on specified days.

Parents are to supply sheets and blankets for porta-cribs or cots. Please leave a “snug-fitting” spare labeled sheet in your child’s cubby.

Any changes in address, phone number, employment, etc. must be given to the Director in writing.

In case of inclement weather, please listen to _____ AM, or watch channel ____ for closings or delays.

Meals and Snacks

Parents supply their child’s lunch. Please label your child’s lunch bag. The center will provide morning and afternoon snacks, as well as milk and 100% fruit juice throughout the day. Snack schedules are posted in a conspicuous place.

Parent Involvement/Access to Program and Facility

Parents are encouraged to visit their children whenever possible.

The center plans periodic educational and fun field trips. Parent volunteers are more than welcome.

Provisional Enrollment Period

There is no provisional enrollment period.

Withdrawal of Children

Parents must give the center 30 days notice when withdrawing their child from the center. All tuition through 30 days remains due. The program will offer the same 30 day courtesy to parents if care for a child must be terminated for any reason.

Medication Policies

The Center will only administer non-prescription topical medications, diapering and teething ointments. All ointments and topical medications must be brought in their original containers. Proper forms must be filled out by the parent(s).

PERSONNEL POLICY (8f)

- Job descriptions
- Employee benefits
- Supervision of staff
- Probationary period of staff
- Communication with parents

Sample Personnel Policy (8f)

Job Descriptions:

Director:

- The Director is responsible for the day-to-day administration of the program. She is responsible for overseeing all of the other staff, including but not limited to: hiring, training and terminating, as well as making sure staff files are kept current.
- She will show prospective parents the center, and keep track of child enrollment information.
- The Director must possess personal qualities to care for and work with children, relate to and supervise staff, and relate to and communicate with parents.
- The Director must be at least 21 years of age, have a high school diploma or equivalency certificate, and have experience supervising staff.
- All of the other staff are to report to the Director. In the event the Director is absent, the Head Teacher would be designated as in charge.
- The Director is available to fill in for absent teachers, or is responsible for finding qualified substitutes.

Head Teacher:

- The Head Teacher is required to be present 60% of the hours the Center is in operation.
- He/she must be 20 years of age
- He/she must have a high school diploma or equivalency certificate
- The Head Teacher must meet the qualifications for State of Connecticut approval as a Head Teacher
- The Head Teacher is responsible for planning and implementing the day to day educational portion of the program
- The Head Teacher is responsible for meeting all of the day to day emotional and physical needs of the children
- He/she must possess personal qualities necessary to care and work with children, relate to other staff, relate to parents.
- The Head Teacher reports to the Director

Teacher:

- A teacher must be 18 years or older
- Must possess a high school diploma or equivalency certificate
- He/she must possess the personal qualities necessary to care for and work with children, relate to other adults, including staff and parents.

- The Teacher is responsible for the day to day direct care of the children
- The Teacher will assist the Head Teacher in implementing the educational portion of the program
- The Teacher will assist in meeting all of the children's emotional and physical needs.
- The Teacher reports to the Director

Assistant Teacher:

- The Assistant Teacher must be at least 16 years old
- The Assistant Teacher must work under the supervision of a Teacher of Head Teacher.
- He/she must possess the personal qualities necessary to care for and work with children
- He/she will assist the Head teacher or Teacher in meeting the day to day needs of the children
- The Assistant Teacher reports to the Director.

Benefits:

All full time employees will receive vacation or holiday pay for the following, after successfully completing their 90-day probation period:

- Labor day
- Thanksgiving and the day after
- Christmas Eve through New Year's Day
- President's day
- Good Friday
- Independence Day
- Second Week in August

In addition to these days, all full time employees will accrue one personal day every other month (6 days per year), to use for vacation, sick days, etc.

All full time employees will also receive pay if the center closes or delays for inclement weather.

Probationary Period:

All employees are subject to a ninety (90) day orientation/probation period. At the end of this time, the Director may:

- Recommend continued employment
- Extend orientation time
- Terminate employment

ADMINISTRATION OF MEDICATIONS (8g)

- Types of medications that shall be administered
- Parental responsibilities
- Staff responsibilities
- Proper storage of medication
- Record keeping

Sample Administration of Medications (8g)

The center will store and administer prescribed inhalers and epi-pens, non-prescription topical medications and EMERGENCY oral medications (i.e. Benadryl) with parent's consent. An authorization form, which must be **signed by doctor and parent**, is available at the Center.

The form includes information such as:

- The child's name, address and birthdate
- The drug name
- The prescribed dosage
- The method of administration
- The time to be administered
- The side effects
- The prescriber's name and address

All medications must be in their original container and clearly labeled with child's name and directions for use.

Except for non-prescription medications and pre-filled injectables, (i.e. epi-pens) all medications will be stored in a locked container and, if directed by a manufacturer, refrigerated. Controlled medications will be double locked. Non-prescription topical medications and pre-filled commercially prepared injectable medications will be stored away from food and inaccessible to children.

The Center will keep accurate documentation of all medications administered. Included in the documentation are:

- The date the medication was administered
- The time it was administered
- The dose it was administered
- The signature of the staff administering
- Any comments

Parents will be notified when/if a child has been administered any medication. Staff is trained in the administration of medication by our nurse consultant. This training is renewed every three years. Training for injectables is repeated once per year. At no time is an untrained staff allowed to administer medications

PLAN FOR CONTINUING EDUCATION (10f)

- One (1) per cent of total annual hours worked required
- Attendance at classes, seminars, workshops, conferences or forums
- Early childhood education, child development, licensing and regulations, health issues, nutrition, first aid, social services, child abuse laws

Sample Plan for Continuing Education (10f)

All staff will earn continuing education credit hours annually, which will total at least 1% of their total hours worked.

Topics for continuing may include:

- Early childhood education
- Child development
- Licensing regulations
- Health issues
- Nutrition
- First aid
- Social service
- Child abuse

Attendance at classes, seminars, workshops, conferences and forums will be documented in individual staff development records. An assessment of individual development will be developed for each staff pers

Plan for Consultation (11)

- **Annual review of policies**
- **Annual review of in-service education programs**
- **Availability by telecommunication for advice regarding problems**
- **Availability, in person, of the consultant to the program**

Sample Plan for Consultation (11)

We are required to have an education, health, dental, social service and dietary (if applicable) consultant.

All consultants will be available for annually reviewing our policies, and reviewing our in-service education programs. They will be available for advice and consultation regarding the program by telecommunication and in perso

Pet Care Plan (13d)
(Necessary only when pets are kept on the premises)

- Procedures for care and maintenance
- Access to the children

Sample Care of Pets (13d)

Pets shall be limited to small caged animals such as gerbils, white mice, guinea pigs, hamsters and fish.

The teachers will clean Cages and tanks at least weekly. Animal droppings will be disposed of properly in a closed receptacle. Food and water will be given to pets as needed.

Children shall handle pets only when closely supervised by the staff. Children and teachers must wash their hands after handling the pets.

If any pet appears ill, a veterinarian will be called.

Diapering Plan (S5a)

- Description of the diapering procedure
- Disposal of soiled diapers
- Hand washing procedures
- Disinfecting process

Sample Diapering Plan (S5a)

The following procedure will be followed when changing diapers:

- Staff and children will wash their hands thoroughly and dry them with a paper towel
- Staff will put on protective gloves
- Child will be placed on disposable changing paper
- Soiled diaper will be changed and child will be cleaned with wipes, soiled diaper, wipes, and changing paper will be disposed of in a plastic bag
- Plastic bag will be placed in the diaper genie
- Gloves will be removed and a new, clean diaper will be applied
- Staff will wash their hands and the child's hands
- Diaper area will be washed
- Diaper area will be disinfected
- Changing paper will be replaced
- Staff will again wash their hands and dry with a paper towel

Cloth Diaper Plan (S5b)

- Removing soiled clothing and diapers daily

Sample Cloth Diaper Plan (S5b)

All of the procedures for changing disposable diapers apply, except:

After changing a child with cloth diapers, the soiled clothing and diaper shall be placed in a sealed zip-lock bag and labeled with the child's name.

Parents must remove the soiled clothing and diapers daily.

EDUCATIONAL PROGRAM PLAN (15c)

Written plan for development and implementation of daily program that includes:

- Flexible schedule
- Meet and enhance the individual needs of the diverse population of children served
- Cultural, language and development differences must be addressed
- Indoor and outdoor physical activities which provide opportunities for fine and gross motor development
- Problem-solving experiences that facilitate concept formation, language development and sensory discrimination
- Creative experiences which allow children the opportunity to develop and express their own ideas and feelings in all parts of the program, including but not limited to:
 - Arts and media
 - Dramatic play
 - Music
 - Language
 - Motor activity
 - Language learning experiences that provide opportunities for spontaneous conversation, as well as experiences with book, poems, stories and songs
 - Experiences that promote self-reliance and build self-esteem including but not necessarily limited to self care of body and clothing, Care of possessions, Shared group responsibility for equipment and materials
 - Health education experiences that include modeling good health practices, sound nutrition and safety awareness
 - Child-initiated and teacher-initiated activities
 - Exploration and discovery
 - Varied choices for children in materials and equipment
 - Individual and small group activities
 - Active and quiet play
 - Rest, sleep or quiet activity
 - Nutritious snacks and meals
 - Toileting and clean up

Sample Educational Program Plan (15)

Children at _____ Center will follow a flexible daily schedule that meets the individual needs of the diverse population served by our program. The plan for development will allow for cultural, language and developmental differences to be addressed.

There will be sufficient opportunity for indoor and outdoor physical activities, which will allow for fine and gross motor development.

The schedule will include opportunity for problem-solving experiences that help to formulate language development and sensory discrimination.

Children will have the opportunity to express their own ideas and feeling through creative experiences in all parts of the program, including:

- Arts and media
- Dramatic play
- Music
- Language
- Motor activity
- Language learning experiences
- Experiences that promote self-reliance
- Health education practices
- Child initiated and teacher initiated experiences
- Exploration and discovery
- Varied choices in materials and equipment
- Individual and small group activities
- Active and quiet play
- Rest, sleep or quiet activity
- Nutritious meals and snacks
- Toileting and clean up