Introduction

Welcome to “Family Child Care Provider Rights & Responsibilities: What Every Provider Should Know.”

This manual is designed to support and guide you so that your child care runs smoothly and to help you prevent problems with families or with the Department of Public Health. We know, however, that sometimes problems do occur, so we will also help you through the process of what to do when things go wrong. This is a manual for you. Use it as you see fit.

You are probably already familiar with much of the information presented in this manual. Use the manual as a reminder of what you may already know, and as a quick reference for you to use.

To make things easier for you, we have broken down the information into separate sections that you can refer to as needed. A table of contents at the beginning of the manual can help you find the section that you are looking for.

Important Note on Statutes and Regulations

As a family child care provider, you should also have a copy of the Statutes and Regulations for Family Day Care Homes in the State of Connecticut. As a licensed professional, it is your responsibility to be familiar with this document and comply with its information. This manual is not a substitute for the Statutes and Regulations, but rather it is intended to help guide you through important and potentially confusing aspects of the document. Always keep a copy of the Statutes and Regulations on hand, and refer to it when in doubt. If you need a copy of the Statutes, please contact the Department of Public Health (1-800-282-6063).

We have noted places in the text where the Statutes (C.G.S.) or Regulations (R.C.S.A.) have been referenced. Refer back to these sections in the Statutes and Regulations for added information.

Additional Disclaimer: This document is not legal advice. It should not be used in the place of seeking legal assistance from an attorney. When considering your options, signing agreements with DPH, or taking any other significant actions, we recommend that you consult a practicing attorney for assistance.
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Preventing Problems, Avoiding the Common Pitfalls

As you work to maintain a high-quality child care, you must be careful to follow the rules and regulations that DPH sets in the Statutes and Regulations for Family Day Care Homes. If you fail to comply with these rules, you may be subject to fines or may even have your license suspended or revoked. Therefore, it is important for your own protection to know and follow these rules well. In this next section, we have outlined six areas where providers commonly get into trouble.
The Big Six: Common pitfalls for providers

1. License Capacity page 6
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   Caring for too many infants at one time

2. Staff Approval page 7
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   Using a substitute caregiver who is not approved by DPH
   Using emergency caregivers in non-emergency situations

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License Capacity

Let’s imagine…

Your sister is leaving town for a week and needs someone to look after her 18-month-old child for a few days. The child is well-behaved and rarely fusses. You have looked after this child in the past and have never had any problems. Your sister is begging you to do her this favor. However, you already have six full-time children in your care, the limit for your family child care. You are worried about going over capacity, but you do not want to let your sister down. What do you do?

This is a tough situation to be in. You are torn between your personal responsibilities and your legal responsibilities. You believe that you could care for your sister’s child without putting a strain on your program. However, if DPH found out that you went over capacity, you could get into trouble.

Although we cannot tell you what to do, especially because every situation will be different, we can suggest that you think twice about going over capacity, even if it is only for a day. Going over capacity is one of the most common ways that providers get into trouble. DPH can come to your family child care at any time—for random on-the-spot inspections or to investigate a complaint. If DPH comes to your family child care and finds that you are caring for too many children, even if you have a good reason for doing so, you could face sanctions: a fine or even a suspension or revocation of your license. Although caring for an extra child might seem insignificant at the time, it can put your license and the operation of your family child care on the line.

So what exactly is my capacity limit? C.G.A. §19a-77(a)(3), R.C.S.A. §19a-87b-5(d-e)

Your capacity limit – the number of children that you may care for at one time – will vary slightly depending on the ages of your children, whether or not any of the children are your own, and whether you have an assistant to help you in your child care. The state of Connecticut allows you to care for up to six full-time children and three before/after school children. You should note that during the summer months, school age children on vacation will become part of your six full-time slots (unless they are your own children). Also, children in half-day kindergarten count as full-time care.

Children who are not counted toward your capacity limit:
- any child of yours who is over the age of 12
- your own school-age children (during the summer only)

Limits on the number of infants you can care for:
Without an assistant, you may care for up to two children under the age of 2 at any given time. With an assistant, you may care for up to six children under the age of 2.

Remember: Even if you have an assistant, you can still only care for 6 full-time children!
Let's imagine…

Lately the children in your program have been wearing you out. You love them to death, but you definitely could use an extra pair of hands. A good friend of yours just lost her job as a teacher and is looking for temporary work. You have seen her with children, and you know she would make a wonderful assistant at your child care. The only problem is that she needs to start working within the next few weeks, not enough time for you to obtain approval from DPH. What do you do?

It can be tempting for you to bypass the staff approval process when you’re in a tight situation and need an extra hand right away. When the right person comes along, you naturally want them to start work as soon as they can. You know this person is wonderful and qualified. Why shouldn’t you hire her?

Unfortunately, DPH does not know this person like you do. If DPH comes to your home and finds that an unapproved staff member is working for you, they may assume that this person is dangerous and unqualified. No matter how confident you are in your assistant’s abilities, you could get into trouble if you employ this assistant before she is fully approved by DPH. Do not risk losing your license over an unapproved staff member. Protect yourself first.

So how does the staff approval process work? R.C.S.A. §19a-87b-8

For every staff member that you wish to hire, you must submit an application to DPH along with health records and fingerprint checks. For substitute providers – those who you might call to take over your program if you are sick or on vacation – you will also need to send in training certification for first aid. You may obtain an application for staff approval from DPH by calling the Help Desk at 1-800-282-6063, 1-800-439-0437, 1-860-509-8045, or by visiting their website at www.ct.gov/dph

Staff members may not begin work until the approval process is complete, which usually takes at least three months. We know that this delay might be inconvenient for you, but it is in your best interests to wait for approval. Try to plan ahead when hiring so that you will not be stuck in a difficult situation.

My friend is a licensed family child care provider. Do I need separate approval to use her as a substitute provider? R.C.S.A. §19a-87b-8(a)

No. Any licensed provider may act as a substitute provider in any family child care without separate approval.

Do my emergency caregivers need to be approved by DPH? R.C.S.A. §19a-87b-8(c)

Your emergency caregivers do not need to be approved by DPH, but DPH requires that any emergency caregiver that you use be at least 20 years of age. The role of the emergency caregiver is to arrive at your family child care quickly so children are not left unsupervised, and to contact the parents of the children for pick up. You may only call an emergency caregiver in an emergency. An emergency is unplanned and unavoidable. Some of the few circumstances that qualify as an emergency are if the provider needs to leave the home to take an injured child to the hospital or if the provider experiences a sudden illness or injury to herself which prevents her from giving proper care to children. Doctor appointments and minor sickness do not qualify as an emergency.
**DPH Access**

*Let's imagine…*

It has been a chaotic day at your child care. The kids are running around knocking things over, the telephone has been ringing endlessly, and the air conditioner has just broken on the hottest day of the year. Suddenly, DPH is at your doorstep requesting access to your home. You do not know what you have done wrong, but you are afraid that if you let DPH into your home, they will see all the mess and chaos of the day and will think you are a bad provider. What do you do?

When DPH comes to your door, it is difficult not to get anxious, especially if you are worried about what DPH might see in your home. That said, the best thing you can do in this situation is to let DPH in. Do not panic. You have probably not done anything wrong. DPH conducts random spot inspections to all registered family child cares. They may show up at any time during customary business hours. If you refuse to let DPH into your home, this could be grounds for the suspension or revocation of your license. DPH will assume the worst if you do not let them into your home. If, however, you let DPH into your home and they notice that you are violating the regulations in some way, you will often have the chance to correct the violation before any action is taken against you. Refusing access will simply postpone the inevitable inspection. DPH will make a follow-up visit, and when they do, they will be much less willing to work with you the second time.

Once DPH is in your home, they may request access to parts of your home that are not part of the child care license—such as your basement or an upstairs bedroom. We recommend that you let the officials look around. If you refuse access to any part of your home, DPH will again assume the worst. They may assume that you are hiding children, for example, or otherwise violating regulations in the space they cannot see. Refusing access to a part of your home could also be grounds for the suspension or revocation of your license.

**When might DPH show up at my home? R.C.S.A. §19a-87b-13**

DPH can come to your home any time during customary business hours. There are several reasons that DPH might show up, most of which are no indication that you have done anything wrong.

DPH conducts announced visits under the following circumstances:

1. During the licensing process, after you have completed all paperwork.
2. If you have made any major changes to your space or relocated to a new space.
3. If you choose to have a technical support visit after you have become licensed.

You will always be notified of these visits in advance, so you can prepare yourself and your program for these visits.

DPH conducts unannounced visits under the following circumstances:

1. For a random spot inspection to check compliance with the regulations *(these are given to all registered providers, about once every 3 years).*
2. To investigate a complaint filed against you.
3. To investigate a report of child abuse that you or someone at your family child care has filed.

* More information about DPH visits is available in the section on “What To Do When DPH Gets Involved” on page 21.
Supervision

Let’s imagine…

It is a gorgeous spring day and you have decided to bring your finger painting activity outside. The children are happily creating masterpieces and exploring the paint while you pay close attention observing and commenting when appropriate. Suddenly, the phone rings. You remember that you have been expecting a very important call. You do not have an answering machine. You have been trying to contact this person for weeks. What do you do?

Your first instinct may be to run inside to answer the telephone. You will only be gone a minute, and then you can bring the telephone outside with you. The children seem fine by themselves, and they appear engaged and happy in the activity. You think that the children won’t even notice that you’re gone. It seems harmless.

However, things could go wrong. A child could wander off or get hurt. Young children need constant supervision no matter what. We know that it can get crazy at various points during the day, but the safety of your children should always come first.

What does proper supervision look like? R.C.S.A. §19a-87b-10(h)

Proper supervision means that you guide children’s behavior in a manner that ensures their health, safety and well-being. You try to avoid disasters before they happen, and you help children if they get hurt. Make sure that you can either see or hear every child at all times. Children ages 2 and under should be kept within your line of sight. It is important that you do not leave any child alone outside. Particularly when children are engaged in potentially dangerous activities, such as those described above, close supervision is essential.

What if I have to leave my home for a period of time? R.C.S.A.§19a-87b-8(c)

If you must leave the family child care at any point for a non-emergency occasion – such as an appointment or a meeting – you must contact a qualified, DPH-approved substitute provider or any other licensed provider to take over for you. To make the transition smoother for everyone, try to familiarize any potential substitutes with all policies and procedures of the program before they come.

As we discussed in the “Staff Approval” section, you may only call an emergency caregiver in an emergency situation. Turn to page 7 for more information about this distinction.

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As we discussed in the “Staff Approval” section, you may only call an emergency caregiver in an emergency situation. Turn to page 7 for more information about this distinction.
Reporting Child Abuse and Neglect

Let's imagine...

One of the children you care for has been coming into your program with bruises on his arms and legs. When you ask him how he got these bruises, he'll tell you he fell off the swings or fell down some stairs. At first you believed him, but he's been coming in with fresh bruises for over a week now. You suspect that perhaps the child is being abused. His mother is a good friend of yours and when you ask her about the bruises, she says the same thing. You don't want to go against his mother's word, and you don't want to get her into trouble. But you can't imagine that all those bruises could come by accident. What do you do?

Reporting suspected child abuse is not an easy task, especially when you know the child's parents or other relatives. You may feel nervous that you're going against somebody else's word, or you may worry that you are overreacting to nothing at all. No one likes to play the tattletale, especially in a matter of such gravity.

Despite all these anxieties, if you believe that a child is being abused or neglected, you really must report this information to a state official. As a family child care provider, you are a mandated reporter, which means that if you do not report suspected abuse in a timely manner, you may be fined or otherwise sanctioned. Furthermore, the child could be in danger if you do not act on your instincts.

When you make a report, you are not saying that a child has been abused or neglected, only that they may have been. It is DCF’s job, not yours, to decide whether your suspicions are accurate. If you report what you believe to be true, you are immune from any action taken against you, even if your report turns out to be false. You may request anonymity, and no one needs to know that you are making this report. In fact, for the safety of the child, no one should know that you are making the report, at least until an appropriate official has already begun the investigation. When in doubt, you should call DCF.

How do I report suspected child abuse or neglect? C.G.S. §17a-101

When you file a report of suspected child abuse, you must submit both an oral and a written report in a timely manner.

STEP 1-ORAL REPORT (within 12 hours of first suspicion):

Call the Child Abuse and Neglect Hotline at 1-800-842-2288. The Hotline staff are professionals trained by the Department of Children and Families (DCF). They can guide you through the reporting process and can forward your report to the appropriate DCF official if necessary. Listen carefully to the Hotline staff and answer honestly any questions they might have for you. These staff members are there to help you through the process of reporting suspected child abuse.

STEP 2-WRITTEN REPORT (within 48 hours of oral report):

If your report falls under the state guidelines for child abuse or neglect, you will be asked to send a written report to the Department of Children and Families. The Hotline will guide you through this process if necessary.
What should go into a written report?

A written report should include all of the following:

● Names and addresses of child and parents/guardian
● Age and gender of child
● Description of suspected abuse and when you believe it occurred
● How you found out about the abuse
● Whether or not this is the first suspected abuse and description of past abuse
● Who you believe is responsible for the abuse
● What you did to help the abused child, if anything

What happens after I have filed a report of suspected child abuse or neglect?

After you have filed a report of suspected child abuse, DCF and possibly DPH will probably come to your home to investigate. Be prepared for this visit. It may be frightening to have DCF come to your home, but just remember that you have not done anything wrong. In fact, you've done something right—you've made the call.

DCF Contact Information

Mailing Address
505 Hudson Street
Hartford, CT 06106

Hotline Number
1-800-842-2288
1-800-624-5518 (TDD number)

Website
www.ct.gov/dcf
It may seem harmless to enroll a child before all the necessary records have been collected. After all, it is not like you need the records to provide care for the child. How much does a piece of paper really matter? In fact, it matters a lot.

DPH is strict about providers keeping the proper records for every child in the program. If DPH were to come into your home and find that a child’s records were missing, you could get into trouble. It is better to wait for records to arrive than to risk DPH finding missing records in the meantime.

Furthermore, in the case of an emergency, having the necessary emergency contacts on file will help you ensure that all children are able to get home safely, or at least into the care of a trusted adult. As for immunization records, if you enroll a child without the proper immunizations, you could risk the child contracting an illness that could put others at your family child care at risk. It is better to be safe when it comes to record keeping. Protect yourself and your children.

What exactly do I need to have on file for each child? R.C.S.A. §19a-87b-10(b)

For every child enrolled in your program, you should keep an enrollment form on file, a parental permission form that includes emergency contacts and pick-up/drop-off information, current health records signed by a medical professional including updated immunization records, and an incident log tracking any accidents, illnesses or unusual behaviors of the child. All records should be kept on file for at least one year after the child has left the program.

How often do I need to update children’s medical records? R.C.S.A. §19a-87b-10(b)

Infants and toddlers need updated medical records every year. Older children’s records should be up to date with the requirements of the public school system.

Immunizations are against the religious belief of one of my children. Can this child be exempt from the immunization requirement? R.C.S.A.§19a-87b-10(k)

Yes. If immunizations are against the religious belief of a child or the parent of a child, the immunization requirement may be waived by a signed statement by the parent kept on file.

For more information about record keeping, including records for provider and staff members, records for the IRS, and instances when you must provide updates to DPH, turn to the section on “Following the Rules on Record Keeping” on page 27.
Other Guidelines For Your Program

In this section, we will discuss good practices for you to use in your program. These practices can help you to build and maintain a safe, nurturing, high-quality child care.

Although you will probably not face serious consequences if you fail to meet all of the following practices, having a large number of violations in these areas could be grounds for serious action from the state.

Within this section, we will discuss guidelines for your household environment as well as more general tips for running your program. We recommend that you refer to the Statutes and Regulations for more detailed information about what the state looks for when inspecting and assessing your program.

Household Environment

R.C.S.A. §19a-87b-9

Running Your Program

R.C.S.A. §19a-87b-10, §19a-87b-11, §19a-87b-12, §19a-87b-17, §19a-87b-18
Household Environment

This section is meant to help you comply with state regulations about the physical environment of your program. R.C.S.A. §19a-87b-9

What is required of my home and the child care environment?

Your child care should meet certain standards to protect the health and welfare of the children you care for. Anything that might pose a serious risk to children should not be present at your program, or at least not accessible to children. Put yourself in the place of a small child and imagine where you might put your fingers or what you might pick up. Try to make safe all of the spaces that a child might have access to.

If you have doubts about what should be in your home, you might want to contact a DPH official (call the Help Desk at 1-800-282-6063). Generally, the DPH inspection checklist (Appendix, p. 41) is a good guideline for what the state might look for in your family child care.

The following list summarizes what conditions you should maintain at your facility:

- clean, sanitary, without hazardous objects or equipment
- flammable, poisonous, potentially unsafe objects stored away from children (including all medications, in their original containers)
- facility safe against the risk of fire
  - at least two means of safe escape to the outside from every room (one must be a door, one may be a window)
  - fire evacuation plan
  - at least one smoke detector on every level of the building
  - at least one 5 lb multi-purpose fire extinguisher, visible and accessible
  - safe electrical cords and appliances, outlets protected with covers
  - doors designed so that children will not become trapped in a closed area
- stairways with handrails for children and child-safety gates at top and bottom
- guns stored unloaded, away from ammunition, in a locked storage space
- safe indoor and outdoor play spaces
  - outdoor spaces must be protected from traffic and other hazards
  - bodies of water must be fenced at least 4 feet off the ground
- sufficient light and ventilation, temperature never below 68 degrees Fahrenheit
- safe, clean water (must be approved by state if not from a public water source)
  - water should be at a safe temperature (between 105 and 120 degrees Fahrenheit for washing hands)
- working telephone with emergency numbers visible nearby (including fire, ambulance, police or 911, parents, emergency caregivers & poison control)
- safe transport available with proper child restraints
- first aid materials and instructions accessible to provider, away from children
- safe pets, if present (need a current rabies vaccination certificate for every dog or cat over 14 weeks old)
- if provider, staff or any household member smokes, parents must know this before enrolling their children; no one should smoke while in direct contact with children
- no pesticides around the facility, except under emergency circumstances
Do I need a backyard?  

You are not required by the state to have a backyard. However, if you don’t have a backyard, you should have an alternate outdoor space where children can play safely. It is good practice to allow children some time each day to play outdoors, throughout the entire year, as long as the weather permits. If you don’t have a backyard, you may be able to find a nearby playground, park, or other recreational area where children can play safely. DPH will probably ask you about the outdoor space that you will be using, and you should allow the facility inspector to visit this space upon request. Be sure to inform parents as well that you will be using this space frequently. Parents should feel comfortable letting their children play in the space that you have chosen.

Does my backyard need to be fenced?  

Not necessarily. There are no clear-cut rules about fencing, but if you have any hazards around your home (such as cliffs, water, traffic, etc.) your outside play area should always be fenced off. Even if the water is seasonal and is only present for a few months of the year, your yard should be fenced from this hazard year-round. Swimming pools also must be fenced with a barrier that reaches at least 4 feet off the ground. A licensing specialist or inspector can help you determine whether or not fencing will be needed in your backyard.
Running Your Program

Meals
R.C.S.A. §19a-87b-10(c)(2)

As a family child care provider, you are not required to provide meals, but if you choose to do so, you are eligible to receive federal funds to help pay for the food that you give to your children. Through the CACFP, the U.S. Department of Agriculture will pay for a maximum of two meals and one snack for every child under 12 years old in your program. We strongly recommend that you take advantage of this resource!

In order to learn more about the program, and to apply for funding, visit the CACFP website at: www.fns.usda.gov/cnd/care/ or call 1-860-807-2070.

Discipline
R.C.S.A. §19a-87b-10(i), R.C.S.A. §19a-87b-10(j)

As you develop your child care program, it will be important for you to establish a plan for how you will guide and discipline your children. It may be helpful for you to include families and other staff members in this process. Families, especially, can be very helpful since they will know a lot about the individual behaviors of their children.

And just as a reminder . . .

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<tr>
<th>Discipline practices that may never be used include, but are not limited to:</th>
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<tbody>
<tr>
<td>- withholding food, drink or bathroom privileges</td>
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<tr>
<td>- abusive, neglectful, humiliating or frightening punishment</td>
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<tr>
<td>- any punishment that may inflict physical harm on the child</td>
</tr>
<tr>
<td>- tying or binding children</td>
</tr>
<tr>
<td>- restraining children in small spaces</td>
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Caring for Children with Special Needs
Children with Disabilities

Do I need to provide special accommodations for children with disabilities?

Under the Americans with Disabilities Act (ADA), you are required to make reasonable accommodations for children with disabilities. This means that as a family child care provider, you cannot exclude a child from your program simply because he or she has a disability. This includes children with HIV, children with severe allergies, and mentally handicapped children. If you care for a child with disabilities, the ADA requires that you provide special services to accommodate the needs of the child, except when it may cause an “undue burden” for you. Thus, you need to be flexible and do your best to serve the child, without completely exhausting yourself or spending lots of money.

You Should Know . . .
Federal law requires that children with HIV/AIDS be included in child care settings. Furthermore, parents are not required to tell you if their child has HIV/AIDS. If you learn that a child has HIV/AIDS, you must keep this information confidential! Because you may not know if a child has HIV/AIDS or not, always use universal precautions – such as wearing latex gloves – when dealing with all children.

Under the Americans with Disabilities Act (ADA), you are required to make reasonable accommodations for children with disabilities. This means that as a family child care provider, you cannot exclude a child from your program simply because he or she has a disability.

There are several exceptions to the rule:

1. You are not required to care for a child that would pose a direct threat to the health or safety of others in your program. This includes a child who is extremely violent, or a child with a communicable disease such as tuberculosis that is easily spread to others. This does not include a child with HIV/AIDS.

2. You are not required to care for a child if it would require a fundamental alteration of your program. This means that you would have to completely change what you do in your child care program to meet this child’s needs.

If you believe that you might qualify for this exemption, you must perform an “individualized assessment” of the child. Interview the parent and child, take notes, and make sure to document the reasons for your decision. Be sure that you are not basing your decision on generalizations or prejudices about what people with certain conditions can and cannot do.

It might be reasonable for you to add some changes to your policies, curriculum, physical environment, equipment, means of transportation, or staff structure and training. However, depending on the size of your business and how much money you make, something that may be an “undue burden” for you may not be for somebody else. Brainstorm with families and work together to create the best situation for everyone.
If, after you have come up with your best ideas and brainstormed with families, you find that your program cannot accommodate a child’s needs, make sure to document in writing the reasons for your decision. Keep a copy on file and give a copy to the parent.

For more information about caring for children with disabilities, you may want to visit the Arc’s website at: [http://www.ada.gov/childq%26a.htm](http://www.ada.gov/childq%26a.htm) This website provides information about potential tax deductions and credits that you may be eligible for to help you pay for the extra cost of accommodating a disabled child. If you have further questions, you can also call the U.S. Department of Justice’s toll-free ADA information line at 1-800-514-0301.
Administering Medication

**Can I administer medication to a child? R.C.S.A. §19a-87b-17**

NO. You cannot administer medication to a child unless you complete a training program in medication administration conducted by a physician, physician’s assistant, APRN or RN. This is different from CPR and first aid training. Once the training is complete, be sure to keep record of your certification at your program at all times. Make sure to update the training as often as is necessary to keep up with the expiration dates of your certification.

In your training program, you will learn how to administer medication safely and how to keep records of the medication you administer. You will need written permission from the parent and a medication administration record for every type of medication you give a child.

If you have not completed a training program in medication administration, please remember: NEVER give a child any medication, either prescription or over-the-counter. This includes topical medications (ointments and salves) as well.

__________________________

Never administer any kind of medication without the necessary forms and training!
What To Do When DPH Gets Involved: Protecting Your Rights
A DPH inspector is at my door. What do I do?  R.C.S.A. §19a-87b-13

Stay calm and let the DPH inspector in. You are required by law to give DPH access to your program during customary business hours. If you do not let DPH inspectors into your home, this can be grounds for suspension or revocation of your license.

Remember, DPH inspectors will assume the worst. So if you don’t let them in, they will decide that you must have something to hide. We recommend that you take this opportunity to show them that you are a professional running a high-quality program. Be calm, friendly and professional at all times. Rather than getting angry, raising your voice or telling the inspector off, we suggest that you get respect by giving respect. Model professional, respectful behavior for the inspector, even if he or she is not as professional as you are.

DPH inspectors may request access to parts of your home that are not included in the child care license—your garage, for example, or your bedroom. We recommend that you let the officials look around. Otherwise, they may assume that you are hiding extra children, or otherwise violating the regulations in the space they cannot see. Try to put yourself in the inspector’s shoes. If something terrible happens to a child in a family child care program, the inspector may be held responsible. You can help reassure the inspector that your program is a safe place for children.

There are several reasons that DPH might come to your program for an inspection, most of which are no indication that you have done anything wrong. DPH conducts visits under the following circumstances:

**Announced visits**  
R.C.S.A. §19a-87b-13(d)

- during the licensing process, after you have applied for a license (to check that your space meets all licensing requirements)
- if you change the address of your program, or if you have completed renovations of the program (once again, to check your space for compliance)
- optional technical support visits which you may decline to have (these will generally occur 6 months after you have been granted a license; the visit is not to cite you on violations but to help you so that you won’t be cited in the future)

**Unannounced visits**  
R.C.S.A. §19a-87b-13(e), §19a-87b-13(f)

- random spot inspections given annually to one third of all registered family child cares (generally occur once every 3 years, to check compliance)
- if someone has filed a complaint against you (DPH must conduct a site visit for every complaint, no matter who files the complaint)
- if you or someone at your program has filed a report of child abuse (to investigate the situation further)

___

**DPH may visit at any time, So be prepared and don’t panic.**

___
What is the best way to avoid a conflict with DPH?

You can avoid unnecessary conflicts with DPH simply by cooperating with DPH requests. Remember, simply because DPH is at your door does not mean that you have done anything wrong. There is no need to get defensive about your program and the quality of your care, especially if you believe you have done nothing wrong. Just as calm, open communication is necessary to maintain good relations with families, so is it crucial when you interact with DPH. Listen to what DPH has to say, comply with requests, and remember that you have rights that can protect you from unfair action against you.

What if I am cited for a violation?

If you are cited for a violation, unless it is a major violation, you will generally be given the opportunity to correct the violation before any action is taken against you. You will be given the chance to file a corrective action plan (Appendix, page 44) with DPH, explaining how you plan to correct the problem and assuring DPH that the violation will not happen again. You must file the corrective action plan within 14 days of the inspection.

A corrective action plan should include:

✓ How you will correct the violation
✓ What you will do so that the violation does not occur again
✓ If the correction cannot be made immediately, what you will do in the meantime to keep your program safe
✓ When the corrections will be made, or when they have already been made
✓ Who will monitor the correction so that the violation does not happen again

If you are given the opportunity to file a corrective action plan, always do so. And always follow through with the changes you have declared. DPH may make a follow-up visit to make sure that you have followed through, so be prepared to show that the changes are in place.
What if I am cited for a violation that I do not agree with?

You should always feel free to question a violation that you do not agree with. In this situation, you should take the following steps:

1. Remain calm and professional.

2. Ask the inspector to clarify the violation and show you which regulation in the Statutes and Regulations was violated. The inspector should be able to point to the exact location in the document where the regulation is located. If the inspector cannot find the violation, you should not be cited for it.

2. If you still disagree with a citation, you may call the DPH help desk (1-800-282-6063, 1-800-439-0437, 1-860-509-8045) and ask to speak to the child care licensing supervisor for your town. The supervisor will review the situation and make a decision.

3. If you still disagree, you may contact the program manager at DPH through the help desk and ask for a case review. The program manager will then make a decision.

4. If you are unhappy with this decision and you have been notified of a proposed plan of action against you, then you may request a hearing (described on page 26).

You are also always entitled to a second opinion by a different inspector if you feel that the original inspector misjudged and wrongly cited you. In this case, you should call DPH to request a follow up inspection by a different inspector. However, you must call immediately since the second inspection will have to be conducted as soon as possible. You may contact DPH at the licensing help desk.

What if I feel I have been wronged by an inspector?

If you are displeased with the work or behavior of an inspector, you should always feel free to report the complaint. If you do not report, then many more providers may also experience unpleasant interactions with the same specialist. If you do report, you may save other providers from similar frustrating experiences.

When you call DPH to file a complaint about an employee, ask to speak to the supervisor of the particular employee you would like to discuss. Be calm, be polite, and be specific. The more professional you sound and the more specific you can be, the more seriously the supervisor will take your complaint.

Once again, the numbers you may call are: 1-800-282-6063, 1-800-439-0437, and 1-860-509-8045.
DPH has threatened to take action against me. What can I do?

How will I be notified? What if I don’t understand the proposed violations?

If DPH believes that you have violated the state statutes regarding family child care, they will send you notification in the mail describing the proposed violations. You should read carefully through these proposed violations and consider your stance toward the allegations.

If you are confused about what the problem is, you may request a more detailed description of the violations from DPH. Send your request in a letter to DPH:

Department of Public Health, State of Connecticut
410 Capitol Avenue, MS #12 DAC
P.O. Box 340308, Hartford, CT 06134

What can I do when I hear of these violations?

You may request an informal compliance meeting with DPH to discuss the charges. You must make this request within 10 days, either by calling the help desk or sending a written request to DPH. If at all possible, you may want to bring an attorney with you to the meeting, as you may be asked to sign a consent order with DPH. You will not be penalized in any way for not signing a consent order.

Consent orders can be a good means to solving a dispute with DPH in an efficient and timely manner. However, a consent order will waive your right to a hearing and is often not the best option for you. It is highly advisable to have an attorney review the consent order before you sign it. You do not have to enter into a consent order!

What happens after the notification of proposed violations?

1. DPH will send you a second notice stating any actions DPH may propose to take against you. This may include a proposal to suspend or revoke your license.
2. If you are still confused about these violations, you should contact DPH for clarification right away. This is the last time that you may request such information!
3. In your request, which should be written and sent to DPH immediately, you should ask for confirmation that the 30 day time limit for you to request a hearing will not begin until after you have received the requested information. Remember to send all correspondence to DPH by certified mail and keep copies of everything you send. C.G.S. §19a-87e(b)

What must I do when I am notified of proposed actions to be taken against me?

You are required to notify the parents of the children at your program of the proposed actions to be taken against you. You should send letters of notification to parents within 24 hours after you have received the proposal notice from DPH. R.C.S.A §19a-87b-15(e)

What else should I do after I’ve received a proposed action notice?

1. If at all possible, you should seek legal advice from a practicing attorney. If you can at all afford this expense, you should consider hiring an attorney, which may save you expense and trouble down the line.
2. Even if you cannot hire an attorney, you have the right to request a hearing on your behalf, which we strongly suggest that you do. You must request a hearing in writing to DPH within 30 days of the proposed action notification. If you do not act within this time limit, the proposed action will take effect at the end of the 30 days. *R.C.S.A. §19a-87b-15(d)*

**What should I do while I’m waiting for my hearing?**

As you are waiting for your hearing, it is advisable that you gather information and documentation that supports your case, so that you can present this information at the hearing. You may also want to identify and speak to people who might be willing to act as witnesses for your case.

**What can I expect from the hearing?**

1. You will be given the chance to make your case about why you believe you have not violated the alleged charges. You may present documents, witnesses, or other forms of evidence in your favor.
2. A state attorney will present the opposing case for DPH.
3. At the end of the hearing, the hearing officer will create a statement of findings as well as propose a recommendation to DPH regarding the status of your license.
4. You will likely not know the result of these findings until later, and unless otherwise notified, you will be able to continue to operate your program until you receive further notice.

**When will I know of the final decision?**

1. You will be sent a statement of facts, findings and a proposed final decision by certified mail. There is no time frame when these documents must be sent to you.
2. If you contest this proposed decision, you may request an oral argument before a different hearing officer.
3. If you do not contest the original proposed decision, you will be sent the final decision soon after, which will take effect 30 days after the decision is mailed to you. You must notify the parents of the children in your program of the final decision within 24 hours of when you receive it. This may be done verbally or in writing.

**Can I contest the final decision?**

Yes. You have the right to appeal the final decision to the Superior Court, Judicial District of Hartford-New Britain. You will need to hire a lawyer in order to file this appeal.

**My license has been revoked. Does this mean my career as a child care provider is over?**

Not necessarily. You may…

1. Be able to work at a larger child care center, as long as you meet the necessary qualifications and have the personal qualities necessary for that line of work.
2. Re-apply for a family child care license one year after your original license was revoked. When you re-apply, you should document all the changes you have made, including any training, classes or workshops you have participated in to help you become a better provider.
Following the Rules on Record Keeping

Keeping proper records can prevent future problems with DPH or the IRS (Internal Revenue Service). DPH has very specific guidelines on what you need to have on file at your program at all times, and not having these documents could get you into trouble. Also, because you are running a business, the IRS requires that you keep financial records for your program, which will help you in filing your tax returns.

Taking care of the following documents will help you protect yourself and your business.

- Some General Rules on Record Keeping  page 28
- Records for DPH  page 29
- Records for IRS  page 30
- Miscellaneous Records  page 30
- Keeping Up to Date with DPH  page 31
Some General Rules on Record Keeping

Put everything in writing.

Many of us prefer talking to writing, and that’s how we usually communicate, but no one has a perfect memory, so it’s always a good idea to write things down. Here are some specific suggestions:

**Have a written contract and policies.**

You should make sure that parents sign the contract, and you should make two copies, one for you and one for them.

**Communicate with your parents and DPH in writing.**

If the conversation is important, send a follow-up letter that summarizes the conversation.

**During or immediately after you have an important conversation or observe something important, write down notes of what was said or what you saw.**

It’s a good idea to keep a pad of paper and pen by the telephone, and make notes while you talk to DPH or parents.

Keep copies of everything.

It’s a good rule of thumb not to throw anything away. Keep copies of all written correspondence you receive, whether it’s your latest inspection report from DPH or a note from a parent explaining why her child has been absent for the past two weeks. Keep all your children’s health records, emergency contact forms, and incident logs for at least one year after they have left your care. Keep copies of letters you send, and always keep receipts. It goes without saying that you should have an organized system for keeping these copies, so that you can find them later!
Records for DPH

Remember, these records are confidential, unless requested by DPH, police, or DCF. In addition, you must have one form per child and keep these forms for one year after the child has left.

**Children’s Records**  
*R.C.S.A. §19a-87b-10(b)*

<table>
<thead>
<tr>
<th>Record Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment Form</td>
<td>with parental contact info., child’s date of birth, schedule for care, date of enrollment</td>
</tr>
<tr>
<td>Parental Permission Form</td>
<td>signed by parent with emergency contacts, health care contacts, pick-up/drop-off info., special activities permission</td>
</tr>
<tr>
<td>Current Health Records</td>
<td>signed by a medical professional with general health info., special health circumstances, and current immunization records</td>
</tr>
<tr>
<td></td>
<td>updated yearly for infants/toddlers, or according to public school system for older children</td>
</tr>
<tr>
<td></td>
<td>if exams/immunizations are against the religious belief of the family, a signed statement by parents may waive requirements</td>
</tr>
<tr>
<td>Incident Log</td>
<td>log of any accidents, illnesses or unusual behaviors of child</td>
</tr>
<tr>
<td>Current Photograph*</td>
<td>1 labeled photograph for each child, in case of emergency</td>
</tr>
<tr>
<td>Medication Administration†</td>
<td>permission from parent to administer medication/tests, written order from a medical professional, procedures for administration, record of administration</td>
</tr>
<tr>
<td></td>
<td>R.C.S.A. §19a-87b-17, §19a-87b-18</td>
</tr>
<tr>
<td></td>
<td>† special course required</td>
</tr>
</tbody>
</table>

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**Provider & Staff Records**

- **License Certificate**: 19a-87b-5  
  displayed in family child care

- **Training Certificates**: 19a-87b-6  
  first aid, infant/toddler CPR, medication/testing administration, if necessary

- **Health Records**: 19a-87b-6  
  current physicals, TB tests

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**Household Member Records**

- **Health Records**: 19a-87b-5  
  current physicals, TB tests (for adults), immunizations (for children)
Records for IRS

You never know when you’ll need to verify your business’ income and expenses. Save the following records for at least three years after filing your tax return.

**Tracking of All Business Income**

- Label all bank deposits with their source, such as which family gave you the check to pay for child care services.

**Tracking of All Business Expenses**

- Save all receipts.

### Tips for Saving Receipts

<table>
<thead>
<tr>
<th>Label receipts with:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. store name</td>
</tr>
<tr>
<td>2. purchase date</td>
</tr>
<tr>
<td>3. amount paid per item</td>
</tr>
<tr>
<td>4. item descriptions</td>
</tr>
<tr>
<td>5. payment method</td>
</tr>
<tr>
<td>6. business or personal (if known)</td>
</tr>
</tbody>
</table>

Organize receipts by category (food, utility, transport, etc.)

**Tracking of All Hours Worked**

- Including hours worked when children were not present, such as time spent record keeping, cleaning or lesson planning; hours worked each year will affect the amount of taxes you must pay.

Miscellaneous Records

These records are not required, but there will be times when you are glad to have them organized and easily accessible.

**Business Contracts With Parents**

- Specifies the conditions both you and the parents/guardians have agreed to (i.e.: payment info., hours, absence/termination policies)

**Written Policies of the Program**

- Such as the emergency plan, the curriculum and a general schedule for the program

**Special Instructions From Parents**

- Written and kept on file

**Reminders of Important Procedures**

- Written and posted around family child care (i.e.: evacuation plan, daily schedule, meal procedure, bathroom procedure)

**Copies of Important Documents**

- Save copies of all correspondences, inspection records, and other official documents
Keeping Up to Date with DPH

It is in your best interest to maintain a good relationship with DPH. Make sure you notify the department in plenty of time about any of the following changes.

1. You need to contact DPH when you renew your license.

You must renew your license every 4 years. In order to renew your license, you must submit a renewal application along with a $80 application fee. You will need an updated physical exam and TB test, and a copy of your current first aid certification.

*C.G.S. §19a-87b(e), R.C.S.A. §19a-87b-6(b-c)*

Sometimes DPH may take a while to respond to renewal requests. During this time, you may continue to run your program. *R.C.S.A. §19a-87b-4(b)*

Renewal applications are available online at: [www.state.ct.us/dph](http://www.state.ct.us/dph), or available upon request (call the Help Desk, 1-800-282-6063).

2. You need to contact DPH if you make any of the following changes to your program. *R.C.S.A. §19a-87b-5(j)*

   (Notification should be made in writing within 5 working days of the change)

   **Change of Address**
   You must submit a change of address application and DPH must conduct an inspection before you begin operating in your new space.

   **Change of Telephone Number**
   You will need to file fingerprint cards, release forms, and medical forms for each new household member.

   **New Additions to the Household**
   Staff members may not begin work until they are approved; see page 7 for information about the approval process.

   **Any Major Changes to Your Space**
   For you, your staff, or any household members.

   **Major Changes in Health**
   For you, your staff, or any household members.

   **Changes in Criminal Status**
   For you, your staff, or any household members.

3. You must keep up-to-date the following training.

   *R.C.S.A. §19a-87b-6(c)(3), §19a-87b-17(b)(2)(A), §19a-87b-18(b)(2)*

   **Current Training** (updated for provider and substitute)

   **-- first aid training** by a DPH-approved program.

   **-- medication administration training, injection training, and finger stick test training**, if you will be administering any of these procedures at your program.

   To find out when your training expires, check the dates on your certificates.
4. You must keep up-to-date the following health records. 
R.C.S.A. §19a-87b-6(b), §19a-87b-7(a)(1); C.G.S. §19a-87b(c).

Current Health Records (updated for provider, staff and household members)

-- physical examinations, updated every 2 years.

-- TB test, for all adults over 18

-- immunization records, for all children under 18.

FOR YOUR INFORMATION

You also must contact DPH within 24 hours of the following dire circumstances:

- If any child under your care dies while at the program.
- If any child under your care dies of a contagious disease.
- If any child gets injured while at the program and has to go to the hospital.

R.C.S.A. §19a-87b-10(j)(2)

DCF Contact Information

Mailing Address
505 Hudson Street
Hartford, CT 06106

Hotline Number
1-800-842-2288
1-800-624-5518 (TDD number)

Email
commissioner.dcf@ct.gov
Both you and your families care very much about the safety and well being of the children in your program. Good family-provider relationships are crucial for creating an open, safe, trusting environment for all.
How can I avoid conflicts?

Conflicts generally result from poor communication between providers and families, leading to misunderstandings that could have easily been avoided. Misunderstandings are much less likely to occur when families have access to accurate information about their children.

There are various things that families must have access to (R.C.S.A. §19a-87b-10(g)):

- ☐ opportunities to visit the program and observe the care being given
- ☐ opportunities to speak with you and other staff members about their child, or any other concerns or questions they might have
- ☐ daily information about their child, including immediate notification of any accident, illness, injury, or unusual behavior
- ☐ immediate access to child at the program, whenever requested
- ☐ information about the program, including staff information and access to last interview and home visit report by DPH (upon request)
- ☐ notification of any possible risks to children at the program, including information about anyone at the program with a contagious disease or improper immunizations
- ☐ any other information that families might request regarding their child

Why is it so important that I have a contract with my families?

A contract can be a very useful tool for dealing with families, since it lays out in writing the responsibilities that both you and the families agree upon. Generally, contracts contain information about payment – amount, frequency and form – as well as a description of other important program policies, such as hours of operation, emergency procedures, termination policies and absence policies. Contracts should always be signed by both parties, each stating that they understand and accept the agreements laid out in the document. In addition, contracts can help prevent misunderstandings with families when they enroll their children in your program.
I am receiving complaints from families. What do I do?

First of all, you have succeeded in building open lines of communication with families, since they feel comfortable speaking to you about their concerns first. Here are some steps you may find useful:

1. **Listen** carefully to what the families have to say. Don’t interrupt to defend yourself, but **consider** the family’s complaint as a valid point of feedback.
2. **Calmly respond** to the complaint. Accept that your program might have some faults, and that you may be able to improve in your care. The family will feel better if you are able to take constructive criticism and make appropriate adjustments and improvements.
3. **Offer families a new plan of action.** How will you improve your program with the feedback you have just received? Suggest that the family come to the program within the next few weeks to see how you have made adjustments to the program based on their complaint.
4. **Show** the family that you care about the children you provide for, and that you want to work with the family to make the best quality care available to their children.

If you do not see any merit in the complaint…

1. Try to figure out where this complaint has come from, and address the issue calmly and carefully.
2. Explain why you might disagree with the complaint and offer evidence as to why you disagree.
3. Offer the family the opportunity to investigate the issue further, such as by inviting the family into the program to observe the care being given, or suggesting other people for the family to speak to regarding the issue.
4. If the family persists, the family may decide to contact DPH to conduct a formal investigation. As long as you are confident in the care that you are providing and are following all the rules and regulations for family child cares, you should have nothing to fear.
5. Whether you believe the complaint to be founded or not, always thank the family for the feedback they have given you. You want families to come to you with concerns.

If families are uncooperative…

1. Remain as professional as you can, and suggest that the family work with you to resolve the issue at hand.
2. If the family remains uncooperative, you may have to turn to a third party to resolve the conflict. The family may decide to file a complaint with DPH. If this occurs, DPH will investigate the claim and may conduct unannounced inspections or interviews at your program.
3. Remember, an uncooperative family is not your fault. Sometimes conflicts are simply unavoidable.
Looking for Help: Accessing Assistance and Resources
The All Our Kin Family Child Care Network

If you are a licensed family child care provider, the All Our Kin Network can offer you supports including program assessments, individualized professional development plans, program visits, curriculum development, free materials and equipment, marketing assistance, scholarships, individualized record-keeping and business assistance, phone support, informational mailings, free trainings and workshops, and monthly provider meetings. Contact All Our Kin to learn more about the opportunities the Network can offer you and your business.

All Our Kin  http://www.allourkin.org
P.O. Box 8477
New Haven, CT 06530-0477
203-772-2294

Legal Assistance

Depending on your income, you may be eligible to receive free legal services through statewide legal assistance.

Statewide Legal Services of Connecticut, Inc.
1-800-453-3320

Other Resources

2321 Whitney Ave, Bldg 2, Suite 501
Hamden, CT 06518
203-287-3914

Connecticut Child and Adult Care Food Program
25 Industrial Park Road
Middletown, CT 06457
860-807-2073

1-800-505-7000

505 Hudson Street, Hartford, CT 06106
1 Long Wharf Drive, New Haven, CT 06511, 203-786-0500
commissioner.dcf@ct.gov

DCF Child Abuse and Neglect Hotline, 24 hours a day, 7 days a week
1-800-842-2288

410 Capitol Avenue, MS #12 DAC, P.O. Box 340308, Hartford, CT 06134
Child Care Licensing Help Desk, 8:00am – 4:30pm, Monday-Friday
1-800-282-6063, 1-800-439-0437, 860-509-8045

2-1-1 Infoline, www.infoline.org

HUSKY Infoline, www huskyhealth.com
Online Website Resources

**Medicine/Health**
American Academy of Pediatrics, www.aap.org
Centers for Disease Control and Prevention, www.cdc.gov
Child Health and Development Institute of Connecticut, www.chdi.org

**Managing Your Program**
Child Care Law Center, www.childcarelaw.org
Child Care Exchange, www.childcareexchange.com
Connecticut Department of Revenue Services, www.ct.gov/drs
Department of Justice, Disability Rights, www.ada.gov/childq%26a.htm
New Haven Legal Assistance, www.nhlegal.org
* online pamphlets on work benefits, unemployment, child custody, education, bankruptcy, debt, wills, medical costs, nursing homes, housing/tenant rights

**Childcare**
Children, Youth and Families Education and Research Network, cyfernet.org
Connecticut Association for the Education of Young Children, www.ctaeyc.org
ConneCT Kids, www.kids.ct.gov
* great educational website for kids
National Association for the Education of Young Children, www.naeyc.org
National Association for Family Child Care, www.nafcc.org
National Child Care Information Center, nccic.org
* child care as business, child development, disabilities, facilities, health/safety, licensing, literacy, school readiness, professional development, quality care
National Institute for Early Education Research, nieer.org
National Network for Child Care, www.nncc.org
2-1-1 Child Care Infoline, www.211childcare.org/Professionals/careerincc.asp
* infoline resource information, licensing, professional associations,

**Educational Materials**
Red Leaf National Institute, www.redleafinstitute.org
* contracts, policies, record keeping, taxes, retirement planning
Scholastic Early Childhood Today, earlychildhoodtoday.com
Special Education Resource Center, www.ctserc.org
Zero to Three, www.zerotothree.org
* articles about child development, professional resources and programs
Constructive Playthings, www.cptoys.com
Environments, www.environments.com

**Nutrition**
Child and Adult Care Food Program, www.fns.usda.gov/cnd/care/cacfp/cacfphome.htm
Connecticut Department of Education Nutrition Programs,  
Connecticut’s Team Nutrition Program,  

Posting open child care slots  

State Agencies  
Department of Children and Families, www.ct.gov/dcf  
Department of Developmental Services, www.ct.gov/dds  
Department of Public Health, www.ct.gov/dph  
Department of Social Services, www.ct.gov/dss  
Connecticut Care 4 Kids, www.ctcare4kids.com

Training and Professional Development  
Connecticut Association for the Education of Young Children, www.ctaeyc.org  
National Association for Family Child Care, www.nafcc.org  
National Association for the Education of Young Children, www.naeyc.org  
CT Community Colleges, www.commnet.edu  
Council for Professional Recognition, www.cdacouncil.org
Appendix: Sample Forms

DPH Inspection Form page 42
Resolving Disputed Violations page 43
Corrective Action Plan page 44
Sample Letters to DPH page 45
DPH-Approved First Aid Training page 49
**FAMILY DAY CARE HOME INSPECTION FORM**

<table>
<thead>
<tr>
<th>Terms of Registration 19a-87b-5</th>
<th>Responsibilities of Provider 19a-87b-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Capacity: Total Children Present</td>
<td>42. Enrollment Form</td>
</tr>
<tr>
<td>2. Infant/Toddler Restrictions: # Present</td>
<td>43. Child Health Record</td>
</tr>
<tr>
<td>3. Variance Type:</td>
<td>44. Immunizations</td>
</tr>
<tr>
<td>4. License Period</td>
<td>45. Emergency Permits Form</td>
</tr>
<tr>
<td>5. Access to DMH Phone Number</td>
<td>46. Authorized Relief</td>
</tr>
<tr>
<td>6. Notification of Change</td>
<td>45b. Transportation Permit</td>
</tr>
<tr>
<td>7. Awareness of Understanding of Regulations</td>
<td>47c. Swimming Permit</td>
</tr>
<tr>
<td>8. Medical Statement: Date: _____ TB Test</td>
<td>47. Confidentiality of Records</td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td><strong>Members of the Household 19a-87b-7</strong></td>
<td></td>
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<td></td>
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<tr>
<td>11. Medical Statement / TB Test</td>
<td></td>
</tr>
<tr>
<td>12. Background Check</td>
<td></td>
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<tr>
<td>13. Household Environment</td>
<td></td>
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<tr>
<td><strong>Qualifications of Staff 19a-87b-8</strong></td>
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<td></td>
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<tr>
<td>14. Substitute / Assistant</td>
<td></td>
</tr>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Exp. Date:</td>
<td></td>
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<tr>
<td>Address:</td>
<td></td>
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<tr>
<td><em>Physical Environment 19a-87b-9</em></td>
<td></td>
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<td></td>
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<tr>
<td>16. Clean / Sanitary Environment</td>
<td></td>
</tr>
<tr>
<td>17. Freedom of Hazards</td>
<td></td>
</tr>
<tr>
<td>18. Absence of Pests</td>
<td></td>
</tr>
<tr>
<td>19. Safe Storage of Flammables</td>
<td></td>
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<tr>
<td>20. Safe Door Fasteners</td>
<td></td>
</tr>
<tr>
<td>21. Electrical Safety</td>
<td></td>
</tr>
<tr>
<td>22. Safe Floors</td>
<td></td>
</tr>
<tr>
<td>23. Basement Supervision</td>
<td></td>
</tr>
<tr>
<td>24. Stairways: Protected / Handrails</td>
<td></td>
</tr>
<tr>
<td>25. Evacuation Plan</td>
<td></td>
</tr>
<tr>
<td>26. Fire Drill: Quarterly</td>
<td></td>
</tr>
<tr>
<td>27. Smoke Detectors</td>
<td></td>
</tr>
<tr>
<td>28. Fire Extinguishers: 5 lb ABC/Installed</td>
<td></td>
</tr>
<tr>
<td>29. Auxiliary Heating System: Type: Approved (Y/N)</td>
<td></td>
</tr>
<tr>
<td>30. Weapons: (Y/N) Type: Locked Storage (Y/N)</td>
<td></td>
</tr>
<tr>
<td>31. Safe Space: Indoor / Outdoor</td>
<td></td>
</tr>
<tr>
<td>32. Body of Water: Type: Barrier / Fence (4H)</td>
<td></td>
</tr>
<tr>
<td>33. Ventilation: Light / Temperature</td>
<td></td>
</tr>
<tr>
<td>34. Washing Toilets / Sewage Storage / Garbage Facilities</td>
<td></td>
</tr>
<tr>
<td>35. Water Supply: Public / Approved</td>
<td></td>
</tr>
<tr>
<td>36. Water Temperature</td>
<td></td>
</tr>
<tr>
<td>37. Working Telephone / Emergency Numbers Posted</td>
<td></td>
</tr>
<tr>
<td>38. Safe Transportation: Registered Insured/Exempt</td>
<td></td>
</tr>
<tr>
<td>39. First Aid Supplies</td>
<td></td>
</tr>
<tr>
<td>40. PPD: (Y/N) Type: Register Certificate (Exp. ____</td>
<td></td>
</tr>
<tr>
<td>41. Smoking Restrictions / Parent Notified</td>
<td></td>
</tr>
</tbody>
</table>

**Sick Child Care 19a-87b-11**

| | |
| 38. Fever / Diarrhea / Vomiting / Rash | |
| 39. Universal Precautions / Sanitary Practices | |

**Night Care 19a-87b-12**

| | |
| 39. Separate Bed / Location of Bed / Appropriate Sleepware | |

**Administration of Medications 19a-87b-17**

| | |
| 40. Provider Trained: (Y/N) Written Approval: (Y/N) | |
| Exp. Date(s): Oral / Topical / Inhalant | |

| | |
| 41. Release / Permission / Storage Outline / Curriculum | |

**APPLICANTS PLEASE NOTE:** You MAY NOT OPERATE the family day care home until all requirements have been met and a license has been issued by the Department.

(Signature of Inspector)  
Date Correction Due By:  
(Signature of Provider / Substitute)
<table>
<thead>
<tr>
<th>Lynda Bolat Supervisor</th>
<th>Margaret Freidenfelt Supervisor</th>
<th>Marilyn Parks-Jones Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andover</td>
<td>Ashford</td>
<td>Ansonia</td>
</tr>
<tr>
<td>Aven</td>
<td>Bethany (Center only)</td>
<td>Naugatuck</td>
</tr>
<tr>
<td>Berlin (Kensington)</td>
<td>Bozrah</td>
<td>New Canaan</td>
</tr>
<tr>
<td>Bloomfield</td>
<td>Branford, (Northford)</td>
<td>New Fairfield</td>
</tr>
<tr>
<td>Bolton</td>
<td>Brooklyn</td>
<td>New Hartford</td>
</tr>
<tr>
<td>Bristol (Forestville)</td>
<td>Canterbury</td>
<td>New Milford</td>
</tr>
<tr>
<td>Burlington</td>
<td>Chaplin</td>
<td>Newtown (Sandy Hook)</td>
</tr>
<tr>
<td>Canton</td>
<td>Chester</td>
<td>Norfolk</td>
</tr>
<tr>
<td>East Hartford</td>
<td>Clinton</td>
<td>North Canaan</td>
</tr>
<tr>
<td>East Windsor</td>
<td>Colchester</td>
<td>North Haven (Family only)</td>
</tr>
<tr>
<td>Ellington</td>
<td>Columbia</td>
<td>North Branford</td>
</tr>
<tr>
<td>Enfield</td>
<td>Coventry</td>
<td>North Haven (Center)</td>
</tr>
<tr>
<td>Farmington (Unionville)</td>
<td>Cromwell</td>
<td>North Stonington</td>
</tr>
<tr>
<td>Glastonbury</td>
<td>Deep River</td>
<td>Norwich (Taftville)</td>
</tr>
<tr>
<td>Granby</td>
<td>Dunham</td>
<td>Lyme</td>
</tr>
<tr>
<td>Hartford (Centers only)</td>
<td>East Haddam,(Moodus)</td>
<td>Old Lyme</td>
</tr>
<tr>
<td>Hebron (Amston)</td>
<td>East Hampton (Cobalt)</td>
<td>Old Saybrook</td>
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<tr>
<td>Manchester</td>
<td>East Haven</td>
<td>Orange (Center only)</td>
</tr>
<tr>
<td>Marlborough</td>
<td>East Lyme, (Niantic)</td>
<td>Plainfield (Moosup)</td>
</tr>
<tr>
<td>New Britain</td>
<td>Eastford</td>
<td>Pomfret</td>
</tr>
<tr>
<td>Newtown</td>
<td>Essex, (Centerbrook),</td>
<td>Portland</td>
</tr>
<tr>
<td>Plainville (Center only)</td>
<td>Franklin</td>
<td>Preston</td>
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<tr>
<td>Plymouth/Terryville(Center)</td>
<td>Griswold (Jewett City, Glago)</td>
<td>Putnam</td>
</tr>
<tr>
<td>Rocky Hill</td>
<td>Groton (Mystic/Noank)</td>
<td>Salem</td>
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<td>Simsbury</td>
<td>Guilford</td>
<td>Scotland</td>
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<tr>
<td>Somers</td>
<td>Haddam, (Higganum)</td>
<td>Sprague, (Baltic, Hanover)</td>
</tr>
<tr>
<td>South Windsor</td>
<td>Hammond (Center only)</td>
<td>Sterling (Oneco)</td>
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<tr>
<td>Southington (Plainville)</td>
<td>Hampton</td>
<td>Stonington (Pawcatank)</td>
</tr>
<tr>
<td>Stafford (Stafford Springs)</td>
<td>Hartford (Family only)</td>
<td>Thompson, (North Grovemordale)</td>
</tr>
<tr>
<td>Suffield</td>
<td>Killingly, (Dayville, Danielson/Rogers)</td>
<td>Union</td>
</tr>
<tr>
<td>Tolland</td>
<td>Killingworth</td>
<td>Voluntown</td>
</tr>
<tr>
<td>Vernon (Rockville)</td>
<td>Lebanon</td>
<td>Wallingford (Yatesville)</td>
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<tr>
<td>West Hartford</td>
<td>Ledyard, (Gales Ferry)</td>
<td>(Center only)</td>
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<tr>
<td>Wethersfield</td>
<td>Lisbon</td>
<td>Waterford (Quaker Hill)</td>
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<td>Windsor</td>
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<td>Westbrook</td>
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<tr>
<td>Windsor Locks</td>
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<td>West Haven</td>
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<td></td>
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<td>Willington</td>
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<td></td>
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<td>Windham, (Willimantic)</td>
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<td>Woodbridge (Center)</td>
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<td></td>
<td>Woodstock</td>
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</tbody>
</table>

For questions concerning the licensing of Family Day Care Homes, Group Day Care Homes, and Child Day Care Centers, please call the Department of Public Health Child Day Care Licensing Help Desk at 1-800-282-6063, or (860) 599-8045.
Resolving Disputed Violations

If you are cited for a violation of the Child Day Care licensing regulations and you do not understand the violation or why you were cited, you should:

- Ask the specialist to explain the violation, and show you which regulation was violated.

- If you still disagree that there is a violation of a regulation, you may ask for a supervisory review. You may call (860) 509-8045 or 1-800-282-6063 and ask to speak with the Child Care Licensing Supervisor who covers your town (Marilyn Parks-Jones covers Western CT, Lynda Bolat covers North Central CT, Peggy Freidenfelt covers Eastern and South Central CT, or in the case of a complaint investigation contact Patricia Galante. Investigations or Quality Enhancement contact Sandra Lok.)

- If you still wish to dispute the violation after a supervisory review, you may contact the Department at (860) 509-8045 or 1-800-282-6063 and request a managerial review. The manager will decide if the evidence shows a violation exists.

- A provider may request a formal hearing only when the Department issues a statement of charges and the provider wishes to contest a proposed action against the license.

The provider is responsible for submitting a plan of correction to the Department to correct any violation of the Child Day Care licensing regulations. When the plan is accepted, the provider is responsible for assuring that the correction is made, and the program maintains in compliance with licensing standards.

Core Elements of an Acceptable Corrective Action Plan

Family Day Care Homes, Group Day Care Homes and Child Day Care Centers are often required to submit a corrective action plan to the Department of Public Health (DPH) within 14 days from the date of inspection when they have been cited for violating a licensing regulation(s). A corrective action plan informs DPH about the way(s) that the program will correct the violation(s), assures it will not recur, and who is responsible for implementing and monitoring the plan.

A corrective action plan must contain the following information, at a minimum, in order to be considered acceptable by DPH:

- A statement indicating where (facility name, address, specific location at the facility) the correction will be or has been made;

- A statement as to how the corrective action will be accomplished, to remedy the violation(s);

- A statement as to what measures will be put into place or systematic changes made to ensure that the violation(s) will not recur; or

- A statement as to what interim measures will be put in place until systematic changes are made to ensure that the violations will not recur;

- A statement indicating when the specific corrections and systematic changes were or will be made (within a reasonable period of time, relative to the seriousness of the violation);

- A statement as to who (name, title of position) will be responsible to monitor the corrective actions and systems to ensure that the violation(s) have been corrected and will not recur.

Please review your plan prior to submitting it to DPH to be sure all of the required elements have been addressed. Group Day Care Homes and Child Day Care Centers may wish to involve their consultants in preparing and reviewing corrective action plans.
**FAMILY DAY CARE HOME**

**LICENSING CORRECTIVE ACTION REPORT**

**PROVIDER'S NAME:**

**LOCATION ADDRESS:**

**TELEPHONE NUMBER:**

**LICENSE NUMBER:**

**INSPECTION REPORT DATE:** 9/3/07

**INSPECTOR:**

Based on the Inspection Report, I was cited for failure to comply with the Family Day Care Home Regulations listed below. I hereby declare that I have complied with the regulation(s) in the following manner:

<table>
<thead>
<tr>
<th>Item # / Violation #</th>
<th>Describe How The Violations Were Corrected &amp; What Measures Have Been Put In Place To Ensure That The Violations Do Not Recur</th>
<th>Date Violations Were Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item # / Violation #</td>
<td>Explain:</td>
<td>9-26-09</td>
</tr>
<tr>
<td></td>
<td>My landlord came.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>He fixed the water heater and he lowered the temperature and the water temperature was set to 110° degrees.</td>
<td></td>
</tr>
</tbody>
</table>

I understand the Department reserves the right to re-inspect the Family Day Care Home to verify compliance with the regulations and to request a meeting with me when necessary to review patterns of non-compliance. Understanding the penalties for false statements, I attest that the information I submit on this form is true.

**Signed:**

**RETURN TO:** Department of Public Health

410 Capitol Avenue - ME/P 2 DAC

P.O. Box 340308

Hartford, CT 06134-0308

**RETURN BY:** 9/30/09
Sample Letter Requesting an Informal Compliance Meeting

[date]

By Certified Mail; Return Receipt Requested

[Name of person who signed department letter]
Department of Public Health
410 Capitol Avenue
P.O. Box 340308
Hartford, CT 06134-0308

Subject: Request for an Informal Compliance Meeting
     [your name and the name of your family child care program]

Dear [name of person who signed Department letter]:

I have received a Notice of Violations from the Department of Public Health, dated [date of Department’s letter to you]. Pursuant to such Notice, I request an informal compliance meeting with the Department to discuss the alleged violations. I believe my family child care has not violated the regulations identified by the Department in its letter to me.

Thank you. I look forward to working with the Department to resolve this matter.

Sincerely,

[your name]
Family Child Care Provider
[name of family child care]

Adapted from “What to Do When the DPH Comes Knocking: Your Rights as a Licensed Child Care Provider—Child Day Centers and Group Day Care Homes,” Connecticut Association for the Education of Young Children, December 2000
Sample Letter Requesting More Information from the Department

[Date]

By Certified Mail; Return Receipt Requested

[Name of person who signed department letter]
Department of Public Health
410 Capitol Avenue
P.O. Box 340308
Hartford, CT 06134-0308

Subject: Request for Additional Information Regarding Department’s Proposed Request of License: [your name/name of your family child care]

Dear [Name of person who signed department letter]:

I have received notice from the Department of Public Health, dated [date of Department’s letter to you] informing me of the Department’s proposed revocation of my license. However, I believe the notice does not give me sufficient information with which to evaluate the Department’s claim that my family child care has violated the regulations identified. A copy of the notice is enclosed for your convenience. Specifically, [describe any particular questions you have]. Please confirm that the 30-day period in which I am permitted to request a hearing will not begin to run until I receive a response from you clarifying the family child care’s alleged violations, so I can better evaluate the Department’s charges.

Thank you. I look forward to hearing from you.

Sincerely,

[your name]
Family Child Care Provider
[name of family child care]

Adapted from “What to Do When the DPH Comes Knocking: Your Rights as a Licensed Child Care Provider—Child Day Centers and Group Day Care Homes,” Connecticut Association for the Education of Young Children, December 2000
[date]

By Certified Mail; Return Receipt Requested

[Name of person who signed Department letter]
Department of Public Health
410 Capitol Avenue
P.O. Box 340308
Hartford, CT 06134-0308

Subject: Request for a Hearing: [your name/name of your family child care]

Dear [name of person who signed Department letter]

I have received notice from the Department of Public Health, dated [date of Department’s letter to you] informing me of the Department’s proposed revocation of my license. Pursuant to Section 19a-87b-15 of the Regulations of the Department of Public Health, I request a hearing on the matter. I believe my family child care has not violated the regulations identified by the Department in its letter to me.

Thank you. I look forward to working with the Department to resolve this matter.

Sincerely,

[your name]
Family Child Care Provider
[name of family child care]

Adapted from “What to Do When the DPH Comes Knocking: Your Rights as a Licensed Child Care Provider—Child Day Centers and Group Day Care Homes,” Connecticut Association for the Education of Young Children, December 2000
First Aid Kit

The First Aid Kit must include the following items:

1. Assorted sizes of non-medicated adhesive strips (Band-aids);
2. Sterile, individually wrapped three- or four-inch gauze squares;
3. One (1) two-inch-wide gauze roller bandage;
4. One (1) roll of adhesive tape (hypoallergenic);
5. One (1) pair of scissors;
6. One (1) pair of tweezers;
7. Two (2) instant cold packs;
8. One (1) non-glass thermometer to measure a child’s temperature with plastic covers for the thermometer or alcohol to clean the thermometer, or single-use Tempa Dots;
9. Two (2) triangular bandages with safety pins;
10. Disposable, nonporous gloves;
11. A current American Academy of Pediatrics (AAP) standard first-aid chart, or current (less than five years in print) first-aid manual, chart, or guide provided by an approved first-aid course for children and adults; and
12. CPR mouth barrier (face shield).

First-aid supplies for field trips must also include:

1. Water;
2. Reliable communication device (cell phone);
3. Liquid soap;
4. Emergency contact numbers for each child;
5. Medications, as needed, if the program administers them; and
6. Plastic bags, for storage.

Note: The facility shall maintain at least one portable, readily available first-aid kid wherever children are in care, including field trips, outdoor play areas, and one to remain at the facility if all of the children do not attend the field trip.