

## Program Policy Review Checklist

Program Name: \_\_\_\_\_ License #: \_\_\_\_\_  
Date of Review: \_\_\_\_\_ Name of Reviewer: \_\_\_\_\_

### DISCIPLINE POLICY 19a-79-3a(d)(2)

- The use of positive guidance
- Redirection
- Setting clear limits
- Continuous supervision during discipline
- Prohibition of abusive, neglectful, physical, corporal, humiliating or frightening treatment or punishment including, but not limited to, spanking, slapping, pinching, shaking or striking a child
- Prohibiting physical restraint unless such restraint is necessary to protect the health and safety of the child or others.

### CHILD ABUSE AND NEGLECT POLICY

- 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 Careline telephone number to call for reporting abuse or neglect is (1-800-842-2288.)
- Program staff responsibilities should they witness, or become aware of, abuse or neglect of a child enrolled in the program or facility.
- 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 program staff are protected by law (refer to Connecticut General Statutes, Section 17a-101e) from discrimination or retaliation for reporting abuse or neglect.
- Program staff training (at a minimum annually) 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.

### LATE PICK-UP POLICY 19a-79-3a(d)(3)

- Staffing - two program staff 18 years+
- Time frames of implementation
- Parents or Emergency Contacts
- Alternate pick-up person
- Notification of police department

### SUPERVISION OF CHILDREN 19a-79-3a(d)(5)

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

### EMERGENCY PLANS 19a-79-3a(d)(4)

#### Medical:

- Designation of a licensed physician or hospital emergency service to be available
- Transportation to medical services
- Notification of parents

#### Multi-hazards:

- Assignment of staff and program staff responsibilities
- Identification of means of egress.
- Identification of evacuation sites to provide safe temporary care for children
- Transportation
- Plan for sheltering in place if evacuation is not feasible.
- Lock-down procedures.
- Plans for continuation of operations.
- Communication and reunification with parents
- Accommodation for infants and toddlers, children with disabilities, and children with chronic medical conditions developed in consultation with the child's parents(s)
- Contact the local emergency management director.
- Annual Drill

### OPERATING POLICY 19a-79-3a(d)(6)

- Admission (including health record and ages)
- Agreements with parents
- Administrative oversight
- 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 and/or disenrollment of children
- Access to program and facility

**PERSONNEL POLICY 19a-79-3a(d)(7)**

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

**ADMINISTRATION OF MEDICATION POLICY 19a-79-9a**

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

**PLAN FOR PROFESSIONAL DEVELOPMENT 19a-79-4a(h)**

- Written verification of completion of health & safety training for all program staff hired after April 1, 2025 completed within 3 months of hire
- Written verification of ongoing training for program staff that is at least 1% of total annual hours worked

**PET CARE PLAN 19a-79-7a(e)(15)**

- Procedures for care and maintenance
- Access to the children

**PLAN FOR CONSULTATIVE SERVICES 19a-79-4a(i)**

- Annual review of written policies, plans and procedures that relate to the services provided by the consultant;
- availability by telecommunication for advice regarding problems;
- availability, in person, of the consultant to the program;
- consulting with administration and program staff about specific problems;
- acting as a resource person to program staff and the parents, including but not limited to, coordinating services and assisting families and program staff in identifying necessary resources.
- documenting the activities and observations required in a consultation log that is kept on file at the facility for two years; and
- seeking and supporting the collaboration of multiple consultants serving the program.

***additional services to be provided by the health consultant:***

- making, at a minimum, quarterly site visits to facilities that serve children three years of age and older; or for group child 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 program 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; and
- quarterly review of all injury, illness, incident and accident reports

***additional services to be provided by the health consultant when children under the age of 3 are served:***

- visits occur once per week for children up to 24 months; once per week for children 2-3 years old attending five hours or more per day; once per month for children 2-3 years old attending less than 5 hours per day
- visits conducted when children under the age of 3 are present and all children under the age of 3 can be observed
- visits are documented and kept on site

***additional services to be provided by the education consultant:***

- making, at minimum annual site visits of the facility;
- reviewing daily plans, curriculum documents, and educational policies for the developmental and age appropriate practices;
- observing program staff interactions, use of materials and equipment, implementation of plans and approaches to classroom management; and
- providing feedback on documentation review and classroom observations to the director and head teacher

**EDUCATIONAL PROGRAM PLAN 19a-79-8(a)**

- The use of indoor and outdoor physical environments based on children's interest, individual needs & learning to be addressed
- Flexible schedule
- Learning experiences relevant to the children's lives and cultural context
- A balance of child-initiated and staff-initiated activities
- Exploration and discovery
- Varied choices for children in materials and equipment that promote skills and support active engagement
- Rest, sleep or quiet activity
- Nutritious snacks and meals
- Toileting and clean up
- Individual and small group activities
- Moderate and vigorous physical outdoor activities for children 3 years and older, unless the child has a disability or developmental delay.
- Developmentally appropriate practice

**MONITORING OF DIABETES POLICY 19a-79-13(a)(1)**

- Parental responsibilities
- Program staff training and responsibilities
- Proper storage, maintenance and disposal of test materials and supplies
- Record keeping
- Reporting test results, incidents and emergencies to the child's parents and the child's physician, physician assistant, or advanced practice registered nurse
- Location where the tests occur that is respectful of the child's privacy and safety needs