



House of Representatives

General Assembly

File No. 147

February Session, 2026

Substitute House Bill No. 5379

House of Representatives, March 24, 2026

The Committee on Children reported through REP. PARIS of the 145th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT REQUIRING MEDICAL EMERGENCY DRILLS AT CERTAIN CHILD CARE FACILITIES AND YOUTH CAMPS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subsection (a) of section 19a-79 of the 2026 supplement to
2 the general statutes is repealed and the following is substituted in lieu
3 thereof (*Effective October 1, 2026*):

4 (a) The Commissioner of Early Childhood shall adopt regulations, in
5 accordance with the provisions of chapter 54, to carry out the purposes
6 of sections 19a-77 to 19a-80, inclusive, and 19a-82 to 19a-87, inclusive,
7 and to assure that child care centers and group child care homes meet
8 the health, educational and social needs of children utilizing such child
9 care centers and group child care homes. Such regulations shall (1)
10 specify that before being permitted to attend any child care center or
11 group child care home, each child shall be protected as age-appropriate
12 by adequate immunization against diphtheria, pertussis, tetanus,
13 poliomyelitis, measles, mumps, rubella, haemophilus influenzae type B
14 and any other vaccine required by the schedule of active immunization

15 adopted pursuant to section 19a-7f, (2) specify conditions under which
16 child care center directors and teachers and group child care home
17 providers may administer tests to monitor glucose levels in a child with
18 diagnosed diabetes mellitus, and administer medicinal preparations,
19 including controlled drugs specified in the regulations by the
20 commissioner, to a child receiving child care services at such child care
21 center or group child care home pursuant to the written order of a
22 physician licensed to practice medicine or a dentist licensed to practice
23 dental medicine in this or another state, or an advanced practice
24 registered nurse licensed to prescribe in accordance with section 20-94a,
25 or a physician assistant licensed to prescribe in accordance with section
26 20-12d, and the written authorization of a parent or guardian of such
27 child, (3) specify that an operator of a child care center or group child
28 care home, licensed before January 1, 1986, or an operator who receives
29 a license after January 1, 1986, for a facility licensed prior to January 1,
30 1986, shall provide a minimum of thirty square feet per child of total
31 indoor usable space, free of furniture except that needed for the
32 children's purposes, exclusive of toilet rooms, bathrooms, coatrooms,
33 kitchens, halls, isolation room or other rooms used for purposes other
34 than the activities of the children, (4) specify that a child care center or
35 group child care home licensed after January 1, 1986, shall provide
36 thirty-five square feet per child of total indoor usable space, (5) establish
37 appropriate child care center staffing requirements for employees
38 certified in cardiopulmonary resuscitation by the American Red Cross,
39 the American Heart Association, the National Safety Council, American
40 Safety and Health Institute, Medic First Aid International, Inc. or an
41 organization using guidelines for cardiopulmonary resuscitation and
42 emergency cardiovascular care published by the American Heart
43 Association and International Liaison Committee on Resuscitation, (6)
44 specify that a child care center or group child care home (A) shall not
45 deny services to a child on the basis of a child's known or suspected
46 allergy or because a child has a prescription for an automatic prefilled
47 cartridge injector or similar automatic injectable equipment, nasal spray
48 or any other medical equipment approved by the United States Food
49 and Drug Administration that is used to treat an allergic reaction, or for

50 injectable equipment, nasal spray or any other medical equipment
51 approved by the United States Food and Drug Administration that is
52 used to administer glucagon, (B) shall, not later than three weeks after
53 such child's enrollment in such a center or home, have staff trained in
54 the use of such equipment on-site during all hours when such a child is
55 on-site, (C) shall require such child's parent or guardian to provide the
56 equipment and a copy of the prescription for such medication upon
57 enrollment of such child, and (D) shall require a parent or guardian
58 enrolling such a child to replace such medication and equipment prior
59 to its expiration date, (7) specify that a child care center or group child
60 care home (A) shall not deny services to a child on the basis of a child's
61 diagnosis of asthma or because a child has a prescription for an inhalant
62 medication to treat asthma, and (B) shall, not later than three weeks after
63 such child's enrollment in such a center or home, have staff trained in
64 the administration of such medication on-site during all hours when
65 such a child is on-site, (8) establish physical plant requirements for
66 licensed child care centers and licensed group child care homes that
67 exclusively serve school-age children, (9) specify that a child care center
68 or group child care home shall immediately notify the parent or
69 guardian of a child enrolled in such center or home if such child exhibits
70 or develops an illness or is injured while in the care of such center or
71 home, (10) specify that a child care center or group child care home shall
72 create a written record of any such illness or injury, which shall, (A)
73 include, but not be limited to, (i) a description of such illness or injury,
74 (ii) the date, time of occurrence and location of such illness or injury, (iii)
75 any responsive action taken by an employee of such center or home, and
76 (iv) whether such child was transported to a hospital emergency room,
77 doctor's office or other medical facility as a result of such illness or
78 injury, (B) be provided to the parent or guardian of such child not later
79 than the next business day, and (C) be maintained by such center or
80 home for a period of not less than two years and be made immediately
81 available upon the request of the Office of Early Childhood, [and] (11)
82 specify that a child care center or group child care home shall maintain
83 any video recordings created at such center or home for a period of not
84 less than thirty days, and make such recordings immediately available

85 upon the request of the Office of Early Childhood, and (12) specify that
86 a child care center or group child care home shall conduct a medical
87 emergency drill not less than once every six months, during which the
88 roles and responsibilities of staff members who are certified in
89 cardiopulmonary resuscitation or have received training in the
90 administration of first aid, as well as staff members who are not certified
91 or have not received such training, are identified. When establishing
92 such requirements, the Office of Early Childhood shall give
93 consideration to child care centers and group child care homes that are
94 located in private or public school buildings. With respect to
95 subdivision (8) of this subsection, the commissioner shall implement
96 policies and procedures necessary to implement the physical plant
97 requirements established pursuant to this subdivision while in the
98 process of adopting such policies and procedures in regulation form.
99 Until replaced by policies and procedures implemented pursuant to this
100 subdivision, any physical plant requirement specified in the office's
101 regulations that is generally applicable to child care centers and group
102 child care homes shall continue to be applicable to such centers and
103 homes that exclusively serve school-age children. The commissioner
104 shall post notice of the intent to adopt regulations pursuant to this
105 subdivision on the eRegulations System not later than twenty days after
106 the date of implementation of such policies and procedures. Policies and
107 procedures implemented pursuant to this subdivision shall be valid
108 until the time final regulations are adopted. For purposes of this
109 subsection, "illness" means fever, vomiting, diarrhea, rash, headache,
110 persistent coughing, persistent crying or any other condition deemed an
111 illness by the Commissioner of Early Childhood.

112 Sec. 2. Subsection (f) of section 19a-87b of the 2026 supplement to the
113 general statutes is repealed and the following is substituted in lieu
114 thereof (*Effective October 1, 2026*):

115 (f) The commissioner shall adopt regulations, in accordance with the
116 provisions of chapter 54, to ensure that family child care homes, as
117 described in section 19a-77, meet the health, educational and social
118 needs of children utilizing such homes. Such regulations shall (1) ensure

119 that the family child care home is treated as a residence, and not an
120 institutional facility, (2) specify that each child be protected as age-
121 appropriate by adequate immunization against diphtheria, pertussis,
122 tetanus, poliomyelitis, measles, mumps, rubella, haemophilus
123 influenzae type B and any other vaccine required by the schedule of
124 active immunization adopted pursuant to section 19a-7f, (3) specify
125 conditions under which family child care home providers may
126 administer tests to monitor glucose levels in a child with diagnosed
127 diabetes mellitus, and administer medicinal preparations, including
128 controlled drugs specified in the regulations by the commissioner, to a
129 child receiving child care services at a family child care home pursuant
130 to a written order of a physician licensed to practice medicine in this or
131 another state, an advanced practice registered nurse licensed to
132 prescribe in accordance with section 20-94a or a physician assistant
133 licensed to prescribe in accordance with section 20-12d, and the written
134 authorization of a parent or guardian of such child, (4) specify
135 appropriate standards for extended care and intermittent short-term
136 overnight care, (5) specify that a family child care home shall
137 immediately notify the parent or guardian of a child enrolled in such
138 home if such child exhibits or develops an illness or is injured while in
139 the care of such home, (6) specify that a family child care home shall
140 create a written record of any such illness or injury, which shall, (A)
141 include, but not be limited to, (i) a description of such illness or injury,
142 (ii) the date, time of occurrence and location of such illness or injury, (iii)
143 any responsive action taken by an employee of such home, and (iv)
144 whether such child was transported to a hospital emergency room,
145 doctor's office or other medical facility as a result of such illness or
146 injury, (B) be provided to the parent or guardian of such child not later
147 than the next business day, and (C) be maintained by such home for a
148 period of not less than two years and be made immediately available
149 upon the request of the Office of Early Childhood, [and] (7) specify that
150 a family child care home shall maintain any video recordings created at
151 such home for a period of not less than thirty days, and make such
152 recordings immediately available upon the request of the Office of Early
153 Childhood, and (8) specify that a family child care home shall conduct a

154 medical emergency drill not less than once every six months, during
155 which the roles and responsibilities of providers and assistants who are
156 certified in cardiopulmonary resuscitation or have received training in
157 the administration of first aid, as well as providers and assistants who
158 are not certified or have not received such training, are identified. The
159 commissioner shall inform each licensee, by way of a plain language
160 summary provided not later than sixty days after the regulation's
161 effective date, of any new or changed regulations adopted under this
162 subsection with which a licensee must comply. For purposes of this
163 subsection, "illness" means fever, vomiting, diarrhea, rash, headache,
164 persistent coughing, persistent crying or any other condition deemed an
165 illness by the Commissioner of Early Childhood.

166 Sec. 3. Section 19a-422 of the general statutes is repealed and the
167 following is substituted in lieu thereof (*Effective October 1, 2026*):

168 To be eligible for the issuance or renewal of a youth camp license
169 pursuant to this chapter, the camp shall satisfy the following
170 requirements: (1) The location of the camp shall be such as to provide
171 adequate surface drainage and afford facilities for obtaining a good
172 water supply; (2) each dwelling unit, building and structure shall be
173 maintained in good condition, suitable for the use to which it is put, and
174 shall present no health or fire hazard as so certified by the office and the
175 State Fire Marshal or local fire marshal, as indicated by a current fire
176 marshal certificate dated within the past year and available on site when
177 the youth camp is in operation; (3) there shall be an adequate and
178 competent staff, which includes the camp director or assistant director,
179 one of whom shall be on site at all times the camp is in operation,
180 activities specialists, counselors and maintenance personnel, of good
181 character and reputation; (4) prior to assuming responsibility for
182 campers, staff shall be trained, at a minimum, on the camp's policies and
183 procedures pertaining to behavioral management and supervision,
184 emergency health and safety procedures and recognizing, preventing
185 and reporting child abuse and neglect; (5) all hazardous activities,
186 including, but not limited to, archery, aquatics, horseback riding and
187 firearms instruction, shall be supervised by a qualified activities

188 specialist who has adequate experience and training in such specialist's
 189 area of specialty; (6) the staff of a resident and nonresident camp shall
 190 at all times include an adult trained in the administration of first aid as
 191 required by the commissioner [;] and, prior to assuming responsibility
 192 for campers, staff shall conduct a medical emergency drill during which
 193 the roles and responsibilities of staff members who are certified in
 194 cardiopulmonary resuscitation or have received training in the
 195 administration of first aid, as well as staff members who are not certified
 196 or have not received such training, are identified; and (7) records of
 197 personal data for each camper shall be kept in any reasonable form the
 198 camp director may choose, and shall include (A) the camper's name, age
 199 and address, (B) the name, address and telephone number of the parents
 200 or guardian, (C) the dates of admission and discharge, and (D) such
 201 other information as the commissioner shall require. Any youth camp
 202 licensed under this chapter shall operate only as the type of camp
 203 authorized by such license. Such camps shall not advertise any service
 204 they are not equipped or licensed to offer. The license shall be posted in
 205 a conspicuous place at camp headquarters and failure to so post the
 206 license shall result in the presumption that the camp is being operated
 207 in violation of this chapter.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2026	19a-79(a)
Sec. 2	October 1, 2026	19a-87b(f)
Sec. 3	October 1, 2026	19a-422

Statement of Legislative Commissioners:

In Sections 1(a)(12), 2(f)(8) and 3(6), "training in first aid" was changed to "training in the administration of first aid" for clarity.

KID *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 27 \$	FY 28 \$
Children & Families, Dept.	GF - Potential Cost	See Below	See Below

Note: GF=General Fund

Municipal Impact:

Municipalities	Effect	FY 27 \$	FY 28 \$
Various Municipalities	Potential Cost	See Below	See Below

Explanation

The bill results in a potential cost to the state¹ and municipalities beginning in FY 27 to the extent additional resources are required for medical emergency drills at state and municipally run youth camps (e.g., staff coverage) and these drills are not already occurring. Municipalities that do not have municipal youth camps will have no fiscal impact.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

¹ The Department of Children and Families' Wilderness School is a youth camp licensed by the Office of Early Childhood and is subject to the requirements of the bill.

OLR Bill Analysis**sHB 5379*****AN ACT REQUIRING MEDICAL EMERGENCY DRILLS AT CERTAIN CHILD CARE FACILITIES AND YOUTH CAMPS.*****SUMMARY**

This bill requires licensed child care centers, group child care homes, and family child care homes to conduct a medical emergency drill at least once every six months. The purpose of the drills is to identify the roles and responsibilities of (1) staff certified in cardiopulmonary resuscitation (CPR) or trained in administering first aid and (2) noncertified or untrained staff.

The bill also (1) adds an emergency drill requirement, with the same staff identification goal as for the child care facilities, to the law's youth camp licensure eligibility criteria and (2) requires that a drill happen before a camp can be responsible for campers. Under existing license requirements, camp staff must be trained, among other things, on the camp's policies and procedures for emergency health and safety procedures and camps must at all times have an adult trained in administering first aid as the Office of Early Childhood (OEC) commissioner requires.

EFFECTIVE DATE: October 1, 2026

CHILD CARE CENTERS AND HOMES

Specifically, the bill requires the OEC commissioner to add the drills requirement to regulations that she must adopt for licensed child care centers and group child care homes (see BACKGROUND). By law the commissioner must already adopt health and safety regulations on child care center requirements for employees certified in CPR by certain qualified organizations.

For family child care homes (child care usually offered in the private home of the provider and which generally serves six to nine children), the bill adds the same drill requirement to state regulations except it applies to the child care provider (the licensee) and any assistants working there.

By law, child care centers offer or provide care to more than 12 children outside their own homes on a regular basis. Group child care homes (1) offer or provide care to between 7 and 12 children (related or unrelated) on a regular basis or (2) meet the family child care home definition, except that they do not operate in a private home (CGS § 19a-77(a)(1) & (2)).

BACKGROUND

Child Care Center and Home Regulations

State child care center and group child care home regulations require each new staffer of either a center or home to complete health and safety training in accord with federal regulations, including pediatric first aid and CPR. Staff must also have annual training equal to at least 1% of the total hours worked in the same safety procedures (Conn Agencies Regs., § 19a-79-4a(f) & (h)).

A family child care home provider must have and maintain a current certification in first aid and CPR. Assistants do not need to meet this requirement, but they can only work while helping a provider or a substitute (the regulations require the substitute to have the same training and certification as the provider) (Conn Agencies Regs., §§ 19a-87b-6(c) & -8).

COMMITTEE ACTION

Committee on Children

Joint Favorable Substitute

Yea 13 Nay 4 (03/05/2026)