

19a-506-1. Licensure of maternity homes. Definitions

Maternity Homes

19a-506-1. Licensure of maternity homes. Definitions

- (a) "Maternity home" or "home" means any place operated and maintained in whole or in part for the purpose of caring for women during pregnancies and women and their infants following pregnancies, but shall not include maternity hospitals subject to the provisions of Section 19a-505.
- (b) "Operator" means any individual, firm, partnership, corporation or association to whom a license to operate a maternity home is issued.
- (c) "Department" means the Connecticut State Department of Health Services.
- (d) "Commissioner" means the Commissioner of Health Services.
- (e) "Licensed Capacity" means the maximum number of women and infants permitted to be in attendance at any one time.
- (f) "Attendance" means the number of clients present at the home.
- (g) "Program Staff" means those persons responsible for the direct care of the women and infants.
- (h) "Women" means females of reproductive age. (i) "Administrator" means the person who is responsible for day-to-day operation of the program.
- (j) "Supervision" means the direction and/or on-site observation of the functions and activities of others in the performance of their duties.
- (k) "Job Description" means a written outline developed for each position in the home, containing the qualifications, duties, responsibilities and accountability required of all employees in the position.
- (l) "Facility" means the space identified on the license application in which the operator will provide the maternity home.
- (m) "Client" means any woman or infant admitted to the program and receiving services from program staff.
- (n) "Infant" means any child from newborn to two years of age.
- (o) "Related field" means a discipline such as social work, psychology counseling, theology, nursing or health education.
(Effective August 7, 1985.)

19a-506-2. Licensure procedure

No person shall operate a maternity home without a license issued by the department, in accordance with Section 19a-506. No person under 18 years of age shall be licensed to operate a maternity home.

- (a) Application for Initial Licensure.
 - (1) Any individual, firm, partnership, corporation or association may apply for a license to maintain a maternity home. Each applicant shall meet the requirements for licensure in accordance with this section.
 - (2) Application for the issuance of an initial license to operate a maternity home shall be made in writing on forms provided by the Department, shall be signed by the person seeking authority to operate the facility, shall be notarized, and shall include at least the following information.
 - (A) Name of maternity home, address, and the phone number;
 - (B) Operator's address and phone number;
 - (C) Sources of financial support;
 - (D) Written verification of compliance with local zoning requirements for homes where they are defined in zoning ordinances;
 - (E) Copy of the current fire marshal's certificate of approval;
 - (F) Written verification of compliance with the State of Connecticut Building Code;
 - (G) A statement of compliance with applicable state statutes and regulations.
 - (H) Client capacity;
 - (A) Total number of employees, by category;

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- (B) Services provided;
 - (C) A statement verifying the required experience of the administrator and other professional staff.
- (b) Application for Renewal of License.
- (1) Sixty days prior to the expiration of the term for which a license has been issued, each operator who desires to renew the license shall make application for said renewal to the Commissioner.
 - (2) Application for the renewal of a license to operate a home shall be made in writing on forms provided by the Department; shall be signed by the person seeking authority to operate the facility; shall be notarized; and shall contain information required in subsections (a) (2) of this section.
 - (3) An annual report shall be submitted to the Department as part of the renewal application, and shall include the following:
 - (A) Number of clients admitted;
 - (B) Age, race, and educational levels;
 - (C) Length of stay of clients during the prenatal period. If clients left prior to delivery, indicate number and reasons for leaving;
 - (D) Clients who returned after delivery and length of stay;
 - (E) Infants admitted and length of stay;
 - (F) Clients who applied but were not admitted, and reasons such clients were not admitted; and
 - (G) Clients who applied and decision pending.
 - (4) Documentation of the staff development plan implementation shall be submitted as part of the reapplication process.
- (c) Issuance and Maintenance of License.
- (1) Upon determination by the Department that a maternity home is in compliance with the statutes and regulations pertaining to its licensure, the Department shall issue a license or a renewal of license to operate that home for a period of one year.
 - (2) A license shall be issued to the operator for a specific facility. The license shall not be transferable to any other person or facility. Change of operator, facility, licensed capacity or services shall require a new license to be issued. The number of clients in attendance at any one time shall not exceed the licensed capacity.
 - (3) Notice to Public. The license shall be posted in a prominent place in the facility, visible to visitors and clients.
 - (4) The Commissioner shall make or cause to be made at any time unannounced inspections or investigations of a home including the home's records.
 - (5) Failure to grant the Department access to the home or the home's records shall be grounds for denial, revocation or suspension of the home's license.
 - (6) Surrender of License. The home shall directly notify in writing each client concerned at least 30 days prior to the voluntary surrender of the home's license or surrender of license upon the Department's order of revocation, refusal to renew or suspension of license. In such cases, the license shall be surrendered to the Department within 10 days of termination of operation.
 - (7) Any maternity home license may be revoked, suspended or refused renewal by said department for violation of, or lack of compliance with these regulations.
 - (8) Appeal. An opportunity for a hearing in conformance with the Uniform Administrative Procedures Act, Chapter 54 of the Connecticut General Statutes and the Department regulations shall be given to the operator of the maternity home with respect to a refusal to issue or renew or by revocation or suspension of an existing license.
 - (9) Any person aggrieved by refusal to issue or renew or by any order issued under the provisions of this section may appeal therefrom in accordance with the

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provisions of Section 4-183, except venue for such appeal shall be in the judicial district within which the home is, or is proposed to be located.

(Effective August 7, 1985.)

19a-506-3. Administration of a maternity home

- (a) Governing Body.
- (1) The home shall have a governing body, which shall have the general responsibilities to:
 - (A) Set policy;
 - (B) Oversee the management and operation of the home; and
 - (C) Assure the financial viability of the home.
 - (2) Specific responsibilities of the governing body necessary to carry out its general responsibilities shall include, but not be limited to the following:
 - (A) Adoption and documented annual review of written home by-laws and budget;
 - (B) Appointment of a qualified administrator;
 - (C) Provision of a safe physical plant equipped and staffed to maintain the facility and services in accordance with any applicable local and state regulations and any federal regulations that may apply to federal programs in which the home participates;
 - (D) Approval of an organizational chart which establishes clear lines of responsibility and authority in all matters relating to management and maintenance of the home and client care;
 - (E) Annual review of personnel policies;
 - (F) Adoption of written policies assuring the protection of clients' rights and client grievance procedures. The description of client rights policies and the grievance procedures shall be posted conspicuously in the facility and distributed personally to each client;
- (b) Operator. The operator shall be responsible for the overall management and operation of the home in a manner to reasonably ensure the health, safety and welfare of the women and infants in attendance. The operator shall have the following responsibilities:
- (1) Compliance with any applicable state laws and regulations;
 - (2) Provision of a safe facility equipped and staffed on a 24 hour basis to maintain the home and services in accordance with any applicable state laws and regulations;
 - (3) Development of a written organizational chart which establishes a clear line of authority and responsibility in all matters relating to the management and maintenance of the home and the care of the women and infants;
 - (4) Adoption and submission to the Department of a comprehensive program plan for the home including a mission statement, operating policies and procedures, personnel policies, client services and house rules;
 - (5) Employment of personnel in accordance with subsection (c) of this section;
 - (6) Adoption and maintenance of written personnel policies including job descriptions defining the duties and responsibilities of all personnel classifications, consultation agreements, provisions for substitute staff, and staff development. These shall be reviewed annually and be available to all members of the staff and the consumers of the services offered; and
 - (7) Appointment in writing and with the approval of the governing body, of a responsible employee to act in behalf of the administrator in temporary absences.
- (c) Personnel.
- (1) Qualifications.
 - (A) Where the operator is not the designated administrator, a person who meets the qualifications as defined in subdivision (2) (A) (i) of this subsection shall be employed in this capacity.

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- (B) Minimum qualifications shall be met. All staff of maternity homes shall have the personal qualities necessary to work with women, especially adolescents, and infants.
 - (C) When a staff member functions in more than one capacity the person must have the qualifications for each responsibility assigned.
 - (D) A pre-employment certificate of good health, including a report of a negative tuberculin test or normal chest X-ray for each staff member, shall be on file at the home.
- (2) Staff. Each maternity home shall maintain a staff adequate for the number, ages and needs of the women and infants to be accommodated. There must be sufficient relief staff to assure adequate coverage of all functions.
- (A) Each maternity home shall include the following staff:
 - (i) An administrator who shall be full-time and who shall have all the following minimum qualifications:
 - (aa) Eighteen years of age or older;
 - (bb) Supervisory experience of two years in a related clinical setting;
 - (cc) A Master's degree in administration or a related field, or equivalent work experience;
 - (dd) Three years of supervised experience in a human services organization.
 - (ii) A full-time housemother with strong parenting skills; and
 - (iii) One child care worker for each four infants, or fraction thereof, to provide care when mothers are absent from the home. Each child care worker shall have a minimum of one year supervised experience in infant day care.
 - (B) Plan for consultation. The operator of a maternity home shall provide and adhere to a written plan for qualified professional consultation and referral services which shall include the following:
 - (i) Health care services under the direction of a physician licensed in the state of Connecticut with obstetrical, gynecological, family practice or pediatric experience of at least three years.
 - (ii) Social work services provided by a social worker with a Master's Degree in social work with experience working with adolescents and children.
 - (iii) Nursing services provided by a registered nurse licensed in the state of Connecticut with maternal and child health training.
 - (iv) Nutrition services provided by a nutritionist or dietitian experienced in adolescent and infant nutritional needs.
 - (v) Health education services provided by a registered nurse licensed in Connecticut with maternal and child health experience, a childbirth educator certified by the American Society for Psychoprophylaxis in Obstetrics (ASPO) or other training program acceptable to the Commissioner of Health Services, or a health educator with a Master's degree and special preparation in the field of maternal and child health. Such education shall include the areas of pregnancy, childbirth, infant care and parenting.
 - (C) Plan for Staff Development.
 - (i) The operator of a maternity home shall develop and maintain a written plan for staff development to increase skills and competence through experience or training under supervision.
 - (ii) The operator shall present evidence on behalf of each staff member of active pursuit of further individual development.
- (d) Group Living Policies.

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The policies reflect the philosophy of the maternity home and serve the following purposes:

- (1) In general, policies constitute a "Bill of Rights" which defines for client' the areas of individual freedom permitted, as well as the limitations necessary to protect the rights of others. Undue restrictions should be avoided, but those considered essential to group living and to proper compliance with fire, safety and health regulations should be clearly stated.
 - (2) To provide a framework for daily group living which defines for the clients in residence the requirements essential to the orderly maintenance of the home in a group living situation; to insure maximum freedom within limits and given assurance that reasonable adjustment can be made when there is need for flexibility.
 - (3) To provide the staff with a picture of daily living to present to the pregnant client so that the latter can make a decision as to whether or not she wishes to use their particular service.
 - (4) To provide a basis on which the staff carries out the maternity home program.
- (e) Admission Policies.

Each home shall develop admission policies which shall reflect the philosophy of the home and clearly define criteria for admission, rejection and discharge. A copy of group living policies shall be given to clients at application for admission. Admission policies shall include at least the following:

- (1) A mother, with or without her infant, may return from the hospital where she was delivered to the maternity home for a period to be determined by the client and the program staff. Except in an emergency situation, an infant must not be admitted to the maternity home without his or her mother and, must not remain after his or her mother has left.
- (2) When an infant is admitted to the maternity home, the hospital discharge summary shall accompany the infant. The admission record shall also include information from the mother's prenatal, labor and delivery record considered pertinent to the infant's welfare.

(Effective August 7, 1985.)

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The operator of a maternity home shall be responsible for maintaining an individual client record for each client admitted to the home.

- (a) The record must be kept confidential, current, in a locked file in the home, and shall be available to the Department for inspection.
- (b) Women client records shall include preadmission, intake, health, social service, educational, progress reports, and discharge information.
- (c) Infant records shall include preadmission and intake information including pertinent data from the mother's record, progress reports and discharge information.
- (d) The health record of each client shall include the history and verification of preadmission examination, dates, times and reasons for each medical service received during stay in the program.
- (e) Records shall be retained for seven years post discharge of clients.

(Effective August 7, 1985.)

19a-506-5. Program requirements

The program in the maternity home shall be designed to help clients understand and resolve the situations which led to the unplanned pregnancy, to help make a good plan for the baby, the help plan for the future of mother and child and to develop the skills that will increase self-sufficiency and confidence.

- (a) Health Services.

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- (1) The daily program must meet the health, diet, exercise, rest and recreation needs of the individual clients.
 - (2) There shall be a pre-admission health examination for women and infants, and ongoing prenatal care for all pregnant women admitted to the program. The care for women shall conform to the standards set by the American College of Obstetrics and Gynecology. Care provided to program infants must conform to standards set by the American Academy of Pediatrics.
 - (3) Arrangements shall be made for all deliveries to be conducted in a licensed setting.
 - (4) Arrangements for specialized care shall be made available to the program clients.
 - (5) There shall be a health education program which will provide opportunities for the women to discuss the physiological changes of pregnancy and comfort and relaxation responses; nutritional needs in pregnancy; labor and delivery; the hospital experience; postpartum adjustment; child development and parenting skills.
- (b) Child Care.
- (1) Infants shall be within auditory or visual distance of the mother or staff, and supervised at all times.
 - (2) Any infant shall be immunized in accordance with the American Academy of Pediatrics standards.
 - (3) Good personal hygiene shall be followed in the care of infants by mothers and staff, particularly in the areas of feeding and diapering.
- (c) Nutrition and Food Services.
- (1) The nutritional needs of clients, including pregnant and lactating women, and children in maternity homes, must be met in accordance with the National Research Council's current recommended dietary allowances.
 - (2) Menus shall be written at least a week in advance, dated, posted where clients can see them and a copy kept in file for three months.
 - (3) All areas used for the preparation and serving of food shall be maintained in accordance with good sanitary practices and standards. Food handlers shall adhere to appropriate standards for good personal hygiene.
 - (4) The kitchen shall not be used as a play room, but may be used for nutritional and home economics education under supervision. It shall be separated by a door or gate from the rooms used by the infants in the home to prevent them from entering the kitchen except under supervision.
 - (5) Nutrition education for women concerning themselves and their infants shall be provided as part of program activities.
- (d) Social Work Services.
- (1) A social worker shall provide direct client services including intake, assessment, individual and group counseling, and discharge planning.
 - (2) Services shall include casework with the client's family and father of the baby where possible.
- (e) Academic Instruction.
- (1) As required by Connecticut Statutes 10-186 educational opportunities must be made available through the local Board of Education to the girl whose schooling has been interrupted by pregnancy.
 - (2) Instruction must be provided by qualified teachers and standard school records maintained.
 - (3) Arrangements with the appropriate Board of Education must include provisions for insuring pupil confidentiality and continuity with the pupil's home school record both before and after enrollment in the maternity home program.
- (f) Group Living Needs. Provisions shall be made for other group living needs spelled out in policies to include a non-smoking policy, homemaking and leisure time activities, house

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meetings, and religious expression. House meetings are a means of group communication between the staff and the residents and shall be held regularly. (Effective August 7, 1985.)

19a-506-6. Physical plant and equipment

- (a) Site.
 - (1) Buildings and equipment shall meet the requirements of the state fire safety code. Application for initial licensure and licensure renewal shall be accompanied by a certificate of inspection by the local fire marshal.
 - (2) The home must provide a safe and adequate water supply.
 - (3) The home must be served by public sewerage or an on-site subsurface sewerage disposal system in accordance with sections 19-13-B103a through 19-13-B103f, inclusive, or 19-13-B104a through 19-13-B104d, inclusive, of the Regulations of Connecticut State Agencies.
 - (4) The maternity home and its grounds shall be maintained free of hazardous conditions and materials.
 - (5) There shall be a telephone in working order at all times at the maternity home.
- (b) Community Living Areas.
 - (1) Dining Room. The dining room shall be adequate to provide comfortable seating arrangements without overcrowding. The room shall be well lighted and ventilated.
 - (2) The kitchen must be adequate for the efficient preparation, storage, refrigeration and service of food.
 - (3) Living and Recreation Rooms. At least one separate living room must be provided, large enough to allow free and informal use by all residents.
 - (4) When rooms such as dining rooms and recreation rooms are used for special purposes, arrangements must not interfere with the primary purpose of such rooms.
 - (5) Staff Quarters. When staff are in residence, bedrooms for resident staff must meet the same requirements as those established for sleeping rooms of program participants. Bath and toilet facilities for the use of the resident staff should be provided adjacent to or near their bedrooms. If separate facilities are not reserved for staff, the staff must be counted in applying the required ratio of one bath or shower to each six persons and one toilet and wash basin to each four persons.
 - (6) Offices. Every maternity home must provide sufficient space for its business, clerical and managerial functions and for the safekeeping of records.
 - (7) Interviewing room. There must be at least one separate interviewing room suitable for the use of the case worker and others. This may be the same room as the office, if such office provides suitable privacy.
 - (8) Storage room. Adequate storage space shall be provided for the following: food bought in quantity, linen, cleaning equipment and supplies, luggage and extra clothes.
 - (9) A first aid kit shall be available to staff at all times. It shall contain all items contained in the American Red Cross 24-unit first aid kit and shall be checked periodically.
 - (10) There must be a locked storage space for medicines.
 - (11) Locks. If locks are provided on doors within the home they shall be able to be opened in an emergency from both the inside and the outside.
- (c) Individual Living Areas.
 - (1) There shall be bedrooms for both single and multiple occupancy and no bedroom shall accommodate more than four persons. There must be at least 3 feet between beds: a minimum floor area of 65 sq. ft. per person for multiple occupancy rooms, and 80 sq. ft. for single occupancy rooms must be provided.

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- (2) A separate room shall be provided for each mother who returns with her baby. The room provided shall be at least 100 sq. ft. Handwashing facilities shall be available in close proximity to the room where mother and baby are housed.
- (3) An isolation room shall be available for any client with a communicable disease. Care for communicable diseases will be in accord with the Public Health Code Sec. 19-13A2.
- (4) There must be an individual bed with springs, mattress, linens and covers for each client. The linens, including towels, must be changed at least once a week, and more often if necessary. There must also be adequate closet and drawer space for individual clothing and personal possessions and a chair for each occupant.
- (5) Toilets and baths. Toilets shall be located on each floor that is used by the clients. There must be a ratio of one shower or tub to each six clients and a ratio of one toilet and wash basin to each four clients.

(Effective August 7, 1985.)