



Agency Legislative Proposal – 2024 Session

Document Name:

Document Name	DCF1_kinshipplacementchecks [1 of 7]
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Naming Format: AGENCY ACRONYM PROPOSAL NUMBER - TOPIC

Please insert a copy of the fully drafted bill at the end of this document (required for review)

Legislative Liaison	Vincent Russo Vincent.russo@ct.gov (860) 461-6689 Michael Carone Michael.Carone@ct.gov (860) 936-6353
Division Requesting This Proposal	Commissioner's Office
Drafter	Vincent Russo & Michael Carone

Title of Proposal	An Act Concerning Background Checks for Kin Placements of Children
Statutory Reference, if any	17a-114, 17a-115a
Brief Summary and Statement of Purpose	Streamline the kinship FBI fingerprinting process so family and fictive kin members who have a child placed with them due under the emergency placement statute will not have to be fingerprinted twice.

SECTION-BY-SECTION SUMMARY



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Section 1: Transfers the emergency placement language under C.G.S. section 17a-115 into the existing relative and fictive kin placement statute, C.G.S. section 17a-114.

Current law permits DCF to place a child with a relative or fictive kin (a person with a family-like relationship with a child) on an emergency basis when the child cannot remain safely at their current residence. When the emergency placement occurs, all members of the household over 18 years old must submit to a background check and fingerprinting.

Typically, the relative or fictive kin will then apply through the DCF to be a relative foster care placement. Again, under current law, another background check and fingerprinting is required.

DCF has historically streamlined this process by allowing the first background check to be sufficient for the more permanent foster care placement. However, the FBI has indicated that two separate checks must occur since they are in two separate statutes. By combining the emergency placement statute and the relative foster care statute the duplicative background check will be eliminated, lessening the burden on these guardians and saving \$88 per duplicative background check.

We are also requiring only those household residents 18 years of age and older to be submitted for the check. That is best practice nationally.

Section 2: Makes a conforming change to section 1 by repealing the existing emergency placement statute.

BACKGROUND

Origin of Proposal **New Proposal** **Resubmission**

SB 1012 died in the House after passing the Senate due to last minute opposition.

Please consider the following, if applicable:

How does this proposal connect to the 10-year	The Department has continued to make strides in kinship and fictive kin placements for children. It is well documented that children do better when placed with somebody they know when safety concerns require them to be removed from their parents. Our aspirational goal
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vision for the agency’s mission?	is to reach 70% of children committed to DCF to be with kin. This change will remove an obstacle to licensing kin foster homes. We are also developing and implementing our Kinship Navigation program. Federal regulations have also been recently adopted to allow states to establish a separate licensing process for kin foster licenses and will provide Title IV-E reimbursement to states upon the placement of a child with a relative or fictive kin. Current reimbursement only occurs after a relative or fictive kin is licensed to be a foster parent by DCF.
How will we measure if the proposal successfully accomplishes its goals?	We will measure the percentage of kin foster homes increase and the time and cost of licensure decrease.
Have there been changes in federal/state laws or regulations that make this legislation necessary?	No. DCF has been using the first background check for these cases but an FBI audit indicated that we needed the second check when the relative applied to be a licensed foster parent. By eliminating the duplicative check, the state will save the cost of the duplicative check and relieve the burden on the household members. We are seeking this change to streamline our practice while maintaining the safety of the child being placed in the home.
Has this proposal or a similar proposal been implemented in other states? If yes, to what result?	Unclear, since all states have different means of dealing with foster parents and kinship placements. These laws have been in effect in CT for quite a while and we are combining them only to avoid the duplicate check.
Have certain constituencies called for this proposal?	Our relative and fictive kin families have complained about getting fingerprinted and checked twice in a short period of time.

INTERAGENCY IMPACT

List each affected agency. Copy the table as needed.

[X] Check here if this proposal does NOT impact other agencies



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1. Agency Name	
Agency Contact (name, title)	
Date Contacted	
Status	<input type="checkbox"/> Approved <input type="checkbox"/> Talks Ongoing
Open Issues, if any	

FISCAL IMPACT

Include the section number(s) responsible for the fiscal impact and the anticipated impact

Check here if this proposal does NOT have a fiscal impact

State	Each check costs the state \$88 per person. This will result in a cost savings to the state. The state will also be eligible for Title IV-E reimbursement upon the placement of a child with a relative or fictive kin resulting in significant additional revenue.
Municipal (Include any municipal mandate that can be found within legislation)	None
Federal	None
Additional notes	

MONITORING & EVALUATION PLAN

If applicable, please describe the anticipated measurable outcomes and the data that will be used to track those outcomes. Include the section number(s) responsible for those outcomes

Check here if this proposal does NOT lead to any measurable outcomes



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ANYTHING ELSE WE SHOULD KNOW?

[Empty box for additional information]

INSERT FULLY DRAFTED BILL HERE

An Act Concerning Background Checks for Kin Placements of Children

Section 1. Section 17a-114 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2024*):

(a) As used in this section, (1) "approval" or "approved" means that a person has been approved to adopt or provide foster care by a child-placing agency licensed pursuant to section 17a-149, (2) "licensed" means a person holds a license to provide foster care issued by the Department of Children and Families, and (3) "fictive kin caregiver" means a person who is twenty-one years of age or older and who is unrelated to a child by birth, adoption or marriage but who has an emotionally significant relationship with such child or such child's family amounting to a familial relationship.], **and (4) "regular unsupervised access" means periodic interaction with a child in the home for purposes of unsupervised child care, medical or other services to the child]**

(b) (1) No child in the custody of the Commissioner of Children and Families shall be placed in foster care with any person, unless (A) (i) such person is licensed for that purpose by the department or the Department of Developmental Services pursuant to the provisions of section 17a-227, **[or]** (ii) such person's home is approved by a child placing agency licensed by the commissioner pursuant to section 17a-149, or (iii) such person has received approval as provided in this section, and (B) on and after January 1, 2017, for a



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child twelve years of age or older, such child has received a foster family profile in accordance with the provisions of section 17a-114e. Any person licensed by the department may be a prospective adoptive parent. The commissioner shall adopt regulations, in accordance with the provisions of chapter 54, to establish the licensing procedures and standards.

(2) ~~[The]~~ (A) Except as provided in subparagraph (B) of this subdivision, the commissioner shall require each applicant for licensure or approval pursuant to this section and any person ~~[sixteen]~~ eighteen years of age or older living in the household of such applicant to submit to state and national criminal history records checks prior to issuing a license or approval to such applicant to accept placement of a child for purposes of foster care or adoption. Such criminal history records checks shall be conducted in accordance with section 29-17a. The commissioner shall check the ~~[(A)]~~ (i) state child abuse and neglect registry established pursuant to section 17a-101k for the name of such applicant and for the name of any person ~~[sixteen]~~ eighteen years of age or older living in the household of such applicant, and ~~[(B)]~~ (ii) child abuse and neglect registry in any state in which such applicant or person resided in the preceding five years for the name of such applicant or person.

(B) If an applicant for licensure or approval or any person eighteen years of age or older living in the household of such applicant has submitted to the state and national criminal history records checks described in subsection (c) of this section within the previous twelve-month period, the commissioner shall not require such applicant or person to submit to a subsequent state and national criminal history records checks described in subparagraph (A) of this subdivision for licensure or approval purposes.

(3) The commissioner shall require each individual licensed or approved pursuant to this section and any person ~~[sixteen]~~ eighteen years of age or older living in the household of such individual to submit to state and national criminal history records checks prior to renewing a license or approval for any individual providing foster care or adopting. Such criminal history records checks shall be conducted in accordance with section 29-17a. Prior to such renewal, the commissioner shall check the (A) state child abuse and neglect registry established pursuant to section 17a-101k for the name of such applicant and for the name of any person ~~[sixteen]~~ eighteen years of age or older living in the household of such applicant, and (B) child abuse and neglect registry in any state in which such applicant or person resided in the preceding five years for the name of such applicant or



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person.

(4) The commissioner shall comply with any request to check the child abuse and neglect registry established pursuant to section 17a-101k made by the child welfare agency of another state.

(c) (1) Notwithstanding the requirements of subsection (b) of this section, the commissioner may place a child with a relative or fictive kin caregiver who has not been issued a license or approval, when such placement is in the best interests of the child, provided a satisfactory home visit is conducted [] and a basic assessment of the family is completed. [and such relative or fictive kin caregiver attests that such relative or fictive kin caregiver and any adult living within the household has not been convicted of a crime or arrested for a felony against a person, for injury or risk of injury to or impairing the morals of a child, or for the possession, use or sale of a controlled substance.] When the commissioner makes such a placement, the commissioner shall (A) request a criminal justice agency to perform a federal name-based criminal history search of each person eighteen years of age or older residing in the home, and (B) check the state child abuse and neglect registry established pursuant to section 17a-101k for the name of each person eighteen years of age or older residing in the home. The results of such name-based search shall be provided to the commissioner.

(2) Not later than ten calendar days after a name-based search is performed pursuant to subdivision (1) of this subsection, the commissioner shall request the State Police Bureau of Identification to perform state and national criminal history records checks of any person eighteen years of age or older residing in the home, in accordance with section 29-17a. Such criminal history records checks shall be deemed as required by this section for the purposes of section 29-17a and the commissioner may request that such criminal history records checks be performed in accordance with subsection (c) of said section. The results of such criminal history records checks shall be provided to the commissioner. If any person refuses to provide fingerprints or other positive identifying information for purposes of such criminal history records checks when requested, the commissioner shall immediately remove the child from the home.

(3) If the commissioner denies a placement with a relative or fictive kin caregiver or removes a child from such home based on the results of a federal name-based criminal history search performed pursuant to this section, the person whose name-based search



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was the basis for such denial or removal may contest such denial or removal by requesting that state and national criminal history records checks be performed in accordance with subdivision (2) of this subsection.

(4) Any such relative or fictive kin caregiver who accepts placement of a child shall be subject to licensure by the commissioner, pursuant to regulations adopted by the commissioner in accordance with the provisions of chapter 54 to implement the provisions of this section or approval by a child-placing agency licensed pursuant to section 17a-149. The commissioner may grant a waiver from such regulations, including any standard regarding separate bedrooms or room-sharing arrangements, for a child placed with a relative or fictive kin caregiver, on a case-by-case basis, if such placement is otherwise in the best interests of such child, provided no procedure or standard that is safety-related may be so waived. The commissioner shall document, in writing, the reason for granting any waiver from such regulations.

(d) Any individual who has been licensed or approved to adopt or provide foster care and any relative or fictive kin caregiver caring for a child pursuant to subsection (c) of this section shall apply a reasonable and prudent parent standard, as defined in subsection (a) of section 17a-114d, on behalf of the child.

Sec. 2. Section 17a-115a of the general statutes is repealed. (*Effective July 1, 2024*)



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Naming Format: AGENCY ACRONYM PROPOSAL NUMBER - TOPIC

Please insert a copy of the fully drafted bill at the end of this document (required for review)

Legislative Liaison	Vincent Russo Vincent.russo@ct.gov (860) 461-6689 Michael Carone Michael.Carone@ct.gov (860) 936-6353
Division Requesting This Proposal	Commissioner's Office
Drafter	Vincent Russo & Michael Carone

Title of Proposal	An Act Concerning Identified Adoptions
Statutory Reference, if any	45a-728, 45a-728a, 45a-728b, 45a-728c, 45a-728d
Brief Summary and Statement of Purpose	The proposed bill will update existing laws regarding identified adoptions.

SECTION-BY-SECTION SUMMARY

Summarize sections in groups where appropriate



Section 1: C.G.S. section 45a-728 - Current law requires DCF to adopt regulations concerning identified adoptions. The bill instead requires DCF to adopt regulations regarding adoptive placement of children by a child-placing agency (CPA), whether the child has been identified by a prospective adoptive parent or placed for adoption. The bill also revises the existing requirement of counseling for an identified "birth mother" within 72 hours of the child's birth to counseling for the "birth parent" within that timeframe.

Sections 2 through 5: Amends C.G.S. sections 45a-728a, 45a-728b, and 45a-728d to replace references to birth mother with birth parent and make other minor conforming changes for consistency with the Uniform Parentage Act, which passed last session. The bill also updates obsolete references that allowed birth parents and prospective adoptive parents to advertise through any public media "in this state" to instead allow them, or their legal representatives, to advertise on any public media (e.g., online publications) for the placement of a child for an identified adoption.

Section 4: C.G.S. section 45a-728c - Current law permits prospective adoptive parents to pay for the living expenses to the birth mother up to \$1,500 as well as reasonable phone, maternity clothing expenses and transportation costs. Under current law, they may pay a greater amount in unusual circumstances with probate court approval.

The bill eliminates the \$1,500 cap and instead allows the prospective adoptive parents to pay or reimburse for reasonable expenses, fees or services (e.g., living, medical, legal, or other expenses) related to the pregnancy or adoption as determined by the CPA. Prior to making the payment, the bill instead requires the prospective adoptive parent to file a sworn affidavit in Probate Court itemizing all the costs that will be paid. The bill permits the court, without a hearing or prior notice (ex parte), to approve the costs in the affidavit but if it finds any of the costs to be unreasonable, the court must schedule a hearing within 30 days and, following the hearing, issue an order approving or disapproving the costs based on findings of fact.

The bill allows prospective adoptive parents, when there is a demonstrated need to protect the health or well-being of the birth parents or child, to advance up to \$2,000 for reasonable expenses without Probate Court approval. The CPA determines which expenses are reasonable in these circumstances.

Under the bill, the payments must take place no sooner than 180 days before the expected birth date and no later than 60 days after the child's birth. The bill also specifies that these payments do not obligate the genetic parent to place the child for adoption and the prospective adoptive parents may not seek reimbursement if the genetic parents choose not to place the child for adoption unless the person who received the payment (a) was not pregnant at the time of receipt or (b) had received payment from separate prospective adoptive parents without the knowledge of the other prospective adoptive parents.



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Section 6 amends who the Governor appoints to the Adoption Review Board. Current law requires the Governor to appoint an officer of a CPA to the Board. It has been difficult to find an officer to serve on the board and some employees not considered "officers" would be great members if not for this narrow statute. This bill will replace "officer" with "representative of a child placing agency."

BACKGROUND

Origin of Proposal **New Proposal** **Resubmission**

SB 1009 passed the Senate, but then died in the House. The bill was not called due to Republican opposition to the language that changes "mother" to "parent." These changes are meant to comply with the CT Parentage Act that was passed unanimously in 2021. DCF did not want to accept the amendment to revert back to "mother" because it would be inconsistent with the Parentage Act and agency leadership feels very strongly about using inclusive language, especially considering the number of children committed to the Department that are LGBTQIA+.

Please consider the following, if applicable:

How does this proposal connect to the 10-year vision for the agency's mission?	
How will we measure if the proposal successfully accomplishes its goals?	
Have there been changes in federal/state laws or regulations that make this	No. Just updating our existing laws. An explanation is below under other comments.



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legislation necessary?	
Has this proposal or a similar proposal been implemented in other states? If yes, to what result?	When drafting this proposal, the group reviewed other state laws and used the ones that were shown to be best practice, particularly in areas where CT language was lacking. For example, CT statutes were silent in either the birth parent or adoptive parents engaged in fraud. The new language in section 4 of the bill is inspired by provisions from Illinois. The group considered New Hampshire law when developing the language concerning which type of costs would be eligible for payment by the prospective adoptive parents.
Have certain constituencies called for this proposal?	Yes. The private adoption agencies have requested these updates.

INTERAGENCY IMPACT

List each affected agency. Copy the table as needed.

Check here if this proposal does NOT impact other agencies

1. Agency Name	Probate Court Administration
Agency Contact (name, title)	Cindy Wolfe Boynton, Manager of Communications and Intergovernmental Relations
Date Contacted	Worked collaboratively on the language
Status	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Talks Ongoing
Open Issues, if any	

FISCAL IMPACT

Include the section number(s) responsible for the fiscal impact and the anticipated impact

Check here if this proposal does NOT have a fiscal impact



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Document Name:

State	
Municipal (Include any municipal mandate that can be found within legislation)	
Federal	
Additional notes	

MONITORING & EVALUATION PLAN

If applicable, please describe the anticipated measurable outcomes and the data that will be used to track those outcomes. Include the section number(s) responsible for those outcomes

[X] Check here if this proposal does NOT lead to any measurable outcomes

ANYTHING ELSE WE SHOULD KNOW?

Since 2018, Connecticut Council on Adoption (CCA) has been convening a work group to discuss the need to update the DCF regulations that guide Connecticut adoption agencies in working with adoptive families and birth parents for identified adoptions. These regulations flow from C.G.S. section 45a-728, first passed in 1991. Practices have changed drastically in the infant adoption arena since then, and CCA members have noted the need for an update to the existing law and changes to the regulations.

Most private infant adoptions in CT are coordinated through a licensed child placing agency, where the expectant and adoptive parents both receive services and a “match” is made by allowing the expectant mother to select a family to adopt her baby based on her own criteria. The trend for the past decade has been for adoptive parents to use a variety of other means to locate an expectant mother, primarily through the internet which allows



connections to be made easily. CCA believes there are at least four ways that expectant and adoptive parents can match outside of working with a licensed child placing agency:

1. adoption advertising websites,
2. adoption consultants,
3. adoption facilitators in states where they are allowed, and
4. attorneys.

Many adoptive parents engage the services of an adoption consultant who acts as a middleman to connect them with expectant mothers and/or placing agencies in other states.

Confusion exists for clients due to the pervasive influence of the Internet. For example, a pregnant woman in CT called 211 to find out who to call for making an adoption plan for her baby and was told to call DCF. She was uncomfortable doing that and felt it was the wrong direction, so she found an out of state agency (Ohio) online.

Historically, C.G.S. section 45a-728 was enacted to protect families and ensure that there would be no black/grey market for newborns in CT. It was written at a time when open adoptions were few and far between, and most adoptions were conducted with no identifying information shared between adoptive and birth parents. The Identified Adoption law and regulations were created to allow for such contact to occur, within strict parameters. In the 21st century, 95% of all adoptions in the United States are open (Donaldson Institute) whether they are agency-facilitated or independent/identified. The best practice standard has changed since 1991, and CT needs to change too. Connecticut has no current law or regulations covering private agency adoptive placements, and over the years of discussion with member agencies, DCF, and Probate Admin, CCA believes it would be useful for the existing law to be updated to include these adoptions, as well as identified adoptions. This would provide additional safeguards and protections to all members of the adoption triad.

INSERT FULLY DRAFTED BILL HERE

An Act Concerning Identified Adoptions

Section 1. Section 45a-728 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2024*):

The Commissioner of Children and Families shall adopt regulations in accordance with chapter 54 concerning **[adoption] adoptive** placement of children **[who have been identified or located]** by child-placing agencies, whether such children have been identified or located by prospective adoptive parents or placed for adoption by such



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agencies. Such regulations shall provide that for adoptions involving an identified **[expectant mother]** pregnant person, counseling of **[the birth mother]** such person shall be required **[within]** not later than seventy-two hours **[of]** after the birth of the child, or as soon as medically possible after **[the]** such birth. **[, and that permissible payment of expenses for birth parent counseling shall include the cost of transportation.]** Such counseling may be provided by a person with a master's or doctoral degree in counseling, psychology, social work or related mental health disciplines from an accredited college or university.

Sec. 2. Section 45a-728a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2024*):

Prospective adoptive parents may participate in the labor and birth of the child identified for adoption and may visit with such newborn child, provided the **[birth mother]** pregnant person, the child-placing agency and **[her]** the pregnant person's physician agree and such participation and visitation are consistent with the medically necessary procedures of the hospital.

Sec. 3. Section 45a-728b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2024*):

Any licensed hospital discharging a newborn infant identified for adoption to a child-placing agency shall arrange for the physical transfer of custody of such infant to take place in a safe, secure and private room on the hospital premises. The prospective adoptive parent or parents may be present at the discharge with the approval of the child-placing agency. At the time of discharge, the hospital shall provide such prospective adoptive parent or parents or child-placing agency with any nonidentifying information customarily provided to **[birth]** any alleged genetic parents upon discharge concerning the care, feeding and health of the infant. The hospital shall provide the child-placing agency with the medical information concerning the **[birth mother]** person who gave birth and the infant within a reasonable time. Such prospective adoptive parent or parents shall be permitted to participate in any program of instruction regarding infant care and child development that is made available by such licensed hospital to **[birth]** any alleged genetic parents, provided such prospective adoptive parent or parents pay the cost of such participation in such program.

Sec. 4. Section 45a-728c of the general statutes is repealed and the following is



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substituted in lieu thereof (*Effective July 1, 2024*):

(a) With respect to **[adoption]** adoptive placement of **[children who have been]** a child identified or located by a prospective adoptive parent or parents, payment **[for the living expenses of the birth mother by the prospective adoptive parents shall be permitted in an amount not to exceed one thousand five hundred dollars or such amount as may be approved in unusual circumstances by the probate court for the district where the child-placing agency is located or where the prospective adoptive parents reside. In addition to the payment of living expenses, payment by the prospective adoptive parents of reasonable telephone and maternity clothing expenses of the birth mother shall be permitted.]** or reimbursement by such adoptive parent or parents to the person giving birth for reasonable expenses, fees and services relating to the pregnancy or adoption, including, but not limited to, living, medical or legal expenses, as determined by the child-placing agency, shall be permitted. Any such payments or reimbursements shall be made not earlier than one hundred eighty days prior to the expected date of birth of such child and not later than sixty days after the birth of such child. Any such payments or reimbursements are subject to approval by the Probate Court in which an application and agreement for adoption pursuant to section 45a-727 has been or will be filed.

(b) Except as provided in subsection (c) of this section, payments or reimbursements provided by a prospective adoptive parent or parents in accordance with subsection (a) of this section shall not obligate any alleged genetic parent or parents to place such child for adoption. If such alleged genetic parent or parents do not place such child for adoption after such child's birth, the prospective adoptive parent or parents who provided such payments or reimbursements shall have no right to reimbursement for such payments or reimbursements.

(c) A prospective adoptive parent or parents may seek reimbursement for payments or reimbursements provided in accordance with subsection (a) of this section if (1) the person who received such payments or reimbursements was knowingly not pregnant at the time of the receipt of such payments or reimbursements, or (2) such person received payments or reimbursements simultaneously from a separate prospective adoptive parent or parents without the knowledge of such other prospective adoptive parent or parents.

(d) Except as provided in subsection (e) of this section, prior to the provision of



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payment or reimbursement in accordance with subsection (a) of this section, the prospective adoptive parent or parents providing such payment or reimbursement shall file with the Probate Court in which an application and agreement for adoption pursuant to section 45a-727 has been or will be filed, a sworn affidavit containing a list of all expenses, fees and services that such parent or parents intend to pay or for which such parent or parents intend to reimburse. The Probate Court shall, ex parte and without prior notice, approve reasonable payments and reimbursements for such expenses, fees and services. If the Probate Court determines that a payment or reimbursement is unreasonable, the Probate Court shall schedule a hearing on such affidavit to occur not later than thirty days after such affidavit is filed. Not later than thirty days after such hearing, the court shall issue an order approving or disapproving each payment or reimbursement based on specific findings of fact.

(e) A prospective adoptive parent or parents may make payments or reimbursements, in accordance with subsection (a) of this section, of not more than two thousand dollars total, without filing a sworn affidavit in accordance with subsection (d) of this section, provided the child-placing agency determines (1) there is a demonstrated need for such payments or reimbursements to protect the health or well-being of the pregnant person or child, and (2) such payments or reimbursements are reasonable.

Sec. 5. Section 45a-728d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2024*):

Any **[birth]** alleged genetic parent, or such parent's legal representative, may advertise through any public media **[in this state]** for the placement of **[his or her]** such parent's child for the purposes of identified adoption or adoption through a child-placing agency. Any prospective adoptive parent, or such prospective adoptive parent's legal representative, may advertise through any public media **[in this state]** for placement of a child into his or her care for the purposes of identified adoption or adoption through a child-placing agency.

Sec. 6. Subsection (a) of section 45a-763 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2024*):

(a) An Adoption Review Board is established, to consist of the Commissioner of Children and Families or **[his]** the commissioner's designee, the Probate Court Administrator or **[his]** the administrator's designee, and **[an officer]** a representative of a



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child-placing agency which is located in the state and licensed by the Commissioner of Children and Families, who shall be appointed by the Governor to serve for a term of four years from the date of **[his]** such appointment.



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Naming Format: AGENCY ACRONYM PROPOSAL NUMBER - TOPIC

Please insert a copy of the fully drafted bill at the end of this document (required for review)

Legislative Liaison	Vincent Russo Vincent.russo@ct.gov (860) 461-6689 Michael Carone Michael.Carone@ct.gov (860) 936-6353
Division Requesting This Proposal	Commissioner's Office
Drafter	Vincent Russo & Michael Carone

Title of Proposal	An Act Concerning the Transfer of Adoption and Guardianship Subsidies upon the Death or Serious Illness of an Adoptive Parent or Guardian
Statutory Reference, if any	C.G.S. sections 17a-117, 17a-118 and 17a-126
Brief Summary and Statement of Purpose	The proposed bill will allow adoption and guardianship subsidies to follow the child when an adoptive parent or guardian dies or becomes unable to care for the child.

SECTION-BY-SECTION SUMMARY

Summarize sections in groups where appropriate



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Section 1: Amends 17a-126 to allow for adoption subsidies for children that were in DCF care prior to adoption to "follow" the child when an adoptive parent dies or is unable to care for the child due to incapacitation or illness. The subsidies would follow the child to a successor guardian appointed by a court of competent jurisdiction.

BACKGROUND

Origin of Proposal **New Proposal** **Resubmission**

SB 1012 died in the House after passing the Senate due to last minute opposition.

Please consider the following, if applicable:

How does this proposal connect to the 10-year vision for the agency’s mission?	It is the mission of the Department to ensure the well-being of children and establish timely permanency. Subsidized adoptions and guardianships are established for children with special needs that may prove an obstacle to placement without additional supports. In most cases, those subsidies follow the child except for the appointment of a guardian after an adoption outlined in the proposal below.
How will we measure if the proposal successfully accomplishes its goals?	
Have there been changes in federal/state laws or regulations that make this legislation necessary?	No. A recent case exposed this deficiency in the statute to address the transfer of the adoption subsidy to a successor guardian when an adoptive parent dies. The statute contemplates transfers from adoptive parent to adoptive parent and guardian to guardian but not adoptive parent to guardian.
Has this proposal or a similar	



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proposal been implemented in other states? If yes, to what result?	
Have certain constituencies called for this proposal?	Yes. Successor guardians.

INTERAGENCY IMPACT

List each affected agency. Copy the table as needed.

Check here if this proposal does NOT impact other agencies

1. Agency Name	
Agency Contact (name, title)	
Date Contacted	
Status	<input type="checkbox"/> Approved <input type="checkbox"/> Talks Ongoing
Open Issues, if any	

FISCAL IMPACT

Include the section number(s) responsible for the fiscal impact and the anticipated impact

Check here if this proposal does NOT have a fiscal impact

State	Possible small fiscal impact. The subsidies would continue if not for the death or incapacity of the caregiver. This situation happens very infrequently, but the continuing subsidy would help prevent the child from coming into care. In certain circumstances, it is possible that the subsidy would not qualify for Title IV-E reimbursement since a
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	Probate Court appointed guardian would not be licensed by the Department.
Municipal (Include any municipal mandate that can be found within legislation)	
Federal	
Additional notes	These subsidies would remain in existence if the adoptive parent or guardian did not die or become incapacitated. By having the subsidy follow the child, it alleviates a financial burden on the successor guardian.

MONITORING & EVALUATION PLAN

If applicable, please describe the anticipated measurable outcomes and the data that will be used to track those outcomes. Include the section number(s) responsible for those outcomes

[X] Check here if this proposal does NOT lead to any measurable outcomes

ANYTHING ELSE WE SHOULD KNOW?

INSERT FULLY DRAFTED BILL HERE

An Act Concerning the Transfer of Adoption and Guardianship Subsidies upon the Death or Serious Illness of an Adoptive Parent or Guardian



Agency Legislative Proposal – 2024 Session

Document Name:

Section 1. Subsection (i) of section 17a-126 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2024*):

(i) In the case of the death, severe disability or serious illness of a caregiver who is receiving a guardianship subsidy or an adoptive parent who is receiving a subsidy pursuant to section 17a-117 or 17a-118, the commissioner may transfer **[the guardianship]** such subsidy to a successor guardian who meets the department's foster care safety requirements and who is appointed as legal guardian by a court of competent jurisdiction. For purposes of maximizing federal reimbursement for the costs of the subsidized guardianship program, the commissioner shall request that the caregiver or adoptive parent identify such successor guardian in the subsidy agreement and any addendum thereto.



Agency Legislative Proposal – 2024 Session

Document Name:

Document Name	DCF4_ucclicensure [4 of 7]
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Naming Format: AGENCY ACRONYM PROPOSAL NUMBER - TOPIC

Please insert a copy of the fully drafted bill at the end of this document (required for review)

Legislative Liaison	Vincent Russo Vincent.russo@ct.gov (860) 461-6689 Michael Carone Michael.Carone@ct.gov (860) 936-6353
Division Requesting This Proposal	Commissioner's Office
Drafter	Vincent Russo & Michael Carone

Title of Proposal	An Act Concerning the Licensing of Urgent Crisis Centers
Statutory Reference, if any	PA 22-47 Section 46: C.G.S. section 19a-179f PA 22-47 Section 49: C.G.S. section 38a-477aa
Brief Summary and Statement of Purpose	Redefines urgent crisis centers as being certified by DCF for insurance coverage purposes and ambulance services.

SECTION-BY-SECTION SUMMARY

Summarize sections in groups where appropriate



Agency Legislative Proposal – 2024 Session

Document Name:

Sections 1 and 2 redefine urgent crisis centers as behavioral health service facilities that are certified by DCF.

BACKGROUND

Origin of Proposal **New Proposal** **Resubmission**

SB 1006 died in the children's committee after receiving a hearing as it was not called for a vote in committee.

Please consider the following, if applicable:

How does this proposal connect to the 10-year vision for the agency’s mission?	DCF is the statutory lead child behavioral health agency. As such, the Department continues to find ways to improve our delivery of care system and eliminate gaps in the state's behavioral health service array. Urgent Crisis Centers, proposed by the Governor in his 2022 budget, are key components of that continuum of care. While a technical fix, this proposal will allow continued state oversight of the programs.
How will we measure if the proposal successfully accomplishes its goals?	The number of children being brought to hospital emergency departments for mental health crises will be reduced and hopefully eliminated.
Have there been changes in federal/state laws or regulations that make this legislation necessary?	PA 22-47, the comprehensive children's behavioral health law that passed last session, defined urgent crisis centers for insurance enforcement and ambulance transportation reasons. These centers treat children who are experiencing acute psychiatric episodes on an emergency basis and are out-patient behavioral health clinics. DCF would continue to contract and oversee the delivery of services by these facilities.



Agency Legislative Proposal – 2024 Session

Document Name:

Has this proposal or a similar proposal been implemented in other states? If yes, to what result?	No.
Have certain constituencies called for this proposal?	No.

INTERAGENCY IMPACT

List each affected agency. Copy the table as needed.

[X] Check here if this proposal does NOT impact other agencies

1. Agency Name	
Agency Contact (name, title)	
Date Contacted	
Status	[] Approved [] Talks Ongoing
Open Issues, if any	

FISCAL IMPACT

Include the section number(s) responsible for the fiscal impact and the anticipated impact

[X] Check here if this proposal does NOT have a fiscal impact

State	None.
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Agency Legislative Proposal – 2024 Session

Document Name:

Municipal (Include any municipal mandate that can be found within legislation)	
Federal	
Additional notes	

MONITORING & EVALUATION PLAN

If applicable, please describe the anticipated measurable outcomes and the data that will be used to track those outcomes. Include the section number(s) responsible for those outcomes

[X] Check here if this proposal does NOT lead to any measurable outcomes

ANYTHING ELSE WE SHOULD KNOW?

These are funded using ARPA funds in the Governor's 2022 budget. When those ARPA dollars run out, the Department expects Medicaid and private insurance to pay for a good amount of the services. DSS is working to establish new Medicaid codes for the urgent crisis centers enabling federal reimbursement for a share of their costs. However, there will likely need to be a continued amount of general fund dollars to support future operations or any possible expansion of the urgent crisis centers.

INSERT FULLY DRAFTED BILL HERE

An Act Concerning Urgent Crisis Centers

Section 1. Section 19a-179f of the general statutes, as amended by section 46 of public



Agency Legislative Proposal – 2024 Session

Document Name:

act 22-47, is repealed and the following is substituted in lieu thereof (Effective July 1, 2024):

(a) A licensed or certified emergency medical services organization or provider may transport a patient by ambulance to an alternate destination, in consultation with the medical director of a sponsor hospital.

(b) On or before January 1, 2024, the Office of Emergency Medical Services shall develop protocols for a licensed or certified emergency medical services organization or provider to transport a pediatric patient with mental or behavioral health needs by ambulance to an urgent crisis center. As used in this subsection, "urgent crisis center" means a center ~~[licensed by the]~~ certified as an Urgent Crisis Center by the Department of Children and Families that is dedicated to treating children's urgent mental or behavioral health needs.

(c) Any ambulance used for transport to an alternate destination under subsection (a) or (b) of this section shall meet the requirements for a basic level ambulance, as prescribed in regulations adopted pursuant to section 19a-179, including requirements concerning medically necessary supplies and services.

Sec. 2. Section 38a-477aa of the general statutes, as amended by Public Act 22-47, is repealed and the following is substituted in lieu thereof (Effective July 1, 2024):

(a) As used in this section:

(1) "Emergency condition" has the same meaning as "emergency medical condition", as provided in section 38a-591a.

(2) "Emergency services" means, with respect to an emergency condition, (A) a medical screening examination as required under Section 1867 of the Social Security Act, as amended from time to time, that is within the capability of a hospital emergency department, including ancillary services routinely available to such department to evaluate such condition, and (B) such further medical examinations and treatment required under said Section 1867 to stabilize such individual [,] that are within the capability of the hospital staff and facilities.

(3) "Health care plan" means an individual or a group health insurance policy or health benefit plan that provides coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469.

(4) "Health care provider" means an individual licensed to provide health care services under chapters 370 to 373, inclusive, chapters 375 to 383b, inclusive, and chapters 384a to 384c, inclusive.

(5) "Health carrier" means an insurance company, health care center, hospital



Agency Legislative Proposal – 2024 Session

Document Name:

service corporation, medical service corporation, fraternal benefit society or other entity that delivers, issues for delivery, renews, amends or continues a health care plan in this state.

(6) (A) "Surprise bill" means a bill for health care services, other than emergency services or urgent crisis center services, received by an insured for services rendered by an out-of-network health care provider, where such services were rendered by (i) such out-of-network provider at an in-network facility, during a service or procedure performed by an in-network provider or during a service or procedure previously approved or authorized by the health carrier and the insured did not knowingly elect to obtain such services from such out-of-network provider, or (ii) a clinical laboratory, as defined in section 19a-30, that is an out-of-network provider, upon the referral of an in-network provider.

(B) "Surprise bill" does not include a bill for health care services received by an insured when an in-network health care provider was available to render such services and the insured knowingly elected to obtain such services from another health care provider who was out-of-network.

(7) "Urgent crisis center" means a center [~~licensed by the~~ [certified as an Urgent Crisis Center by the](#) Department of Children and Families that is dedicated to treating children's urgent mental or behavioral health needs.

(8) "Urgent crisis center services" means pediatric mental and behavioral health services provided at an urgent crisis center.



Agency Legislative Proposal – 2024 Session

Document Name:

Document Name	DCF5_CAPTAlanguageupdate [5 of 7]
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Naming Format: AGENCY ACRONYM PROPOSAL NUMBER - TOPIC

Please insert a copy of the fully drafted bill at the end of this document (required for review)

Legislative Liaison	Vincent Russo Vincent.russo@ct.gov (860) 461-6689 Michael Carone Michael.Carone@ct.gov (860) 936-6353
Division Requesting This Proposal	Commissioner's Office
Drafter	Vincent Russo & Michael Carone

Title of Proposal	An Act Concerning Updating CAPTA Language
Statutory Reference, if any	C.G.S. section 17a-102a
Brief Summary and Statement of Purpose	Updates language under the CAPTA statute.

SECTION-BY-SECTION SUMMARY

Summarize sections in groups where appropriate



Agency Legislative Proposal – 2024 Session

Document Name:

The bill simply updates language under the CAPTA statute to change "mothers" and "women" to "birth parents" and "plan of safe care" to "family care plan." The Department feels it is important to use inclusive language and to ensure both parents are involved in the family care plan.

BACKGROUND

Origin of Proposal New Proposal Resubmission

SB 1012 died in the House after passing the Senate due to last minute opposition.

Please consider the following, if applicable:

How does this proposal connect to the 10-year vision for the agency’s mission?	
How will we measure if the proposal successfully accomplishes its goals?	
Have there	A reauthorization of CAPTA was introduced in the U.S. Senate in 2021 that replaces the term “plan of safe care” with “family care plan”



Agency Legislative Proposal – 2024 Session

Document Name:

<p>been changes in federal/state laws or regulations that make this legislation necessary?</p>	<p>https://www.congress.gov/bill/117th-congress/senate-bill/1927).</p> <p>Although the reauthorization has not passed to date, several states, scholars, and national organizations have implemented this language change (for example, see https://doi-org.ezproxy.lib.uconn.edu/10.1002/icd.2309).</p> <p>Additionally, model legislation currently in development by the Legislative Analysis and Public Policy Association (LAPPA) under a grant from the Office of National Drug Control Policy also uses the terminology “family care plan” and “birthing person”. “Birthing person” also appears in President Biden’s 2022 Budget of the U.S. Government to reflect inclusive terminology.</p>
<p>Has this proposal or a similar proposal been implemented in other states? If yes, to what result?</p>	<p>Yes. One example is Oklahoma: https://oklahoma.gov/odmhas/trainings/training-institute/family-care-planelearning.html#:~:text=A%20Family%20Care%20Plan%20(FCP,out%2Dof%2Dhome%20placements. No research findings have come from the states that have changed their language to-date.</p>
<p>Have certain constituencies called for this proposal?</p>	<p>Yes. DCF partner organizations and agencies, such as DMHAS, have already begun using the term “birthing person” in their communications (see https://portal.ct.gov/-/media/DMHAS/ADPC/Presentations/REACH-ADPC62122-FINAL.pdf).</p> <p>As part of the FASD SEI initiative, we have shifted language to be more inclusive to all individuals. The SEPI CT (substance exposed pregnancy initiative) marketing campaigns and training curriculum has this language in it. https://www.ctclearinghouse.org/sei-fasd/</p>

INTERAGENCY IMPACT

List each affected agency. Copy the table as needed.

[X] Check here if this proposal does NOT impact other agencies

<p>1. Agency Name</p>	
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Agency Legislative Proposal – 2024 Session

Document Name:

Agency Contact (name, title)	
Date Contacted	
Status	<input type="checkbox"/> Approved <input type="checkbox"/> Talks Ongoing
Open Issues, if any	

FISCAL IMPACT

Include the section number(s) responsible for the fiscal impact and the anticipated impact

[X] Check here if this proposal does NOT have a fiscal impact

State	
Municipal (Include any municipal mandate that can be found within legislation)	
Federal	
Additional notes	

MONITORING & EVALUATION PLAN

If applicable, please describe the anticipated measurable outcomes and the data that will be used to track those outcomes. Include the section number(s) responsible for those outcomes

[X] Check here if this proposal does NOT lead to any measurable outcomes



[Empty box for document name]

ANYTHING ELSE WE SHOULD KNOW?

The bill was not called due to Republican opposition to the language that changes "mother" to "parent." These changes are meant to comply with the CT Parentage Act that was passed unanimously in 2021. DCF did not want to accept the amendment to revert back to "mother" because it would be inconsistent with the Parentage Act and agency leadership feels very strongly about using inclusive language, especially considering the number of children committed to the Department that are LGBTQIA+.

INSERT FULLY DRAFTED BILL HERE

An Act Concerning CAPTA Language

Section 1. Section 17a-102a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2024*):

(a) Each birthing hospital shall provide education and training for nurses and other staff who care for high-risk newborns on the roles and responsibilities of such nurses and other staff as mandated reporters of potential child abuse and neglect under section 17a-101.

(b) The Department of Children and Families shall coordinate with each birthing hospital in the state to disseminate information regarding (1) procedures for the principal providers of daily direct care of high-risk newborns in birthing hospitals to participate in the discharge planning process, and (2) ongoing department functions concerning high-risk newborns.

(c) Not later than January 1, ~~2019~~ 2025, the Commissioner of Children and Families shall, in consultation with other departments, agencies or entities concerned with the health and well-being of children, develop guidelines for the safe care of newborns who exhibit physical, neurological or behavioral symptoms consistent with prenatal substance exposure, withdrawal symptoms from prenatal substance exposure or fetal alcohol



Agency Legislative Proposal – 2024 Session

Document Name:

spectrum disorder. Such guidelines shall include, but are not limited to, instructions to providers regarding such providers' participation in the discharge planning process, including the creation of written **[plans of safe care]** family care plans, which shall be developed between such providers and **[mothers]** birth parents of such newborns as part of such process.

(d) A provider involved in the delivery or care of a newborn who, in the estimation of such provider, exhibits physical, neurological or behavioral symptoms consistent with prenatal substance exposure, withdrawal symptoms from prenatal substance exposure or fetal alcohol spectrum disorder shall notify the Department of Children and Families of such condition in such newborn. Such notice shall be made in a form and manner prescribed by the Commissioner of Children and Families and in addition to any applicable reporting requirements pursuant to chapter 319a. On and after January 15, 2019, such notice shall include a copy of the **[plan of safe care]** family care plan created pursuant to the guidelines developed pursuant to subsection (c) of this section.

(e) For purposes of this section:

(1) "Birthing hospital" means a health care facility, as defined in section 19a-630, operated and maintained in whole or in part for the purpose of caring for **[women]** pregnant parents during delivery of a child and for **[women]** postpartum parents and their newborns following birth;

(2) "High-risk newborn" means any newborn identified as such under any regulation or policy of the Department of Children and Families; and

(3) "Provider" means any person licensed pursuant to chapter 370, 377 or 378.



Agency Legislative Proposal – 2024 Session

Document Name:

Document Name	DCF6_SolnitDPHlicensefix [6 of 7]
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Naming Format: AGENCY ACRONYM PROPOSAL NUMBER - TOPIC

Please insert a copy of the fully drafted bill at the end of this document (required for review)

Legislative Liaison	Vincent Russo Vincent.russo@ct.gov (860) 461-6689 Michael Carone Michael.Carone@ct.gov (860) 936-6353
Division Requesting This Proposal	Commissioner's Office
Drafter	Vincent Russo & Michael Carone

Title of Proposal	An Act Concerning the Access of the Department of Children and Families Records by the Department of Public Health for Licensure of the Albert J. Solnit Childrens Center.
Statutory Reference, if any	17a-28, 19a-134
Brief Summary and Statement of Purpose	The bill will allow DPH to access DCF records for the purpose of administering licensing requirements for the Solnit Center facilities.

SECTION-BY-SECTION SUMMARY

Summarize sections in groups where appropriate



Agency Legislative Proposal – 2024 Session

Document Name:

Section 1: Allows DPH access to DCF records for the purpose of administering licensing requirements for the Solnit Center.

BACKGROUND

Origin of Proposal **New Proposal** **Resubmission**

SB 1012 died in the House after passing the Senate due to last minute opposition.

Please consider the following, if applicable:

How does this proposal connect to the 10-year vision for the agency’s mission?	
How will we measure if the proposal successfully accomplishes its goals?	
Have there been changes in federal/state laws or regulations that make this legislation necessary?	Section 31 of PA 21-2 of the June Special Session amended the statutes to require DPH to license the Albert J. Solnit Childrens Center Hospital and PRTF in Middletown and the PRTF in East Windsor. This conforming amendment will permit DPH to access records necessary for the Department to carry out the licensing.
Has this proposal or a similar proposal been	N/A



Agency Legislative Proposal – 2024 Session

Document Name:

implemented in other states? If yes, to what result?	
Have certain constituencies called for this proposal?	N/A

INTERAGENCY IMPACT

List each affected agency. Copy the table as needed.

[] Check here if this proposal does NOT impact other agencies

1. Agency Name	Department of Public Health
Agency Contact (name, title)	Adam Skowera, Legislative Liaison
Date Contacted	
Status	[] Approved [] Talks Ongoing
Open Issues, if any	

2. Agency Name	Attorney General
Agency Contact (name, title)	Cindy Mahon, Asst. AG
Date Contacted	11/17/22
Status	[X] Approved [] Talks Ongoing
Open Issues, if any	



Agency Legislative Proposal – 2024 Session

Document Name:

FISCAL IMPACT

Include the section number(s) responsible for the fiscal impact and the anticipated impact

[X] Check here if this proposal does NOT have a fiscal impact

State	
Municipal (Include any municipal mandate that can be found within legislation)	
Federal	
Additional notes	

MONITORING & EVALUATION PLAN

If applicable, please describe the anticipated measurable outcomes and the data that will be used to track those outcomes. Include the section number(s) responsible for those outcomes

[X] Check here if this proposal does NOT lead to any measurable outcomes

ANYTHING ELSE WE SHOULD KNOW?



INSERT FULLY DRAFTED BILL HERE

An Act Concerning the Access of the Department of Children and Families Records by the Department of Public Health for Licensure of the Albert J. Solnit Childrens Center.

Section 1. Subdivision (30) of subsection (g) of section 17a-28 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(30) The Department of Public Health for (A) the purpose of notification when the Commissioner of Children and Families places an individual licensed or certified by the Department of Public Health on the child abuse and neglect registry established pursuant to section 17a-101k, and (B) purposes relating to the licensure of the Albert J. Solnit Children's Center and the administration of licensing requirements established pursuant to or set forth in sections 19a-134 and 19a-498;



Agency Legislative Proposal – 2024 Session

Document Name:

Document Name	DCF7_DCFEducationalAuthority [7 of 7]
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Naming Format: AGENCY ACRONYM PROPOSAL NUMBER - TOPIC

Please insert a copy of the fully drafted bill at the end of this document (required for review)

Legislative Liaison	Vincent Russo Vincent.russo@ct.gov (860) 461-6689 Michael Carone Michael.Carone@ct.gov (860) 936-6353
Division Requesting This Proposal	Commissioner's Office
Drafter	Vincent Russo & Michael Carone

Title of Proposal	An Act Concerning the Department of Children and Families Educational Authority for Children in Detention or Incarceration
Statutory Reference, if any	17a-3b
Brief Summary and Statement of Purpose	The bill would explicitly allow DCF to receive records from the State Department of Education for children that are in detention or incarcerated.

SECTION-BY-SECTION SUMMARY

Summarize sections in groups where appropriate



Agency Legislative Proposal – 2024 Session

Document Name:

Section 1: Amends DCF's educational unit statute to explicitly state that for those children in detention or incarceration, that DCF is the state educational authority and has access to educational records from SDE for the children in detention or incarceration.

BACKGROUND

Origin of Proposal

New Proposal

Resubmission

[Empty box for background information]

Please consider the following, if applicable:

How does this proposal connect to the 10-year vision for the agency's mission?	
How will we measure if the proposal successfully accomplishes its goals?	
Have there been changes in federal/state laws or regulations that make this legislation necessary?	
Has this proposal or a similar proposal been	



Agency Legislative Proposal – 2024 Session

Document Name:

implemented in other states? If yes, to what result?	
Have certain constituencies called for this proposal?	

INTERAGENCY IMPACT

List each affected agency. Copy the table as needed.

[] Check here if this proposal does NOT impact other agencies

1. Agency Name	State Department of Education
Agency Contact (name, title)	
Date Contacted	
Status	[] Approved [X] Talks Ongoing
Open Issues, if any	

FISCAL IMPACT

Include the section number(s) responsible for the fiscal impact and the anticipated impact

[X] Check here if this proposal does NOT have a fiscal impact

State	
Municipal (Include any municipal mandate that can be found within legislation)	



Agency Legislative Proposal – 2024 Session

Document Name:

Federal	
Additional notes	

MONITORING & EVALUATION PLAN

If applicable, please describe the anticipated measurable outcomes and the data that will be used to track those outcomes. Include the section number(s) responsible for those outcomes

[] Check here if this proposal does NOT lead to any measurable outcomes

ANYTHING ELSE WE SHOULD KNOW?

INSERT FULLY DRAFTED BILL HERE

Section 1. Subsection (e) of section 17a-3b(a) of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2024):

Sec. 17a-3b (e) (1) The unit shall employ a uniform system of state-wide electronic record transfers for maintaining and sharing educational records for any child who resides in a juvenile justice facility and any incarcerated child in an educational program to be overseen by a directory manager as designated by the commissioner. Such system shall be aligned with



Agency Legislative Proposal – 2024 Session

Document Name:

recommendations by the Individualized Education Program Advisory Council established pursuant to section 10-76nn.

(2) The Department of Children and Families is a state educational authority under the Family Educational Rights and Privacy Act, 20 U.S.C. 1232g. Educational records of any child who resides in a juvenile justice facility and any incarcerated child in an educational program to be overseen by a directory manager as designated by the commissioner may be disclosed to the Department of Children and Families.