



Iowa Department of Human Services

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September 23, 2016

GENERAL LETTER NO. 12-E-AP-35

ISSUED BY: Bureau of Child Care Services
Division of Adult, Children and Family Services

SUBJECT: Employees' Manual, Title 12, Chapter E, **CHILD CARE CENTER APPENDIX**, Contents (page 1), revised; pages 5 and 15, revised; pages 4a and 4b, new; and the following forms:

- 470-5393 *Child Care Complaint Intake Report*, new
- 470-3940 *Licensing Regulation Checklist*, revised
- 470-0643 *Request for Child and Dependent Adult Abuse Information*, renamed and revised
- Comm. 204 *Child Care Centers and Preschools Licensing Standards and Procedures*, Title page, revised; Welcome page, revised; Contents (pages 1, 3, and 4), revised; pages 3, 5 through 9, 13, 15, 17, 21, 24, 26, 27, 31, 32, 36, 36a, 37, 39, 40, 43, 44, 45, 48, 49, 53, 54, 55, 57 through 87, 96, 97, 112, 113, 114, 114a, 133, 147 through 152, and 175, revised; and form 470-3940, *Licensing Regulation Checklist*, revised.

Summary

Chapter 12-E-Appendix is revised to:

- ◆ Add form 470-5393, *Child Care Complaint Intake Report*. This form is used for child care homes, child development homes, and child care centers to formalize intake information when complaints are reported on child care providers.
- ◆ Revise form 470-3940, *Licensing Regulation Checklist*, to update regulatory requirements.
- ◆ Rename and revise form 470-0643 from *Request for Child Abuse Information* to *Request for Child and Dependent Adult Abuse Information*.
- ◆ Revise Comm. 204, *Child Care Centers and Preschools Licensing Standards and Procedures*, to update regulatory requirements as a result of administrative rule changes.

Effective Date

Immediately.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 12, Chapter E, Appendix:

<u>Page</u>	<u>Date</u>
Contents (page 1)	May 13, 2016
5	March 13, 2009
470-3940	6/15
470-0643	9/05
15	November 8, 2013
Comm. 204	
Title page	3/15
Welcome page	March 2015
Contents (pps. 1, 3-5)	March 2015
3, 5-7	August 2008
8	March 2015
9, 13, 15, 17	August 2008
21, 24, 26	March 2015
27	June 2015
31, 32	August 2008
36, 36a, 37	March 2015
39, 40, 43-45, 48, 49	August 2008
53	March 2015
54	August 2008
55, 57-60	March 2015
61-79	August 2008
80, 81	March 2015
82-87, 96, 97, 112-114	August 2008
114a, 133	March 2015
147-152, 175	August 2008
470-3940 (14 pgs.)	6/15

Additional Information

Refer questions about this general letter to Ryan Page, Child Care Regulatory Program Manager.

	<u>Page</u>
Application for a License to Operate a Child Care Center, Form 470-0722 and 470-0722(S)	1
Certificate of License, Form 470-0618.....	2
Child Care Center Complaint, Form 470-4067 and 470-4067(S).....	3
Child Care Center Evaluation and Recommendation for License, Form 470-0724 and 470-0724(S)	4
Child Care Complaint Intake Report, Form 470-5393	4b
Child Care Provider Physical Examination Report, Form 470-5152 or 470-5152(S)	6
DHS Criminal History Record Check, Form 595-1396 or 595-1396(S)	7
Licensing Regulation Checklist, Form 470-3940	8
Notice of Action for Child Care Centers, Form 470-4243 or 470-4243(S)	9
Notice of Decision: Services, Form 470-0602 or 470-0602(S).....	10
Permission to Open Without a License, Form 470-4690 or 470-4690(S)	12
Record Check Decision, Form 470-2386 or 470-2386(S)	13
Record Check Evaluation, Form 470-2310 or 470-2310(S)	14
Request for Child and Dependent Adult Abuse Information, Form 470-0643	15
Request for Child Care Professional Development Approval Review, Form 470-4528.....	16
Child Care Centers and Preschools Licensing Standards and Procedures, Comm. 204	18

- ◆ Areas observed on the visit
- ◆ Observed strengths of the center
- ◆ Aspects of operation that fall below the standards reviewed
- ◆ Special notes and recommendations

Child Care Complaint Intake Report, Form 470-5393

Purpose	The <i>Child Care Complaint Intake Report</i> is used to outline complaints received regarding child care homes, child development homes, and child care centers.
Source	Print or photocopy supplies of the form from the sample in the manual.
Completion	A <i>Child Care Complaint Intake Report</i> must be completed any time a complaint specific to a child care facility is received. This form is primarily completed by the Child Care Resource and Referral Agencies and submitted to the Department.
Distribution	Keep a copy of the form in the case file.
Data	<p><i>Date call:</i> Enter the date of the call.</p> <p><i>Time of call:</i> Enter the time received.</p> <p><i>Person taking call:</i> Enter your name.</p> <p><i>Contact information:</i> Include contact information where you may be reached by the Department.</p> <p>Reporter Contact Information: Enter the name of the caller, the relationship to the provider, and contact information. Indicate if the caller is a parent to a child in care at the child care facility in which the parent is reporting.</p> <p>Provider Contact Information: Check the provider type. Indicate the name of the provider or center in which the person is reporting. Include the name of the owner or operator and contact information.</p> <p>Person Responsible for the Rule Violation: Provide the name and contact information of the person alleged responsible. If any other persons are alleged, also include this information.</p> <p>Complaint Details: Provide a specific description of the incident, including the date and time and any other persons or children that were present at the time of the incident. Include any necessary medical treatment received, if known.</p>



Department of Human Services

Child Care Complaint Intake Report

Date of call:	Time of call:
Person taking call:	Contact information:

Reporter Contact Information

Name:	Phone:
Relationship to the provider:	
Is the reporter a parent to a child in care? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Provider Contact Information

Provider type:	
<input type="checkbox"/> Category A Child Development Home	<input type="checkbox"/> Licensed Child Care Center
<input type="checkbox"/> Category B Child Development Home	<input type="checkbox"/> Non-registered Child Care Provider with CCA Agreement
<input type="checkbox"/> Category C Child Development Home	<input type="checkbox"/> Unknown/Other
Child care provider or center name:	
Name of owner or director:	Phone:
Address:	

Person Responsible for the Potential Rule Violation

Unknown

Name:	Phone:
Address:	
If any additional persons are alleged responsible for the rule violation, include contact information below.	

Complaint Details

Please provide a specific description of the incident, including date and time and any other persons or children present at the time. Please include any necessary medical treatment received, if known.

Additional Information

How does the reporter know this information?

When will the child care provider next have contact with the child or children?

Safety concerns for other children in care?

Who else is aware of these concerns? Provide name and contact information.

Are you aware of any steps taken to address the identified concern?

Other:

Processing Information

Referral to DHS:

Date sent:

Time sent:

Was this also sent to the Centralized Service Intake Unit due to allegations of potential abuse?

Yes No

If yes, please include incident number:

Additional Information:

- ◆ Enter how the reporter is aware of the information.
- ◆ Enter information on when the child will next have contact with the person alleged responsible.
- ◆ Enter any additional safety concerns for children in care.
- ◆ Identify others who may be aware of the concerns and their contact information.
- ◆ Identify any known steps taken to address the concern.

Processing Information: Identify the date and time the referral was sent to DHS. If the referral was reported to the Centralized Service Intake Unit, include the incident number.



Licensing Regulation Checklist

Name of Center			License ID No. (Reapplications)	
Street	City	Iowa	Zip Code	Date of Inspection

CITE	RULE	Y	N	NA
ADMINISTRATION				
237A.7	Information regarding a child in a child care center or their relative is confidential. If this information is released by visual, verbal or written means, written consent from the parent or guardian is in the file or a court order allowing the release of the information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.4(1)	Written statement of purpose and objectives. Plan and practices consistent with the written statement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required Written Policies				
109.4(2)a	Fee policies and financial agreements developed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.4(2)b	Written policies on: <ul style="list-style-type: none"> • Enrollment and discharge. • Field trips and non-center activities. • Transportation. • Discipline. • Nutrition. • Health and safety policies. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.4(2)c	Curriculum or program structure developmentally appropriate and activities designed to the developmental level/needs of children served.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.4(2)d	Written plan developed for staff orientation regarding center's policies and licensing regulations. Orientation is in accordance with center's staff orientation plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.4(2)e	Written plan for ongoing staff development that complies with 441 IAC 109.7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.4(2)f	Copy of the center policies and program to all staff at the time of employment and each parent at the time a child is admitted to the center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.4(2)g	Develop and implement a policy for responding to incidents of biting. Include: <ol style="list-style-type: none"> (1) Explanation of center philosophy on biting. (2) How the center will respond to individual and ongoing incidents. (3) How the center will assess the adequacy of caregiver supervision. (4) How the center will respond to the child or caregiver who was bitten. (5) The process of notification of parents. (6) How the incident will be documented. (7) How confidentiality will be protected. (8) First aid procedures that will be used. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.4(2)h	Develop a policy to ensure that people do not have unauthorized access to children at the center. Include: <ol style="list-style-type: none"> (1) Criteria for allowing people on the property when children are present. (2) How people will be supervised or monitored. (3) How responsibility will be delegated to staff. (4) How the policy will be shared with parents. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.4(2)i	Develop and implement a policy for protection of child's confidentiality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITE	RULE	Y	N	NA
Required Postings				
109.4(3)a	Postings are required for: <ul style="list-style-type: none"> • The certificate of license. • Notice of exposure to communicable disease. • Notice of decision to deny, suspend, or revoke center license or reduce to provisional status. All postings shall be conspicuously placed at main entrance of center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.4(3)b	Postings are required for: <ul style="list-style-type: none"> • Mandatory reporter requirements. • Notice of availability of handbook. • Program activities. These shall be posted in area frequented by parents or public.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.4(4)	Requirements and procedures for mandatory reporting of suspected child abuse shall be posted where they can be read by staff and parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.4(5)	Child Care Centers and Preschool Licensing Standards and Procedures shall be available in the center and a notice stating a copy is available for review. Contact information of the child care consultant shall be included in the notice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.4(6)	The child care license shall be posted in a conspicuous place and shall state the particular premises in which child care may be offered and the number of children who may be cared for at any one time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PARENTAL PARTICIPATION				
109.5(1)	Written policy notifying parents of unlimited access provisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONNEL				
109.6	Develop policies for hiring and maintaining staff and managers that demonstrate competence in working with children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Center Director				
109.6(1)	Centers with multiple sites have a qualified director or on-site supervisor at all sites. Information on the director's qualifications is submitted to consultant prior to employment and is sufficient to make a determination. Center director meets qualifications or is "qualifiable" with a plan established to meet qualifications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-Site Supervisor				
109.6(2)	Director or on-site supervisor on-site during the hours of operation or a minimum of eight hours of center's hours of operation. Information on on-site supervisor's qualifications is submitted to the consultant prior to employment and is sufficient to make a determination. On-site supervisor meets qualifications or is "qualifiable" with a plan established to meet qualifications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.6(3)	Another responsible adult is clearly designated as the interim on-site supervisor if the on-site supervisor is temporarily absent from the center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteers and Substitutes				
109.6(5)a	All volunteers and substitutes shall be at least 16 years of age and shall: <ol style="list-style-type: none"> (1) Have signed statements indicating no conviction of any law in any state or record of founded child or dependent adult abuse. (2) Signed statements indicating no communicable disease or other health concerns that poses a threat to children. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITE	RULE	Y	N	NA
109.6(5)b	Signed statement indicating they have been informed of responsibilities as mandatory reporters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.6(5)c	Undergo record check process if: (1) It is included in meeting the required child/staff ratio. (2) Has direct responsibility for a child or children. (3) Has access to child or children when no other staff is present.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Record Checks				
109.6(6)c	Center repeats Iowa record checks at a minimum of every two years or when aware of additional child abuse or criminal history that occurs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.6(6)d	Center repeats national criminal history checks at a minimum of every four years or when aware of additional history that occurs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.6(6)h(2)	No one owns, directs or works in the center who has been prohibited from involvement with child care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
106.6(7)	Use of controlled substances and medications: All owners, personnel, and volunteers shall be free of the use of illegal drugs and shall not be under the influence of alcohol or of any prescription or nonprescription drug that could impair their ability to function.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROFESSIONAL GROWTH AND DEVELOPMENT				
109.7(1)	All staff (within first three months of employment): <ul style="list-style-type: none"> • Two hours of approved training for the mandatory reporting of child abuse within three months of employment. • At least one hour of training regarding universal precautions and infectious disease control. • Certification in American Red Cross, American Heart Association, American Safety and Health Institute or MEDIC First Aid infant, child, and adult cardiopulmonary resuscitation (CPR) or equivalent certification approved by the Department. A valid certificate indicating the date of training and expiration date shall be maintained. • Certification in infant, child, and adult first aid that uses a nationally recognized curriculum or is received from a nationally recognized training organization including the American Red Cross, American Heart Association, American Safety and Health Institute or MEDIC First Aid or an equivalent certification approved by the Department. A valid certificate indicating the date of training and expiration date shall be maintained. • Minimum health and safety trainings, approved by the Department occurs every five years. If significant changes occur to content, the Department may require the training be renewed. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.7(2)	Center directors and all staff have the required contact hours of training. <i>Number not in compliance:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITE	RULE	Y	N	NA
Staff Employed in Centers That Operate Summer Only Programs				
109.7(3)	<p>Staff employed in centers that operated a summer-only program receive the following training within three months of employment:</p> <ul style="list-style-type: none"> • Two hours of Iowa's training for mandatory reporting of child abuse. • At least one hour of training regarding universal precautions and infectious disease control. • Certification in American Red Cross, American Heart Association, American Safety and Health Institute or MEDIC First Aid infant, child, and adult cardiopulmonary resuscitation (CPR) or equivalent certification approved by the Department. A valid certificate indicating the date of training and expiration date shall be maintained. • Certification in infant, child, and adult first aid that uses a nationally recognized curriculum or is received from a nationally recognized training organization including the American Red Cross, American Heart Association, American Safety and Health Institute or MEDIC First Aid or an equivalent certification approved by the Department. A valid certificate indicating the date of training and expiration date shall be maintained. • Minimum health and safety trainings, approved by the Department. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.7(5)	Training plans are developed for staff that supplement educational and experience requirements and enhance staff's skill in working with the developmental and cultural characteristics of children served.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.7(8)	The director, on-site supervisor, and any person designated a lead in the absence of supervisory staff shall have all completed all pre-service orientation training outlined in 109.7(1).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STAFF RATIO REQUIREMENTS				
Minimum Staff Requirements				
109.8(1)a	<p>All staff in ratio:</p> <ul style="list-style-type: none"> • At least sixteen years of age. • If less than eighteen, under direct supervision of an adult. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.8(1)b	All staff in ratio involved with children in programming activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.8(1)c	At least one person on duty in the center, outdoor play area, or on field trips is over eighteen and has current certification in CPR and first-aid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ratio				
109.8(2)	Ratio maintained in center as required by age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.8(2)a	<ul style="list-style-type: none"> • Combinations of age grouping for children four years of age and older determine ratio on age of majority in group. • In combined age groups that include children age three and under, ratio is maintained for each age group. • Preschools: Ratio maintained for age of majority of children. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.8(2)b	If child between ages 18 and 24 months is placed outside infant area, ratio of 1:4 shall be maintained as would otherwise be required for the group until the child reaches the age of 2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.8(2)c	Every child-occupied program room has adult supervision in the room.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.8(2)d	<ul style="list-style-type: none"> • At least one staff is present in every room where children are resting. • If ratio reduced to one staff per room during nap time, does not exceed one hour and ratio in center is still maintained. • Ratio in infant rooms is always maintained. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITE	RULE	Y	N	NA
109.8(2)e	Ratio maintained during mealtimes and outdoor activities at the center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.8(2)f	<ul style="list-style-type: none"> Two adults are present when seven or more children over age three are on the premises. Two adults are present when seven or more children are being transported in one vehicle. One staff for school transportation; only in center-owned vehicle with parent authorization. One additional staff when the center contracts for transportation for seven or more children for non-school related purposes. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.8(2)g	One additional staff when five or more children are involved in a center-sponsored activity away from the center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.8(2)h	If ratio reduced to one staff at the beginning or end of center's operation, timeframe does not exceed two hours and occurs only when six or fewer children are present with not more than two of the children under two years of age and there are no more than six children in the center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.8(2)i	Ratio exceeded for school-age children when school classes unexpectedly start late or are dismissed early. For no more than four hours, care is limited to children already in the program and licensed capacity is not exceeded.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RECORDS				
<i>Personnel Records. Number of files reviewed:</i>				
109.9(1)a	All files contain statement signed by staff indicating whether they have a criminal conviction or founded child/dependent adult abuse. <i>Number not in compliance:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.9(1)b	All files contain: <ul style="list-style-type: none"> (1) A signed copy of the <i>DHS Criminal History Record Check, Form B</i>, that was submitted prior to employment. (2) A copy of <i>Request for Child and Dependent Adult Abuse Information</i>. (3) Copies of the results of Iowa records checks conducted. (4) Copies of national criminal history check results. (5) Any Department-issued documents sent to the center related to records check. <i>Number not in compliance:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.9(1)d	All files contain a pre-employment physical exam report completed within six months prior to hire and at least every three years. Physical exams shall be documented on form 470-5152, <i>Child Care Provider Physical Examination Report</i> . <i>Number not in compliance:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.9(1)e	All files contain documentation to indicate that ongoing staff training requirements are met, including current certifications in first aid/CPR and mandatory child abuse training. <i>Number not in compliance:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.9(1)f	Files contain a photocopy of a valid driver's license if the staff will be involved in the transportation of children. <i>Number not in compliance:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITE	RULE	Y	N	NA
Children's Files. Number of files reviewed:				
109.9(2)	All files are updated at least annually and when a change occurs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.9(2)a	All files contain sufficient information to allow the center to contact the parent or emergency contact at any time child is in center's care. <i>Number not in compliance:</i> <i>Information lacking:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.9(2)b	All files contain sufficient information and authorization to allow the center to secure emergency medical and dental services at any time child is in center's care. <i>Number not in compliance for medical:</i> <i>Number not in compliance for dental:</i> <i>Information lacking:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.9(2)c	All files contain information regarding the specific health and medical needs of a child including information regarding any prescribed treatment. For school-age programs in the child's school, all files include a statement signed by the parent that the immunization information is available in the school file. <i>Number not in compliance:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.9(2)d	All files contain parent authorization of the persons to whom the child may be released. <i>Number not in compliance:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.9(2)e	Files contain documentation of injuries, accidents or other child-related incidents. <i>Number not in compliance:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.9(2)f	All files contain parent authorization for attendance at center-sponsored field trips and non-center activities. If an inclusive authorization form for activities is used, a copy is kept on file at the center. <i>Number not in compliance with center-sponsored trips:</i> <i>Number not in compliance with non-center activities:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.9(3)	Signed and dated Iowa immunization certificates are on file for each child enrolled. <i>Number missing:</i> <i>Number invalid:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.9(4)	Daily written records are maintained for each child under two years of age and include time periods slept, amount of/time food consumed, time/irregularities of elimination patterns, general disposition, and general summary of activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEALTH AND SAFETY POLICIES				
109.10(10)	Center shall establish health policies, including criteria for excluding a sick child. Policies shall be consistent with the recommendations of the National Health and Safety Performance Standards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITE	RULE	Y	N	NA
Children Physical/Immunization Requirements				
109.10(1)a	<i>Preschool</i> (for children five years and younger not enrolled in school): Physical exam report submitted within 30 days of admission, was obtained no more than 12 months prior to admission, is signed by a licensed MD, DO, PA, or ARNP, and contains health history; present health status including allergies, medications, and acute/chronic conditions; and recommendations for continued care if necessary. <i>Number not in compliance:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(1)b	<i>School-age</i> (for children five years and older and enrolled in school): Annual statement of health status signed by parent is submitted prior to admission, certifies that the child is free of communicable disease, and lists allergies, medications and acute/chronic conditions. <i>Number not in compliance:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(1)c	If a child's religious affiliation is contrary to medical treatment or immunization requirements, the file shall contain a notarized statement. <i>Number not in compliance:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(2)	<i>Medical and dental emergencies:</i> Center shall have sufficient information and authorization to meet medical and dental emergencies of children. Shall have written procedures for emergencies and shall ensure that staff are knowledgeable of and able to implement the procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medications				
109.10(3)	The center shall have written procedures for dispensing, storage, and authorization, and recording of all prescription and non-prescription medications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(3)a	All medications shall be stored in original containers with physician or pharmacist directions. Labels should be intact and stored so they are inaccessible to children and public. Nonprescription medications shall be labeled with the child's name.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(3)b	For every day an authorization for medication is in effect and child is in attendance, there shall be a notation of administration including the name of medicine, date, time, dosage, given or applied, and the initials of the person administering the medication or the reason the medication was not given.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(3)c	For ongoing, long term medications, authorization shall be obtained for a period not to exceed the duration of prescription.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(4)	Daily contact: Each child shall have direct contact with staff person upon arrival.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(5)	Infectious disease control: Centers shall establish policies and procedures related to infection disease control and use of universal precautions with handling of bodily fluid. Soiled diapers shall be stored in containers separate from other waste.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(6)	Quiet area: The center shall provide a quiet area under supervision for a child who appears to be ill or injured. Parents or designated person shall be notified of child's status in event of serious illness or emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITE	RULE	Y	N	NA
109.10(7)	<p>Staff hand washing: The center shall ensure staff demonstrate clean personal hygiene. Staff shall wash hands:</p> <ul style="list-style-type: none"> (a) Upon arrival at the center. (b) Immediately before eating or participating in food service activity. (c) After diapering a child. (d) Before leaving the rest room either with a child or by themselves. (e) Before and after administering nonemergency first aid if gloves are not worn. (f) After handling animals or cleaning cages. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(8)	<p>Children's hand washing: Center shall ensure staff assist children in personal hygiene. For each infant or child with a disability, a separate cloth for washing and one for rinsing may be used in place of running water. Children's hands shall be washed:</p> <ul style="list-style-type: none"> (a) Immediately before eating or participating in food service activity. (b) After using the restroom or being diapered. (c) After handling animals. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(9)	<p>First aid kit: The center shall ensure that a clearly labeled first aid kit that is sufficient to address minor injury or trauma is available and accessible to staff at all times when children are:</p> <ul style="list-style-type: none"> • In the center. • In the outdoor play area. • On field trips. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(10)	<p>Recording incidents: Parents shall be notified on the day of the incident involving a child that includes:</p> <ul style="list-style-type: none"> • Minor injuries. • Minor changes in health status. • Minor behavioral concerns. • Incidents resulting in injury to a child. <p>Shall be verbally notified immediately when there is:</p> <ul style="list-style-type: none"> • A serious injury to a child. • An incident resulting in significant change in health status. • An incident includes child being involved in inappropriate, sexually acting out behavior. <p>A WRITTEN report, fully documenting every incident, shall be provided to the parent or authorized person. This should be completed by staff that witnessed the incident and retained in child file.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(11)	<p>Smoking and use of tobacco products shall be prohibited in the center and every vehicle used to transport children. Prohibited in outdoor play area during hours of operation.</p> <p>Nonsmoking signs shall be posted at every entrance and in every vehicle used to transport. Signs shall include:</p> <ul style="list-style-type: none"> (a) Telephone number for reporting complaints. (b) Internet address to DPH. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation				
109.10(12)	All children transported in motor vehicle subject to registration, except a bus, shall be individually secured by a safety belt, seat, or harness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(12)a	Children under age 6 shall be secured in child restraint system. Child under 1 and weighing less than 20 lbs. shall be secured during transit in rear facing child restraint system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITE	RULE	Y	N	NA
109.10(12)b	Children under 12 shall not be located in front seat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(12)c	Drivers shall possess a valid driver's license and shall not operate while under the influence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(12)d	Vehicles that are owned or leased by the center shall receive regular maintenance and inspection according to manufacturer-recommended guidelines for vehicle and tire maintenance and inspection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(13)	Field trip emergency numbers: Phone numbers for each child shall be taken by staff when transporting to and from school, and on field trips and non-center-sponsored activities away from the premises.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(14)	Pets: Animals kept on site shall be in good health with no evidence of disease, does not pose a safety threat, and is maintained in clean manner. Documentation of current vaccinations shall be available for cats and dogs. Pets shall not be allowed in food prep or kitchen areas. Animals prohibited from being kept on site: ferrets, reptiles, turtles, birds of the parrot family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Plans				
109.10(15)a	<ul style="list-style-type: none"> • The center shall have written emergency plans and diagrams for responding to fire, tornado, flood, and plans responding to intruders within the center, intoxicated parents, and lost or abducted children. • Shall have guidelines for responding or evacuating in case of blizzards, power failures, bomb threats, chemical spills, earthquakes, or other disasters that could create structural damage to the center or pose health hazards. • If center is within 10 miles of nuclear power plant, center shall have evacuation plan. • Emergency plans shall include written procedures including plans for: <ul style="list-style-type: none"> ▪ Evacuation to safely leave the facility. ▪ Relocation to a common, safe location after evacuation. ▪ Shelter in place to take immediate shelter when the current location is unsafe to leave due to the emergency issue. ▪ Lock down to protect children and providers from an external situation. ▪ Communication and reunification with parents or other adults responsible for the children, which includes emergency telephone numbers. ▪ Continuity of operations ▪ To address the individual children, including those with functional or access needs. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(15)b	Emergency instructions, phone numbers, and diagrams for fire, tornado, and flood shall be visibly posted and documented at least once a month for fire and tornado. Records shall be maintained for current and previous year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(15)c	Center shall develop procedures for annual staff and volunteer training on emergency plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(15)d	Daily checks to ensure all exits are unobstructed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervision and Access				
109.10(16)a	The center and supervisor shall ensure that staff knows names and number of children assigned. Staff shall provide careful supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(16)b	Any person who does not have a record check completed shall not have unrestricted access to children for whom that person is not a parent, guardian, or custodian.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITE	RULE	Y	N	NA
109.10(16)d	A sex offender who has been convicted of an offense against a minor and required to register with the sex offender registry, shall not be present on the property without written permission of the director, except for the time reasonably necessary to transport offender's own minor child to and from the center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHYSICAL FACILITIES				
Room Size				
109.11(1)	<ul style="list-style-type: none"> • 35 square feet of usable floor space per child. • Rooms with cribs have 40 square feet of space per child. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant's Area				
109.11(2)	<ul style="list-style-type: none"> • A safe and properly equipped area is provided for infants that does not allow for intrusion by children over two years of age. • Children over 18 months are only placed outside the infant area if appropriate to the developmental needs of the child. • Children over age two who remain in the infant area are placed at the recommendation of a physician or AEA due to a significant developmental delay. Children are placed for a limited time with DHS approval if doing so does not pose a threat to the infants. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility Requirements				
109.11(3)a	<p>Center shall ensure that:</p> <ol style="list-style-type: none"> (1) Facility and premises are sanitary, safe, and hazard free. (2) Adequate indoor and outdoor space is provided. The outdoor area shall include safe play equipment and area of shade. (3) Sufficient space provided for dining. (4) Sufficient lighting shall be provided. (5) Sufficient ventilation. (6) Sufficient heating. (7) Sufficient cooling. (8) Sufficient bathroom and diapering facilities. (9) Equipment, including kitchen appliances, are maintained so as not to result in burns, shock, or injury to children. (10) Sanitation and safety procedures for the center are developed and implemented to reduce risk or injury or harm to children and reduce transmission of disease. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.11(3)d	Record of monthly inspections of outdoor recreation area and equipment shall be kept.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.11(4)	<p>Restroom facilities:</p> <ul style="list-style-type: none"> • One toilet and sink for each 15 children in room with ventilation. • Built after 11/1/95 – at least one sink in same area as toilet. • Adequate training seats or chairs for children under two years if used in lieu of plumbed toilet. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.11(5)	<p>Telephone: Working non-pay phone with posting adjacent for emergency numbers for police, fire, and poison control center. Center street address and phone included in posting.</p> <p>List of emergency numbers for children kept near phone.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITE	RULE	Y	N	NA
109.11(6)	Kitchen appliance or microwaves: <ul style="list-style-type: none"> • Gas or electric ovens are not in program area. • Area housing kitchen appliances in program area is sectioned off and not counted in useable floor space. • Formula or food warmed for infants in microwaves is not served immediately and is shaken or stirred prior to serving. • Breast milk is not warmed in the microwave. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Hazards				
109.11(7)a	Centers built before 1960: Assessment and plan for remedy of lead paint hazard is conducted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.11(7)b	Centers at ground level that use basement area as program space, or have a basement beneath program space: Testing and plan for remedy of radon is conducted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.11(7)c	All centers: Annual inspection prior to heating season of all fuel-burning appliances to reduce risk of carbon monoxide poisoning and shall install one carbon monoxide detector on each floor that conforms to UL Standard 2034.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.11(7)d	A before and after school program or summer-only program that serves only school age children in a public school building is exempt from environmental assessments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACTIVITY PROGRAM REQUIREMENTS				
Program/Activities				
109.12(1)	<ul style="list-style-type: none"> • Program structure that uses developmentally appropriate practices and written program of activities planned to the developmental needs of children served. • Program complements but does not duplicate school curriculum. • Schedule of program is posted in a place visible to parents. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(1)a	Program provides a curriculum or program of activities that promotes self-esteem and positive self-image, social interaction, self-expression and communication, creative expression, and problem-solving skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(1)b	Program provides for a balance of active and quiet, individual and group, indoor and outdoor, and staff-initiated and child-initiated activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(1)c	Program provides activities that promote fine and gross motor activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(1)d	Program provides experiences in harmony with ethnic and cultural backgrounds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(1)e	Program provides a nap or quiet time for all children under the age of six not enrolled in school who are present five or more hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discipline				
109.12(2)	Center shall have written policy on discipline of children which provides for positive guidance, with direction for resolving conflict and setting of limits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(2)a	Center does not use corporal punishment including spanking, shaking, or slapping.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(2)b	Punishment which is humiliating or frightening or causes pain or discomfort is not allowed. Mechanical restrains shall never be used. If part of a treatment plan for a child with a disability, staff shall receive training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(2)c	Punishment or threat of punishment associated with illness, toilet training, or food or rest is not be used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(2)d	No child is subject to verbal abuse, threats, derogatory remarks about child or child's family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITE	RULE	Y	N	NA
Child Requiring Accommodations				
109.12(3)	<ul style="list-style-type: none"> • Reasonable accommodations are made for children with disabilities. • Required files contain documentation of reasonable accommodations made in providing care to a child with a disability. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play Equipment and Materials				
109.12(4)	<ul style="list-style-type: none"> • Sufficient toilet articles are provided for handwashing. • Sufficient and safe indoor play equipment, materials, and furniture that conforms with CPSC or ASTM. • Play equipment, materials, and furniture meet the developmental, activity, and special needs of the children. • Room's arrangement does not obstruct the direct observation of children. • Individual covered mats, beds, or cots, and appropriate bedding is provided for all children who nap. • Procedures are developed and implemented to maintain equipment and materials in a sanitary manner. • Sufficient spacing is maintained between equipment to reduce transmission of disease and allow ease of movement by children and staff to respond to activities and care needs. • Sanitary procedures are followed for use and storage of personal hygiene articles. <p><i>If insufficient, list concerns:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant Environment				
109.12(5)	Environment for children under age two protects from harm but does not unduly restrict development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(5)a	Stimulation provided to infants throughout the day. Same caretaker for infants as possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(5)b	<ul style="list-style-type: none"> • Infants diapered in a sanitary manner as needed in central diapering area. • One changing table for every 15 infants/toddlers needing diaper changes. • Diapering, sanitation, and handwashing procedures posted and implemented in central diapering area. <p><i>If insufficient, list concerns:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(5)c	Highchairs or hook-on seats equipped with safety strap and designed not to topple. Safety strap engaged when child in seat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(5)d	Toys provided are safe, washable, too large to swallow, and with no removable parts. Hard surface toys sanitized daily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITE	RULE	Y	N	NA
109.12(5)e	<p>The provider shall follow safe sleep practices recommended by AAP for infants under one year of age:</p> <ul style="list-style-type: none"> • Infants shall always be placed on their back for sleep. • Infants shall be placed on a firm mattress with a tight fitted sheet that meets Consumer Product Safety Commission federal standards. • Infants shall not be allowed to sleep on a bed, sofa, air mattress or other soft surface. No child will be allowed to sleep in any items not designed for sleeping including, but not limited to, an infant seat, car seat, swing, bouncy seat. • No toys, soft objects, stuffed animals, pillows, bumper pads, blankets, or loose bedding shall be allowed in the sleeping area with the infant. • No co-sleeping shall be allowed. • Sleeping infants shall be actively observed by sight and sound. • If an alternate sleeping position is needed, a signed physician authorization with statement of medical reason is required. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(5)f	Crib or crib-like furniture, waterproof mattress covering, and sufficient bedding that meets CPSC or ASTM standards is provided for each child under two years of age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(5)g	Infant walkers are not used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(5)h	<p>Centers operating five hours or less on a daily basis: Sufficient number of cribs or crib-like furniture for children who may nap that provide a waterproof mattress, sufficient bedding, meet CPSC or ASTM standards, maintained in a sanitary manner, and used only by one child at a time.</p> <p><i>If insufficient, list concerns:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXTENDED EVENING CARE				
Facility Requirements				
109.13(1)a	<p>Sufficient and age-appropriate cribs, beds, cots, and bedding are provided. Sufficient furniture, lighting, and activity material provided. Equipment and materials maintained in a safe and sanitary manner.</p> <p><i>If insufficient, list concerns:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.13(1)b	<ul style="list-style-type: none"> • Separate, private space for school-age boys and girls for restroom and bedtime activities. • Restroom doors nonlockable. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.13(1)c	<ul style="list-style-type: none"> • Center supplements those personal effect items not provided by parents for personal hygiene and sleep. • Written information obtained regarding child's snacking, toileting, personal hygiene, and bedtime routines. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activities				
109.13(2)a	Evening activities self-selected by child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.13(2)b	<ul style="list-style-type: none"> • Child-occupied rooms have adult supervision present – except those used by school-age children for sleep. • All staff in ratio are present and awake. • If visual monitoring equipment used for rooms where school-age children are sleeping, monitor allows for all children to be visible. • If visual monitoring equipment used for rooms where school-age children are sleeping, staff are present at all times in room with monitor and conduct checks in the sleeping room every 15 minutes. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITE	RULE	Y	N	NA
GET WELL CENTER				
109.14(1)a	Medical advisor for health policy is an MD or DO in pediatrics or family practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.14(1)b	<ul style="list-style-type: none"> • Licensed LPN or RN on duty at all times children are present. • If nurse on duty is LPN, arrangements exist for medical advisor or RN in proximate area to provide consultation. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Policies				
109.14(2)a	<p>Written health policy consistent with NHSPS and approved and signed by the owner or board and medical advisor prior to start of business and shall address procedures in the following areas:</p> <p>(1) Policy addresses medical consultation, emergencies, triage policies, storage and administration of medications, dietary considerations, sanitation and infection control, categorization of illness, length of enrollment periods, exclusion policy, employee health policy.</p> <p>(2) Reportable disease policy.</p> <p>Any change in health policy was approved by medical advisor and submitted to DHS.</p> <p>Written summary of health policy given to parents when child enrolled.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.14(2)b	All children receive a brief evaluation by LPN or RN upon arrival.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.14(2)c	<p>Summary of health status provided to parent at end of day that includes:</p> <p>(1) Admitting symptoms.</p> <p>(2) Medications and time administered.</p> <p>(3) Nutritional intake.</p> <p>(4) Rest periods.</p> <p>(5) Output.</p> <p>(6) Temperature.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceptions to Licensing Requirements				
109.14(3)a	Minimum ratio: 1:4 for infants and 1:5 for children over age two.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.14(3)b	<p>All staff that have contact with children: Minimum of 17 clock hours of special training in caring for mildly ill children. Current certifications in file.</p> <p>(1) Within one month of employment: Training includes four hours in infant and child CPR and four hours in pediatric first aid; one hour in infection control.</p> <p>(2) Within 6 months of employment: Training includes six hours of care of ill children and two hours in child abuse identification and reporting.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.14(3)c	40 square feet of program space per child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.14(3)d	Sink in every child-occupied room.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.14(3)e	Outdoor space waived by DHS if adjacent to pediatrics unit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.14(3)f	Grouping of children allowed by categorization of illness without regard to age and in separate rooms with full walls and doors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITE	RULE	Y	N	NA
FOOD SERVICES				
109.15(1)	<ul style="list-style-type: none"> • Center shall serve each child a full, nutritionally balanced meal as defined by CACFP guidelines. • Staff shall provide supervision at table during snacks and meals. • Children at center two hours or longer shall be offered food of not less than two hours and no more than three hours apart unless child is asleep. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(2)	<ul style="list-style-type: none"> • Center shall follow minimum CACFP menu patterns for meals and snacks. • Menus planned one week in advance, made available to parents, and kept on file with substitutions noted. • Avoid foods with high incident rate of causing choking. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Feeding of Children Under Two Years of Age</i>				
109.15(3)a	<ul style="list-style-type: none"> • Children under 12 months fed on demand, unless other written instructions from parent. • Infant CACFP menu patterns followed and appropriate to the infant's nutritional requirements and eating abilities. • Menu patterns modified only upon written instruction of parent, physician, or health care provider. • Special formulas given to child with feeding problem if prescribed by physician. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(3)b	<ul style="list-style-type: none"> • Children under six months held or fed in sitting-up position. • Bottles not propped for any child, given to a child in a crib or left sleeping with a bottle. • Spoon feeding is adapted to developmental capabilities of child. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(3)c	Children 12 months of age or younger fed single-serve, ready-to-feed formulas, concentrated or powdered formula following manufacturer's instructions or breast milk unless otherwise ordered by parent or physician.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(3)d	Children under age two not on formula or breast milk are fed whole milk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(3)e	Clean and sanitized bottles and nipples used for on-site formula preparation and kept refrigerated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Food Brought From Home</i>				
109.15(4)a	<ul style="list-style-type: none"> • Written policies developed for food brought from home for children under five years of age not enrolled in school and is provided to parent at admission. • Food brought from home for children under five years of age not enrolled in school is monitored and supplemented if necessary to ensure CACFP guidelines maintained. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(4)b	Center does not restrict parent from providing meals brought from home for school aged children or apply nutritional standards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(4)c	Perishable foods brought from home are maintained to avoid contamination or spoilage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(4)d	Snacks that may not meet CACFP guidelines are allowed by parents for special occasions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITE	RULE	Y	N	NA
Food Preparation/Sanitation				
109.15(5)	Food preparation and storage procedures are consistent with NHSPS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(5)a	Sufficient refrigeration is provided appropriate to perishable food. <i>If insufficient, list concerns:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(5)b	<ul style="list-style-type: none"> • Sanitary and safe methods in food preparation, serving, and storage sufficient to prevent transmission of disease, infestation, and spoilage are followed. • Staff preparing food that have injuries on hands wear protective gloves. • Staff serving food use clean serving utensils and have clean hands/wear protective gloves. <i>If insufficient, list concerns:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(5)c	Sanitary methods are used for dishwashing sufficient to prevent transmission of disease. <i>If insufficient, list concerns:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(5)d	Sanitary methods are used for garbage disposal sufficient to prevent transmission of disease and infestation. <i>If insufficient, list concerns:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water				
109.15(6)	<ul style="list-style-type: none"> • Suitable water and sanitary drinking facilities are available and accessible. • Centers serving infants and toddlers provide, at a minimum, individual cups. <i>If insufficient, list concerns:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(6)a	Private water supplies are of satisfactory bacteriological quality as shown by an annual water analysis drawn between May 1 and June 30 of each year. If children under age two are served, private water analysis included nitrate analysis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(6)b	If public or private water supply was determined unsuitable for drinking, commercially bottled water certified as chemically and bacteriologically potable or other approved water was used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Request for Child and Dependent Adult Abuse Information

Persons or agencies with authorized access to child or dependent adult abuse information must use this form to request information about a child or dependent adult abuse report. **Complete a separate form for each family or individual** and email to dhsabuseregistry@dhs.state.ia.us, or fax to (515) 564-4112, or mail to the Iowa Department of Human Services, Central Abuse Registry, P.O. Box 4826, Des Moines, IA 50305.

Please specify your type of request by checking the appropriate box below:

- Child abuse request
 Dependent adult abuse request
 Both

Please specify your preferred **method of response** by checking a box and completing the information in Section 1.

- Address
 Fax
 Email

Section 1: To be completed by the person or agency requesting the information.

Requester: Last		First		Agency Name		Telephone Number ()	
Address						Fax Number ()	
City			State	Zip Code		Email	
Relationship to the persons listed in Section 2 or 3:							
Purpose for request:							
State the Iowa Code section that allows access to the child or dependent adult abuse information requested:							
I have read and understand the legal provisions for handling child or dependent adult abuse information which is printed on the second page of this form. I understand that this request will not be approved unless I have authorized access.							
Signature of Requester					Date		

Complete Section 2 if the purpose of this record check is employment, licensing or registration, or payment approval.

Section 2: List the name and address of the person whose record is being checked.

Last		First		Middle		Birth Date		Social Security Number	
Address				City		County		State	Zip Code
List maiden name, any previous married names, and any alias:									

Complete Section 3 if the request is for a copy of the written summary of the abuse investigation or assessment.

Section 3: List the name of the persons for whom you are requesting information. Attach pages for additional family members.

Last		First		Middle		County		Birth Date		Social Security #	
Address						City		State		Zip Code	
List maiden name, any previous married names, and any alias:											

Section 4: Registry or designee decision.

- This request for information is approved.
 This request for information is denied because:

Signature of Registry or Designee					Date		
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LEGAL PROVISIONS FOR HANDLING CHILD AND DEPENDENT ADULT ABUSE INFORMATION

Redissemination of Child and Dependent Adult Abuse Information (Iowa Code sections 235A.17 and 235B.8)

A person, agency, or other recipient of child or dependent adult abuse information shall not disseminate (release) this information, except that dissemination is permitted when **ALL** of the following conditions apply:

- ◆ The dissemination is for official purposes in connection with prescribed duties or, in the case of a health practitioner, pursuant to professional responsibilities.
- ◆ The person to whom such information would be disseminated would have independent access to the same information under Iowa Code sections 235A.15 or 235B.6.
- ◆ A written record is made of the dissemination, including the name of the recipient and the date and purpose of the dissemination.
- ◆ The written record is forwarded to the Central Abuse Registry within 30 days of the dissemination.

Criminal Penalties (Iowa Code sections 235A.21 and 235B.12)

A person is guilty of a criminal offense when the person:

- ◆ Willfully requests, obtains, or seeks to obtain child or dependent adult abuse information under false pretenses, or
- ◆ Willfully communicates or seeks to communicate child or dependent adult abuse information to any agency or person except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8, or
- ◆ Is connected with any research authorized pursuant to Iowa Code sections 235A.15 and 235B.6 and willfully falsifies child or dependent adult abuse information or any records relating to child or dependent adult abuse.

Upon conviction for each offense, the person is guilty of a serious misdemeanor punishable by a fine or imprisonment.

Any person who knowingly, but without criminal purposes, communicates or seeks to communicate child or dependent adult abuse information except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8 is guilty of a simple misdemeanor punishable, upon conviction for each offense, by a fine or imprisonment.

Any reasonable grounds for belief that a person has violated any provision of Iowa Code Chapters 235A or 235B shall be grounds for the immediate withdrawal of any authorized access that person might otherwise have to child or dependent adult abuse information.

REQUESTS FOR CORRECTION OR EXPUNGEMENT OF A CHILD OR DEPENDENT ADULT ABUSE REPORT

To request an administrative appeal hearing of a child or dependent adult abuse report, please submit a request in writing to: Department of Human Services, Appeals Section, 5th Fl, 1305 E Walnut St, Des Moines, Iowa 50319-0114. You will be notified in writing acknowledging receipt of your request; time, date, and place of your hearing; and any decisions regarding your request. If you disagree with this decision, the written notice will explain how you may request an administrative hearing about the report and its conclusions per Iowa Code sections 235A.19 or 235B.10.

Request for Child and Dependent Adult Abuse Information, Form 470-0643

Purpose	Form 470-0643, <i>Request for Child and Dependent Adult Abuse Information</i> , is used to check for founded child abuse reports for persons working or applying for employment in a center.
Source	Complete the form on line using the template available through the public state-approved forms folder on Outlook.
Completion	<p>The licensing support staff completes the form when a <i>DHS Criminal History Record Check</i>, form 595-1396 or 595-1396(S), is received from a center.</p> <p>If the name is not found on the Registry, the licensing support staff attaches a label saying this and sends the form to the center for their personnel records.</p> <p>If the name is found on the Registry as the person responsible for a registered incident, the licensing support staff notifies the child care consultant supervisor, who generates the Department decision regarding involvement with child care.</p>
Distribution	The form is maintained in the Department licensing file.
Data	The form identifies the person requesting the information and the person whose record is being checked.



Child Care Centers and Preschools

LICENSING STANDARDS AND PROCEDURES

WELCOME TO CHILD CARE PROVIDERS

On an average day in Iowa, more than 75,000 children are cared for in more than 1,500 licensed child care centers, preschools, and before- and after-school programs across the state.

As a current or potential provider of care to those children, you play a pivotal role in the development, nurturing, health, safety and support of these children. The research is undisputed:

- ◆ The first three years of life are of critical importance in a child's overall development and ability to learn.
- ◆ The caregiver relationship (parent or provider to child) is the single strongest determinant of children's emotional and social development.
- ◆ The availability of after-school care programs reinforces school-age children's self-esteem and sense of community, while significantly decreasing the likelihood of children engaging in unhealthy and dangerous behaviors.

The handbook provides information on the process to obtain a license to operate a child care center and the state regulations that centers must follow. The rationale behind a regulation and "best practice" guidelines are offered to assist you in implementing these standards.

If you have questions regarding the contents of the licensing standards handbook, contact:

Licensed Centers

1. The child care consultant assigned to your center.

[*Insert label or business card*]

Prospective Providers

1. The child care consultant assigned to your area. To get the name of the consultant assigned to your area, call the Department's child care center licensing office at (515) 281-6832.
2. The Department's Child Care Licensing Bureau Chief.
DHS Division of Child and Family Services
1305 E Walnut Street, 5th Floor
Des Moines, IA 50319-1114
Phone: (515) 281-6745

CHILD CARE CENTERS AND PRESCHOOLS
LICENSING STANDARDS AND PROCEDURES

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LICENSING AUTHORITY

The Iowa Department of Human Services has been delegated authority in Chapter 237A of the Code of Iowa to develop and enforce the rules setting the minimum standards for the licensing of child care centers. Chapter 237A also requires centers to comply with state health and fire safety laws.

The child care center minimum requirements are found, in their entirety, in 441 Iowa Administrative Code, Chapter 109.

The Iowa Department of Public Health establishes the immunization requirements for child care centers in 641 Iowa Administrative Code, Chapter 200, and is responsible for enforcement of the requirements.

The State Fire Marshal establishes the fire safety requirements for child care centers in 661 Iowa Administrative Code, Chapter 5, and is responsible for enforcement of the requirements.

Your child care consultant can provide a copy of 441 Iowa Administrative Code Chapter 109 and instructions on how to obtain the State Fire Marshal inspection report and copies of the required immunization certificate.

Be aware that local building codes and zoning laws may apply to your business as well. Contact your city officials for additional information.

DEFINITIONS

Legal reference: Iowa Code 237A.1 and 441 Iowa Administrative Code 109.1(237A)

“Adult” means a person aged 18 or older.

“Child” means either of the following:

1. A person 12 years of age or younger.
2. A person 13 years of age or older but younger than 19 years of age who has a developmental disability, as defined under the federal Developmental Disabilities Assistance and Bill of Rights Act of 2000, Public law No. 106-402, codified in 42 U.S.C. 15002(8).

“Child care center” or “center” means a facility providing child care or preschool services for seven or more children, except when the facility is registered as a child development home.

“Child care” means the care, supervision, and guidance of a child by a person other than the child’s parent, guardian, or custodian for periods of less than twenty-four hours per day per child on a regular basis.

“Department” means the Department of Human Services.

“Extended evening care” means child care provided by a child care center at any time between the hours of 9 p.m. and 5 a.m.

“Facility” means a building or physical plant established for the purpose of providing child care.

ROLE OF THE CHILD CARE CONSULTANT

The Department offers consultation and assistance in applying for a license and meeting the requirements of a licensed center through the child care consultants located throughout the state. There is no fee to receive consultation and assistance in obtaining a license.

In addition to serving as a resource to the center, the consultant monitors compliance with the regulations through relicensing, annual unannounced visits, evaluation of complaints and a review of the findings of allegations of child abuse in the center.

WHEN A LICENSE IS REQUIRED

Iowa Code 237A.1, 237A.2, 237A.19, 237A.20, 279.49 and 441 IAC 109.2(2)

A person cannot establish or operate a child care center without obtaining a license.

A center must obtain a new license certificate when it expands or remodels to change licensed capacity. If you are going to remodel the center or expand the capacity of the center, contact your licensing consultant for a list of items that you must submit for approval.

A center must obtain a new license when another person or agency assumes ownership or legal responsibility for the center or if the center moves to a new location. The items that must be submitted are listed under the section “Submitting an Initial Application to Operate a Child Care Center.”

A program that is not a “child care center” by reason of the definition of child care, but which provides care, supervision, and guidance to a child may be issued a license if the program complies with all the provisions of licensing.

Programs such as school-based programs, neighborhood drop-in programs and programs operated for fitness centers or shopping malls sometimes seek a license to participate in the Child and Adult Care Food Program (CACFP) program or for reasons of quality assurance to their parents. Providers may be licensed if they meet all of the licensing standards and the requirements of the Department of Public Health and the State Fire Marshal’s office.

PENALTY FOR OPERATING WITHOUT A LICENSE

A person who establishes, conducts, manages, or operates a center without a license is guilty of a serious misdemeanor. Each day of continuing violation after conviction, or after notice from the Department by certified mail of the violation, is considered a separate offense. According to Iowa Code section 903.1(1)(b), a serious misdemeanor is punishable by a fine of at least \$315 but not over \$1,875. In addition, the court may also order imprisonment not to exceed one year.

Injunction

A person who establishes, conducts, manages, or operates a child care center without a license may be restrained by temporary or permanent injunction. A person who has been convicted of a crime against a person or a person with a record of founded child abuse may be restrained by temporary or permanent injunction from providing child care services in a licensed child care center. The state, a county attorney, or other interested persons may initiate this action.

PROGRAMS THAT ARE NOT REQUIRED TO BE LICENSED

For purposes of licensing, child care does not include care, supervision, and guidance of a child by any of the following:

DESCRIPTION	EXAMPLES (Not intended as an exhaustive list)
<p>1. An instructional program for children who are attending prekindergarten, as defined by the State Board of Education under Iowa Code section 256.11, or a higher grade level and are at least four years of age administered by any of the following:</p> <ul style="list-style-type: none"> • A public or nonpublic school system accredited by the Department of Education or the State Board of Regents. • A nonpublic school system that is not accredited by the Department of Education or the State Board of Regents. 	<ul style="list-style-type: none"> • Traditional school classroom settings, including prekindergarten (for four year olds) through junior high that use a school-based educational curriculum • Prekindergarten, kindergarten, or elementary education provided by public or nonpublic schools
<p>2. Any of the following church-related programs:</p> <ul style="list-style-type: none"> • An instructional program. • A youth program other than a preschool, before- or after-school child care program, or other child care program. • A program providing care to children on church premises while the children’s parents are attending church-related or church-sponsored activities on the church premises. 	<ul style="list-style-type: none"> • Sunday school, confirmation or catechism classes, etc. • Care provided to children while parents attend adult education or activities within the church building • Youth programs that typically occur in the evenings or on weekends
<p>3. Short-term classes of less than two weeks’ duration held between school terms or during a break within a school term.</p>	<ul style="list-style-type: none"> • Classes offered by local community centers, colleges, museums, art or science centers, etc. on semester, winter, or spring break that usually last less than two weeks. (This does not include “summer-only” programs that typically run for more than two weeks.)
<p>4. A child care center for sick children operated as part of a pediatrics unit in a hospital licensed by the Department of Inspections and Appeals pursuant to Iowa Code Chapter 135B.</p>	<ul style="list-style-type: none"> • “Sick bay” or get-well center located as part of the pediatrics unit in a hospital

DESCRIPTION	EXAMPLES (Not intended as an exhaustive list)
<p>5. A program operated not more than one day per week by volunteers that meets all of the following conditions:</p> <ul style="list-style-type: none"> • Not more than 11 children are served per volunteer. • The program operates for less than four hours during any 24-hour period. • The program is provided at no cost to the children’s parent, guardian, or custodian. 	<ul style="list-style-type: none"> • Green Thumb volunteer reading programs • Tutoring programs • After-school church-sponsored program that meets these criteria.
<p>6. A program administered by a political subdivision of the state that is primarily for recreational or social purposes and is limited to children who are five years of age or older and attending school.</p>	<ul style="list-style-type: none"> • City park and recreation programs for school-aged children
<p>7. An after school program continuously offered throughout the school year calendar to children who are least five years old, are enrolled in school, and attend the program intermittently, or a summer-only program for such children. The program must be provided through a nominal membership fee or at no cost.</p>	<ul style="list-style-type: none"> • Boys and Girls Clubs of America
<p>8. A special activity program that meets less than four hours per day for the sole purpose of the special activity. Such programs include but are not limited to music or dance classes, organized athletic or sports programs, recreational classes, scouting programs, and hobby or craft clubs or classes.</p>	<ul style="list-style-type: none"> • Soccer or Little League baseball • Boy or Girl Scouts • Art clubs, music classes, etc.
<p>9. A nationally accredited camp.</p>	<ul style="list-style-type: none"> • Camp Sunnyside • 4-H camps
<p>10. A structured program for the purpose of providing therapeutic, rehabilitative, or supervisory services to children under any of the following:</p> <ul style="list-style-type: none"> • A purchase of service or managed care contract with the Department. • A contract approved by a local decategorization governance board created under Iowa Code section 232.188. • An arrangement approved by juvenile court order. 	<ul style="list-style-type: none"> • After school supervision of children receiving services from DHS or under the supervision of a juvenile court officer • Group therapy arranged under the supervision of DHS or a juvenile court officer

DESCRIPTION	EXAMPLES (Not intended as an exhaustive list)
11. Care provided on-site to children of parents residing in an emergency, homeless, or domestic violence shelter.	<ul style="list-style-type: none"> • Domestic violence shelters, temporary shelters for the homeless, etc.
12. A child care facility providing respite care to a licensed foster family home for a period of 24 hours or more to a child who is placed with that licensed foster family home.	<ul style="list-style-type: none"> • Registered child development home that is providing respite care to foster children.
<p>13. A program offered to a child whose parent, guardian, or custodian is engaged solely in a recreational or social activity, remains immediately available and accessible on the physical premises on which the child’s care is provided, and does not engage in employment, while the care is provided.</p> <p>However, if the recreational or social activity is provided in a fitness center or on the premises of a non-profit organization, the parent, guardian, or custodian of the child may be employed to teach or lead the activity.</p>	<ul style="list-style-type: none"> • Adult exercise, social and recreation programs where child care is offered on-site and the parent remains at the site.

APPLYING FOR A LICENSE TO OPERATE A CHILD CARE CENTER

441 IAC 109.2(1) and (2)

Any adult or agency has the right to apply for a child care center license.

SUBMITTING AN INITIAL APPLICATION

To initiate an application to operate a child care center, obtain and review an orientation packet provided by the child care consultant. Direct questions regarding compliance with specific sections to the child care consultant.

The chairman of the board, the owner, or the operator of the facility must complete form 470-0722, *Application for a License to Operate a Child Care Center*. Submit the completed application and all requested reports, including an approved State Fire Marshal's report, to the child care consultant **before** opening the center to conduct business.

A center that has submitted a sufficient application for a license to the child care consultant may operate for a period of up to 120 days, pending the final licensing decision. To be "sufficient," an application must include:

- ◆ Application for a License to Operate a Child Care Center, form 470-0722.
- ◆ An approved State Fire Marshal's report.
- ◆ A floor plan indicating room descriptions and dimensions, including the location of windows, doors, and exits.
- ◆ Information sufficient to determine that the center director meets the minimum qualifications.
- ◆ The regulatory fee is received by the Department's Division of Fiscal Management in 109.6(6).

The child care consultant will make one or more on-site visits to the center, including a visit made after the program is in operation, before issuing a license.

The following sections describe the reports that must be submitted to the child care consultant before a licensing decision can be made. Centers must furnish these requested reports to the Department upon new application and annually thereafter. This includes the state fire marshal's report and other information relevant to the licensing determination, as directed by the child care consultant.

State Fire Marshal Report

The state fire marshal or an approved designee must inspect each child care center applying for a license and conduct an annual inspection. The state fire marshal's Certificate of Inspection Report must be completed. A valid fire inspection report cannot be more than one year old (from the date of issuance). To find out who is responsible for conducting these inspections in your area, contact the child care consultant or the state fire marshal's office.

The center owner, administrator, or director must obtain the state fire marshal inspection report and submit it to the child care consultant or be sure the report is sent to the consultant. No program is permitted to begin operation without both the signed application and the approved fire inspection report on file with the Department.

The Department may act to suspend or revoke a license during the licensing year. The Department will suspend or revoke a license if corrective action has not been taken when:

- ◆ The center does not comply with the licensing laws and rules and makes no substantial attempt to correct deficiencies.
- ◆ The center is operating in a manner that the Department determines impairs the safety, health, or well-being of the children in care.
- ◆ A person subject to an evaluation has transgressions that merit prohibition of involvement with child care and of licensure, as determined by the Department.
- ◆ Information provided to the Department, either orally or in writing, or information contained in the center's files is shown to have been falsified by the provider or with the provider's knowledge.
- ◆ The center is not able to obtain an approved State Fire Marshal's certificate or fails to comply in correcting or repairing any deficiencies in the time determined by the State Fire Marshal, or the State Fire Marshal determines the building is not safe for occupancy.

RIGHT TO APPEAL ADVERSE ACTION

Any center receiving a notice indicating that the Department has initiated an action to deny, suspend, or revoke the license will be informed of its right to appeal and the procedures to file an appeal. The procedures follow the requirements outlined in the Department's administrative rules governing appeals, at 441 Iowa Administrative Code, Chapter 7.

A center affected by an adverse action may initiate an appeal by means of a written request directed to the county office, or central office of the Department within 30 days after the date the Department mailed the official notice of the denial, revocation, or suspension.

When the owner or director of a licensed facility receives a *Notice of Decision: Services*, form 470-0602, initiating action to deny, suspend, or revoke the facility's license, this notice must be conspicuously posted at the main entrance to the center where it can be read by parents or any member of the public. The notice must remain posted until resolution of the action to deny, suspend, or revoke the license.

The Department will notify the parents, guardians, or custodians of the children for whom the center provides care when it takes action to suspend or revoke a license. The center must cooperate with the Department in providing the names and address of each parent, guardian, or legal custodian.

A center may continue to operate while appealing a decision by the Department to suspend, revoke, or deny its license unless the negative action is against an initial application or the Department has obtained a court injunction.

CONFIDENTIAL INFORMATION

Under state law, information about a person in a child care center or the relative of a person in a child care center is confidential. Anyone who acquires such information through the operation of a child care center may not disclose it, directly or indirectly, except upon inquiry before a court of law or with the written consent of the person. In the case of a child, written consent must be obtained from the parent or guardian or as otherwise specifically required or allowed by law.

Child care consultants must have unrestricted access to children's files in performing their duties. In addition, centers must make child immunization records accessible to public health officials without requiring parental consent. Child care centers may also be asked to cooperate with public health officials in the event of a communicable disease investigation.

These confidentiality provisions allow the disclosure of information about the structure and operation of a center. They also allow duly authorized persons to perform statistical analysis of data collected on licensed centers and the publication of the results of the analysis in a manner, which does not disclose information identifying individual persons.

LICENSING FILE

The Department of Human Services maintains the licensing file for the center for the period of time that the center remains licensed. Once a center is no longer licensed, the Department maintains the record for an additional five years. After that time, the record may be destroyed.

The Department licensing file is a public record and is subject to review by parents and other interested parties. Any person who wishes to review the licensing file of a child care center can contact the child care consultant responsible for licensing the center.

Findings of any licensing visits are summarized and maintained in the licensing file. After each visit and complaint, the Department documents whether a center was in compliance with center licensing standards as imposed by licensing laws and rules. This record is available to the public, except that the identity of the complainant will be withheld unless expressly waived by the complainant.

CIVIL RIGHTS ACT OF 1964

Title VI of the Civil Rights Act of 1964 (Public Law 88-352), as amended, and regulations of the U.S. Department of Health and Human Services (45 Code of Federal Regulations--Part 80) prohibit discrimination on the grounds of race, color or national origin in the administration of programs under the direction of the Department of Human Services where federal funds are involved.

Agencies, institutions, and organizations providing child care for children under any program supervised by the Department of Human Services are required to abide by the terms of the Act and regulations prohibiting discrimination on the basis of race, color, or national origin. A child care center's failure to comply will necessitate the withdrawal of Department financial support.

The regulations provide that people who feel that they or others have been the object of discrimination by a child care center, contrary to the provisions of the Act, may file a complaint. All complaints will be investigated and appropriate action taken when indicated. Inquiries should be directed to the Iowa Civil Rights Commission at (515) 281-4121.

AMERICANS WITH DISABILITIES ACT (ADA)

Child care centers, as a form of public accommodation, are required to comply with Title III of the Americans with Disabilities Act (ADA). The Act requires that child care providers not discriminate against children with disabilities on the basis of the disability.

The center must provide children and their parents an equal opportunity to participate in the center's program and activities. According to the U.S. Department of Justice, a center cannot exclude a child unless the child's presence poses a direct threat to the health and safety of others or would require a fundamental alteration of the program.

Center facilities need to be accessible to children and their parents who have disabilities. Existing centers must remove barriers according to a readily achievable standard, while newly constructed or renovated centers must be fully accessible.

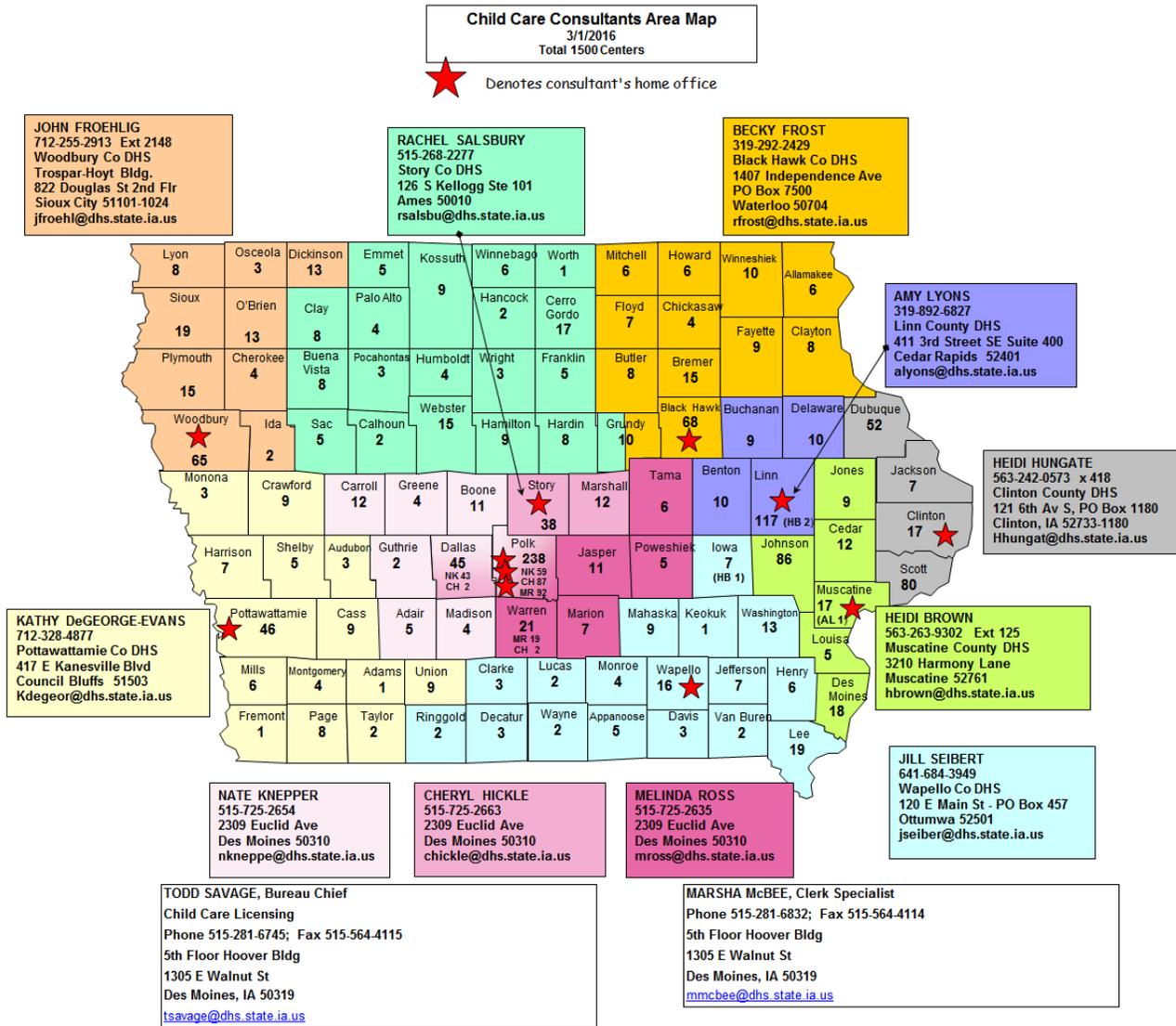
A center must make reasonable modifications to its policies and procedures to integrate children, unless doing so would constitute a fundamental alteration. Unless it is an undue burden, centers must provide appropriate auxiliary aids and services needed for effective communication with a child with a disability.

The child care consultant can provide additional information and resources regarding compliance with the ADA.

STATE CONTACTS

CHILD CARE CONSULTANTS

Child care consultants responsible for licensing centers are located in DHS offices. To locate the child care consultant for your area, see the next page.



IOWA RESOURCES

You can obtain additional information on these materials from your child care consultant.

CHILD CARE RESOURCE AND REFERRAL

Child Care Resource & Referral (CCR&R) is a program to support quality child care throughout the state of Iowa. CCR&R is available to assist families in selecting child care providers who best meet the needs of a child and their family. Child Care Consultants provide on-site consultation to licensed preschools, centers, non-registered home providers, and Child Care Development Home providers. Contact them at 877-216-8481 or www.iowaccrr.org.

HEALTHY CHILD CARE IOWA

Healthy Child Care Iowa is a statewide initiative to increase the health and safety practices within child care. Child care health consultants are located in the child care resource and referral agencies and can provide information and resources on health-related matters. For answers to questions regarding health- and safety-related issues or to be connected with health consultants in your area visit the website at <http://www.idph.iowa.gov/>.

IOWA STATE UNIVERSITY EXTENSION SERVICE

County ISU Extension offices provide publications, workshops, and self study training materials on early childhood and child care. Consultation and materials cover a wide variety of topics, including financial considerations of operating a child care center, child care environmental design, playground safety, nutrition, child development, health and safety, and positive guidance and discipline.

ISU Extension also works with communities and employers to explore child care options and conduct needs assessments. Publications and videos on choosing quality child care are also available for parents.

AREA EDUCATION AGENCIES

Area education agency (AEA) early childhood consultants and early childhood special education personnel can provide on-site technical assistance and training on a variety of issues, including technical assistance and training for children with developmental disabilities, behavioral issues, and developmentally appropriate practices.

CHILD CARE ASSISTANCE (SUBSIDY)

Financial assistance for child care is available to families who meet income guidelines and requirements for participation in education or employment. Centers can refer families who might benefit from assistance to the county Department of Human Services office.

CHILD SUPPORT

Some families may have difficulty in meeting the cost of child care when a noncustodial parent fails to make child support payments. Centers can refer families who might be in need of assistance in establishing or enforcing child support to the Child Support Recovery Unit that serves the county where the custodial parent resides.

NATIONAL RESOURCES

FIRST CHILDREN'S FINANCE

First Children's Finance provides loans and business-development assistance to high-quality child care businesses serving low- and moderate-income families. Contact them at 866-562-6801 or the website at <http://www.firstchildrensfinance.org/>.

HANDBOOK FOR PUBLIC PLAYGROUND SAFETY

The *Handbook for Public Playground Safety*, Pub No. 325 (2008) was developed by the Consumer Product Safety Commission. It can assist centers in the design, construction, operation and maintenance of safe playground areas. The guidelines make recommendations regarding surfacing materials, spacing and layout, installation, equipment design, and general hazards regarding an array of playground equipment. You can obtain a copy by contacting your county ISU Extension office at <http://playgroundsafety.org/standards/cpsc> .

NATIONAL HEALTH AND SAFETY PERFORMANCE STANDARDS

The National Health and Safety Performance Standards for out-of-home child care are also known as "Caring for Our Children." They are published by the American Public Health Association and the American Academy of Pediatrics.

These national standards address recommendations for child/staff ratios and personnel, activities for healthy development, health protection and promotion, nutrition and food service, facilities, supplies, equipment, transportation, infectious diseases, children with special needs, and administration. You can obtain a copy by contacting the National Resource Center on Health and Safety in Child Care at their website: <http://nrckids.org/>

NATIONAL RESOURCE CENTER FOR HEALTH AND SAFETY IN CHILD CARE

The National Resource Center on Health and Safety in Child Care is located at the University of Colorado Health Sciences Center. The primary mission of the Center is to promote health and safety in out-of-home child care settings.

The Center maintains and distributes the National Health and Safety Performance Standards and maintains a website that includes the licensing standards of every state and links to other child care related websites, and maintains a resource library on topics of interest to child care. Contact the Center at 1-800-598-5437 or at their website: <http://cfoc.nrckids.org/>. Their mailing address is as follows: University of Colorado, Health Sciences Center at Fitzsimons, Campus Mail Stop F541, PO Box 6508, Aurora, CO 80045-0508. Email: Natl.child.res.ctr@UCHSC.edu

STEPPING STONES TO USING "CARING FOR OUR CHILDREN"

Stepping Stones is an abbreviated version of the 659 standards that are included in the National Health and Safety Performance Standards. The 233 standards in *Stepping Stones* focus on the key standards for reducing morbidity and mortality in child care settings. You can obtain a copy by contacting the National Resource Center for Health and Safety in Child Care at 1-800-598-5437 or at their website: <http://cfoc.nrckids.org/>.

INTERNET WEBSITES

Centers for Disease Control

<http://www.cdc.gov>

Consumer Product Safety Commission

<http://www.cpsc.gov>

Department of Justice's Commonly Asked Questions About Child Care Centers and the ADA

<http://www.ada.gov/childqanda.htm>

hawk-i

<http://www.hawk-i.org>

Healthy Child Care Iowa

<http://idph.iowa.gov/hcci>

Iowa State University Extension -- Child Care and Education for Professionals

<http://www.extension.iastate.edu/humansciences/child-care-education-professionals>

National Association for the Education of Young Children

<http://www.naeyc.org>

National Program for Playground Safety

<http://playgroundsafety.org/standards/cpsc>

National Resource Center for Health and Safety in Child Care

<http://nrckids.org/>

National School-Age Care Alliance

<http://naaweb.org/>

Prepare Iowa

<http://prepareiowa.training-source.org/>

Program for Infant and Toddler Care

https://www.pitc.org/pub/pitc_docs/home.csp

Zero to Three

<http://www.zerotothree.org/>

Part III of the handbook is organized according to the organization of 441 Iowa Administrative Code (IAC) 109, as outlined on the following pages. Each rule is quoted, followed by an explanation of the rationale for the rule and recommendations for implementing it.

The information contained in this section has been obtained, in part, from the following sources:

Iowa Code Chapter 237A, “Child Care Facilities”

Iowa law that gives authority to the Department of Human Services to develop rules governing the licensing of child care centers.

441 Iowa Administrative Code, Chapter 109, “Child Care Centers”

Administrative rules developed by the Iowa Department of Human Services establishing minimum standards for the licensing of child care centers.

641 Iowa Administrative Code, Chapter 7, “Immunization of Persons Attending Elementary or Secondary School or Licensed Child Care Centers”

Administrative rules developed by the Iowa Department of Public Health establishing minimum standards for immunization requirements.

661 Iowa Administrative Code, Chapter 5, “Fire Marshal”

Administrative rules developed by the Iowa Department of Public Safety establishing minimum building standards for fire safety.

The Child and Adult Care Food Program of the U.S. Department of Agriculture

In Iowa, the Child and Adult Care Food Program is administered by the Bureau of Food and Nutrition in the Iowa Department of Education.

Caring for Our Children: National Health and Safety Performance Standards -- Guidelines for Out-of-Home Child Care Programs, 3rd Edition

This publication is a collaborative project of the American Academy of Pediatrics and the American Public Health Association designed to establish recommendations for minimum health and safety standards and best practices in out-of-home child care programs.

Handbook for Public Playground Safety, Pub No. 325 (2010)

The Iowa Playground Safety Network distributes this publication of the US Consumer Product Safety Commission. For more information go to: <http://playgroundsafety.org/standards/cpsc>

Smoke Free Air Act, 237A.3B Sec 142D.2

This law was enacted in 2008 and prohibits smoking and ashtrays, and requires no smoking signs in child care facilities and vehicles. For more information go to: <http://www.iowasmokefreeair.gov>.

**441 IOWA ADMINISTRATIVE CODE CHAPTER 109
CHILD CARE CENTERS**

Administration

441—109.1(237A) Definitions

441—109.2(237A) Licensure procedures

- 109.2(1) Application for license
- 109.2(2) License
- 109.2(3) Provisional license
- 109.2(4) Denial
- 109.2(5) Revocation and suspension
- 109.2(6) Adverse actions

441—109.3(237A) Complaint file

441—109.4(237A) Administration

- 109.4(1) Purpose and objectives
- 109.4(2) Required written policies
- 109.4(3) Required postings
- 109.4(4) Mandatory reporters
- 109.4(5) Handbook
- 109.4(6) Certificate of license

441—109.5(237A) Parental participation

- 109.5(1) Unlimited access
- 109.5(2) Parental evaluation

Personnel

441—109.6(237A) Personnel

- 109.6(1) Center director requirements
- 109.6(2) On-site supervisor
- 109.6(3) Director and on-site supervisor functions combined
- 109.6(4) Transition period for staff
- 109.6(5) Volunteers and substitutes
- 109.6(6) Record checks and evaluations

441—109.7(237A) Professional growth and development

- 109.7(1) Required training within the first six months of employment
- 109.7(2) Staff employed 20 hours or more per week
- 109.7(3) Staff employed in centers that operate summer-only programs
- 109.7(4) Training plans

Iowa Department of Human Services Child Care Center Licensing Provider Handbook Regulations	SECTION: 109.4 Administration	SUBJECT: Required Written Policies
	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	Date: 10/1/16
	Rule Citation: 441 IAC 109.4(2)	

RULE

Required written policies. The child care center owner, board or director shall:

- a. Develop fee policies and financial agreements for the children served.
- b. Develop and implement policies for enrollment and discharge of children, field trips and non-center activities, transportation, discipline, nutrition, and health and safety policies.
- c. Develop a curriculum or program structure that uses developmentally appropriate practices and an activity program appropriate to the developmental level and needs of the children.
- d. Develop and implement a written plan for staff orientation to the center's policies and to the provisions of 441—Chapter 109 where applicable to staff.
- e. Develop and implement a written plan for ongoing training and staff development in compliance with professional growth and development requirements established by the Department in rule 441—109.7(237A).
- f. Make available for review a copy of the center policies and program to all staff at the time of employment and each parent at the time a child is admitted to the center. A copy of the fee policies and financial agreements shall be provided to each parent at the time a child is admitted to the center.
- g. Develop and implement a policy for responding to incidents of biting that includes the following elements.
 - (1) An explanation of the center's perspective on biting.
 - (2) A description of how the center will respond to individual biting incidents and episodes of ongoing biting.
 - (3) A description of how the center will assess the adequacy of caregiver supervision and the context and the environment in which the biting occurred.
 - (4) A description of how the center will respond to the individual child or caregiver who was bitten.
 - (5) A description of the process for notification of parents of children involved in the incident.
 - (6) A description of how the incident will be documented.
 - (7) A description of how confidentiality will be protected.
 - (8) A description of first-aid procedures that the center will use in response to biting incidents.

- h. Develop a policy to ensure that people do not have unauthorized access to children at the center. The policy shall be subject to review for minimum safety standards by the licensing consultant. The policy shall include, but is not limited to, the following:
 - (1) The center's criteria for allowing people to be on the property of the facility when children are present.
 - (2) A description of how center staff will supervise and monitor people who are permitted on the property of the center when children are present, but who have not been cleared for involvement with child care through the formal record check process. The description shall include definitions of "supervision" and "monitoring."
 - (3) A description of how responsibility for supervision and monitoring of people in the center will be delegated to center staff, which includes provisions that address conflicts of interest.
 - (4) A description of how the policy will be shared with parents, guardians, and custodians of all children who are enrolled at the center.
- i. Develop and implement a policy for protection of child's confidentiality.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

Child care is a service that operates through a contractual relationship between the provider and the parent in the interests of the child. Parents must be fully informed about a center's services and expectations to allow them an informed decision in delegating care and supervision of their child to the center.

In writing down policies, centers are challenged to focus on activities and practices that are conducive to positive child development and safety practices. Written policies provide a method for parents to choose the type of program that best suits the needs of their child. Written policies are an important step in building a comprehensive and well-developed program, providing a mechanism to communicate to staff and parents, and ensuring consistency in implementation.

All levels of administration, including the board of directors, the center director, the on-site supervisor, and direct care staff should be provided a copy of the center's policies and the DHS licensing standards at time of employment. These materials should be reviewed during the staff's orientation.

You may want to develop a checklist of all materials and information required before a child can be admitted to the program. The checklist can be shared with parents and serve as a reminder to staff.

A copy of all the center's policies shall be available to the parents. You are encouraged to make this handbook available to parents at the time of admission to educate parents on the licensing standards that you must be meet.

You must provide fee policies to the parents at the time of admission. Fee policies and financial agreements should be clearly stated. Policies shall clearly indicate discharge provisions for a parent's failure to pay, including a process for resolution. Any change to the agreements should allow for timely notification to parents. Provide amended copies to the parent. Continuity of care for children should be given highest priority in mediating disputes.

Because of the importance of stable and consistent adult relationships to children and for the protection of the center, you shall have defined criteria for permanently discharging a child from the program. The decision to discharge a child should be made only after defined attempts to resolve problems, with the knowledge and support of the child's parents, have been unsuccessful. Document attempts to resolve the problems, including communications with the child's parents.

In the written policies that describe the center's practices related to enrollment and discharge of children, field trips and non-center activities, transportation, discipline, nutrition, and health and safety policies, you shall have policies that outline the expectation for parent authorizations for:

- ◆ Participation in center-sponsored field trips.
- ◆ Participation in non-center-related activities away from the center that the child may attend.
- ◆ Transportation by the center to and from school.
- ◆ Changes in meals and snacks provided to a child that differ from CACFP guidelines.
- ◆ Health-related care and administering medications.

Suggestions for content of the required written policies and procedures are included in Part IV of the handbook.

Iowa Department of Human Services Child Care Center Licensing Provider Handbook Regulations	SECTION: 109.4 Administration	SUBJECT: Mandatory Reporters
	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	Date: 10/1/16
	Rule Citation: 441 IAC 109.4(4)	

RULE

Mandatory reporters. Requirements and procedures for mandatory reporting of suspected child abuse as defined in Iowa Code section 232.69 shall be posted where they can be read by staff and parents. Methods of identifying and reporting suspected child abuse and neglect shall be discussed with all staff within 30 days of employment.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

In efforts to reduce the incidence of child abuse, it is important that parents and staff be knowledgeable of the reporting requirements and procedures as defined by Iowa law. Centers that are located in “border” counties with other states are still bound by the requirements of Iowa law, regardless of the state of residence of the staff or children served.

All employees of a center who are involved in the direct care of children, including volunteers used in meeting staff ratio, are mandatory reporters and must be informed of their responsibilities and the procedures for reporting suspected abuse. All staff, excluding volunteers, must complete training for Iowa’s mandatory reporting of child abuse within the first six months of employment.

Within 30 days of employment or at the time a person volunteers, the center shall provide the employee or volunteer with an outline of the reporting requirements. Keep signed documentation in the personnel file indicating that the information was shared and that the employee or volunteer understands their responsibilities as a mandatory reporter.

Iowa Department of Human Services Child Care Center Licensing Provider Handbook Regulations	SECTION: 109.4 Administration	SUBJECT: Handbook
	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	Date: 10/1/16
	Rule Citation: 441 IAC 109.4(5)	

RULE

Handbook. A copy of *Child Care Centers and Preschools Licensing Standards and Procedures*, shall be available in the center, and a notice stating that a copy is available for review upon request from the center director shall be conspicuously posted. The name, office mailing address and telephone number of the child care consultant shall be included in the notice.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

The handbook provides parents an opportunity to become more knowledgeable about the state’s expectations of centers in providing quality child care. In addition, the handbook can serve as a support to centers in explaining the importance of complying with a standard with which the parent may have a disagreement.

While you do not have to give an individual copy of the handbook to parents, a copy must be accessible to parents within the center at all times. The notice stating that the handbook is available must be in an area of the center where parents routinely gather when they arrive to pick up or leave their children.

Iowa Department of Human Services Child Care Center Licensing Provider Handbook Regulations	SECTION: 109.5 Parental Participation	SUBJECT: Parental Evaluation
	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	Date: 10/1/16
	Rule Citation: 441 IAC 109.5(2)	

RULE

Parental evaluation. If requested by the Department, centers shall assist the Department in conducting an annual survey of parents being served by their center. The Department shall notify centers of the time frames for distribution and completion of the survey and the procedures for returning the survey to the Department.

The purpose of the survey shall be to increase parents' understanding of developmentally appropriate and safe practice, solicit statewide information regarding parental satisfaction with the quality of care being provided to children and obtain the parents' perspective regarding the center's compliance with licensing requirements.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

You are strongly encouraged to conduct your own evaluation of your services, obtaining the perspective of parents and staff. Information you obtain from such a survey should be provided to parents and staff. Such information is vital in achieving and maintaining a quality program and meeting the needs of the consumers – the parents, and more importantly, the children served.

If the Department undertakes a statewide evaluation, the center will not be expected to bear the cost. You may be asked to assist with providing names and addresses of parents served, assist in distribution of the survey at the center, etc. The Department will shared final reports obtained from conducting any statewide survey with all licensed centers.

Iowa Department of Human Services Child Care Center Licensing Provider Handbook Regulations	SECTION: 109.6 Personnel	SUBJECT: Center Director Requirements
	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	Date: 10/1/16
	Rule Citation: 441 IAC 109.6(1)	

RULE

Center director requirements. Centers that have multiple sites shall have a center director or on-site supervisor in each center. The center director is responsible for the overall functions of the center, including supervising staff, designing curriculum and administering programs.

The director shall ensure services are provided for the children within the framework of the licensing requirements and the center's statement of purpose and objectives. The center director shall have overall responsibility for carrying out the program and ensuring the safety and protection of the children.

The center shall submit information in writing to the child care consultant before the start of employment. The Department shall make the final determination. The information submitted shall be sufficient to determine that the director meets the following minimum qualifications:

- a. Is at least 21 years of age.
- b. Has obtained a high school diploma or passed a general education development test.
- c. Has completed at least one course in business administration or 12 contact hours in administrative-related training related to personnel, supervision, record keeping, or budgeting or has one year of administrative-related experience.
- d. Has certification in infant, child, and adult cardiopulmonary resuscitation (CPR), first aid, and Iowa's training for the mandatory reporting of child abuse.
- e. Has achieved a total of 100 points obtained through a combination of education, experience, and child development-related training as outlined in the following chart:
 - (1) In obtaining the total of 100 points, a minimum of two categories must be used, no more than 75 points may be achieved in any one category, and at least 20 points shall be obtained from the experience category.
 - (2) Points obtained in the child development-related training category shall have been taken within the past five years.
 - (3) For directors in centers predominantly serving children with special needs, the directors may substitute a disabilities-related or nursing degree for the bachelor's degree in early childhood, child development or elementary education in determining point totals. In addition, experience in working with children with special needs in an administrative or direct care capacity shall be equivalent to full-time experience in a child care center or preschool in determining point totals.

- (4) For directors in centers serving predominantly school-age children, the directors may substitute a degree in secondary education, physical education, recreation or related fields for the bachelor's degree in early childhood, child development or elementary education in determining point totals. In addition, child-related experience working with school-age children shall be equivalent to full-time experience in a child care center or preschool in determining point totals.

EDUCATION		EXPERIENCE (Points multiplied by years of experience)		CHILD DEVELOPMENT-RELATED TRAINING
Bachelor's or higher degree in early childhood, child development, or elementary education	75	Full-time (20 hours or more per week) in a child care center or preschool setting	20	One point per contact hour of training
Associate's degree in child development or bachelor's degree in a child-related field	50	Part-time (less than 20 hours per week) in a child care center or preschool setting	10	
Child development associate (CDA) or one-year diploma in child development from a community college or technical school	40	Full-time (20 hours or more per week) child development-related experience	10	
Bachelor's degree or higher in a non-child-related field	40	Part-time (less than 20 hours per week) child development-related experience	5	
Associate's degree in a non-child-related field or completion of at least two years of a four-year degree	20	Registered child development home provider	10	
		Nonregistered family home provider	5	

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

Every center **MUST** have a director! The director is responsible for the overall function of the center and is essentially the leader of a small business. The director of a center must have an understanding of good business practices, administration, and child development in order to:

- ◆ Ensure the overall well-being of children
- ◆ Establish healthy, safe, and developmentally appropriate practices
- ◆ Hire and maintain competent, motivated staff and provide for their professional development
- ◆ Set appropriate expectations for staff
- ◆ Maintain clear communication with parents
- ◆ Manage the center and provide for the financial soundness of the center over the long-term

Iowa Department of Human Services Child Care Center Licensing Provider Handbook Regulations	SECTION: 109.6 Personnel	SUBJECT: On-Site Supervisor Requirements
	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	Date: 10/1/16
	Rule Citation: 441 IAC 109.6(2)	

RULE

On-site supervisor. The on-site supervisor is responsible for the daily supervision of the center and must be on site daily either during the hours of operation that children are present or a minimum of eight hours of the center's hours of operation. Information shall be submitted in writing to the child care consultant before the start of employment. Final determination shall be made by the Department. Information shall be submitted sufficient to determine that the on-site supervisor meets the following minimum qualifications:

- a. Is an adult.
- b. Has obtained a high school diploma or passed a general education development test.
- c. Has certification in infant, child, and adult cardiopulmonary resuscitation (CPR), first aid, and Iowa's mandatory reporting of child abuse.
- d. Has achieved a total of 75 points obtained through a combination of education, experience, and child development-related training as outlined in the following chart:
 - (1) In obtaining the total of 75 points, a minimum of two categories must be used, no more than 50 points may be achieved in any one category, and at least 10 points shall be obtained from the experience category.
 - (2) Points obtained in the child development-related training category shall have been taken within the past five years.
 - (3) For on-site supervisors in centers predominantly serving children with special needs, the on-site supervisor may substitute a disabilities-related or nursing degree for the bachelor's degree in early childhood, child development or elementary education in determining point totals. In addition, experience in working with children with special needs in an administrative or direct care capacity shall be equivalent to full-time experience in a child care center or preschool in determining point totals.
 - (4) For on-site supervisors in centers serving predominantly school-age children, the on-site supervisor may substitute a degree in secondary education, physical education, recreation or related fields for the bachelor's degree in early childhood, child development or elementary education in determining point totals. In addition, child-related experience working with school-age children shall be equivalent to full-time experience in a child care center or preschool in determining point totals.

EDUCATION		EXPERIENCE (Points multiplied by years of experience)		CHILD DEVELOPMENT-RELATED TRAINING
Bachelor's or higher degree in early childhood, child development, or elementary education	75	Full-time (20 hours or more per week) in a child care center or preschool setting	20	One point per contact hour of training
Associate's degree in child development or bachelor's degree in child-related field	50	Part-time (less than 20 hours per week) in a child care center or preschool setting	10	
Child development associate (CDA) or one-year diploma in child development from a community college or technical school	40	Full-time (20 hours or more per week) child development-related experience	10	
Bachelor's degree or higher in a non-child-related field	40	Part-time (less than 20 hours per week) child development-related experience	5	
Associate's degree in a non-child-related field or completion of at least two years of a four-year degree	20	Registered child development home provider	10	
		Nonregistered family home provider	5	

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

Every center (including multiple sites under the jurisdiction of one business, school, etc.) **must** have an on-site supervisor! The on-site supervisor is responsible for the day-to-day supervision of the center. Among other duties, the on-site supervisor is directly responsible for:

- ◆ The daily operation of the center and supervision of direct-care staff.
- ◆ Ensuring children are accounted for and proper record keeping is maintained.
- ◆ Scheduling activities and transportation needs.
- ◆ Ensuring information regarding exposure to communicable disease is posted immediately upon notification.
- ◆ Ensuring parents are immediately notified of emergency or other serious incidents.
- ◆ Ensuring information is communicated to parents at the end of the day etc.

These functions may be performed either in a dual role by the director, if the director remains on site, or by another person who meets the qualifications for an on-site supervisor.

Iowa Department of Human Services Child Care Center Licensing Provider Handbook Regulations	SECTION: 109.6 Personnel	SUBJECT: Volunteers and Substitutes
	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	Date: 10/1/16
	Rule Citation: 441 IAC 109.6(5)	

RULE

Volunteers and substitutes.

- a. All volunteers and substitutes shall sign a statement indicating whether or not they have one of the following:
 - (1) A conviction of any law in any state or any record of founded child abuse or dependent adult abuse in any state.
 - (2) A communicable disease or other health concern that could pose a threat to the health, safety, or well-being of the children.
- b. Sign a statement indicating the volunteer or substitute has been informed of the volunteer’s or substitute’s responsibilities as a mandatory reporter.
- c. Undergo the record check process if the volunteer or substitute is included in meeting the required child-to-staff ratio; the volunteer or substitute has direct responsibility for a child or children; or the volunteer or substitute has access to a child or children with no other staff present.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

Record checks are required for each owner, director, staff member including volunteer, substitute, or subcontracted staff, with direct responsibility for child care or with access to a child when the child is alone and for anyone living in the child care facility who is 14 years of age or older. See [Record Checks and Evaluations](#).

Volunteers shall always be under the direct observation of staff. Any adult with access to children has the potential to cause them harm, either through abusive behavior or in the transmission of disease. Therefore, centers need to be cautious in the use of volunteers and substitutes, not only for the protection of children, but also for the center’s liability.

All volunteers and substitutes, regardless of the amount of time they volunteer or are paid to work in the center, **must** complete the statement indicating whether they have a criminal conviction or history of child abuse or dependent adult abuse or a communicable disease or health concern. Anecdotal information regarding perpetrators of child abuse and people infected with communicable disease serves as a caution to the argument: “but I know them, and they wouldn’t”

While the Iowa Legislature in 1998 exempted volunteers from the two-hour mandatory reporting training requirement, a volunteer is deemed an “employee” for purposes of being a mandatory reporter of child abuse. Consequently, you need to ensure that volunteers are aware of their responsibilities and how to make a report. Volunteers must sign a statement indicating they have been informed and are aware of their responsibilities.

The criminal history record check and request for child abuse information are required for only those persons serving as volunteers and substitutes who are included in staff ratio. The checks on persons included in staff ratio are important because of the person’s ability to be left in a supervisory position or left alone, even temporarily, with a child.

While some volunteers or substitutes may be included in ratio only several times throughout the year, receiving the information obtained in conducting the check will assist you in making a more informed decision about the continued use of the person in that role.

Volunteers younger than 18 shall also sign the conviction/child abuse statement and health statements. Centers may want to require volunteers younger than 18 to provide a copy of their immunization certificate (required by their school) to ensure that they are free from communicable disease.

Iowa Department of Human Services Child Care Center Licensing Provider Handbook Regulations	SECTION: 109.6 Personnel	SUBJECT: Record Checks and Evaluations
	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	Date: 10/1/16
	Rule Citation: 441 IAC 109.6(6)	

RULE

Record checks. The Department shall conduct criminal and child abuse record checks in Iowa for each owner, director, staff member, or subcontracted staff person with direct responsibility for child care or with access to a child when the child is alone and for anyone living in the child care facility who is 14 years of age or older. The Department may use Form 470-0643, *Request for Child and Dependent Adult Abuse Information*, and form 595-1396, *DHS Criminal History Record Check, Form B*, or any other form required for criminal and child abuse record checks. The Department may also conduct criminal and child abuse record checks in other states and may conduct dependent adult abuse, sex offender, and other public or civil offense record checks in Iowa or in other states.

Iowa records checks. Checks and evaluations of Iowa child abuse and criminal records, including the sex offender registry, shall be completed before the person's involvement with child care at the center. Iowa records checks shall be repeated at a minimum of every two years and when the Department or the center becomes aware of any possible transgressions. The Department is not responsible for the cost of conducting the Iowa records check.

The child care center may access the single-contact repository (SING) as necessary to conduct a criminal and child abuse record check of the person in Iowa. If the results of the check indicate a potential transgression, the center shall send a copy of the results to the Department for determination of whether or not the person may be involved with child care, regardless of the person's status with the center.

When the Department conducts the records check, the fee shall be \$35 effective July 1, 2010. The center shall submit the fee before the Department initiates the record check process. Payment must be in the form of cash, check, money order, or cashier's check. The Department may access SING to conduct the records check. The Department may also conduct dependent adult abuse, sex offender, and other public or civil offense record checks in Iowa for a person who is subject to a record check.

National criminal history checks. National criminal history checks based on fingerprints are required for all persons subject to record checks under this subrule effective with a center's initial licensure or relicensure. The national criminal history check shall be repeated for each person every four years and when the Department or center becomes aware of any new transgressions committed by that person in another state. The Department is not responsible for the cost of conducting the national criminal history check.

The child care center is responsible for obtaining the fingerprints of all persons subject to record checks. Fingerprints may be taken by law enforcement agencies, by agencies or companies that specialize in taking fingerprints, or by center staff or subcontractors who have received appropriate training in the taking of fingerprints.

- d. *Evaluation decision.* Within 30 days of receipt of a completed Form 470-2310, Record Check Evaluation, the Department shall make a decision on the person's involvement with child care. The Department has final authority in determining whether prohibition of the person's involvement with child care is warranted and in developing any conditional requirements and corrective action plan under this paragraph.
- (1) The Department shall mail to the individual on whom the evaluation was completed Form 470-2386, Record Check Decision, that explains the decision reached regarding the evaluation of the transgression and Form 470-0602, Notice of Decision.
 - (2) If the Department determines through an evaluation of a person's transgressions that the person's prohibition of involvement with child care is warranted, the person shall be prohibited from involvement with child care. The Department may identify a period of time after which the person may request that another record check and evaluation be performed.
 - (3) The Department may permit a person who is evaluated to maintain involvement with child care if the person complies with the Department's conditions and corrective action plan relating to the person's involvement with child care.
 - (4) The Department shall send a letter to the employer that informs the employer whether the person subject to an evaluation has been approved or denied involvement with child care. If the person has been approved, the letter shall inform the employer of any conditions and corrective action plan relating to the person's involvement with child care.
- e. *Notice to parents.* The Department shall notify the parent, guardian, or legal custodian of each child for whom the person provides child care if there has been a founded child abuse record against an owner, director, or staff member of the child care center. The center shall cooperate with the Department in providing the names and addresses of the parent, guardian, or legal custodian of each child for whom the facility provides child care.
- f. *Repeat of record checks.* The child abuse and criminal record checks shall be repeated at a minimum of every two years and when the Department or the center become aware of any transgressions. Any new transgressions discovered shall be handled in accordance with this subrule.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

Do not send the form to the Division of Criminal Investigation or make alterations to the form. This will result in the Division returning the form to the Department and a delay in turnaround. Resubmit the checks on employees every two years or when there is reason to believe there is a transgression. A copy of the form is included in Part IV of this handbook.

The child care support staff completes form 470-0643, *Request for Child and Dependent Adult Abuse Information*, when they receive the *DHS Criminal History Record Check*. The center does NOT complete or submit the *Request for Child and Dependent Adult Abuse Information*. The criminal and child abuse record checks are resubmitted every two years or when there is reason to believe a transgression has occurred. The existence of any of the following in a person's record is considered a transgression:

1. Conviction of a crime.
2. A record of having committed founded child or dependent adult abuse.
3. Listing in the sex offender registry established under Iowa Code Chapter 692A.
4. A record of having committed a public or civil offense.
5. Revocation or denial of a child care facility registration or license due to the person's continued or repeated failure to operate the child care facility in compliance with licensing and registration laws and rules.

You may want to consider conducting checks on other staff in the center, such as cooks, maintenance staff, etc., if they will have significant opportunity to have access to children.

When the licensing support staff requests an employee with a history of a transgression complete and return the *Record Check Evaluation*, form 470-2310, the form **must** be returned in **10 days**. Failure to do so can result in denial of employment.

When a record check evaluation is conducted, the Department will send a letter to the center that informs the center whether the individual subject to an evaluation has been approved or denied involvement with child care. If there are any conditions or a corrective action plan related to the approval of the individual's involvement with child care, the letter will inform the center of any of these conditions or corrective action plan.

A record check evaluation will not be requested or conducted when the criminal conviction or founded abuse meets the definition of a mandatory or time-limited prohibition from involvement with child care. In these circumstances, a *Notice of Decision: Services*, form 470-0602, denying involvement with child care will be sent to the person who is the subject of the record check. The center will be sent a letter notifying it that the person has been denied involvement with child care.

A criminal record or child abuse record check in an employee's file is a confidential request. This record cannot be duplicated and transferred with an employee. Therefore, if an employee leaves one center and begins employment at a new center, a new form 595-1396, *DHS Criminal History Record Check*, Form B, and form 470-0643, *Request for Child and Dependent Adult Abuse Information*, must be completed. The request does not have to be resubmitted for an employee who transfers between sites of the same corporation.

Notification to Parents

You may want to take an up-front approach with parents by clearly communicating in your parent materials that criminal and child abuse record checks are required on staff, substitutes, and volunteers used to meet ratio requirements. Parents should be informed that individuals are prohibited from involvement with child care when they have the following convictions or founded abuse reports:

- ◆ Founded child or dependent abuse that was determined to be sexual abuse.
- ◆ Placement on the sex offender registry.
- ◆ Felony child endangerment or neglect or abandonment of a dependent person.
- ◆ Felony domestic abuse.
- ◆ Felony crime against a child including but not limited to sexual exploitation of a minor.
- ◆ Forcible felony.

Parents should also be made aware that there is a time-limited prohibition from involvement with child care when a founded child abuse is determined to be physical abuse and when there is a conviction for a controlled substance offense under Iowa Code Chapter 124.

In these circumstances individuals are prohibited from involvement with child care for five years from the date of the conviction or founded child abuse report. After five years the Department assesses the circumstances of the incident and the person to determine whether or not the person can work in a child care center. This same review process is used for other types of criminal convictions or founded abuse.

In addition, parents should be informed that Department staff will notify them if a founded abuse (confirmed and placed on the Registry) ever occurs in the center,

When the Department conducts the child abuse record check on a staff person who has a founded child abuse report for an abuse that occurred in the center, the child care consultant is required to notify parents in writing of the incident. Law requires the notification to parents. The notice sent to parents does NOT identify the name of the perpetrator or the child, or the specific circumstances of the abuse. The letter indicates to parents that:

- ◆ A founded child abuse has been confirmed on a staff member at the center.
- ◆ The staff person has a right to appeal the decision.
- ◆ The Department will evaluate the staff member for continued employment.
- ◆ The center or the Department has taken other corrective action, if applicable.

When the Department must send out a letter to parents, you **shall** cooperate with the Department upon request of the consultant by immediately providing the names and addresses of the parents or guardians of the children served. Failure to do so could jeopardize the status of your license.

Being the subject of notification to parents of an abuse is an uncomfortable position for a center to find itself in. On the premise that an up-front disclosure usually alleviates more fears than an unexpected letter from the Department, one strategy that other directors have found of assistance, is for the center to initiate its own letter to parents.

You can inform parents that a founded abuse has occurred, that corrective action has been taken to remedy the situation or prevent reoccurrence, and that they will be receiving additional correspondence from the Department regarding this matter.

If a staff person leaves the center following an investigation that results in a founded determination, the Department is still required to notify the parents that a founded abuse occurred. If a staff person leaves employment and is later rehired, a new record check must be completed.

Iowa Department of Human Services Child Care Center Licensing Provider Handbook Regulations	SECTION: 109.7 Professional Growth and Development	SUBJECT: Required Training Within First Six Months
	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	Date: 10/1/16
	Rule Citation: 441 IAC 109.7(1)	

RULE

The center director, on-site supervisor, and staff counted as part of the staff ratio shall meet the following minimum staff training requirements:

Required training within the first three months of employment. During their first three months of employment, all staff shall receive the following training:

- a. Two hours of Iowa’s training for mandatory reporting of child abuse.
- b. At least one hour of training regarding universal precautions and infectious disease control annually.
- c. Certification in American Red Cross or American Heart Association infant, child, and adult cardiopulmonary resuscitation (CPR) or equivalent certification approved by the Department. A valid certificate indicating the date of training and expiration date shall be maintained.
- d. Certification in infant, child, and adult first aid that uses a nationally recognized curriculum or is received from a nationally recognized training organization including the American Red Cross, American Heart Association, the National Safety Council, American Safety and Health Institute or MEDIC First Aid or an equivalent certification approved by the Department. A valid certificate indicating the date of training and expiration date shall be maintained.
- e. Minimum health and safety trainings, approved by the Department, in the following areas and every five years thereafter:
 - (1) Prevention and control of infectious disease, including immunizations
 - (2) Prevention of sudden infant death syndrome and use of safe sleeping practices
 - (3) Administration of medication, consistent with standards for parental consent
 - (4) Prevention of and response to emergencies due to food and allergic reactions
 - (5) Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic
 - (6) Prevention of shaken baby syndrome and abusive head trauma
 - (7) Emergency preparedness and response planning for emergencies resulted from natural disaster or a man-caused event
 - (8) Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants
 - (9) Precautions in transporting children

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

Iowa's Child Care Provider Training Registry is an online tool where child care professionals can locate and enroll for DHS approved professional development. Center directors and other designated staff can enroll employees and track their professional development in a centralized location. To access and enroll for DHS approved professional development opportunities, please click <https://ccmis.dhs.state.ia.us/trainingregistry/>.

The "*Iowa Early Care and Education Knowledge and Competency Framework for Teaching Roles*" was recently developed by the Early Childhood Iowa-Professional Development, Early Learning Leadership Team as a tool to help increase skills for early care and education providers/teachers.

Through the Navigate your Pathway website, teachers and providers may see where they are today in professional development, see where next steps will take the professional, and create his or her own professional development plan for the future.

We encourage you to use this website to plan your professional development in a progressive way through formal higher education or ongoing professional development. You may access this resource at: <http://ecieducationpathway.org/>

Mandatory Reporting

Effective May 1, 2002, all child abuse mandatory reporter training must be training approved by the Abuse Education Review Panel in the Iowa Department of Public Health. All child abuse mandatory reporter training received before May 1, 2002, is good for five years from the date of training.

The child care resource and referral in your area has approved training and can work with you in getting your staff trained. You can find the address and telephone number of the child care resource and referral agency for your county on page 22 of this manual. You can also find a list of approved training at the Department of Public Health's website under the program name, Abuse Education Review Panel. The address to this website is as follows: <http://idph.iowa.gov/abuse-ed-review/resources>

The employee is responsible to ensure that a certificate showing the completion of training is obtained. An employee who changes jobs, going from one center to another, should take the certificate or a copy of the certificate to the new center. Mandatory reporter training must be renewed every five years.

Universal Precautions

Universal precautions is an approach to infection control (it is also referred to as "Blood-Borne Pathogen" or "Standard Precautions" training). All blood and bodily fluids are treated as if known to be infectious for HIV, Hepatitis B, or other blood-borne pathogens. Infectious materials include body fluids or waste products. The materials of most concern are human body fluids like blood, semen, vaginal secretions, saliva in dental procedures, any body fluid that visibly contains blood.

This training is required annually.

Ensure that all employees with occupational exposure to infectious materials participate in a training program provided at no cost to the employee and during working hours. According to federal Occupational Health and Safety Administration (OSHA) requirements, the training should be provided at the time the employee is assigned to duties or tasks where the employee may be exposed to infectious materials.

As licensing requirements dictate that this formal training occur within the first six months of employment, provide information to your employees regarding the universal precaution procedures used in the center at their initial orientation.

While all child care staff included in the staff/child ratio must receive the training, you may determine that additional employees may be at risk for occupational exposure of blood-borne pathogens. An occupational or job-related exposure occurs when an employee may come in contact with blood or other potentially infectious material. Ask the question: “Does this employee have any risk of coming in contact with infectious materials (the body fluids or child waste products) which may be contaminated?” If the answer is yes, then universal precautions training is required.

Employees are most likely to come in contact with infectious materials and waste in the course of:

- ◆ Changing diapers
- ◆ Giving first aid for cuts, human bites, and abrasions, or
- ◆ Handling trash that contains diapers and diaper-changing materials, and first-aid waste materials.

Child care providers are less likely to come in contact with infectious materials through a needle stick, unless the child is receiving medical treatments while in the child care center.

Training for universal precautions should include the following topics or materials:

- ◆ An explanation of how diseases are transmitted from person to person or from a contaminated object to a person.
- ◆ An explanation of how certain duties and tasks may place the staff at risk of exposure to blood and other infectious materials.
- ◆ An explanation of how to reduce the exposure to infectious materials by using new protective work practices and protective supplies and equipment.
- ◆ An explanation of the proper use, location, handling, decontamination, and disposal of protective supplies or equipment and how to select appropriate supplies for the task.
- ◆ An explanation of protective vaccines for Hepatitis B, including effectiveness and benefits of vaccine, vaccine safety, and how the vaccine is given.
- ◆ An explanation of exact procedures to follow if exposure occurs.
- ◆ An explanation of the signs and labels that may be posted regarding infectious materials and waste.
- ◆ All training participants must be given ample time to ask questions and receive answers from the person giving the training on universal precautions.

The child care health consultant, located in the child care resource and referral agency, can provide assistance in developing exposure control plans to prevent contact with infectious materials and procedures to follow should contact occur.

Staff records should document that training for universal precautions has been received. Also keep documentation for staff not included in ratio who have received the training (i.e., custodians or drivers).

Training may be received from a variety of sources. Contact the child care health consultant at your local child care resource and referral agency for more information.

The one-hour training regarding universal precautions and infectious disease control must be updated annually. Occupational Health and Safety Administration regulations require universal precautions training be given in a group setting and by a person who can respond to questions about disease transmission and prevention.

Certification in CPR and First Aid

Certification for CPR includes training on rescue breathing and first aid for choking, two critical elements in providing emergency care to children. Cessation of breathing almost always precedes cardiac arrest in children by a time period that makes rescue breathing an essential element of emergency care. However, being able to apply CPR techniques is still an essential skill, particularly in relation to responding to water emergencies and providing care to children with special needs. Recertification is necessary to ensure that skills are maintained.

A person or agency that wants to provide “equivalent certification” in first aid and CPR should contact the child care consultant for prior approval. The scope of content and practice time should be similar to that conducted by one of the four approved national organizations. A training that consists of less than two hours for certification (or renewal) in first aid or CPR cannot be deemed to be equivalent.

For first aid or CPR, a certificate is issued that documents that the person has completed the course and has demonstrated skills. If staff are currently certified for only part of the specific populations for first aid or CPR (for example, infant and child but not adult), they must obtain the additional certification at the time of their next renewal.

Minimum Health and Safety Content Areas

In November 2014, the Child Care and Development Block Grant Act of 2014 was signed into law. The new law made advancements by defining health and safety requirements for child care providers.

Iowa Department of Human Services Child Care Center Licensing Provider Handbook Regulations	SECTION: 109.7 Professional Growth and Development	SUBJECT: Staff Training Requirements
	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	Date: 10/1/16
	Rule Citation: 441 IAC 109.7(2)	

RULE

The center director, on-site supervisor, and all staff counted as part of the staff ratio shall meet the following minimum staff training requirements:

- a. During their first year of employment, all staff shall receive the following training:
 - (1) Ten contact hours of training from one or more of the following topical areas: child development, guidance and discipline, developmentally appropriate practices, nutrition, health and safety, communication skills, professionalism, business practices, and cross-cultural competence. Training received for cardiopulmonary resuscitation (CPR), first aid, mandatory reporting of child abuse, and universal precautions shall not count toward the ten contact hours.
 - (2) Staff who have completed a comprehensive training package of at least ten contact hours offered through a child care resource and referral agency or community college within six months before initial employment shall have the first year’s ten contact hours of training waived.
- b. Following their first year of employment, all staff shall:
 - (1) Maintain current certification for Iowa’s training for the mandatory reporting of child abuse; infant, child and adult CPR; and infant, child and adult first aid.
 - (2) Receive six contact hours of training annually from one or more of the following topical areas: child development, guidance and discipline, developmentally appropriate practices, nutrition, health and safety, communication skills, professionalism, business practices, and cross-cultural competence.
 - (3) Center directors and on-site supervisors shall receive eight contact hours of training annually from the topical areas.
- c. Initial training obtained as identified as minimum health and safety trainings may be counted towards annual training hours during the year of employment in which it is taken.
- d. Training identified in paragraph 109.7(1)“e” shall not count towards annual professional development more than once.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

Research indicates that formal education or training that increases the knowledge of providers has been shown to be the greatest determinant of safe and quality programming for children. The following chart summarized the training requirements.

As identified in 109.7(8): The director, on-site supervisor, and any person designated a lead in the absence of supervisory staff shall have completed all pre-service training outlined above.

WITHIN FIRST YEAR OF EMPLOYMENT	THEREAFTER
1 hour of universal precautions (within first three months)	1 hour of universal precautions annually
Training for mandatory reporting of child abuse (within first three months)	Maintain current certification for mandatory reporting of child abuse
Certification in American Red Cross or American Heart Association <u>infant, child, and adult</u> cardiopulmonary resuscitation (CPR)	Maintain current certification for infant, child, and adult CPR
Certification in <u>infant, child, and adult</u> first aid that uses a nationally recognized curriculum or is received from a nationally recognized training organization (see rule)	Maintain current certification for infant, child, and adult first aid
Minimum health and safety training: <ul style="list-style-type: none"> • Prevention and control of infectious disease, including immunizations • Prevention of sudden infant death syndrome and use of safe sleep practices • Administration of medication, consistent with standards for parental consent • Prevention of and response to emergencies due to food and allergic reactions • Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic • Prevention of shaken baby syndrome and abusive head trauma • Emergency preparedness and response planning for emergencies resulted from natural disaster or man caused event • Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants • Precautions in transporting children 	Required every five years

<p>10 contact hours of training from:</p> <ul style="list-style-type: none"> • Child development • Guidance and discipline • Developmentally appropriate practices • Nutrition • Health and safety • Communication skills • Professionalism, business practices • Cross-cultural competence. <p>Training received for CPR, first aid, mandatory reporting, and universal precautions does not count toward the 10 hours.</p> <p>Staff that completed a comprehensive training package of at least 10 contact hours offered through a child care resource and referral agency or community college within 6 months before initial employment are waived from first year's 10 contact hours of training.</p>	<p>Staff must receive 6 contact hours of training from the topical areas.</p> <p>Center directors and on-site supervisors must receive 8 contact hours of training annually from the topical areas.</p>
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“Contact hours” means the actual hours of training (hour-for-hour). Obtaining more than the required hours in one year does not carry over in the following year. (For example, a person who takes 12 hours of training in the first year of employment still requires 6 hours of training in the following year.)

Sponsored group setting is not self-study, but is training received with other adults, either in or out of the center. The training must be conducted by a trainer or using curriculum or training materials developed or obtained from:

- ◆ Accredited universities and colleges
- ◆ Community colleges
- ◆ ISU Extension
- ◆ Child care resource and referral agencies
- ◆ Area education agencies
- ◆ Regent’s Center
- ◆ Hospitals (health and safety, first aid, CPR)
- ◆ Red Cross, American Heart Association, National Safety Council, Medic First Aid
- ◆ Head Start
- ◆ State professional associations such as IAEYC, IFCCA, etc.
- ◆ National professional associations such as NAEYC, American Academy of Pediatrics, etc.
- ◆ CACFP and WIC
- ◆ State Departments of Health, Education, and Human Services
- ◆ Organizations that are certified by the International Association for Continuing Education and Training (IACET)

Any sponsored training in a group setting must offer:

- ◆ Content equal to at least one hour of training credit.
- ◆ Training that follows the philosophy of developmentally appropriate practice, as defined by NAEYC and National Health and Safety Performance Standards.

- ◆ An opportunity for questions and answers within the contact hours.
- ◆ Documentation of training for each participant that includes:
 - The title of training
 - The area addressed relative to the topical areas required.
 - The name of person who served in the instructor role.
 - The number of contact hours.

The requirement for sponsored training is not intended to discourage capable center directors and staff from conducting “in-house” training. However, a sponsored training that occurs in a center setting by a director or other staff member does not simply mean staff “updating” each other about a conference session they attended or materials they’ve reviewed.

The material or content of the training must have been obtained from one of the entities listed above and follow a “presentation” format that incorporates adult learning methods. If information is shared regarding a topic from a conference or training, etc., it should be supplemented with other materials, such as handouts, a video presentation on the topic, etc.

Sponsored training may also occur over the Iowa Communications Network, via tele-credit courses that are offered through public television stations, or through Internet-based training such as Learning Options On-Line Campus (www.learningoptions.org)

Training conducted with staff either during the hours of operation of the center, staff lunch hours, or while children are resting must not diminish the required staff ratio coverage. Staff cannot be actively engaged in the care and supervision of children and simultaneously participate in training.

A “comprehensive training package” is a course of study such as ChildNet offered through the child care resource and referral agencies or a curriculum used by a community colleges that incorporates multiple training elements in caring for children, including child development, appropriate guidance and supervision, health and safety, etc.

People who change jobs, going from one center to a different center, may take their training history with them, and simply continue the hours required for the appropriate year of employment.

The child care resource and referral agencies can provide information on available training in your area.

Iowa Department of Human Services Child Care Center Licensing Provider Handbook Regulations	SECTION: 109.7 Professional Growth and Development	SUBJECT: Staff Employed in Summer-Only Programs
	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	Date: 10/1/16
	Rule Citation: 441 IAC 109.7(3)	

RULE

The center director, on-site supervisor, and staff counted as part of the staff ratio shall meet the following minimum staff training requirements:

Staff employed in centers that operate summer-only programs.

During their first three months of employment, all staff shall receive the following training:

- a. Two hours of Iowa’s training for mandatory reporting of child abuse.
- b. At least one hour of training regarding universal precautions and infectious disease control.
- c. Certification in American Red Cross or American Heart Association infant, child, and adult cardiopulmonary resuscitation (CPR) or equivalent certification approved by the Department. A valid certificate indicating the date of training and expiration date shall be maintained.
- d. Certification in infant, child, and adult first aid that uses a nationally recognized curriculum or is received from a nationally recognized training organization including the American Red Cross, American Heart Association, the National Safety Council, American Safety and Health Institute or MEDIC First Aid or an equivalent certification approved by the Department. A valid certificate indicating the date of training and expiration date shall be maintained.
- e. Minimum health and safety trainings, approved by the Department, in the following areas (valid for five years):
 - (1) Prevention and control of infectious disease, including immunizations
 - (2) Prevention of sudden infant death syndrome and use of safe sleeping practices
 - (3) Administration of medication, consistent with standards for parental consent
 - (4) Prevention of and response to emergencies due to food and allergic reactions
 - (5) Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic
 - (6) Prevention of shaken baby syndrome and abusive head trauma
 - (7) Emergency preparedness and response planning for emergencies resulted from natural disaster or a man-caused event
 - (8) Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants
 - (9) Precautions in transporting children

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

The temporary nature of staff typically employed in summer-only programs makes it difficult to prescribe ongoing training plans. However, for the well-being of the children served, minimum health and safety training is required. The following chart summarizes the training requirements for summer staff.

As identified in 109.7(8): The director, on-site supervisor, and any person designated a lead in the absence of supervisory staff shall have completed all pre-service training outlined above.

Certification for CPR includes training on rescue breathing and first aid for choking, two critical elements in providing emergency care to children. Cessation of breathing almost always precedes cardiac arrest in children by a time period that makes rescue breathing an essential element of emergency care. However, being able to apply CPR techniques is still an essential skill, particularly in relation to responding to water emergencies and providing care to children with special needs. Recertification is necessary to ensure that skills are maintained.

If staff are currently certified for only part of the specific populations for first aid or CPR (for example, infant and child but not adult), they must obtain the additional certification at the time of their next renewal.

Page 70 is reserved for future use.

Iowa Department of Human Services Child Care Center Licensing Provider Handbook Regulations	SECTION: 109.7 Professional Growth and Development	SUBJECT: Training Plans
	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	Date: 10/1/16
	Rule Citation: 441 IAC 109.7(4)	

RULE

Training plans. Training shall supplement educational and experience requirements in rule 441--109.6(237A) and shall enhance the staff's skill in working with the developmental and cultural characteristics of the children served.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

Ongoing staff development and in-services provide an opportunity to:

- ◆ Motivate staff.
- ◆ Advance their professional skills.
- ◆ Provide up-to-date information on child development, learning strategies, developmentally appropriate practices, and health and safety practices.

You are encouraged to develop individual training plans for your staff, based on:

- ◆ Reinforcements needed to their past education and experience.
- ◆ The populations of children they provide direct care to.
- ◆ Health and safety considerations.
- ◆ Concerns cited in their evaluation and supervision.

Iowa Department of Human Services Child Care Center Licensing Provider Handbook Regulations	SECTION: 109.8 Staff Ratio Requirements	SUBJECT: Staff Requirements
	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised	Date: 4/1/98
	Rule Citation: 441 IAC 109.8(1)	

RULE

109.8(1) *Staff requirements.* Persons counted as part of the staff ratio shall meet the following requirements:

- a. Be at least 16 years of age. If less than 18 years of age, the staff shall be under the direct supervision of an adult.
- b. Be involved with children in programming activities.
- c. At least one staff person on duty in the center and outdoor play area when children are present and present on field trips shall be over the age of 18 and hold current certification in first aid and cardiopulmonary resuscitation (CPR) as required in rule 441—109.7(237A).

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

The staff requirements listed above apply to the staff members included as part of the staff ratio.

Research has shown that the quality of staff is the single most important determinant of a quality child care setting. Because of the rapidly changing developmental needs of children, the vulnerability of young children, the needs of older children for mentoring and support, and the responses required in emergencies, staff included in ratio need to display:

- ◆ A level of maturity.
- ◆ A knowledge of child development.
- ◆ A knowledge of acceptable health and safety practices.
- ◆ An ability to adapt to the constantly changing emotional and physical care needs of children.

Failure to employ staff who meet staff requirements, or to come into compliance as arranged with your child care consultant, could result in the suspension or revocation of your license.

Iowa Department of Human Services Child Care Center Licensing Provider Handbook Regulations	SECTION: 109.8 Staff Ratio Requirements	SUBJECT: Staff Ratio
	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	Date: 10/1/16
	Rule Citation: 441 IAC 109.8(2)	

RULE

Staff ratio. The staff-to-child ratio shall be as follows:

Age of Children

Minimum Ratio of Staff to Children

Two weeks to two years	One to every 4 children
Two years	One to every 6 children
Three years	One to every 8 children
Four years	One to every 12 children
Five years to ten years	One to every 15 children
Ten years and over	One to every 20 children

- a. Combinations of age groupings for children four years of age and older may be allowed and may have staff ratio determined on the age of the majority of the children in the group. If children three years of age and under are included in the combined age group, the staff ratio for children aged three and under shall be maintained for these children. Preschools shall have staff ratios determined on the age of the majority of the children, including children who are three years of age.
- b. If a child between the ages of 18 and 24 months is placed outside the infant area, as defined at subrule 109.11(2), the staff ratio of 1 to 4 shall be maintained as would otherwise be required for the group until the child reaches the age of two.
- c. Every child-occupied program room shall have adult supervision present in the room.
- d. During nap time, at least one staff shall be present in every room where children are resting. Staff ratio requirements may be reduced to one staff per room where children are resting for a period of time not to exceed one hour provided staff ratio coverage can be maintained in the center. The staff ratio shall always be maintained in the infant area.
- e. The minimum staff ratio shall be maintained at mealtimes and for any outdoor activities at the center.
- f. When seven or more children under the age of three are present on the licensed premises or are being transported in one vehicle, at least two adult staff shall be present. Only one adult is required when a center is transporting children in a center-owned vehicle with parent authorization for the sole purpose of transporting children to and from school. When a center contracts with another entity to provide transportation other than for the purpose of transporting school-age children to or from school, at least one adult staff in addition to the driver shall be present if at least seven children provided care by the center are transported.

- g. Any child care center-sponsored program activity involving five or more children conducted away from the licensed facility shall provide a minimum of one additional staff over the required staff ratio for the protection of the children.
- h. For a period of two hours or less at the beginning or end of the center's hours of operation, one staff may care for six children or less, provided no more than two of the children are under the age of two years and there are no more than six children in the center.
- i. For centers or preschools serving school-age children, the ratio for school-age children may be exceeded for a period of no more than four hours during a day when school classes start late or are dismissed early due to inclement weather or structural damage provided the children are already enrolled at the center and the center does not exceed the licensed capacity.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

Standards for staff ratios are based on what children need in order to have a reasonable amount of quality, nurturing care. The ratio of children to adults allows for increased one-to-one interaction, knowledge of individual children, and consistent and safe caregiving. Research shows that the staff/child ratio is the most critical for children from birth to three years of age.

While a low staff/child ratio does not in and of itself guarantee that quality care is provided, it does increase the likelihood that staff will be able to provide more individualized, interactive, direct care and increases staff's ability to respond to emergencies, tend to children with minor illness, etc. The National Fire Protection Association, in its *1988 Life Safety Code 10,1* recommends lower staff/child ratios for nonambulatory children as essential for fire safety.

Centers may enlist volunteers, high school students interested in child development (who are at least 16), college students in early childhood or CDA programs, Green Thumb, or other retired senior programs as resources to meet ratio.

Larger centers (serving 50 or more children) may want to consider not including the director or on-site supervisor in the staff/child ratio to allow them to be more available for the overall management and supervision of the center. This allows the director and supervisor to be more knowledgeable of all the activities throughout the center, provide guidance and modeling to staff, allow for more immediate response and intervention during emergencies, and fill in temporarily for an absent employee until a substitute can arrive.

General Ratio Requirements

Preschools determine their ratio on the basis of the age of the majority of the children. Centers determine ratio on the basis of the ages of all the children served. When there is no majority of any age group, staff on the age of the lower group. For example, if a group consists of five three year olds and five four year olds, determine the ratio based on the three-year-olds (1:8).

A combined age group may be accomplished in a segregated program room or in a general-purpose program area. Combinations of age groupings are allowed for, but not required, in child care centers.

Given the vulnerability and care needs of children under age three, staff ratio must be maintained for their age group when they are included in a combined grouping. Remember, infants must be cared for separate from the other children except for very limited periods of time, maintaining their staff ratio.

When combining age groups, consider the amount of time spent in a combined group, the personal needs of the children, and the safety considerations of younger children when combined with school-age children. Be mindful of the fact that too large of a group may impede the activity level, interaction, and overall development of the children.

In addition, the larger the group, the more stress this places on staff in trying to meet individual needs, coordinate group activities, and provide for overall supervision. Higher stress levels of staff are associated with inappropriate responses to situations, abuse due to a loss of control, and high staff turnover.

Depending on the developmental stage of an individual child, it may be appropriate to include a child aged 18 to 24 months in with other children who are two years of age. If this is done, the child must still be staffed at a 1:4 ratio until the child's second birthday. Do not routinely place children under 18 months in rooms or groups of children who are two years or older.

A program area where children are present must never be left unsupervised by an adult. A person 18 years or older must be present in every child-occupied program room.

Other than the exception allowed for at the beginning and ending of a center's hours of operation, at least two adults must be on duty whenever seven or more children three years of age and older are in the child care center. (Two adults are always required by ratios for children birth through age 2 if seven children of either of those age groupings are present.)

Examples for Determining Ratio

Program room by age:

Children under 2 (1:4)	9	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>X</td><td></td><td>X</td><td>X</td><td>X</td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>X</td></tr></table>	X	X	X	X	X		X	X	X	X	3 staff required					
X	X	X	X															
X		X	X	X														
X																		
2-year-olds (1:6)	15	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	3 staff required
X	X	X	X	X	X													
X	X	X	X	X	X													
X	X	X																
3-year-olds (1:8)	10	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>X</td><td>X</td><td>X</td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	2 staff required		
X	X	X	X	X	X	X	X											
X	X	X																
X	X																	

All in one program area:

Children under 2 (1:4)	9	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>X</td><td></td><td>X</td><td>X</td><td>X</td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>X</td></tr></table>	X	X	X	X	X		X	X	X	X	3 staff required					
X	X	X	X															
X		X	X	X														
X																		
2-year-olds (1:6)	15	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>X</td><td>X</td><td>X</td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	2 staff required
X	X	X																
X	X	X	X	X	X													
X	X	X	X	X	X													
3-year-olds (1:8)	10	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>X</td><td>X</td><td>X</td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	2 staff required		
X	X	X	X	X	X	X	X											
X	X	X																
X	X																	

2-year-olds (1:6)	1
3-year-olds (1:8)	1
5-year-olds (1:15)	5

In the above grouping example, two staff are required because of the ratio for the two-year-old.

Example for Determining Ratio in a Preschool

3-year-olds	9	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>X X X X X</td><td>X X X</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>X</td></tr></table>	X X X X X	X X X	X	
X X X X X	X X X					
X						
4-year-olds	15	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>X X X X X</td><td>X X</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>X X X</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>X X X X X</td></tr></table>	X X X X X	X X	X X X	X X X X X
X X X X X	X X					
X X X						
X X X X X						
5-year olds	3	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>X X X</td></tr></table>	X X X			
X X X						

The majority of the children are 4-year-olds, requiring a ratio of 1:12. Therefore, 27 children require three staff.

Examples for Determining Ratio in a Center

Combined age group in program area that includes 3-year-olds:

3-year-olds	9	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>X X X X X</td><td>X X X</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>X</td></tr></table>	X X X X X	X X X	X	
X X X X X	X X X					
X						
4-year-olds	15	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>X X X X X</td><td>X X</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>X X X</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>X X X X X</td></tr></table>	X X X X X	X X	X X X	X X X X X
X X X X X	X X					
X X X						
X X X X X						
5-year-olds	3	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>X X X</td></tr></table>	X X X			
X X X						

The three-year-olds must still have ratio maintained for their age group at 1:8. The majority of the other children are four-year-olds, requiring a ratio of 1:12. Therefore, 27 children require three staff.

Combined age group in program area that doesn't include 3-year-olds:

4-year-olds	9	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>X X X X X</td><td>X X X X</td></tr></table>	X X X X X	X X X X		
X X X X X	X X X X					
5-year-olds	15	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>X X X X X</td><td>X</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>X X X X</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>X X X X X</td></tr></table>	X X X X X	X	X X X X	X X X X X
X X X X X	X					
X X X X						
X X X X X						
11-year-olds	3	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>X X X</td></tr></table>	X X X			
X X X						

The majority of the other children are five-year-olds, requiring a ratio of 1:15. Therefore, 27 children require two staff.

Ratio While Children are Resting

During nap time, children are at varying degrees of resting. At a mid-point in the day, child care staff are often also in need of a break period to rejuvenate, attend to center maintenance or record keeping duties, etc. To accommodate staff's needs for a break, to eat lunch, to participate in in-house staff development opportunities, to attend to other duties, the staff ratio in each room may be reduced to only one staff for a period not to exceed one hour. (**Note:** This does not mean that the nap time must be limited or capped at one hour.)

Staff ratio in the center must still be maintained during this hour. Although the staff ratio in the infant room cannot be reduced, you can use other staff to provide the infant caregivers a break as well.

Example in program room by age:

2-year-olds (1:6)	9	X X X X X X X X X X	2 staff required
3-year-olds (1:8)	15	X X X X X X X X X X X X X X X X	2 staff required
4-year-olds (1:12)	10	X X X X X X X X X X X	1 staff required

In this scenario, the center’s nap time begins at noon. From 12:00-1:00 p.m., only one staff has to be in each room, but a total of five staff need to remain in the center. After 1:00 p.m., the rooms must be staffed as shown above. (**Note:** This is just an example -- the hour does not have to begin immediately at the start of the designated nap time, but rather after children have begun to fall asleep.)

Ratio During Activities

Given the importance of modeling appropriate mealtime behaviors and being available to respond to emergencies, it is important to maintain staff ratio during meal and snack times.

Children are susceptible to injury and accidents during outdoor playtime. To allow staff the ability to attend to an injured child and appropriately supervise children on play equipment, it is important to maintain staff ratio during outdoor play.

If you arrange for an activity away from the center for five or more children (such as a field trip, a walk to the library, etc.), one additional staff person over the required ratio must attend. The additional person is available to assist with general supervision, helping young children in crossing streets, attending to non-ambulatory children, and in the event a child becomes ill or an emergency arises. One person may take four children or fewer on an activity away from the center, such as a short walk to a park or library or taking a stroller of two to four infants for a walk outdoors.

Sometimes children attend an organized activity away from the center that the parent enrolled the child in or for which the parent is paying a separate fee. Examples include swimming lessons, city park and recreation programs, and library or science center activities. During these activities, the center must meet ratio requirements for the transportation of the children to the activity.

If the organization or entity conducting the activity is assuming responsibility for the children during the activity, staff do not have to remain with the children while the activity is being completed. The party responsible for supervision should be clearly understood between the organization and the center AND clearly communicated with parents in writing.

Please note: Ratio must be maintained if the activity is a general “field trip” where children are going swimming or attending the science center solely as a group of center children with no formal program being held.

Ratios for Transportation

When seven or more children three years of age and older are being transported, at least two adults must be in the vehicle.

If you contract with another agency or organization to provide transportation for children other than for transportation of school-aged children to and from school, at least one adult from the center must ride along if at least seven children from the center are in the vehicle. The requirement for the additional staff applies only when you are paying another entity to provide the service.

In a scenario where a preschool is contracting with a school to provide transportation for the children, the extra staff requirement would apply. However, if the school is providing the service at no cost to the preschool program, then the additional staff is not necessary. Centers should clearly communicate to parents who the responsible entity is for supervision when transportation is being provided by a non-contracted entity.

Exception: When a center-owned vehicle is used to transport school-aged children to and from school, only one adult is required, provided that the parents of the children being transported are aware and have authorized the reduced ratio. Keep a copy of the signed authorization in the child's file.

Accommodations During Special Circumstances

To meet the demands of parents' work schedules, many centers are open 12 hours or more a day. Often only a few children are present at the beginning or end of a center's business hours. To accommodate the staff scheduling issues that arise during these times, one adult staff may care for six children or less for a period of time not to exceed two hours, as long as no more than two children are two years old or younger. This accommodation is not intended to apply to preschool or before- and after-school programs, which typically operate for three or fewer hours.

Allowing for scheduling of this type was not intended to establish a norm for all centers' staffing, but rather to allow flexibility when the situation warrants. Be mindful of that your first and foremost obligation is providing care and supervision to children. Therefore, the one staff person should remain actively involved with the children, and not be attending to duties such as cooking or doing general maintenance or cleaning.

In Iowa, unforeseen weather events (snow or ice storms, fog, etc.) often result in schools delaying their start time or dismissing early. In addition, schools occasionally experience structural or mechanical problems (no heat or electricity, roof leaks, etc.) that result in late start or early dismissal. During these times, you may need to provide care to your school-aged children but have had insufficient warning to accommodate the additional staff needs required.

When this occurs, you may exceed ratio for no more than four hours, as long as the children cared for are already enrolled in the program and you do not exceed your licensed capacity. The four-hour window allows you time to contact staff to come into work. This accommodation is not intended to apply to scheduled events that result in school closings, late starts, or early dismissals (such as parent-teacher conferences or teacher in-service days).

Iowa Department of Human Services Child Care Center Licensing Provider Handbook Regulations	SECTION: 109.9 Records	SUBJECT: Personnel Records
	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	Date: 10/1/16
	Rule Citation: 441 IAC 109.9(1)	

RULE

Personnel records. The center shall maintain personnel information sufficient to ensure that persons employed in the center meet minimum staff and training requirements and do not pose any threat to the health, safety, or well-being of the children. Each employee’s file shall contain, at a minimum, the following:

- a. A statement signed by each individual indicating whether or not the individual has any conviction by any law of any state or if the individual has any record of founded child abuse or dependent adult abuse.
- b. A copy of *DHS Criminal History Record Check*, Form B, or any other permission form approved by the Department of Public Safety for conducting an Iowa or national criminal history record check.
- c. A copy of *Request for Child and Dependent Adult Abuse Information*.
- d. Copies of the results of Iowa records checks conducted through the SING for review by the Department upon request.
- e. Copies of national criminal history check results.
- f. Any Department-issued documents sent to the center related to a records check, regardless of findings.
- g. A physical examination report. Personnel shall have good health as evidenced by a pre-employment physical examination. Acceptable physical examinations shall be documented on form 470-5152, *Child Care Provider Physical Examination Report*. The examination shall include any necessary testing for communicable diseases; shall include a discussion regarding current Advisory Committee on Immunization Practices (ACIP)-recommended vaccinations; shall be performed within six months prior to beginning employment by a licensed medical doctor, doctor of osteopathy, physician assistant or advanced registered nurse practitioner; and shall be repeated at least every three years.
- h. Documentation showing the minimum staff training requirements including current certifications in first aid and cardiopulmonary resuscitation (CPR) and Iowa’s training for the mandatory reporting of child abuse.
- i. A photocopy of a valid driver’s license if the staff will be involved in the transportation of children.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

The listed items are the minimum requirements for a center to maintain in a personnel file. Original first aid and CPR certificates should be in the file for documentation of training. Photocopies must have the instructors and employee signatures.

You may want to require additional items, such as proof of age for staff under 18; proof of employment, education, or training that documents how staff meet qualifications; information regarding a staff person's specific medical or health needs; or emergency contact information.

In addition to completing the required record checks, Iowa law requires that you have all prospective employees sign a statement indicating whether they or not they have a record of:

- ◆ A founded child or dependent adult abuse
- ◆ A conviction in any state for any crime

Prospective employees need to be informed that a criminal history and child abuse check will be conducted if they are offered or accept a position. While the record check and subsequent evaluations might not be completed before the employee starts to work, you need to initiate the process at the point you offer the person a position.

Iowa law requires that the employment physical be a pre-employment physical. The physical examination must be completed every three years. The decision as to who bears the cost of an employment physical examination is an issue to be agreed upon between you and the employee.

If an employee leaves a center and then returns or begins working at a new site within the same corporation or organization, a new physical examination does not have to be submitted if the previous examination is less than three years old. Provide a copy of the examination to the new center. (You may establish more restrictive policies for when a new examination is required.)

Tuberculosis has been on the rise around the country, and remains an issue in Iowa. Employees are required to be tested for tuberculosis at the time of their physical. A person who tests positive for tuberculosis should have a statement from the physician indicating whether or not the person is restricted in any manner from providing care. Staff are at greater risk of encountering tuberculosis in areas with a high prevalence of transient, migrant, or immigrant populations, particularly Hispanic populations. Staff working in centers serving these populations may not want to wait until their examination is due before being tested.

An employee is not required to be tested for all communicable diseases, given their number. However, the physician must verify that the employee is either status-free or, if a person has been exposed to a communicable disease, the physician should determine if the person's health status impedes or limits the person's ability to care for children in a child care center. Medical conditions that do not affect the performance of the employee in the capacity employed or the health and safety of the children do not prohibit employment.

You may choose to maintain staff records, including the physical examination report, in a central repository due to confidentiality concerns, lack of locked storage space, etc. This practice is permissible as long as the records are available to the child care consultant during normal business hours. However, you should maintain emergency contact and medical information on the staff at the sites so that you can respond to a staff's health emergency.

Iowa Department of Human Services Child Care Center Licensing Provider Handbook Regulations	SECTION: 109.9 Records	SUBJECT: Child's File
	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised	Date: 4/1/98
	Rule Citation: 441 IAC 109.9(2)	

RULE

Child's file. Centers shall maintain sufficient information in a file for each child, which shall be updated at least annually or when the parent notifies the center of a change or the center becomes aware of a change, to ensure that:

- a. A parent or an emergency contact authorized by the parent can be contacted at any time the child is in the care of the center.
- b. Appropriate emergency medical and dental services can be secured for the child while in the center's care.
- c. Information is available in the center regarding the specific health and medical needs of a child, including information regarding any professionally prescribed treatment. Information shall include a physical examination report as required at subrule 109.10(1). For a center serving school-age children that operates in the same school facility in which the child attends school, documentation shall include a statement signed by the parent that the immunization information is available in the school file.
- d. A child is released only to authorized persons.
- e. Documentation of injuries, accidents, or other incidents involving the child is maintained.
- f. Parent authorization is obtained for a child to attend center-sponsored field trips and non-center activities. If parental authorization is obtained on an authorization form inclusive of all children participating in the activity, the authorization form shall be kept on file at the center.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

While all information in a child's file must be reviewed on an annual basis with the parents to ensure the information is accurate, more frequent reviews with the parents ensure you have the most accurate and up-to-date information. You may want to have parents initial and date forms to indicate that they have reviewed and verified the information and initial any changes to information throughout the year.

Contact and Authorization Information

Due to the unforeseen emergencies that may arise with either the parents or child, it is important that you have sufficient information to contact a responsible adult if the parent cannot be reached or is incapacitated.

For parent or emergency contact information to be sufficient, it must provide enough information to enable you to contact the parent at any point during which the center is providing care. At a minimum, information for the parents and an authorized emergency contact should contain:

- ◆ Home and work locations.
- ◆ Home, work, and beeper or cell phone numbers.
- ◆ Relationship of the emergency contact to the child (grandparent, friend, neighbor, etc.).

Maintain a list of all persons authorized by the parent to ensure that children are released only to these persons. The authorization should include a signature by the parent verifying the accuracy of the information. You may want to have the parent periodically review and initial the list.

Do not release a child to anyone for whom you do not have a written authorization from the parent. Should a no-contact order or other legal restriction be established on a parent or other person, you may want to maintain a copy of the order in the child's file.

Keep parents informed of any field trips you plan and obtain authorization for the child to participate. The authorizations can be obtained on one form for all parents or authorized people to sign. Keep a copy of these forms in the center.

If parents want their child to participate in activities away from the center not sponsored by the center, they should provide authorization with specific details, such as the location and time of the activity, how the child will get to and from the activity, etc. If a child will walk to the activity, the authorization form should clearly state this, as well as the fact that the center will not be providing supervision during the time of the activity. For ongoing activities, such as Scouts, music lessons, tutoring, etc., the authorization information should be updated annually.

The file should also contain the parent authorization for reduced ratio for school-aged children who are transported to and from school in the center vehicle. You may want to obtain parent authorization for children who walk to and from the center to home or school.

Child's Physical Examination

Keep a copy of the child's physical examination and health statement on premises in the center. Do not keep the reports in a central office location for a multi-site program. Staff need immediate access to information on past health history; status of present health, including allergies, medications, and acute or chronic conditions; and recommendations for continued care. This is particularly important if a decline in the child's health occurs during the course of care, or if the child needs medical treatment while in attendance.

Children in Foster Care

Many situations require a parent or guardian's consent or involvement (authorization for medication, permission for field trips, policies provided to parents, etc.). This can become confusing for centers that serve children who are in foster care, due to the legal and practical considerations of obtaining consent or sharing information.

The Department, in its capacity as custodian, may sign for routine authorizations, such as enrollment forms, authorizations for field trips or non-center-sponsored activities, permission to seek emergency medical or dental care, authorizing people who may remove the child from the center, etc.

However, in most instances, the Department social worker will first seek the signature of the child's parent. When Department staff determine that it is impractical or inappropriate to obtain a parent's signature, the worker may sign for any authorizations required in center rules that otherwise would be required of the parent.

As custodian, the Department worker can authorize only emergency medical care. The worker cannot authorize the use of routine medications. Therefore, you may want to have the Department worker obtain the parent's signature on a universal statement before the child's admission. This statement would authorize the specific prescription medications for the child, as well as specific over-the-counter medications that the parent consents to be used (Tylenol, decongestants, cough syrup, etc.).

The foster parents are not deemed the child's custodian and therefore should not sign authorizations. However, as they in most instances will have daily contact with the center, information that is required to be given to parents (fee policies, daily reports on infants and toddlers, and incident reports) can be given to the foster parents. They, in turn, will share them with the Department worker.

Notify the Department worker notified immediately for any serious incident involving a child who is in foster care. This includes any serious injury, a significant change in health status, or an allegation that the child was the victim of abuse while in the center's care. The Department worker, not the foster parent, should receive the Department's letters to parents regarding notification of abuse or notice of intent to revoke or suspend a license.

Medical and Dental Services

Obtain specific information from the parents regarding where emergency medical and dental services should be obtained. For some children with chronic or special care needs, this information may include medical specialists who need to be contacted for emergencies.

The parent needs to authorize a doctor and hospital within the proximity of the center (within the community or nearby town) that can be contacted in the event of an emergency. Obtain the phone number and location of all emergency services. You may want to obtain copies of a child's insurance cards to expedite securing emergency medical or dental care.

Even very young children can sustain injuries to the mouth that can require dental care. If the family does not have a dentist, or the parent has not yet secured a dentist for the child, the parent needs to authorize a dental office within the proximity of the center (within the community or nearby town) that can be contacted in the event of an emergency.

All preschool-age children not enrolled in school must have a physical examination report in the file. School-aged children must have a statement signed by the parent indicating the child's health status and considerations. School-based centers may want to develop a standard immunization statement for parents of school-aged children to use to indicate that the required immunizations are up-to-date and the information is available in the school file.

If a child needs special medical services (tube feedings, nebulizer treatments for asthma, insulin injections for diabetes, treatment for allergies, etc.), you should have a written explanation of those procedures from the doctor and parent. The explanation should include how to perform the services, when the service is to be performed, and any possible complications or side effects including required interventions. Document these procedures in a manner similar to documentation of medicine given.

Centers that serve families who do not have a medical or dental home provider may want to refer the parent to the child health center that serves their area. Child health centers provide a variety of health services to children ages birth through 21 year of age, including access to a medical home, physical examination, select health screening laboratory procedures, immunizations, and care coordination. You can obtain the location of the nearest child health center by calling 1-800-383-3826.

Iowa Department of Human Services Child Care Center Licensing Provider Handbook Regulations	SECTION: 109.9 Records	SUBJECT: Immunization Certificates
	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	Date: 10/1/16
	Rule Citation: 441 IAC 109.9(3)	

RULE

Immunization certificates. Signed and dated Iowa immunization certificates, provided by the state Department of Public Health, shall be on file for each child enrolled as prescribed by the Department of Public Health at 641—Chapter 7.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

If the child meets the definition of homelessness as defined by section 725(2) of the McKinney Vento Homeless Assistance Act, the family shall receive a 60 day grace period to obtain medical documentation:

Comment: The term “homeless,” “homeless individual,” and “homeless person” means:

- ◆ An individual or family who lacks a fixed, regular, and adequate nighttime residence;
- ◆ An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
- ◆ An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by federal, state, or local government programs for low-income individuals or by charitable organizations, congregative shelters, and transitional housing);
- ◆ An individual who resided in a shelter or place not meant for human habitation and who is exiting an institution where he or she temporarily resided;
- ◆ Or an individual or family who will imminently lose their housing, including housing they own, rent, or live in without paying rent, are sharing with others, and rooms in hotels or motels not paid for by federal, state, or local government programs for low-income individuals or by charitable organizations and has no subsequent residence identified; and lacks the resources or support networks needed to obtain other permanent housing;
- ◆ And unaccompanied youth and homeless families with children and youth defined as homeless under other federal statutes who have experienced a long term period without living independently in permanent housing, have experienced persistent instability as measured by frequent moves over such period, and can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse, the presence of a child or youth with a disability, or multiple barriers to employment.

The importance of children being properly immunized has been reinforced recently through outbreaks of pertussis in the infant and toddler population, as well as increases in measles and tetanus in Iowa. The Iowa Department of Public Health requires all children enrolled in a licensed child care center to be immunized against diphtheria, tetanus, pertussis, *H. Influenza* type B, polio, measles, rubella, and varicella (chicken pox).

H. Influenza type B (Hib) is a leading cause of bacterial meningitis, a serious brain infection that can result in some cases in acquired mental retardation or death. Child care centers are common sites for outbreaks of this infection, and children under the age of two are at highest risk of serious complications from Hib.

Chickenpox is a highly contagious viral infection. Before the availability of the chickenpox vaccine, approximately 11,000 people with chickenpox required hospitalization each year. The Iowa Legislature added chickenpox (varicella) immunization as a required immunization for enrollment in child care effective July 1, 2003.

Child care centers' records are expected to comply completely by January 1, 2004. Chickenpox vaccine should be received on or after 12 months of age. At least one dose of chickenpox vaccine (or a history of having had the illness) will be required for a child that is 18 months of age or older. The immunization certificate will state whether the child had the vaccine or a history of the disease.

Immunization information must be documented on the *Iowa Department of Public Health Certificate of Immunization*. This form can be found in the appendix to this handbook or on the Internet.

The yellow form previously used is now obsolete and should not be used with new enrollments. Yellow cards with an existing record are an acceptable format to document past compliance with the requirement. Records from other states should be transferred onto Iowa's certificate.

The blue card for children who are exempt from immunization requirements should continue to be used until further notice. The Department of Public Health is transitioning from the 3 × 5 card to an 8½ × 11 computer-generated certificate. Either form is acceptable. The immunization certificate is acceptable as either an original or a photocopy of the form, as long as the information is complete. Only a physician can sign the medical waiver. For the purposes of immunization, the Department of Public Health defines a physician as a medical doctor (MD) or doctor of osteopathy (DO).

A religious exemption may be granted when the parent adheres to a personal, faith-based belief that conflicts with the administering of immunizations or is a member of a recognized religious denomination whose tenets and practices conflict with administering immunizations. The exemption is valid only when notarized.

All certificates must include the child's birthday, and must list the required immunizations, name of administering personnel, and the date administered to be considered a valid certificate. Certificates must be signed by an MD, DO, RN, physician's assistant, nurse practitioner, county public health nurse, school nurse, or an official of the local health department. Parents are encouraged, but not required, to sign the certificate.

School-aged children receiving care in a center that operates in the same school building where the child attends school do not have to provide additional copies of the certificate to the center. However, the parent must sign a statement that verifies that the immunization information is available in the school file.

The Department of Public Health allows “provisional enrollment” for children who have begun but not completed the required immunizations. Children must have received at least one dose of each of the required vaccines to be provisionally enrolled. A provisional certificate of immunization must be signed by an MD, DO, RN, physician’s assistant, nurse practitioner, county public health nurse, school nurse, or an official of the local health department.

Parents who do not present proper evidence of immunizations or exemptions for their children and who have not been approved for provisional enrollment are not entitled to enrollment in a licensed child care center. The director is responsible to deny enrollment to any child who does not submit proper evidence of immunization and to exclude a provisionally enrolled applicant if immunizations are not completed as required.

Immunization certificates, immunization exemptions, and provisional certificates should be kept together in one place, such as in a file box for the smaller cards or a notebook for the larger sheets or photocopies. The cards are to be accessible to the Department of Public Health personnel, while the other information in a child’s file is confidential.

The child care consultant will review the certificates to ensure at a minimum a certificate is on file for each child. County public health nursing agencies or the child care health consultant may audit the certificate for compliance with immunization requirements.

Address questions regarding immunizations to the Vaccine for Children program by calling its Hotline at 1-800-831-6293. The Health Protection Clearinghouse maintains materials and resources that centers may find useful to share with staff and parents. You can obtain a free brochure on immunization, entitled “Protecting Iowa’s Children,” by calling the Clearinghouse at 1-800-398-9696. Copies of the immunization certificates can be obtained through the clearinghouse too.

Iowa Department of Human Services Child Care Center Licensing Provider Handbook Regulations	SECTION: 109.10 Health and Safety Policies	SUBJECT: Infectious Disease Control
	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	Date: 10/1/16
	Rule Citation: 441 IAC 109.10(5)	

RULE

The child care center shall establish definite health policies, including the criteria for excluding a sick child from the center. The policies shall be consistent with the recommendations of the National Health and Safety Performance Standards and shall include, but are not limited to:

Infectious disease control. Centers shall establish policies and procedures related to infectious disease control and the use of universal precautions with the handling of any bodily excrement or discharge, including blood and breast milk. Soiled diapers shall be stored in containers separate from other waste.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

“Universal precautions” is an approach to infection control. All blood and bodily fluids are treated as if know to be infectious for HIV, hepatitis B, or other blood-borne pathogens. All staff are required to complete one hour of training annually on universal precautions.

Illness is spread in a variety of ways, such as coughing, sneezing, skin-to-skin- contact, or touching a contaminated surface. Infectious agents may be contained in urine, feces, saliva, eye and nasal discharge, discharge at the site of a wound or injury, and of course, blood.

Many people who are infected with a communicable disease show no symptoms or are contagious before they display symptoms. Therefore, routine daily sanitation and disinfecting are essential to significantly reduce the occurrence and spread of illness in a child care center. Handwashing is essential to reduce the spread of disease. For more information on how to prevent the spread of illness in a child care center, child care providers should review *Caring for Our Children*, National Health and Safety Performance Standards, 3rd Edition.

OSHA requires that bags with infectious waste be labeled as “biohazard material” and be handled separately from other trash. However, due to the small amount of infectious waste in a child care center, we recommend that you treat potentially hazardous waste, especially in infant rooms, as “first-aid waste.” Double-bag and tie the plastic bags used to contain articles that are contaminated with blood, feces, or other potentially infectious material.

A solution of 1/4 cup household chlorine liquid bleach to 1 gallon of cool water, mixed daily, is a cheap and effective disinfectant for nonporous surfaces. For smaller quantities, use 1 tablespoon bleach to 1 quart water, mixed daily. Using hot water breaks down the bleach and renders it ineffective.

Wearing single-use, disposable gloves is the most fundamental precaution staff can take. However, be aware of the increase in adults and children who experience an allergic reaction to latex. Research has shown that children with spina bifida are particularly sensitive to latex, which can be found in gloves, catheters, band aids, rubber bands, bottle nipples, etc. Check products to determine latex content. Contact the child care health consultant located in your child care resource and referral agency for more information.

Early childhood education and care providers often have concerns about handling human milk and the potential spread of infection. Although human milk may carry various bacteria or virus, the Centers for Disease Control and Prevention now know that people who handle human milk in child care settings are at low risk of getting an infection from the human milk. Universal (Standard) precautions are no longer recommended when feeding or handling human milk.

Caring for Our Children, National Health and Safety Performance Standards, 3rd Edition, addresses how to handle human milk in Standard 3.026, page 101 states: Gloves are not required for feeding, or handling of human milk. Gloves are not required for cleaning up spills of human milk.

Iowa Department of Human Services Child Care Center Licensing Provider Handbook Regulations	SECTION: 109.10 Health and Safety Policies	SUBJECT: Emergency Plans
	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	Date: 10/1/16
	Rule Citation: 441 IAC 109.10(15)	

RULE

The child care center shall establish definite health policies, including the criteria for excluding a sick child from the center. The policies shall be consistent with the recommendations of the National Health and Safety Performance Standards and shall include, but are not limited to:

Emergency plans.

- a. The center shall have written emergency plans and diagrams for responding to fire, tornado, flood (if area is susceptible to flood), and plans responding to intruders within the center, intoxicated parents and lost or abducted children. In addition, the center shall have guidelines for responding or evacuating in case of blizzards, power failures, bomb threats, chemical spills, earthquakes, or other disasters that could create structural damage to the center or pose health hazards.

If the center is located within a ten-mile radius of a nuclear power plant or research facility, the center shall also have plans for nuclear evacuations. Emergency plans shall include written procedures including plans for the following:

- ◆ Evacuation to safely leave the facility
 - ◆ Relocation to a common, safe location after evacuation
 - ◆ Shelter in place to take immediate shelter when the current location is unsafe to leave due to the emergency issue
 - ◆ Lock down protocol to protect children and providers from an external situation
 - ◆ Communication and reunification with parents or other adults responsible for the children which includes emergency telephone numbers
 - ◆ Continuity of operations
 - ◆ Procedures to address the needs of individual children, including those with functional or access needs
- b. Emergency instructions, telephone numbers, and diagrams for fire, tornado, and flood (if area is susceptible to floods) shall be visibly posted by all program and outdoor exits. Emergency plan procedures shall be practiced and documented at least once a month for fire and for tornado. Records on the practice of fire and tornado drills shall be maintained for the current and previous year.
 - c. The center shall develop procedures for annual staff and volunteer training on these emergency plans and shall include information on responding to fire, tornadoes, intruders, intoxicated parents and lost or abducted children in the orientation provided to new employees and volunteers.
 - d. The center shall conduct a daily check to ensure that all exits are unobstructed.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

In Iowa, communities are frequently vulnerable to structural or natural disasters such as fire, tornadoes, floods and flash flooding. Centers are also increasingly responding to “social” emergencies such as intruders into a center, intoxicated parents, lost or abducted children.

Therefore, it is important to have written procedures that are updated annually and to give all staff an annual orientation to the procedures. At a minimum, the procedures should include emergency phone numbers, diagrams for evacuation and protection, notifying parents, and transporting children to safety or medical care.

Centers are vulnerable to other emergency situations that may occur in their communities, including blizzards, chemical spills and bomb threats. While these may seem more remote, center staff need to be aware of the possibility of these natural and man-made disasters and be prepared to respond.

The guidelines do not have to be detailed written plans developed by the center. They can be guidelines prescribed by disaster-preparedness organizations, such as the American Red Cross or the Federal Emergency Management Agency.

You are encouraged to translate these guidelines into written center policies and to discuss with staff specific evacuation procedures for these emergencies. In the case of bomb threats and chemical spills, these may entail removing children a greater distance from the center.

Each county in Iowa has an emergency management coordinator. The coordinator can help plan appropriate policies for health and safety needs, given the hazards that may be specific to your location. Communication also allows the coordinator the opportunity to know where the children will be located during an emergency.

Because of the need for immediate response to any emergency involving nuclear plants, if your center is within a 10-mile proximity to a nuclear power plant or research facility, contact your emergency management coordinator regarding specific responses you should take.

For additional information on hazards and policies relevant to your area, contact your local county Emergency Management Agency (in your local phone book) or contact the Iowa Emergency Management Division in Des Moines at (515) 281-3231 for the contact person in your area.

Emergency plans need to include:

- ◆ How children will be transported to safety, to medical care if needed, and eventually home.
- ◆ How to contact parents.
- ◆ Maintaining a “head count” of the children and staff.
- ◆ Procedures should the group become separated.
- ◆ Strategies for ensuring the safety of immobile or nonambulatory children, including infants and children with disabilities.
- ◆ Items that should be taken if evacuation of the center is necessary (such as emergency contact information, first aid kit, cellular phone).

For centers serving a high number of infants, “baby packs” allow multiple infants to be evacuated by one adult by placing them in a pouch-like carrier strapped to the adult. You may also want to consider the purchase of evacuation cribs for the same purpose.

Doorknob coverings that make the door inoperable, such as those used for safety reasons on storage closets, should never be used on exit doors.

Strategies for dealing with intoxicated or substance-impaired adults are challenging. You are encouraged to consult your own legal counsel in developing your policies. While decisions have to be made on a case-by-case basis, a first step-approach is to offer to telephone someone else to provide transportation for the child (and the parent, if willing).

Staff should not attempt to physically restrict the parent from removing the child. If the parent appears so impaired as to place the child in jeopardy, you could contact local law enforcement. In addition, if the parent does leave with the child, and staff have reason to believe that the parent was substance-impaired, staff must act in their role as mandatory reporters and file a child abuse report.

In addition to the required procedures, you may also want to develop policies for other “social” emergencies or situations, including responding to weapons or drugs brought into the center by children, the notification by law enforcement of a known sexual predator residing in the area, etc.

You may also want to have procedures developed and shared with parents regarding what steps will be taken if a parent fails to arrive within a designated number of minutes after the center closes. The possibility of this occurrence reinforces the need for centers to have accurate and up-to-date phone numbers for phone, office, etc., as well as another adult who can be contacted in lieu of the parent.

Iowa Department of Human Services Child Care Center Licensing Provider Handbook Regulations	SECTION: 109.10 Supervision and Access	SUBJECT: Supervision and Access
	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised	Date: 6/1/10
	Rule Citation: 441 IAC 109.10(16)	

RULE

The center director and on-site supervisor shall ensure that each staff member, substitute, or volunteer knows the number and names of children assigned to that staff member, substitute, or volunteer for care. Assigned staff, substitutes, and volunteers shall provide careful supervision.

Any person in the center who is not an owner, staff member, substitute, or volunteer who has a record check and Department approval to be involved with child care shall not have unrestricted access to children for whom that person is not the parent, guardian, or custodian.

A sex offender who has been convicted of a sex offense against a minor and who is required to register with the Iowa sex offender registry under the provisions contained in Iowa Code chapter 692A shall not operate, manage, be employed by, or act as a contractor or volunteer at a child care center.

The sex offender also shall not be present upon the property of a child care center without the written permission of the center director, except for the time reasonably necessary to transport the offender's own minor child or ward to and from the center.

Written permission shall include the conditions under which the sex offender may be present, including:

- ◆ The precise location in the center where the sex offender may be present; the reason for the sex offender's presence at the facility; the duration of the sex offender's presence; and description of the supervision that the center staff will provide the sex offender to ensure that no child is alone with the sex offender.
- ◆ Before giving written permission, the center director shall consult with the center licensing consultant. The written permission shall be signed and dated by the center director and the sex offender and kept on file for review by the center licensing consultant.

Iowa Department of Human Services Child Care Center Licensing Provider Handbook Regulations	SECTION: 109.11 Physical Facilities	SUBJECT: Environmental Hazards: Radon
	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised	Date: 4/1/98
	Rule Citation: 441 IAC 109.11(7)	

RULE

Environmental hazards.

- b. Within one year of being issued an initial or renewal license, centers operating in facilities that are at ground level, use a basement area as program space, or have a basement beneath the program area shall have radon testing performed as prescribed by the state Department of Public Health at 641—Chapter 43.

Testing shall be required if test kits are available from the local health Department or the Iowa Radon Coalition. Retesting shall be accomplished at least every two years from the date of the initial measurement if test kits are available from the local health department or the Iowa Radon Coalition.

If testing determines confirmed radon gas levels in excess of 4.0 picocuries per liter, a plan using radon mitigation procedures established by the state Department of Public Health shall be developed with and approved by the state Department of Public Health before a full license being issued.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

Radon is a naturally occurring radioactive gas that is impossible to see, smell, or taste. While the gas is found in high levels in every state, a study by the Environmental Protection Agency (EPA) indicates that Iowa has relatively high levels of radon. The gas seeps into buildings through the surrounding soil via openings in basement walls and floors.

Radon is the second leading cause of lung cancer, based on studies conducted routinely since the 1950s. The higher the level of radon and the longer the exposure, the greater the risk. Homes and schools have historically been the structures most likely to have radon tests conducted.

A study of 66 child care centers in central Iowa in 1993 found that 83% of the centers had confirmed radon gas levels below the EPA “action level” of 4.0 picocuries per liter. However, child care centers remain a valid structure to assess, given the number of hours young children are present in the setting.

Centers are at higher risk if the structure is at ground level or has a basement. The age of the facility and the type of foundation do not in and of themselves increase or decrease the risk. Centers in buildings that have been converted from residential homes or churches are sometimes at higher risk for elevated levels due to poorer ventilation.

For more information on radon testing protocols, see <http://idph.iowa.gov/radon>.

Iowa Department of Human Services Child Care Center Licensing Provider Handbook Regulations	SECTION: 109.12 Activity Program Requirements	SUBJECT: Infant Environment
	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	Date: 10/1/16
	Rule Citation: 441 IAC 109.12(5)	

RULE

Infant environment. A child care center serving children two weeks to two years old must provide an environment which protects the children from physical harm, but is not so restrictive as to inhibit physical, intellectual, emotional, and social development.

- a. Stimulation shall be provided to each child through being held, rocked, played with and talked with throughout the time care is provided. Insofar as possible, the same adult should provide complete care for the same child.
- b. Each infant and toddler shall be diapered in a sanitary manner as frequently as needed at a central diapering area. Diapering, sanitation, and hand-washing procedures shall be posted and implemented in every diapering area. There shall be at least one changing table for every 15 infants.
- c. Highchairs or hook-on seats shall be equipped with a safety strap which shall be engaged when the chair is in use and shall be constructed so the chair will not topple.
- d. Safe, washable toys, large enough so they cannot be swallowed and with no removable parts, shall be provided. All hard-surface toys used by children shall be sanitized daily.
- e. The provider shall follow safe sleep practices as recommended by the American Academy of Pediatrics for infants under the age of one.
 - ◆ Infants shall always be placed on their back for sleep.
 - ◆ Infants shall be placed on a firm mattress with a tight fitted sheet that meets Consumer Product Safety Commission federal standards.
 - ◆ Infants shall not be allowed to sleep on a bed, sofa, air mattress or other soft surface. No child shall be allowed to sleep in items not designed for sleeping, but not limited to, an infant seat, car seat, swing, bouncy seat.
 - ◆ No toys, soft objects, stuffed animals, pillows, bumper pads, blankets, or loose bedding shall be allowed in the sleeping area with the infant.
 - ◆ No co-sleeping shall be allowed.
 - ◆ Sleeping infants shall be actively observed by sight and sound.
 - ◆ If an alternate sleeping position is needed, a signed physician authorization with statement of medical reason is required.

- f. A crib or crib-like furniture which has a waterproof mattress covering and sufficient bedding to enable a child to rest comfortably and which meets the current standards or recommendations from the Consumer Product Safety Commission or the American Society for Testing and Materials for juvenile products shall be provided for each child under two years of age if developmentally appropriate.

Crib railings shall be fully raised and secured when the child is in the crib. A crib or crib-like furniture shall be provided for the number of children present at any one time. The center shall develop procedures for maintaining all cribs or crib-like furniture and bedding in a clean and sanitary manner. There shall be no restraining devices of any type used in cribs.

- g. Infant walkers shall not be used.
- h. For programs operating five hours or less on a daily basis, the center shall have a sufficient number of cribs or crib-like furniture which has a waterproof mattress covering and sufficient bedding to enable a child to rest comfortably and which meets the current standards from the Consumer Product Safety Commission or the American Society for Testing and Materials for juvenile products for children who may nap during the time in attendance. Cribs or crib-like furniture shall be used by only one child at a time and shall be maintained in a clean and sanitary manner.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

While it is generally held that most infants and parents benefit from at least six weeks of uninterrupted time following birth, some employment settings do not allow for parents to be absent from work for an extended period of time. When an infant begins child care before six weeks of age, you should be especially aware of the separation issues for both child and parent and to the critical need of the child to connect with a consistent caregiver.

You should also be sensitive to the needs of the parent, who will want to know as much as possible about the course of the child's day, and take time to provide that detail in the daily report.

The importance of the first three years of life in brain development has been documented in research. Children greatly benefit in cognitive development from being talked and read to even in infancy. Additionally, children develop stronger and more trusting social and emotional relationships from being held, touched, and soothed. Children also benefit from the continuity of reliable and affectionate care from the same caregiver. Some centers have developed staffing patterns to allow the same caregiver to remain with the child throughout the first three years.

Diapering: Gastrointestinal illness, such as diarrhea caused by bacteria, viruses, and parasites, as well as hepatitis A viral infection of the liver are spread from infected persons through fecal contamination. Procedures that reduce the likelihood of fecal contamination include proper hand-washing and personal hygiene, frequent disinfecting of diapering areas, and the proper use and removal of an infant's diaper.

The type of diaper on the market that works best in containing body fluids and fecal matter, and in reducing diaper irritation, is the disposable diaper with an absorbent gelling material. (All major brands have the gelling material.) The use of this type of disposable diaper has been shown to be the most effective in reducing fecal contamination and in reducing the frequency and severity of diaper dermatitis (diaper rash). However, regardless of type of diaper used, frequent diaper changing will significantly reduce diaper dermatitis.

If you are going to use cloth diapers, you should develop policies regarding their use, storage, and laundering, and staff hand washing, etc. The use of cloth diapers increases the likelihood of contamination of surface areas and staff's hands with fecal matter and body fluids. Increased vigilance in disposal and disinfecting is required.

Diapering stations or changing tables should have a nonabsorbent surface that may be covered with a disposable paper sheet. The surface should be cleaned after each use with a non-irritating disinfecting agent, and any paper covering disposed of in the diaper receptacle. Staff should not hold infants when cleaning the changing table. Diapering stations should never be used for food preparation areas or to hold food or food service items.

All diaper changing materials should be kept within arms reach of the table, so that staff never leave a child unattended. A lined and covered diaper receptacle should be kept beside the changing table, so staff do not have to walk with a soiled diaper. Ideal receptacles could be opened with a foot press to prevent staff from touching a repeatedly soiled lid.

The licensing or child care health consultant can help review the center's diapering procedures to ensure that adequate practices for disease prevention and health of the child are provided.

Highchairs: You should have enough highchairs or hook-on seats to allow all toddlers to eat based on their own schedule and not the availability of a seat. Assess highchairs to ensure that:

- ◆ They do not have sharp edges.
- ◆ The locking device is in working order.
- ◆ The tray can be engaged and disengaged without pinching the child.
- ◆ The design does not pose an entrapment hazard to a child.

Should a chair's safety strap become inoperable, do not use a "bungee cord" or other strap as an alternative. The original strap needs to be repaired or the chair replaced.

The Juvenile Products Manufacturers Association (of the American Society for Testing and Materials) has a testing and certification program for high chairs, play yards, carriages, strollers, gates, and expandable enclosures. You can look for labeling that certifies that these products meet the standards when purchasing new equipment.

Toys: Because children are inclined to place items in their mouths from infancy through the preschool years, you need to exercise extreme caution and supervision in the purchase and use of toys. The incidence of choking, aspirating or ingesting small objects is an occurrence well documented at many emergency rooms. Toys that do not meet the federal small parts standards are generally labeled "intended for children ages 3 and up." You should ensure that the following toys or objects are not available:

- ◆ Items that have diameters of less than 1 1/4 inches or are less than 2 1/4 inches long.
- ◆ Objects with removable parts that have diameters of less than 1 1/4 inches.
- ◆ Toys with sharp points and edges.
- ◆ Plastic bags, rubber bands, balloons, marbles and styrofoam (from children under age four).

To prevent the spread of germs from infant to infant, toys that have been mouthed by an infant should be removed from use until disinfected. You may want to keep a small basket specifically for soiled toys in each infant room.

Hard-surfaced toys can be disinfected with a solution of 1/4 cup household liquid chlorine bleach to 1 gallon of warm water (as recommended by the NHSPS). The solution must be prepared daily to be effective and used on surfaces after they have been washed clean of filth, soil or bodily fluids using soap and water. The surface should be left wet and allowed to air dry. The solution is not toxic at this level if ingested but care should be taken to keep the solution inaccessible to children.

Infant walkers: While often used by parents or used by centers in the past, there is no indication supported by research that infant walkers are beneficial to motor development. To the contrary, walkers often times support the development of inappropriate step or muscle reflex development.

Of greater concern is the risk of injury to the infants or toddler. Infant walkers are the cause of more injuries than any other baby product. In 1993, there were approximately 25,000 baby walker-related injuries treated in emergency rooms. Since 1989, 11 children have died.

Concerns are raised by:

- ◆ Children's premature ability to be mobile without any ability to control where they go,
- ◆ Children's ability to reach items higher than if they were not supported by a walker,
- ◆ The structural concerns that might cause a walker to tip over, or
- ◆ A seat design that becomes an entanglement hazard.

Thus stairs, corners of furniture, changes in flooring, hot devices such as stoves or heaters, hot liquids on a table, etc., all pose a threat to the child. Even under close supervision, the ability for rapid movement places the child at unnecessary risk. You are encouraged to use the stationary sitting play units or "bouncy chairs" as an alternative.

Cribs or crib-like furniture: The National "Back to Sleep" Campaign is an effort to reduce the incidence of sudden infant death syndrome (SIDS), the sudden and unexplained death of an infant under one year of age. SIDS is also known as "crib death." Over 5000 babies die each year from SIDS. While it is not known exactly what causes SIDS to occur, research is starting to flesh out contributing factors and has led to prevention strategies.

In spite of a history of parents being told to lay their children on their stomachs when preparing them for sleep, studies now indicate that all infants should be placed on their backs for naps and at bedtime. Despite the concerns of parents, infants are not at increased risk for choking if placed on their backs. Many infants may turn themselves on their sides. Center staff do not need to constantly intervene and reposition the baby.

Some infants may require being positioned on their stomachs due to a birth defect; a chronic problem of spitting up following eating; or a heart, lung or breathing problem. If so, the child's physician should provide instructions on the child's physical examination report or provide a specific written order. Should a parent request that a child not be placed on its back for health considerations, you should have the parent sign a statement indicating this preference. If the request is due to a physician's order, you should place a copy of the order in the child's file. You may want to place a note or "alert" over the crib used by the child, so that all staff are aware of the exception.

Another SIDS prevention step that you can do is to make sure the crib mattress is firm. Cribs should not be equipped with "fluffy" comforters or blankets, nor should an infant be allowed to sleep on a pillow, sheepskin, or other soft material. Soft stuffed toys or pillows should not be placed in the crib, as some infants have smothered with these items. You can also ensure the infant is not overheated while sleeping. Contact the child care health consultant if you have further questions or would like additional training on SIDS prevention.

The Consumer Product Safety Commission has had crib safety standards since 1974. These were developed in part because of the high incidence of infant strangulation. Many children have strangled because their shoulders or necks became caught in crib openings, their heads became wedged between the mattress and the crib side, or their clothing became entangled on corner posts.

Therefore, slats or any other opening on a crib should not be more than 2 3/8 inches apart. Mattresses should fit snugly in the crib and allow for no more than two fingers to fit between the mattress and the crib side. The top of the mattress to the top of the crib rail should be at least 36 inches. Cribs should have no corner post that exceeds 1/16 of an inch, and the headboard should have no cutouts.

Cribs should be sturdy and have secure latching devices. Cribs on wheels are helpful in the event of a fire or tornado or other need for immediate evacuation. Cribs should have sufficient spacing between them, recommended by NHSPS to be at least three feet. A divider may be used to separate the cribs, as long as it does not obstruct staff's view of the infant.

Cribs should not be placed end to end, as this still allows for children to reach over the "wall" into another child's space, risking the likelihood of the transmission of illness. If the child care consultant approves the placement of cribs end to end for exceptional spacing considerations, the cribs should be used only for infants who are not yet able to pull themselves to a standing position. Staff must still have full access to a child located anywhere in the crib.

You must provide a crib and bedding for each child under two. The rule requires a crib or crib-like furniture for all children under two, if developmentally appropriate. If a child nearing age two is developmentally ready, you may substitute a cot or mat for the crib.

All cribs should have a waterproof plastic mattress cover, a sheet over the cover, and bedding that allows the infant to be comfortable and warm. Infants should never be placed directly on a plastic mattress cover, and the cover should be thick and taut enough so as not to pose a suffocation hazard.

All bedding and coverings should be washed at least weekly, when another infant is going to use the bed, or immediately if the material becomes soiled or wet. Crib frames should be wiped down and sanitized on a weekly basis. Frequent and consistent procedures for cleaning and disinfecting may help to prevent the transmission of lice, ringworm, and scabies, three of the most infectious disease that plague child care centers. In addition, illness caused by fecal contamination or respiratory secretion will be reduced by frequent laundering of bedding.

Crib-like devices: Crib-like devices include portable, nylon-mesh-sided nursery equipment, such as playpens, play yards, and travel yards. Because of their size, portability, and storage capabilities, they provide flexibility for providers in having crib space available for every infant. The same bedding and sanitation requirements apply to these devices.

Note of caution: Shortly after implementing the rule allowing a crib-like device, the Department became aware of several instances in which children died when the collapse of one of these products resulted in suffocation. Infants have been harmed either by the frame entrapping their necks when they accidentally fold up or by being trapped in the V-shaped mesh that results when the item folds. Other recalled playpens have top rails that have to be turned into place when the pen is set up.

Portable cribs known to have caused death or injury or to have been voluntary recalled include:

- ◆ Playskool Travel-Lite portable cribs with model numbers 77101 and 77103 manufactured by Kolcraft Enterprises Inc. between 1990 and 1992. Five children have died from accidental strangulation when the pen collapsed. Call Kolcraft at 1-800-453-7673 for more information about replacements or refunds.

- ◆ Evenflo’s “Happy Camper, Happy Cabana, and Kiddie Camper.” Evenflo Company Inc. is offering free hinge cover kits to all 1.2 million owners of its portable play yards sold under these model names. If the hinges on the product are not fully rotated, the product can collapse, possibly trapping the child in the “V” formed by the folded top rails. Additionally, if leaned or sat upon, the rotating plastic hinges in the middle of the folding top rails can crack or break, presenting a sharp edge or possibly allowing the child to crawl out.
- ◆ Century Playpen Models 10-710 and 10-810 and Baby Trend “Home and Roam, Baby Express.” Baby Trend Inc. is voluntarily recalling all portable cribs and playpens sold under the brand names, Home and Roam and Baby Express.

The Consumer Product Safety Commission determined that the cribs and playpens can collapse if the products are not completely locked into place. The crib or playpen can appear to be set up properly even if the top rails are not fully locked. If the crib or playpen is not set up so that each top rail is securely locked in position, a baby can be caught by the neck and strangle.

The cribs and playpens, which are available in a variety of colors and fabrics, come in three sizes: 40 inches by 40 inches, 40 inches by 28 inches, and 31 inches by 41 inches. The words “Home and Roam” or “Baby Express” and “Baby Trend” appear on two of the four top rails. About 100,000 cribs and playpens, priced from \$60 to \$130, were sold nationwide from 1992 to 1994 by several different retailers, including Price Costco and Kmart.

- ◆ All Our Kids Models 741, 742, 761 and 762 playpens have rotating top rails, which can collapse unexpectedly, trapping a child at the neck in the “V” formed by the collapsed top rail. The top rail can collapse even when the product is set up properly. The All Our Kids play yards, models 741, 742 and 761, come in a variety of colors, shapes (rectangular and square) and sizes, with some having a detachable toy bag on one end. The words “All Our Kids” appear on two of the four top rails. A variety of retailers sold the playpens nationwide from 1992 to 1995.

The Consumer Product Safety Commission maintains a toll free telephone hotline and website to provide information about recalled products and information on what to look for when buying products. The Commission can provide contact information for companies regarding obtaining replacement parts and refunds. You can reach the hotline at 1-800-638-2772 or visit the website at <http://www.cpsc.gov>.

While stackable cribs potentially provide another space saving alternative to beds and cribs, they are discouraged for use in child care centers. The National Health and Safety Performance Standards recommend against their use, as research has shown that the incidence of illness and communicable disease increases with stackable cribs.

Because of the close proximity of each unit and the upper/lower crib structure, lower cribs can become contaminated with saliva, urine, fecal matter, or vomit from a child in the upper crib. Infants are at the highest risk during the first year of life for acute infectious respiratory illness that results in hospitalization. Therefore, all measures that can be taken to reduce the transfer of illness from child to child and adult to child should be taken.

You may have “elevated play pens” that have been purchased to allow young children to interact in the same area as infants but that keep them at a higher and safer level. Although some manufacturers market these devices as appropriate for two or three children, no more than one child may be placed in the play pen at a time.

Checklist of Items to be Submitted for Initial Licensure

This is a preliminary list of items that must be submitted and reviewed by the child care consultant for the initial license of a preschool or child care center. The child care consultant assigned to your center may review or require you to submit other materials before issuing a license. More comprehensive licensing material can be found at the following link: <http://ccmis.dhs.state.ia.us/providerportal/LicensedProviderInfo.aspx>.

- **Steps 1-6** are required to secure permission to open.
 - **Steps 7-15**, as well as overall compliance with the *Licensing Checklist*, found in Comm. 204, will be evaluated during an on-site evaluation within 120 days of being granted permission to open.
1. Fire inspection certificate signed by the State Fire Marshal or local designee.
 - a. Building Code Plan Review <http://www.dps.state.ia.us/fm/inspection/>.
 - b. After getting a Building Code Plan Review contact the Fire Inspector (see Territory Map on the link in 1a).

Note: Prospective centers should ensure that the location and facility meet local building and zoning ordinances.
 2. Floor plan of the building (or center area if co-located in a building) showing the length and width of rooms, location and dimension of windows, and ceiling height. The plan does not have to be drawn to scale and can be drawn on 8 1/2 x 11 inch paper.
 3. Documentation to support that the center director and on-site supervisor meet the qualifications outlined in 441 IAC 109.6(1) and (2), including certification in CPR, first aid, and mandatory reporting of child abuse.
 4. Application for a *License to Operate a Child Care Center*, form 470-0722, signed by the owner, operator or the chairperson of the board. (An application will be sent upon completion of items 1-3.)
 5. The application and regulatory fee is received by the Department.
 - 5a) The center may establish a SING account for Iowa record checks after 1-5 are received.
 6. Center has completed [state record checks](#) on all staff and has initiated [national record checks](#).
-
7. Written statement of the program's purpose and objectives.
 8. A written description of the curriculum or program structure and an activity plan that is appropriate to the developmental and special needs of the children served.
 9. Fee policies and financial agreements given to parents.
 10. Written policies as required by licensing standards for:

<ul style="list-style-type: none"> ➤ Enrollment and discharge of children (include policies for excluding children) ➤ Field trips and non-center activities ➤ Transportation 	<ul style="list-style-type: none"> ➤ Discipline ➤ Nutrition ➤ Health and safety policies ➤ Emergency plans
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 11. A written plan for staff orientation to the center's policies and applicable licensing standards and ongoing training and development of staff.
 12. A written plan for the ongoing training and development of staff.
 13. Written requirements and procedures for mandatory reporting of suspected child abuse and neglect.
 14. Samples of all forms to be used by the center, including parent authorization forms.
 15. Menus for a two-week period.

Note: An on-site visit of the center and review of additional materials, including staff's and children's files, will occur before a license is issued (within 120 days of being issued permission to open). Directors are encouraged to conduct a self-audit with the entire checklist before DHS makes a licensing visit. Child Resource & Referral can also assist with the preparations for opening (<http://iowaccrr.org/>).



Licensing Regulation Checklist

Name of Center			License ID No. (Reapplications)	
Street	City	Iowa	Zip Code	Date of Inspection

CITE	RULE	Y	N	NA
ADMINISTRATION				
237A.7	Information regarding a child in a child care center or their relative is confidential. If this information is released by visual, verbal or written means, written consent from the parent or guardian is in the file or a court order allowing the release of the information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.4(1)	Written statement of purpose and objectives. Plan and practices consistent with the written statement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required Written Policies				
109.4(2)a	Fee policies and financial agreements developed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.4(2)b	Written policies on: <ul style="list-style-type: none"> • Enrollment and discharge. • Field trips and non-center activities. • Transportation. • Discipline. • Nutrition. • Health and safety policies. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.4(2)c	Curriculum or program structure developmentally appropriate and activities designed to the developmental level/needs of children served.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.4(2)d	Written plan developed for staff orientation regarding center's policies and licensing regulations. Orientation is in accordance with center's staff orientation plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.4(2)e	Written plan for ongoing staff development that complies with 441 IAC 109.7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.4(2)f	Copy of the center policies and program to all staff at the time of employment and each parent at the time a child is admitted to the center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.4(2)g	Develop and implement a policy for responding to incidents of biting. Include: <ol style="list-style-type: none"> (1) Explanation of center philosophy on biting. (2) How the center will respond to individual and ongoing incidents. (3) How the center will assess the adequacy of caregiver supervision. (4) How the center will respond to the child or caregiver who was bitten. (5) The process of notification of parents. (6) How the incident will be documented. (7) How confidentiality will be protected. (8) First aid procedures that will be used. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.4(2)h	Develop a policy to ensure that people do not have unauthorized access to children at the center. Include: <ol style="list-style-type: none"> (1) Criteria for allowing people on the property when children are present. (2) How people will be supervised or monitored. (3) How responsibility will be delegated to staff. (4) How the policy will be shared with parents. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.4(2)i	Develop and implement a policy for protection of child's confidentiality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITE	RULE	Y	N	NA
Required Postings				
109.4(3)a	Postings are required for: <ul style="list-style-type: none"> The certificate of license. Notice of exposure to communicable disease. Notice of decision to deny, suspend, or revoke center license or reduce to provisional status. All postings shall be conspicuously placed at main entrance of center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.4(3)b	Postings are required for: <ul style="list-style-type: none"> Mandatory reporter requirements. Notice of availability of handbook. Program activities. These shall be posted in area frequented by parents or public.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.4(4)	Requirements and procedures for mandatory reporting of suspected child abuse shall be posted where they can be read by staff and parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.4(5)	Child Care Centers and Preschool Licensing Standards and Procedures shall be available in the center and a notice stating a copy is available for review. Contact information of the child care consultant shall be included in the notice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.4(6)	The child care license shall be posted in a conspicuous place and shall state the particular premises in which child care may be offered and the number of children who may be cared for at any one time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PARENTAL PARTICIPATION				
109.5(1)	Written policy notifying parents of unlimited access provisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONNEL				
109.6	Develop policies for hiring and maintaining staff and managers that demonstrate competence in working with children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Center Director				
109.6(1)	Centers with multiple sites have a qualified director or on-site supervisor at all sites. Information on the director's qualifications is submitted to consultant prior to employment and is sufficient to make a determination. Center director meets qualifications or is "qualifiable" with a plan established to meet qualifications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-Site Supervisor				
109.6(2)	Director or on-site supervisor on-site during the hours of operation or a minimum of eight hours of center's hours of operation. Information on on-site supervisor's qualifications is submitted to the consultant prior to employment and is sufficient to make a determination. On-site supervisor meets qualifications or is "qualifiable" with a plan established to meet qualifications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.6(3)	Another responsible adult is clearly designated as the interim on-site supervisor if the on-site supervisor is temporarily absent from the center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteers and Substitutes				
109.6(5)a	All volunteers and substitutes shall be at least 16 years of age and shall: <ol style="list-style-type: none"> Have signed statements indicating no conviction of any law in any state or record of founded child or dependent adult abuse. Signed statements indicating no communicable disease or other health concerns that poses a threat to children. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITE	RULE	Y	N	NA
109.6(5)b	Signed statement indicating they have been informed of responsibilities as mandatory reporters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.6(5)c	Undergo record check process if: (1) It is included in meeting the required child/staff ratio. (2) Has direct responsibility for a child or children. (3) Has access to child or children when no other staff is present.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Record Checks				
109.6(6)c	Center repeats Iowa record checks at a minimum of every two years or when aware of additional child abuse or criminal history that occurs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.6(6)d	Center repeats national criminal history checks at a minimum of every four years or when aware of additional history that occurs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.6(6)h(2)	No one owns, directs or works in the center who has been prohibited from involvement with child care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
106.6(7)	Use of controlled substances and medications: All owners, personnel, and volunteers shall be free of the use of illegal drugs and shall not be under the influence of alcohol or of any prescription or nonprescription drug that could impair their ability to function.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROFESSIONAL GROWTH AND DEVELOPMENT				
109.7(1)	All staff (within first three months of employment): <ul style="list-style-type: none"> • Two hours of approved training for the mandatory reporting of child abuse within three months of employment. • At least one hour of training regarding universal precautions and infectious disease control. • Certification in American Red Cross, American Heart Association, American Safety and Health Institute or MEDIC First Aid infant, child, and adult cardiopulmonary resuscitation (CPR) or equivalent certification approved by the Department. A valid certificate indicating the date of training and expiration date shall be maintained. • Certification in infant, child, and adult first aid that uses a nationally recognized curriculum or is received from a nationally recognized training organization including the American Red Cross, American Heart Association, American Safety and Health Institute or MEDIC First Aid or an equivalent certification approved by the Department. A valid certificate indicating the date of training and expiration date shall be maintained. • Minimum health and safety trainings, approved by the Department occurs every five years. If significant changes occur to content, the Department may require the training be renewed. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.7(2)	Center directors and all staff have the required contact hours of training. <i>Number not in compliance:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITE	RULE	Y	N	NA
Staff Employed in Centers That Operate Summer Only Programs				
109.7(3)	<p>Staff employed in centers that operated a summer-only program receive the following training within three months of employment:</p> <ul style="list-style-type: none"> Two hours of Iowa's training for mandatory reporting of child abuse. At least one hour of training regarding universal precautions and infectious disease control. Certification in American Red Cross, American Heart Association, American Safety and Health Institute or MEDIC First Aid infant, child, and adult cardiopulmonary resuscitation (CPR) or equivalent certification approved by the Department. A valid certificate indicating the date of training and expiration date shall be maintained. Certification in infant, child, and adult first aid that uses a nationally recognized curriculum or is received from a nationally recognized training organization including the American Red Cross, American Heart Association, American Safety and Health Institute or MEDIC First Aid or an equivalent certification approved by the Department. A valid certificate indicating the date of training and expiration date shall be maintained. Minimum health and safety trainings, approved by the Department. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.7(5)	Training plans are developed for staff that supplement educational and experience requirements and enhance staff's skill in working with the developmental and cultural characteristics of children served.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.7(8)	The director, on-site supervisor, and any person designated a lead in the absence of supervisory staff shall have all completed all pre-service orientation training outlined in 109.7(1).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STAFF RATIO REQUIREMENTS				
Minimum Staff Requirements				
109.8(1)a	<p>All staff in ratio:</p> <ul style="list-style-type: none"> At least sixteen years of age. If less than eighteen, under direct supervision of an adult. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.8(1)b	All staff in ratio involved with children in programming activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.8(1)c	At least one person on duty in the center, outdoor play area, or on field trips is over eighteen and has current certification in CPR and first-aid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ratio				
109.8(2)	Ratio maintained in center as required by age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.8(2)a	<ul style="list-style-type: none"> Combinations of age grouping for children four years of age and older determine ratio on age of majority in group. In combined age groups that include children age three and under, ratio is maintained for each age group. Preschools: Ratio maintained for age of majority of children. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.8(2)b	If child between ages 18 and 24 months is placed outside infant area, ratio of 1:4 shall be maintained as would otherwise be required for the group until the child reaches the age of 2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.8(2)c	Every child-occupied program room has adult supervision in the room.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.8(2)d	<ul style="list-style-type: none"> At least one staff is present in every room where children are resting. If ratio reduced to one staff per room during nap time, does not exceed one hour and ratio in center is still maintained. Ratio in infant rooms is always maintained. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITE	RULE	Y	N	NA
109.8(2)e	Ratio maintained during mealtimes and outdoor activities at the center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.8(2)f	<ul style="list-style-type: none"> Two adults are present when seven or more children over age three are on the premises. Two adults are present when seven or more children are being transported in one vehicle. One staff for school transportation; only in center-owned vehicle with parent authorization. One additional staff when the center contracts for transportation for seven or more children for non-school related purposes. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.8(2)g	One additional staff when five or more children are involved in a center-sponsored activity away from the center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.8(2)h	If ratio reduced to one staff at the beginning or end of center's operation, timeframe does not exceed two hours and occurs only when six or fewer children are present with not more than two of the children under two years of age and there are no more than six children in the center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.8(2)i	Ratio exceeded for school-age children when school classes unexpectedly start late or are dismissed early. For no more than four hours, care is limited to children already in the program and licensed capacity is not exceeded.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RECORDS				
<i>Personnel Records. Number of files reviewed:</i>				
109.9(1)a	All files contain statement signed by staff indicating whether they have a criminal conviction or founded child/dependent adult abuse. <i>Number not in compliance:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.9(1)b	All files contain: <ul style="list-style-type: none"> (1) A signed copy of the <i>DHS Criminal History Record Check, Form B</i>, that was submitted prior to employment. (2) A copy of <i>Request for Child and Dependent Adult Abuse Information</i>. (3) Copies of the results of Iowa records checks conducted. (4) Copies of national criminal history check results. (5) Any Department-issued documents sent to the center related to records check. <i>Number not in compliance:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.9(1)d	All files contain a pre-employment physical exam report completed within six months prior to hire and at least every three years. Physical exams shall be documented on form 470-5152, <i>Child Care Provider Physical Examination Report</i> . <i>Number not in compliance:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.9(1)e	All files contain documentation to indicate that ongoing staff training requirements are met, including current certifications in first aid/CPR and mandatory child abuse training. <i>Number not in compliance:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.9(1)f	Files contain a photocopy of a valid driver's license if the staff will be involved in the transportation of children. <i>Number not in compliance:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITE	RULE	Y	N	NA
Children's Files. Number of files reviewed:				
109.9(2)	All files are updated at least annually and when a change occurs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.9(2)a	All files contain sufficient information to allow the center to contact the parent or emergency contact at any time child is in center's care. <i>Number not in compliance:</i> <i>Information lacking:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.9(2)b	All files contain sufficient information and authorization to allow the center to secure emergency medical and dental services at any time child is in center's care. <i>Number not in compliance for medical:</i> <i>Number not in compliance for dental:</i> <i>Information lacking:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.9(2)c	All files contain information regarding the specific health and medical needs of a child including information regarding any prescribed treatment. For school-age programs in the child's school, all files include a statement signed by the parent that the immunization information is available in the school file. <i>Number not in compliance:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.9(2)d	All files contain parent authorization of the persons to whom the child may be released. <i>Number not in compliance:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.9(2)e	Files contain documentation of injuries, accidents or other child-related incidents. <i>Number not in compliance:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.9(2)f	All files contain parent authorization for attendance at center-sponsored field trips and non-center activities. If an inclusive authorization form for activities is used, a copy is kept on file at the center. <i>Number not in compliance with center-sponsored trips:</i> <i>Number not in compliance with non-center activities:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.9(3)	Signed and dated Iowa immunization certificates are on file for each child enrolled. <i>Number missing:</i> <i>Number invalid:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.9(4)	Daily written records are maintained for each child under two years of age and include time periods slept, amount of/time food consumed, time/irregularities of elimination patterns, general disposition, and general summary of activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEALTH AND SAFETY POLICIES				
109.10(10)	Center shall establish health policies, including criteria for excluding a sick child. Policies shall be consistent with the recommendations of the National Health and Safety Performance Standards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITE	RULE	Y	N	NA
Children Physical/Immunization Requirements				
109.10(1)a	<i>Preschool</i> (for children five years and younger not enrolled in school): Physical exam report submitted within 30 days of admission, was obtained no more than 12 months prior to admission, is signed by a licensed MD, DO, PA, or ARNP, and contains health history; present health status including allergies, medications, and acute/chronic conditions; and recommendations for continued care if necessary. <i>Number not in compliance:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(1)b	<i>School-age</i> (for children five years and older and enrolled in school): Annual statement of health status signed by parent is submitted prior to admission, certifies that the child is free of communicable disease, and lists allergies, medications and acute/chronic conditions. <i>Number not in compliance:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(1)c	If a child's religious affiliation is contrary to medical treatment or immunization requirements, the file shall contain a notarized statement. <i>Number not in compliance:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(2)	<i>Medical and dental emergencies:</i> Center shall have sufficient information and authorization to meet medical and dental emergencies of children. Shall have written procedures for emergencies and shall ensure that staff are knowledgeable of and able to implement the procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medications				
109.10(3)	The center shall have written procedures for dispensing, storage, and authorization, and recording of all prescription and non-prescription medications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(3)a	All medications shall be stored in original containers with physician or pharmacist directions. Labels should be intact and stored so they are inaccessible to children and public. Nonprescription medications shall be labeled with the child's name.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(3)b	For every day an authorization for medication is in effect and child is in attendance, there shall be a notation of administration including the name of medicine, date, time, dosage, given or applied, and the initials of the person administering the medication or the reason the medication was not given.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(3)c	For ongoing, long term medications, authorization shall be obtained for a period not to exceed the duration of prescription.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(4)	Daily contact: Each child shall have direct contact with staff person upon arrival.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(5)	Infectious disease control: Centers shall establish policies and procedures related to infection disease control and use of universal precautions with handling of bodily fluid. Soiled diapers shall be stored in containers separate from other waste.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(6)	Quiet area: The center shall provide a quiet area under supervision for a child who appears to be ill or injured. Parents or designated person shall be notified of child's status in event of serious illness or emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITE	RULE	Y	N	NA
109.10(7)	<p>Staff hand washing: The center shall ensure staff demonstrate clean personal hygiene. Staff shall wash hands:</p> <ul style="list-style-type: none"> (a) Upon arrival at the center. (b) Immediately before eating or participating in food service activity. (c) After diapering a child. (d) Before leaving the rest room either with a child or by themselves. (e) Before and after administering nonemergency first aid if gloves are not worn. (f) After handling animals or cleaning cages. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(8)	<p>Children's hand washing: Center shall ensure staff assist children in personal hygiene. For each infant or child with a disability, a separate cloth for washing and one for rinsing may be used in place of running water. Children's hands shall be washed:</p> <ul style="list-style-type: none"> (a) Immediately before eating or participating in food service activity. (b) After using the restroom or being diapered. (c) After handling animals. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(9)	<p>First aid kit: The center shall ensure that a clearly labeled first aid kit that is sufficient to address minor injury or trauma is available and accessible to staff at all times when children are:</p> <ul style="list-style-type: none"> • In the center. • In the outdoor play area. • On field trips. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(10)	<p>Recording incidents: Parents shall be notified on the day of the incident involving a child that includes:</p> <ul style="list-style-type: none"> • Minor injuries. • Minor changes in health status. • Minor behavioral concerns. • Incidents resulting in injury to a child. <p>Shall be verbally notified immediately when there is:</p> <ul style="list-style-type: none"> • A serious injury to a child. • An incident resulting in significant change in health status. • An incident includes child being involved in inappropriate, sexually acting out behavior. <p>A WRITTEN report, fully documenting every incident, shall be provided to the parent or authorized person. This should be completed by staff that witnessed the incident and retained in child file.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(11)	<p>Smoking and use of tobacco products shall be prohibited in the center and every vehicle used to transport children. Prohibited in outdoor play area during hours of operation.</p> <p>Nonsmoking signs shall be posted at every entrance and in every vehicle used to transport. Signs shall include:</p> <ul style="list-style-type: none"> (a) Telephone number for reporting complaints. (b) Internet address to DPH. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation				
109.10(12)	All children transported in motor vehicle subject to registration, except a bus, shall be individually secured by a safety belt, seat, or harness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(12)a	Children under age 6 shall be secured in child restraint system. Child under 1 and weighing less than 20 lbs. shall be secured during transit in rear facing child restraint system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITE	RULE	Y	N	NA
109.10(12)b	Children under 12 shall not be located in front seat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(12)c	Drivers shall possess a valid driver's license and shall not operate while under the influence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(12)d	Vehicles that are owned or leased by the center shall receive regular maintenance and inspection according to manufacturer-recommended guidelines for vehicle and tire maintenance and inspection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(13)	Field trip emergency numbers: Phone numbers for each child shall be taken by staff when transporting to and from school, and on field trips and non-center-sponsored activities away from the premises.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(14)	Pets: Animals kept on site shall be in good health with no evidence of disease, does not pose a safety threat, and is maintained in clean manner. Documentation of current vaccinations shall be available for cats and dogs. Pets shall not be allowed in food prep or kitchen areas. Animals prohibited from being kept on site: ferrets, reptiles, turtles, birds of the parrot family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Plans				
109.10(15)a	<ul style="list-style-type: none"> • The center shall have written emergency plans and diagrams for responding to fire, tornado, flood, and plans responding to intruders within the center, intoxicated parents, and lost or abducted children. • Shall have guidelines for responding or evacuating in case of blizzards, power failures, bomb threats, chemical spills, earthquakes, or other disasters that could create structural damage to the center or pose health hazards. • If center is within 10 miles of nuclear power plant, center shall have evacuation plan. • Emergency plans shall include written procedures including plans for: <ul style="list-style-type: none"> ▪ Evacuation to safely leave the facility. ▪ Relocation to a common, safe location after evacuation. ▪ Shelter in place to take immediate shelter when the current location is unsafe to leave due to the emergency issue. ▪ Lock down to protect children and providers from an external situation. ▪ Communication and reunification with parents or other adults responsible for the children, which includes emergency telephone numbers. ▪ Continuity of operations ▪ To address the individual children, including those with functional or access needs. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(15)b	Emergency instructions, phone numbers, and diagrams for fire, tornado, and flood shall be visibly posted and documented at least once a month for fire and tornado. Records shall be maintained for current and previous year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(15)c	Center shall develop procedures for annual staff and volunteer training on emergency plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(15)d	Daily checks to ensure all exits are unobstructed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervision and Access				
109.10(16)a	The center and supervisor shall ensure that staff knows names and number of children assigned. Staff shall provide careful supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(16)b	Any person who does not have a record check completed shall not have unrestricted access to children for whom that person is not a parent, guardian, or custodian.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITE	RULE	Y	N	NA
109.10(16)d	A sex offender who has been convicted of an offense against a minor and required to register with the sex offender registry, shall not be present on the property without written permission of the director, except for the time reasonably necessary to transport offender's own minor child to and from the center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHYSICAL FACILITIES				
Room Size				
109.11(1)	<ul style="list-style-type: none"> • 35 square feet of usable floor space per child. • Rooms with cribs have 40 square feet of space per child. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant's Area				
109.11(2)	<ul style="list-style-type: none"> • A safe and properly equipped area is provided for infants that does not allow for intrusion by children over two years of age. • Children over 18 months are only placed outside the infant area if appropriate to the developmental needs of the child. • Children over age two who remain in the infant area are placed at the recommendation of a physician or AEA due to a significant developmental delay. Children are placed for a limited time with DHS approval if doing so does not pose a threat to the infants. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility Requirements				
109.11(3)a	<p>Center shall ensure that:</p> <ol style="list-style-type: none"> (1) Facility and premises are sanitary, safe, and hazard free. (2) Adequate indoor and outdoor space is provided. The outdoor area shall include safe play equipment and area of shade. (3) Sufficient space provided for dining. (4) Sufficient lighting shall be provided. (5) Sufficient ventilation. (6) Sufficient heating. (7) Sufficient cooling. (8) Sufficient bathroom and diapering facilities. (9) Equipment, including kitchen appliances, are maintained so as not to result in burns, shock, or injury to children. (10) Sanitation and safety procedures for the center are developed and implemented to reduce risk or injury or harm to children and reduce transmission of disease. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.11(3)d	Record of monthly inspections of outdoor recreation area and equipment shall be kept.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.11(4)	<p>Restroom facilities:</p> <ul style="list-style-type: none"> • One toilet and sink for each 15 children in room with ventilation. • Built after 11/1/95 – at least one sink in same area as toilet. • Adequate training seats or chairs for children under two years if used in lieu of plumbed toilet. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.11(5)	<p>Telephone: Working non-pay phone with posting adjacent for emergency numbers for police, fire, and poison control center. Center street address and phone included in posting.</p> <p>List of emergency numbers for children kept near phone.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITE	RULE	Y	N	NA
109.11(6)	Kitchen appliance or microwaves: <ul style="list-style-type: none"> Gas or electric ovens are not in program area. Area housing kitchen appliances in program area is sectioned off and not counted in useable floor space. Formula or food warmed for infants in microwaves is not served immediately and is shaken or stirred prior to serving. Breast milk is not warmed in the microwave. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Hazards				
109.11(7)a	Centers built before 1960: Assessment and plan for remedy of lead paint hazard is conducted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.11(7)b	Centers at ground level that use basement area as program space, or have a basement beneath program space: Testing and plan for remedy of radon is conducted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.11(7)c	All centers: Annual inspection prior to heating season of all fuel-burning appliances to reduce risk of carbon monoxide poisoning and shall install one carbon monoxide detector on each floor that conforms to UL Standard 2034.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.11(7)d	A before and after school program or summer-only program that serves only school age children in a public school building is exempt from environmental assessments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACTIVITY PROGRAM REQUIREMENTS				
Program/Activities				
109.12(1)	<ul style="list-style-type: none"> Program structure that uses developmentally appropriate practices and written program of activities planned to the developmental needs of children served. Program complements but does not duplicate school curriculum. Schedule of program is posted in a place visible to parents. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(1)a	Program provides a curriculum or program of activities that promotes self-esteem and positive self-image, social interaction, self-expression and communication, creative expression, and problem-solving skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(1)b	Program provides for a balance of active and quiet, individual and group, indoor and outdoor, and staff-initiated and child-initiated activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(1)c	Program provides activities that promote fine and gross motor activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(1)d	Program provides experiences in harmony with ethnic and cultural backgrounds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(1)e	Program provides a nap or quiet time for all children under the age of six not enrolled in school who are present five or more hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discipline				
109.12(2)	Center shall have written policy on discipline of children which provides for positive guidance, with direction for resolving conflict and setting of limits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(2)a	Center does not use corporal punishment including spanking, shaking, or slapping.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(2)b	Punishment which is humiliating or frightening or causes pain or discomfort is not allowed. Mechanical restrains shall never be used. If part of a treatment plan for a child with a disability, staff shall receive training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(2)c	Punishment or threat of punishment associated with illness, toilet training, or food or rest is not be used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(2)d	No child is subject to verbal abuse, threats, derogatory remarks about child or child's family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITE	RULE	Y	N	NA
Child Requiring Accommodations				
109.12(3)	<ul style="list-style-type: none"> Reasonable accommodations are made for children with disabilities. Required files contain documentation of reasonable accommodations made in providing care to a child with a disability. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play Equipment and Materials				
109.12(4)	<ul style="list-style-type: none"> Sufficient toilet articles are provided for handwashing. Sufficient and safe indoor play equipment, materials, and furniture that conforms with CPSC or ASTM. Play equipment, materials, and furniture meet the developmental, activity, and special needs of the children. Room's arrangement does not obstruct the direct observation of children. Individual covered mats, beds, or cots, and appropriate bedding is provided for all children who nap. Procedures are developed and implemented to maintain equipment and materials in a sanitary manner. Sufficient spacing is maintained between equipment to reduce transmission of disease and allow ease of movement by children and staff to respond to activities and care needs. Sanitary procedures are followed for use and storage of personal hygiene articles. <p><i>If insufficient, list concerns:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant Environment				
109.12(5)	Environment for children under age two protects from harm but does not unduly restrict development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(5)a	Stimulation provided to infants throughout the day. Same caretaker for infants as possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(5)b	<ul style="list-style-type: none"> Infants diapered in a sanitary manner as needed in central diapering area. One changing table for every 15 infants/toddlers needing diaper changes. Diapering, sanitation, and handwashing procedures posted and implemented in central diapering area. <p><i>If insufficient, list concerns:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(5)c	Highchairs or hook-on seats equipped with safety strap and designed not to topple. Safety strap engaged when child in seat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(5)d	Toys provided are safe, washable, too large to swallow, and with no removable parts. Hard surface toys sanitized daily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITE	RULE	Y	N	NA
109.12(5)e	<p>The provider shall follow safe sleep practices recommended by AAP for infants under one year of age:</p> <ul style="list-style-type: none"> • Infants shall always be placed on their back for sleep. • Infants shall be placed on a firm mattress with a tight fitted sheet that meets Consumer Product Safety Commission federal standards. • Infants shall not be allowed to sleep on a bed, sofa, air mattress or other soft surface. No child will be allowed to sleep in any items not designed for sleeping including, but not limited to, an infant seat, car seat, swing, bouncy seat. • No toys, soft objects, stuffed animals, pillows, bumper pads, blankets, or loose bedding shall be allowed in the sleeping area with the infant. • No co-sleeping shall be allowed. • Sleeping infants shall be actively observed by sight and sound. • If an alternate sleeping position is needed, a signed physician authorization with statement of medical reason is required. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(5)f	Crib or crib-like furniture, waterproof mattress covering, and sufficient bedding that meets CPSC or ASTM standards is provided for each child under two years of age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(5)g	Infant walkers are not used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(5)h	<p>Centers operating five hours or less on a daily basis: Sufficient number of cribs or crib-like furniture for children who may nap that provide a waterproof mattress, sufficient bedding, meet CPSC or ASTM standards, maintained in a sanitary manner, and used only by one child at a time.</p> <p><i>If insufficient, list concerns:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXTENDED EVENING CARE				
Facility Requirements				
109.13(1)a	<p>Sufficient and age-appropriate cribs, beds, cots, and bedding are provided. Sufficient furniture, lighting, and activity material provided. Equipment and materials maintained in a safe and sanitary manner.</p> <p><i>If insufficient, list concerns:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.13(1)b	<ul style="list-style-type: none"> • Separate, private space for school-age boys and girls for restroom and bedtime activities. • Restroom doors nonlockable. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.13(1)c	<ul style="list-style-type: none"> • Center supplements those personal effect items not provided by parents for personal hygiene and sleep. • Written information obtained regarding child's snacking, toileting, personal hygiene, and bedtime routines. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activities				
109.13(2)a	Evening activities self-selected by child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.13(2)b	<ul style="list-style-type: none"> • Child-occupied rooms have adult supervision present – except those used by school-age children for sleep. • All staff in ratio are present and awake. • If visual monitoring equipment used for rooms where school-age children are sleeping, monitor allows for all children to be visible. • If visual monitoring equipment used for rooms where school-age children are sleeping, staff are present at all times in room with monitor and conduct checks in the sleeping room every 15 minutes. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITE	RULE	Y	N	NA
GET WELL CENTER				
109.14(1)a	Medical advisor for health policy is an MD or DO in pediatrics or family practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.14(1)b	<ul style="list-style-type: none"> • Licensed LPN or RN on duty at all times children are present. • If nurse on duty is LPN, arrangements exist for medical advisor or RN in proximate area to provide consultation. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Policies				
109.14(2)a	<p>Written health policy consistent with NHSPS and approved and signed by the owner or board and medical advisor prior to start of business and shall address procedures in the following areas:</p> <p>(1) Policy addresses medical consultation, emergencies, triage policies, storage and administration of medications, dietary considerations, sanitation and infection control, categorization of illness, length of enrollment periods, exclusion policy, employee health policy.</p> <p>(2) Reportable disease policy.</p> <p>Any change in health policy was approved by medical advisor and submitted to DHS.</p> <p>Written summary of health policy given to parents when child enrolled.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.14(2)b	All children receive a brief evaluation by LPN or RN upon arrival.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.14(2)c	<p>Summary of health status provided to parent at end of day that includes:</p> <p>(1) Admitting symptoms.</p> <p>(2) Medications and time administered.</p> <p>(3) Nutritional intake.</p> <p>(4) Rest periods.</p> <p>(5) Output.</p> <p>(6) Temperature.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceptions to Licensing Requirements				
109.14(3)a	Minimum ratio: 1:4 for infants and 1:5 for children over age two.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.14(3)b	<p>All staff that have contact with children: Minimum of 17 clock hours of special training in caring for mildly ill children. Current certifications in file.</p> <p>(1) Within one month of employment: Training includes four hours in infant and child CPR and four hours in pediatric first aid; one hour in infection control.</p> <p>(2) Within 6 months of employment: Training includes six hours of care of ill children and two hours in child abuse identification and reporting.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.14(3)c	40 square feet of program space per child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.14(3)d	Sink in every child-occupied room.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.14(3)e	Outdoor space waived by DHS if adjacent to pediatrics unit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.14(3)f	Grouping of children allowed by categorization of illness without regard to age and in separate rooms with full walls and doors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITE	RULE	Y	N	NA
FOOD SERVICES				
109.15(1)	<ul style="list-style-type: none"> Center shall serve each child a full, nutritionally balanced meal as defined by CACFP guidelines. Staff shall provide supervision at table during snacks and meals. Children at center two hours or longer shall be offered food of not less than two hours and no more than three hours apart unless child is asleep. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(2)	<ul style="list-style-type: none"> Center shall follow minimum CACFP menu patterns for meals and snacks. Menus planned one week in advance, made available to parents, and kept on file with substitutions noted. Avoid foods with high incident rate of causing choking. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeding of Children Under Two Years of Age				
109.15(3)a	<ul style="list-style-type: none"> Children under 12 months fed on demand, unless other written instructions from parent. Infant CACFP menu patterns followed and appropriate to the infant's nutritional requirements and eating abilities. Menu patterns modified only upon written instruction of parent, physician, or health care provider. Special formulas given to child with feeding problem if prescribed by physician. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(3)b	<ul style="list-style-type: none"> Children under six months held or fed in sitting-up position. Bottles not propped for any child, given to a child in a crib or left sleeping with a bottle. Spoon feeding is adapted to developmental capabilities of child. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(3)c	Children 12 months of age or younger fed single-serve, ready-to-feed formulas, concentrated or powdered formula following manufacturer's instructions or breast milk unless otherwise ordered by parent or physician.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(3)d	Children under age two not on formula or breast milk are fed whole milk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(3)e	Clean and sanitized bottles and nipples used for on-site formula preparation and kept refrigerated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Brought From Home				
109.15(4)a	<ul style="list-style-type: none"> Written policies developed for food brought from home for children under five years of age not enrolled in school and is provided to parent at admission. Food brought from home for children under five years of age not enrolled in school is monitored and supplemented if necessary to ensure CACFP guidelines maintained. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(4)b	Center does not restrict parent from providing meals brought from home for school aged children or apply nutritional standards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(4)c	Perishable foods brought from home are maintained to avoid contamination or spoilage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(4)d	Snacks that may not meet CACFP guidelines are allowed by parents for special occasions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITE	RULE	Y	N	NA
Food Preparation/Sanitation				
109.15(5)	Food preparation and storage procedures are consistent with NHSPS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(5)a	Sufficient refrigeration is provided appropriate to perishable food. <i>If insufficient, list concerns:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(5)b	<ul style="list-style-type: none"> • Sanitary and safe methods in food preparation, serving, and storage sufficient to prevent transmission of disease, infestation, and spoilage are followed. • Staff preparing food that have injuries on hands wear protective gloves. • Staff serving food use clean serving utensils and have clean hands/wear protective gloves. <i>If insufficient, list concerns:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(5)c	Sanitary methods are used for dishwashing sufficient to prevent transmission of disease. <i>If insufficient, list concerns:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(5)d	Sanitary methods are used for garbage disposal sufficient to prevent transmission of disease and infestation. <i>If insufficient, list concerns:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water				
109.15(6)	<ul style="list-style-type: none"> • Suitable water and sanitary drinking facilities are available and accessible. • Centers serving infants and toddlers provide, at a minimum, individual cups. <i>If insufficient, list concerns:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(6)a	Private water supplies are of satisfactory bacteriological quality as shown by an annual water analysis drawn between May 1 and June 30 of each year. If children under age two are served, private water analysis included nitrate analysis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(6)b	If public or private water supply was determined unsuitable for drinking, commercially bottled water certified as chemically and bacteriologically potable or other approved water was used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>