



Iowa Department of Human Services

Terry E. Branstad
Governor

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Director

June 10, 2016

GENERAL LETTER NO. 12-F-AP-39

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

SUBJECT: Employees' Manual, Title 12, Chapter F, **CHILD DEVELOPMENT HOME REGISTRATION APPENDIX**, Contents (page 1), revised; pages 18 through 22, revised; pages 23, 24, and 25, new; and the following forms:

470-5153	<i>Pet Health Examination Veterinary Health Certificate</i> , revised
470-5153(S)	<i>Pet Health Examination Veterinary Health Certificate</i> (Spanish), revised
470-5281	<i>Child Care Complaint Report</i> , renamed and revised
470-5280	<i>Child Care Home and Child Development Home Safety Plan</i> , renamed and revised
470-5392	<i>Child Care Request for Information</i> , new
470-5394	<i>Pre-Inspection Referral</i> , new
Comm. 143	<i>Child Development Home Registration Guidelines</i> , Title page, revised; and form 470-5153, <i>Pet Health Examination Veterinary Health Certificate</i> , revised
Comm. 143(S)	<i>Child Development Home Registration Guidelines</i> (Spanish), Title page, revised; and form 470-5153(S), <i>Pet Health Examination Veterinary Health Certificate</i> (Spanish), revised

Summary

Chapter 12-F-Appendix is revised to:

- ◆ Update form 470-5153, *Pet Health Examination Veterinary Health Certificate*, and its Spanish translation, 470-5153(S), for dual use among child care home programs.
- ◆ Rename form 470-5281 from *Child Development Home Complaint* to *Child Care Complaint Report*. This form was modified for use among child development home programs and child care homes with a *Child Care Assistance Provider Agreement*.
- ◆ Rename form 470-5280 from *Child Development Home Safety Plan* to *Child Care Home and Child Development Home Safety Plan*. This form was modified for use with registered and non-registered child care programs in Iowa.

- ◆ Add form 470-5392, *Child Care Request for Information*. Form 470-5392 was created for use by the Child Care Assistance/Registration Unit when working with people seeking registration as a child development home.
- ◆ Add form 470-5394, *Pre-Inspection Referral*. Form 470-5394 was created to aid communication between the Centralized Registration Unit and the local offices for pre-inspection requirements for persons seeking registration as a child development home.
- ◆ Update form samples in Comm. 143, *Child Development Home Registration Guidelines*, and its Spanish translation, Comm. 143(S).

Effective Date

Immediately.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 1)	May 13, 2016
470-5153	6/13
470-5153(S)	6/13
18, 19	November 21, 2014
470-5281	9/14
20	November 21, 2014
470-5280	9/14
21	November 21, 2014
22	February 12, 2016
Comm. 143	
Title page	2/16
470-5153	6/13
Comm. 143(S)	
Title page	2/16
470-5153(S)	6/13

Additional Information

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

	<u>Page</u>
Application for Child Development Home Registration, 470-3384 and 470-3384(S)	1
Lead Assessment and Control, Form 470-4755 and 470-4755(S)	2
Parent Guide to Child Development Home Registration, Comm. 469 or Comm. 469(S)	3
Certificate of Registration, 470-3498	4
Notice of Decision: Services, Form 470-0602 and 470-0602(S)	5
Checklist for Child Development Home Registration, 470-0625	6
Record Check Authorization, Form 470-5143 and 470-5143(S)	7
Request for Child Abuse Information, 470-0643	9
Record Check Evaluation, Form 470-2310 and 470-2310(S)	11
Record Check Decision, Form 470-2386 and 470-2386(S)	13
Classification of Criminal Offenses, RC-0042	14
Request for Child Care Professional Development Approval Review, Form 470-4528	14a
Child Care Provider Physical Examination Report, Form 470-5152 or 470-5152(S)	16
Pet Health Examination Veterinary Health Certificate, Form 470-5153 or 470-5153(S)	17
Child Care Complaint Report, Form 470-5281	18
Child Care Home and Child Development Home Safety Plan, Form 470-5280	20
Child Care Request for Information, Form 470-5392	22
Pre-Inspection Referral, 470-5394	23
Child Development Home Registration Guidelines, Comm. 143 or Comm. 143(S)	25



Iowa Department of Human Services

Child Care Provider

Pet Health Examination Veterinary Health Certificate

Child Care Provider Pet Information

Name of Pet Owner

Address

Name of Pet

Species

Breed

Sex

Date of Birth

Date of Exam

Rabies Vaccination: Date Given

Date Expires

Veterinary Provider Information

Name of Veterinarian

Veterinarian's License Number

Address of Veterinarian

Phone Number of Veterinarian

Dogs and Cats

- On the above date I completed a health examination on the dog or cat listed above. At that time I certify that the animal in question was healthy. The animal is current on all recommended core vaccinations, *including rabies*, and there was no evidence of endoparasites (roundworms, hookworms, whipworms) or ectoparasites (fleas, mites, ticks, lice) found in or on the animal.

Birds

- On the above date I completed a health examination on the bird listed above. At that time I certify that the animal in question was healthy and free of infectious diseases.

Veterinarian's Signature

Date



Pet Health Examination Veterinary Health Certificate

(Certificado de salud del veterinario luego de un examen de salud de las mascotas)

Información sobre la mascota para el proveedor de cuidado infantil

Nombre del dueño de la mascota		
Dirección		
Nombre de la mascota	Especie	Raza
Sexo	Fecha de nacimiento	Fecha del examen
Vacuna contra la rabia: Fecha de administración		Fecha de vencimiento

Información sobre el veterinario

Nombre del veterinario	Número de licencia del veterinario
Dirección del veterinario	Número de teléfono del veterinario

Perros y gatos

- En la fecha antes mencionada completé el examen de salud del perro o gato que figura arriba. Certifico que en esa fecha el animal en cuestión estaba sano. El animal está al día con todas las principales vacunas recomendadas, *incluida la de la rabia*, y no existía evidencia sobre la presencia de endoparásitos (ascárides, anquilostomas, tricocéfalos) o ectoparásitos (pulgas, ácaros, garrapatas, piojos) dentro de o sobre el animal.

Pájaros

- En la fecha antes mencionada completé el examen de salud del pájaro que figura arriba. Certifico que en esa fecha el animal en cuestión estaba sano y libre de enfermedades infecciosas.

Firma del veterinario	Fecha
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Child Care Complaint Report, Form 470-5281

Purpose	The <i>Child Care Complaint Report</i> , form 470-5281, is used to identify complaints received by the Department regarding a child development home or child care home. The form addresses the findings of the complaint and required resolution or action needed.
Source	This form is available as a template through the public state-approved forms folder on Outlook.
Completion	A <i>Child Care Complaint Report</i> must be completed if there is a complaint received by DHS regarding a child development home or a child care home that has a <i>Child Care Assistance Provider Agreement</i> . The child care compliance worker completes the form.
Distribution	Keep a copy of the <i>Child Care Complaint Report</i> in the case file. A copy will be uploaded to the DHS website.
Data	<p>Name of Provider: Enter the name of the provider. Enter the name of the co-provider, if applicable.</p> <p>County: Enter the county name.</p> <p>Care Address/City/Zip Code: Enter the address, city, and zip code where child care is provided.</p> <p>Mailing Address: Enter the address, city, and zip code for the provider's mailing address, if different than the care address.</p> <p>Date of Complaint: Enter the date DHS received the complaint.</p> <p>Date of Visit: Enter the date that DHS followed up with a visit to the child development home regarding the complaint. Identify if the visit was scheduled or unannounced.</p> <p>Identify if compliance with regulations were found.</p> <p>Recommendation for Registration: Identify if a change in registration is recommended.</p>



Iowa Department of Human Services
Child Care Complaint Report

Name of Provider	County	
Care Address	City	Zip Code
Mailing Address	City	Zip Code
Phone	Email	

Date of Complaint:

Date of Visit:

- Scheduled Unannounced N/A
 Non-Compliance with Regulations Found Compliance with Regulations Found
 N/A

RECOMMENDATION FOR REGISTRATION:

- NO CHANGES to registration status recommended
 REVOCATION of registration
 CANCELLATION of *Child Care Assistance Provider Agreement*

CATEGORY OF CARE:

- Category A
 Category B
 Category C (with no co-provider)
 Category C (with co-provider)
 Nonregistered child care home with *Child Care Assistance Provider Agreement*
-

Summary of Complaint:

Rule Basis and Findings of Complaints:

Resolution and Action Required:

Consultant's Signature	Date
Supervisor's Signature	Date

Category of Care: Identify the category in which the child development home provider is registered.

Summary of Complaint: Give a summary of the complaint received by the Department. Do not include confidential information.

Rule Basis and Findings of Complaints: Document the rule basis by number and statement. Describe the specific information obtained regarding the complaint and cite any relevant concerns.

Describe any other compliance concerns identified during the visit.

Resolution and Action Required: Document required action or the resolution of the complaints reported or identified during the complaint visit. Identify specific action steps if necessary. Note if a *Child Care Home and Child Development Home Safety Plan*, form 470-5280, was completed.

Child Care Home and Child Development Home Safety Plan, Form 470-5280

Purpose	The <i>Child Care Home and Child Development Home Safety Plan</i> , form 470-5280, is used to identify safety concerns and involve the provider in addressing safety needs and documenting actions to be taken to ensure the health and safety of the children in care.
Source	The form is printed as a two-part carbonized set. Order supplies from Iowa Prison Industries in Anamosa.
Completion	Develop the <i>Child Care Home and Child Development Home Safety Plan</i> if there is determined to be a significant concern of non-compliance of health and safety standards. The child care compliance worker completes the form with the provider.
Distribution	Keep a copy of the safety plan in the case file. Provide a copy to the child care provider.
Data	<p>Provider name: Enter the name of the provider.</p> <p>Worker and county: Enter the worker's name. Enter the county name or number.</p> <p>Date/time Safety Plan completed: Enter the date and time the safety plan was completed.</p> <p>Safety concerns: Enter the cause for concern for present or impending danger using the <i>Safety Assessment</i>.</p> <p>Tasks which assure safety and are done by, for how long, and how often:</p> <ul style="list-style-type: none">◆ Participant: Enter the name of each participant (provider, co-provider, assistant) who will have responsibility in the safety plan.◆ Agreed upon actions: Enter the actions that each participant has agreed to be responsible for to ensure the safety of the children in care.



Child Care Home and Child Development Home Safety Plan

Provider name:	Worker and County:
Date/time <i>Safety Plan</i> completed:	

Below is a *Safety Plan*, which is a written agreement between you and the Iowa Department of Human Services to keep the children in your care safe. The plan notes health and/or safety concerns for your child care or child development home and describes ways to keep your children safe from harm.

Safety concerns: _____

Tasks which assure safety and are done by, for how long, and how often: _____

How plan is monitored: _____

Back-up plan: _____

A *Safety Plan* is written when it's been determined that there is a health or safety concern regarding children in your care. Actions taken to assure safety should fully address all of the signs of present or impending danger identified during the complaint/compliance visit.

Family and Participant Agreement:

I participated in developing this *Safety Plan* and have reviewed it. I agree with this plan and will follow it to keep children in my care safe. I also agree to work with DHS to assure I meet health and safety requirements.

Child Care Provider signature:	Date and time:
Child Care Provider signature (if applicable):	Date and time:
DHS signature:	Date and time:
Other signature:	Date and time:
Name of supervisor consulted and manner of consultation:	Date and time:

- ◆ **How long:** Enter the length of time the participant is agreeing to actions to ensure the safety of the children in care.
- ◆ **How often:** Enter the frequency the participant is agreeing to actions to ensure the safety of the children in care.
- ◆ **How the plan is monitored:** Enter how the plan will be monitored.

Back-up plan: Enter the specific back-up plan for each action to ensure compliance and safety of the children in care.

Family and Participant Agreement: The provider of the children in care must sign and date the form at the point of its completion to document their agreement with the safety plan. Enter any additional information.

Child Care Compliance/Supervisor Agreement with *Safety Plan*: Upon review and approval of the safety plan the supervisor must sign and date the agreement. Enter the date and time of approval.

Child Care Request for Information, Form 470-5392

Purpose	The <i>Child Care Request for Information</i> is used by the Child Care Assistance/Registration Unit when working with people seeking registration as a child development home.
Source	Complete this form on line using the template in the public state-approved folder on Outlook.
Completion	Complete and send the <i>Child Care Request for Information</i> to any person seeking registration as a child development home when information is missing to complete the application process.
Distribution	Send a copy to the Child Development Home applicant. Keep a copy in the case file.
Data	<p>Inside address: Enter the name and address of the applicant.</p> <p>Registered Providers Category:</p> <ul style="list-style-type: none">◆ Applicant type: Check the box that applies◆ Provider type: Check the box that applies. <p>Salutation: Enter the name of the applicant.</p> <p>Body:</p> <ul style="list-style-type: none">◆ Enter the due date of information being requested.◆ Tab into the field and select the optional language that applies.



Iowa Department of Human Services

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RE: **Registered Providers Category:** New Renewal Change
 A B C1 Provider C2 Provider

Dear

Please send the following information by _____, as indicated. If you need an extension, you must call before the due date. If this information is not returned before the due date, your application will be denied or canceled. If denied or canceled, you will not be able to receive payments from our office.

- Please complete form 470-3384, Application for Child Development Home Registration.
- Please complete form 470-3871, Child Care Assistance Provider Agreement, with rates for all age groups. This form must be completed if you will accept children receiving child care assistance through our program.
- Please complete form 470-5143, Record Check Authorization, for every person living in your home who is 14 years of age or older OR may at some point be left alone with the child care children. Each person requiring a record check must sign and complete the bottom portion of the form. **Please have each person sign their own form.**
 - Primary Provider Co-Provider Household Member Substitute or Assistant
- Please complete a Federal Fingerprint Card for every person 18 years of age or older. **DO NOT FOLD.**
 - Primary Provider Co-Provider Household Member Substitute or Assistant
- Please complete form DCI-45, Waiver Agreement and Statement, for every person 18 years of age or older.
 - Primary Provider Co-Provider Household Member Substitute or Assistant

DHS CCA Payments and Registration
1305 E Walnut Street
Des Moines, IA 50319-0114
Phone: (515) 725-3991 or (866) 448-4605
Fax: (515) 564-4012

- Please complete form 470-2310, Record Check Evaluation.
- Primary Provider Co-Provider Household Member Substitute or Assistant
- Please send the telephone number of a working telephone.
- Please send three reference letters from non-relatives. The letters must attest to your character and ability to provide good quality child care. The letters must be signed, dated, and contain the contact information for the person providing the reference.
- Please complete form 470-4755, Lead Assessment and Control, if operating in a home built before 1960.
- Please send a copy of your rental agreement OR lease agreement. A lease agreement must include the following:
- ◆ Rent paid or services rendered in exchange for control of the property
 - ◆ Address of the childcare location
 - ◆ Date that at a minimum covers the beginning of your registration
 - ◆ Signed and dated by all parties
 - ◆ Language that the leaser has full and exclusive control of the property and access during specific days and hours
 - AND that the property is not accessed by others that are NOT involved with child care
 - AND during this time, the sole purpose of the property is for child care
 - AND the renter has approval to make modifications to the property to ensure the health and safety of the children
- Or verification that you own the home where child care is provided. **Iowa Code (237A.3A as amended by 2008 Iowa Acts, SF 2425 Sections 119 and 120) prohibits registered and non-registered home childcare in locations that are not residential dwellings owned, rented, or leased by the childcare provider.**
- Please send a copy of your high school diploma or GED, highschool transcript, or documentation of current or previous enrollment in credit-based coursework from a post-secondary educational institution that is an accredited college or university.
- Primary Provider Co-Provider
- Please provide proof of five or more years of child care experience (tax return or insurance policy listing your employment as a child care provider) OR send a copy of your Child Development Associates (CDA) certificate OR two- or four-year degree in a child care related field AND one to four years of experience providing child care.
- Primary Provider Co-Provider

Pre-Inspection Referral, 470-5394

Purpose	The <i>Pre-Inspection Referral</i> is used to communicate between units when a pre-inspection of a registered child development home applicant is required.
Source	Complete this form on line using the template in the public state-approved folder on Outlook. Supplies of this form can also be printed from the sample in the manual.
Completion	A <i>Pre-Inspection Referral</i> must be completed any time a pre-inspection is required.
Distribution	Keep a copy of the <i>Pre-Inspection Referral</i> in the case file.
Data	Date Submitted: Enter the date the request is being sent to field office. Provider Service Area: Select the appropriate service area. Provider Name: Enter the name of the child care provider. Provider County: Select the appropriate county. Provider Kindertrack Number: Enter the number assigned to the provider in Kindertrack. Provider Category: Use the dropdown box to assign the category for which the provider is applying. Additional Information: Use as applicable to provide the field office with any additional information.

Pre Inspection Results to Registration:

Approved or Denied: Indicate the check box if provider is approved or denied for registration.

Additional Information: Use as applicable to provide the registration unit with any additional information.

Child Development Home Compliance Worker: Enter the name of the worker completing the pre-inspection visit.

Date: Enter the date of inspection.



Iowa Department of Human Services

Pre-Inspection Referral

Pre-Inspection Referral to Field

Date Submitted	Provider Service Area
Provider Name	Provider County
Provider Kinder track Number	Provider Category

Additional information (as applicable):

CCAU will scan a copy of the application to the compliance worker.

Pre-Inspection Results to Registration

Approved Denied

Additional information (as applicable):

Child Development Home Compliance Worker

Date



Iowa Department of Human Services

Comm. 143 (Rev. 6/16)

Child Development Home Registration Guidelines



Iowa Department of Human Services

Child Care Provider

Pet Health Examination Veterinary Health Certificate

Child Care Provider Pet Information

Name of Pet Owner

Address

Name of Pet

Species

Breed

Sex

Date of Birth

Date of Exam

Rabies Vaccination: Date Given

Date Expires

Veterinary Provider Information

Name of Veterinarian

Veterinarian's License Number

Address of Veterinarian

Phone Number of Veterinarian

Dogs and Cats

- On the above date I completed a health examination on the dog or cat listed above. At that time I certify that the animal in question was healthy. The animal is current on all recommended core vaccinations, *including rabies*, and there was no evidence of endoparasites (roundworms, hookworms, whipworms) or ectoparasites (fleas, mites, ticks, lice) found in or on the animal.

Birds

- On the above date I completed a health examination on the bird listed above. At that time I certify that the animal in question was healthy and free of infectious diseases.

Veterinarian's Signature

Date



Iowa Department of Human Services

Comm. 143(S) (Rev. 6/16)

Child Development Home Registration Guidelines

**(Guía para la Inscripción de
Hogares de Desarrollo Infantil)**



Pet Health Examination Veterinary Health Certificate

(Certificado de salud del veterinario luego de un examen de salud de las mascotas)

Información sobre la mascota para el proveedor de cuidado infantil

Nombre del dueño de la mascota		
Dirección		
Nombre de la mascota	Especie	Raza
Sexo	Fecha de nacimiento	Fecha del examen
Vacuna contra la rabia: Fecha de administración		Fecha de vencimiento

Información sobre el veterinario

Nombre del veterinario	Número de licencia del veterinario
Dirección del veterinario	Número de teléfono del veterinario

Perros y gatos

- En la fecha antes mencionada completé el examen de salud del perro o gato que figura arriba. Certifico que en esa fecha el animal en cuestión estaba sano. El animal está al día con todas las principales vacunas recomendadas, *incluida la de la rabia*, y no existía evidencia sobre la presencia de endoparásitos (ascárides, anquilostomas, tricocéfalos) o ectoparásitos (pulgas, ácaros, garrapatas, piojos) dentro de o sobre el animal.

Pájaros

- En la fecha antes mencionada completé el examen de salud del pájaro que figura arriba. Certifico que en esa fecha el animal en cuestión estaba sano y libre de enfermedades infecciosas.

Firma del veterinario	Fecha
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[Child Development Home Registration Guidelines, Comm. 143 or Comm. 143\(S\)](#)

Purpose	This handbook contains information and instructions for a person wishing to register a child development home.
Source	Order supplies of the English version of this handbook from Iowa Prison Industries. Print supplies of the Spanish version of the handbook from the on-line manual.
Completion	Local office staff or child care resource and referral agency staff distribute the handbook and provide basic information to applicant-providers who request an <i>Application for Child Development Home Registration</i> .
Distribution	Give one copy to each applicant-provider along with: <ul style="list-style-type: none">◆ Form 470-3384 or 470-3384(S), <i>Application for Child Development Home Registration</i>.◆ Form 595-1396 or 595-1396(S), <i>DHS Criminal History Record Check (Form B)</i>.◆ Form 470-4755 or 470-4755(S), <i>Lead Assessment and Control</i>.
Data	The handbook contains: <ul style="list-style-type: none">◆ The minimum requirements for registration in each category.◆ Practice recommendations.◆ An explanation of the use of the <i>Parent Guide to Child Development Home Registration</i>.